

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
 Filing Company: Sterling Life Insurance Company State Tracking Number:
 Company Tracking Number: STRCC
 TOI: H07I Individual Health - Specified Disease - Sub-TOI: H07I.001 Critical Illness
 Limited Benefit
 Product Name: STRCC Individual Specified Disease - Sterling Life
 Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

Filing at a Glance

Company: Sterling Life Insurance Company
 Product Name: STRCC Individual Specified Disease - Sterling Life SERFF Tr Num: MCHX-G128220987 State: Arkansas
 TOI: H07I Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved-Closed State Tr Num:
 Sub-TOI: H07I.001 Critical Illness Co Tr Num: STRCC State Status: Approved-Closed
 Filing Type: Form/Rate Reviewer(s): Rosalind Minor
 Author: SPI McHughConsulting Disposition Date: 06/27/2012
 Date Submitted: 03/30/2012 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: STRCC Individual Specified Disease - Sterling Life Insurance Company Status of Filing in Domicile: Pending
 Project Number: STRCC Individual Specified Disease - Sterling Life Insurance Company Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 06/27/2012
 State Status Changed: 06/27/2012
 Deemer Date: Created By: SPI McHughConsulting
 Submitted By: SPI McHughConsulting Corresponding Filing Tracking Number:
 Filing Description:
 Sterling Life Insurance Company
 NAIC # 77399 FEIN # 13-1867829

Individual Specified Critical Conditions and Cancer Forms
 STRCC-CB AR, et al (See attached forms listing)

SERFF Tracking Number: MCHX-G128220987 *State:* Arkansas
Filing Company: Sterling Life Insurance Company *State Tracking Number:*
Company Tracking Number: STRCC
TOI: H071 Individual Health - Specified Disease - *Sub-TOI:* H071.001 Critical Illness
Limited Benefit
Product Name: STRCC Individual Specified Disease - Sterling Life
Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

McHugh Consulting Resources, Inc. has been requested to file the attached forms on behalf of Sterling Life Insurance Company. We have provided an authorization letter for your files.

We are submitting the above captioned forms for your review and approval. These forms are new and will not replace any previously approved forms with your Department. Also attached are the supporting actuarial memoranda and premium rates.

The attached forms are designed to provide a scheduled lump sum benefit payment following diagnosis and/or treatment of a covered condition. There are 3 policies - a combination specified critical conditions and cancer policy, a cancer only policy and a specified critical conditions only policy. There are also optional riders that can be added to these base policies and an application for coverage. These forms will be marketed to individuals through agent/broker solicitation and mass marketing. The issue ages are from 18 to 84.

The forms are in final printed form subject only to changes in font style, margins, page numbers, ink, and paper stock. For example, formatting may change slightly when the document is assembled through an automated document assembly system. Printing standards will never be less than those required by law.

The Outlines of Coverage for each policy are attached for your review.

Variable data is bracketed. All bracketed numbers are variable to the extent allowable by your state's laws. In no event will numbers be changed to impact compliance with your law.

Any required certifications, checklists and/or fees for this filing are also attached.

Please note this product was filed concurrently in the state of Illinois, Sterling's state of domicile.

Thank you for your attention to this filing. Please do not hesitate to contact the undersigned at 215.230.7960 if there are any questions that we can answer regarding this filing.

Sincerely,

Linda Boyce
Consultant

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
 Filing Company: Sterling Life Insurance Company State Tracking Number:
 Company Tracking Number: STRCC
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: STRCC Individual Specified Disease - Sterling Life
 Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

Attachments

State Narrative:

Company and Contact

Filing Contact Information

Ashley Schute, mcr@mchughconsulting.com
 2005 South Easton Road 215-230-7960 [Phone]
 Suite 207 215-230-7961 [FAX]
 Doylestown, PA 18901

Filing Company Information

(This filing was made by a third party - McHughConsulting)
 Sterling Life Insurance Company CoCode: 77399 State of Domicile: Illinois
 2219 Rimland Drive Group Code: Company Type:
 Bellingham, WA 98226 Group Name: State ID Number:
 (360) 392-9098 ext. [Phone] FEIN Number: 13-1867829

Filing Fees

Fee Required? Yes
 Fee Amount: \$600.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sterling Life Insurance Company	\$600.00	03/30/2012	57611193

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/27/2012	06/27/2012
Approved-Closed	Rosalind Minor	04/05/2012	04/05/2012

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	04/03/2012	04/03/2012	SPI McHughConsulting	04/05/2012	04/05/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Combination Cancer and Critical Condition Policy	SPI McHughConsulting	06/26/2012	06/26/2012
Form	Critical Condition Policy	SPI McHughConsulting	06/26/2012	06/26/2012
Form	Cancer Policy	SPI McHughConsulting	06/26/2012	06/26/2012
Form	Combination Cancer and Critical Condition	SPI	06/26/2012	06/26/2012

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
 Filing Company: Sterling Life Insurance Company State Tracking Number:
 Company Tracking Number: STRCC
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: STRCC Individual Specified Disease - Sterling Life
 Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

	Outline of Coverage	McHughConsultin		
Form	Critical Condition Outline of Coverage	g SPI	06/26/2012	06/26/2012
Form	Cancer Outline of Coverage	g SPI	06/26/2012	06/26/2012
Rate	Rates	g SPI	06/26/2012	06/26/2012
Supporting Document	Health - Actuarial Justification	g SPI	06/26/2012	06/26/2012
Supporting Document	06.26.12 Redline STRCC-CB AR , 06.26.12 Redline STRCC-CC AR , 06.26.12 Redline STRCC-CN AR , 06.26.12 Redline STRCC-CBOOC AR , 06.26.12 Redline STRCC-CCOOC AR , 06.26.12 Redline STRCC-CNOOC AR	g SPI	06/26/2012	06/26/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to Reopen	Note To Reviewer	SPI McHughConsultin g	06/19/2012	06/19/2012

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
 Filing Company: Sterling Life Insurance Company State Tracking Number:
 Company Tracking Number: STRCC
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: STRCC Individual Specified Disease - Sterling Life
 Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

Disposition

Disposition Date: 06/27/2012

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):
Sterling Life Insurance Company	%	%	\$		\$	%	%

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
 Filing Company: Sterling Life Insurance Company State Tracking Number:
 Company Tracking Number: STRCC
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: STRCC Individual Specified Disease - Sterling Life
 Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Supporting Document	Forms Listing	Approved-Closed	Yes
Supporting Document	AR Certification of Compliance 49	Approved-Closed	Yes
Supporting Document	AR Certification of Compliance 19	Approved-Closed	Yes
Supporting Document	06.26.12 Redline STRCC-CB AR , 06.26.12 Redline STRCC-CC AR , 06.26.12 Redline STRCC-CN AR , 06.26.12 Redline STRCC-CBOOC AR , 06.26.12 Redline STRCC-CCOOC AR , 06.26.12 Redline STRCC-CNOOC AR	Approved-Closed	Yes
Form (revised)	Combination Cancer and Critical Condition Policy	Approved-Closed	Yes
Form	Combination Cancer and Critical Condition Policy	Replaced	Yes
Form	Combination Cancer and Critical Condition Policy	Replaced	Yes
Form (revised)	Critical Condition Policy	Approved-Closed	Yes
Form	Critical Condition Policy	Replaced	Yes
Form	Critical Condition Policy	Replaced	Yes
Form (revised)	Cancer Policy	Approved-Closed	Yes
Form	Cancer Policy	Replaced	Yes
Form	Cancer Policy	Replaced	Yes
Form (revised)	Combination Cancer and Critical Condition Outline of Coverage	Approved-Closed	Yes
Form	Combination Cancer and Critical Condition Outline of Coverage	Replaced	Yes
Form	Combination Cancer and Critical Condition Outline of Coverage	Replaced	Yes
Form (revised)	Critical Condition Outline of Coverage	Approved-Closed	Yes

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
 Filing Company: Sterling Life Insurance Company State Tracking Number:
 Company Tracking Number: STRCC
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: STRCC Individual Specified Disease - Sterling Life
 Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life
 Insurance Company

Form	Critical Condition Outline of Coverage	Replaced	Yes
Form	Critical Condition Outline of Coverage	Replaced	Yes
Form (revised)	Cancer Outline of Coverage	Approved-Closed	Yes
Form	Cancer Outline of Coverage	Replaced	Yes
Form	Cancer Outline of Coverage	Replaced	Yes
Form	Application for Critical Condition Insurance Coverage	Approved-Closed	Yes
Form	Combination Cancer and Critical Condition Indemnity Benefit Rider	Approved-Closed	Yes
Form	Critical Condition Indemnity Benefit Rider	Approved-Closed	Yes
Form	Cancer Indemnity Benefit Rider	Approved-Closed	Yes
Form	20 Year Paid Up Rider	Approved-Closed	Yes
Rate (revised)	Rates	Approved-Closed	Yes
Rate	Rates	Replaced	Yes

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
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 Company Tracking Number: STRCC
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: STRCC Individual Specified Disease - Sterling Life
 Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

Disposition

Disposition Date: 04/05/2012

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):
Sterling Life Insurance Company	%	%	\$		\$	%	%

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
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 Company Tracking Number: STRCC
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 Limited Benefit
 Product Name: STRCC Individual Specified Disease - Sterling Life
 Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
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Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Supporting Document	Forms Listing	Approved-Closed	Yes
Supporting Document	AR Certification of Compliance 49	Approved-Closed	Yes
Supporting Document	AR Certification of Compliance 19	Approved-Closed	Yes
Supporting Document	06.26.12 Redline STRCC-CB AR , 06.26.12 Redline STRCC-CC AR , 06.26.12 Redline STRCC-CN AR , 06.26.12 Redline STRCC-CBOOC AR , 06.26.12 Redline STRCC-CCOOC AR , 06.26.12 Redline STRCC-CNOOC AR	Approved-Closed	Yes
Form (revised)	Combination Cancer and Critical Condition Policy	Approved-Closed	Yes
Form	Combination Cancer and Critical Condition Policy	Replaced	Yes
Form	Combination Cancer and Critical Condition Policy	Replaced	Yes
Form (revised)	Critical Condition Policy	Approved-Closed	Yes
Form	Critical Condition Policy	Replaced	Yes
Form	Critical Condition Policy	Replaced	Yes
Form (revised)	Cancer Policy	Approved-Closed	Yes
Form	Cancer Policy	Replaced	Yes
Form	Cancer Policy	Replaced	Yes
Form (revised)	Combination Cancer and Critical Condition Outline of Coverage	Approved-Closed	Yes
Form	Combination Cancer and Critical Condition Outline of Coverage	Replaced	Yes
Form	Combination Cancer and Critical Condition Outline of Coverage	Replaced	Yes
Form (revised)	Critical Condition Outline of Coverage	Approved-Closed	Yes

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
 Filing Company: Sterling Life Insurance Company State Tracking Number:
 Company Tracking Number: STRCC
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 Product Name: STRCC Individual Specified Disease - Sterling Life
 Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life
 Insurance Company

Form	Critical Condition Outline of Coverage	Replaced	Yes
Form	Critical Condition Outline of Coverage	Replaced	Yes
Form (revised)	Cancer Outline of Coverage	Approved-Closed	Yes
Form	Cancer Outline of Coverage	Replaced	Yes
Form	Cancer Outline of Coverage	Replaced	Yes
Form	Application for Critical Condition Insurance Coverage	Approved-Closed	Yes
Form	Combination Cancer and Critical Condition Indemnity Benefit Rider	Approved-Closed	Yes
Form	Critical Condition Indemnity Benefit Rider	Approved-Closed	Yes
Form	Cancer Indemnity Benefit Rider	Approved-Closed	Yes
Form	20 Year Paid Up Rider	Approved-Closed	Yes
Rate (revised)	Rates	Approved-Closed	Yes
Rate	Rates	Replaced	Yes

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/03/2012
Submitted Date 04/03/2012
Respond By Date 05/03/2012

Dear Ashley Schute,

This will acknowledge receipt of the captioned filing.

Objection 1

- Combination Cancer and Critical Condition Policy, STRCC-CB AR (Form)
- Critical Condition Policy, STRCC-CC AR (Form)
- Cancer Policy, STRCC-CN AR (Form)
- Combination Cancer and Critical Condition Outline of Coverage, STRCC-CBOOC AR (Form)
- Critical Condition Outline of Coverage , STRCC-CCOOC AR (Form)
- Cancer Outline of Coverage, STRCC-CNOOC AR (Form)

Comment: Under Rule and Regulation 18, APPENDIX 1 A(5), No policy issued pursuant to this Section shall contain a waiting or probationary period greater than thirty (30) days

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

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
Filing Company: Sterling Life Insurance Company State Tracking Number:
Company Tracking Number: STRCC
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
Product Name: STRCC Individual Specified Disease - Sterling Life
Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/05/2012
Submitted Date 04/05/2012

Dear Rosalind Minor,

Comments:

We are in receipt of your objection letter dated April 3, 2012. We would like to respond to the objection stated in your letter as follows:

Response 1

Comments: Pursuant to Rule and Regulation 18, APPENDIX 1 A(5) we have revised the policies and outlines of coverage to change the waiting period to thirty (30) days.

Revised copies of each policy and outline of coverage are attached for your review.

Related Objection 1

Applies To:

- Combination Cancer and Critical Condition Policy, STRCC-CB AR (Form)
- Critical Condition Policy, STRCC-CC AR (Form)
- Cancer Policy, STRCC-CN AR (Form)
- Combination Cancer and Critical Condition Outline of Coverage, STRCC-CBOOC AR (Form)
- Critical Condition Outline of Coverage , STRCC-CCOOC AR (Form)
- Cancer Outline of Coverage, STRCC-CNOOC AR (Form)

Comment:

Under Rule and Regulation 18, APPENDIX 1 A(5), No policy issued pursuant to this Section shall contain a waiting or probationary period greater than thirty (30) days

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
 Filing Company: Sterling Life Insurance Company State Tracking Number:
 Company Tracking Number: STRCC
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: STRCC Individual Specified Disease - Sterling Life
 Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Combination Cancer and Critical Condition Policy	STRCC-CB AR		Policy/Contract/Fraternal Certificate	Revised		0.000	Critical Condition - STRCC-CB AR clean 4_2012.PDF
Previous Version							
Combination Cancer and Critical Condition Policy	STRCC-CB AR		Policy/Contract/Fraternal Certificate	Initial		0.000	Critical Condition - STRCC-CB AR final for filing 3_29_12.PDF
Critical Condition Policy	STRCC-CC AR		Policy/Contract/Fraternal Certificate	Revised		0.000	Critical Condition - STRCC-CC AR clean 4_2012.PDF
Previous Version							
Critical Condition Policy	STRCC-CC AR		Policy/Contract/Fraternal Certificate	Initial		0.000	Critical Condition - STRCC-CC AR final for filing

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
 Filing Company: Sterling Life Insurance Company State Tracking Number:
 Company Tracking Number: STRCC
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: STRCC Individual Specified Disease - Sterling Life
 Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

				3_29_12. PDF
Cancer Policy	STRCC- CN AR	Policy/Contract/Fraternal Certificate	Revised	0.000
				Critical Condition - STRCC- CN AR clean 4_2012.P DF
Previous Version				
Cancer Policy	STRCC- CN AR	Policy/Contract/Fraternal Certificate	Initial	0.000
				Critical Condition - STRCC- CN AR final for filing 3_29_12. PDF
Combination Cancer and Critical Condition Outline of Coverage	STRCC- CBOOC AR	Outline of Coverage	Revised	0.000
				Critical Condition - STRCC- CBOOC AR clean 4_2012.P DF
Previous Version				
Combination Cancer and Critical Condition Outline of Coverage	STRCC- CBOOC AR	Outline of Coverage	Initial	0.000
				Critical Condition - STRCC- CBOOC AR final for filing 3_29_12. PDF

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
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 Company Tracking Number: STRCC
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 Limited Benefit
 Product Name: STRCC Individual Specified Disease - Sterling Life
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Critical Condition Outline of Coverage	STRCC- CCOOC AR	Outline of Coverage	Revised	0.000	Critical Condition - STRCC- CCOOC AR clean 4_2012.P DF
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Previous Version

Critical Condition Outline of Coverage	STRCC- CCOOC AR	Outline of Coverage	Initial	0.000	Critical Condition - STRCC- CCOOC AR final for filing 3_29_12. PDF
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Cancer Outline of Coverage	STRCC- CNOOC AR	Outline of Coverage	Revised	0.000	Critical Condition - STRCC- CNOOC AR clean 4_2012.P DF
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Previous Version

Cancer Outline of Coverage	STRCC- CNOOC AR	Outline of Coverage	Initial	0.000	Critical Condition - STRCC- CNOOC AR final for filing 3_29_12. PDF
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SERFF Tracking Number: MCHX-G128220987 *State:* Arkansas
Filing Company: Sterling Life Insurance Company *State Tracking Number:*
Company Tracking Number: STRCC
TOI: H071 Individual Health - Specified Disease - Limited Benefit *Sub-TOI:* H071.001 Critical Illness
Product Name: STRCC Individual Specified Disease - Sterling Life
Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

No Rate/Rule Schedule items changed.

We trust that we have satisfied the Department's concerns. Please do not hesitate to contact us with any additional questions or concerns you may have.

Sincerely,

Jeanne Heider, Consultant
McHugh Consulting Resources, Inc.
215-230-7960
mcr@mchughconsulting.com

Sincerely,
SPI McHughConsulting

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
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 Company Tracking Number: STRCC
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 Limited Benefit
 Product Name: STRCC Individual Specified Disease - Sterling Life
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Amendment Letter

Submitted Date: 06/26/2012

Comments:

Sterling Life Insurance Company

NAIC # 77399

FEIN # 13-1867829

SERFF Filing # MCHX-G128220987

Filing Amendment to Individual Specified Critical Conditions and Cancer Forms
 STRCC-CB AR, et al (See enclosed list)

In the course of filing the above referenced forms we have noted inconsistencies within the submitted forms which have been corrected. We have attached revised and redline versions of each form to indicate where the corrections have occurred in each form. In addition we have amended the corresponding rates to correct a formatting issue that occurred on the second page of the rate table.

Please note these forms have not been issued for marketing. Thank you for your attention to this filing. Please do not hesitate to contact the undersigned at 215.230.7960 if there are any questions that we can answer regarding this filing.

Sincerely,

Ashley Schute
 Compliance Project Specialist

Attachments

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
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SERFF Tracking Number: MCHX-G128220987 State: Arkansas
 Filing Company: Sterling Life Insurance Company State Tracking Number:
 Company Tracking Number: STRCC
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: STRCC Individual Specified Disease - Sterling Life
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STRCC-CB AR	Policy/Contr act/Fraternal Certificate	Combination Cancer and Critical Condition Policy	Revised	0.000	Critical Condition - STRCC-CB AR Clean- 06_19_12.PD F
STRCC-CC AR	Policy/Contr act/Fraternal Certificate	Critical Condition Policy	Revised	0.000	Critical Condition - STRCC-CC AR Clean- 06_19_12.PD F
STRCC-CN AR	Policy/Contr act/Fraternal Certificate	Cancer Policy	Revised	0.000	Critical Condition - STRCC-CN AR Clean- 06_19_12.PD F
STRCC- CBOOC AR	Outline of Coverage	Combination Cancer and Critical Condition Outline of Coverage	Revised	0.000	Critical Condition - STRCC- CBOOC AR Clean- 06_19_12.PD F
STRCC- CCOOC AR	Outline of Coverage	Critical Condition Outline of Coverage	Revised	0.000	Critical Condition - STRCC- CCOOC Clean- 06_19_12.PD F
STRCC- CNOOC AR	Outline of Coverage	Cancer Outline of Coverage	Revised	0.000	Critical Condition - STRCC- CNOOC AR

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
 Filing Company: Sterling Life Insurance Company State Tracking Number:
 Company Tracking Number: STRCC
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: STRCC Individual Specified Disease - Sterling Life
 Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

Clean-
 06_19_12.PD
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Rate/Rule Schedule Item Changes:

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Rates	STRCC-CB AR et al	New		Sterling CCI-Rates-50 LR States 06062012.PDF
Sterling CCI-Rates-50 LR States 06062012.PDF				

Supporting Document Schedule Item Changes:

Satisfied -Name: Health - Actuarial Justification

Comment:

Sterling CCI-Actuarial Memorandum-Arkansas-50 LR States 06062012.PDF

User Added -Name: 06.26.12 Redline STRCC-CB AR , 06.26.12 Redline STRCC-CC AR , 06.26.12 Redline STRCC-CN AR , 06.26.12 Redline STRCC-CBOOC AR , 06.26.12 Redline STRCC-CCOOC AR , 06.26.12 Redline STRCC-CNOOC AR

Comment:

- Critical Condition - STRCC-CB AR Redline-06_19_12.PDF
- Critical Condition - STRCC-CC AR Redline-06_19_12.PDF
- Critical Condition - STRCC-CN AR Redline-06_19_12.PDF
- Critical Condition - STRCC-CBOOC AR Redline-06_19_12.PDF
- Critical Condition - STRCC-CCOOC Redline-06_19_12.PDF
- Critical Condition - STRCC-CNOOC AR Redline-06_19_12.PDF

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
Filing Company: Sterling Life Insurance Company State Tracking Number:
Company Tracking Number: STRCC
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
Product Name: STRCC Individual Specified Disease - Sterling Life
Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life
Insurance Company

Note To Reviewer

Created By:

SPI McHughConsulting on 06/19/2012 03:13 PM

Last Edited By:

SPI McHughConsulting

Submitted On:

06/19/2012 03:13 PM

Subject:

Request to Reopen

Comments:

Thank you for your disposition, received on 04/05/2012. At this time I would like to ask that the filing be reopened. In the course of reviewing the recently approved forms we identified a few minor inconsistencies that we would like to amend to both the forms and rates. If reopened we would provide redline versions so changes can easily be identified.

Thank you,
Ashley Schute
McHugh Consulting Resources, Inc.
215.230.7960

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
 Filing Company: Sterling Life Insurance Company State Tracking Number:
 Company Tracking Number: STRCC
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: STRCC Individual Specified Disease - Sterling Life
 Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

Form Schedule

Lead Form Number: STRCC-CB AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/27/2012	STRCC-CB AR	Policy/Cont ract/Fratern al Certificate	Combination and Critical Policy	Revised	Replaced Form #: Previous Filing #:	0.000	Critical Condition - STRCC-CB AR Clean- 06_19_12.PD F
Approved-Closed 06/27/2012	STRCC-CC AR	Policy/Cont ract/Fratern al Certificate	Critical Condition	Revised	Replaced Form #: Previous Filing #:	0.000	Critical Condition - STRCC-CC AR Clean- 06_19_12.PD F
Approved-Closed 06/27/2012	STRCC-CN AR	Policy/Cont ract/Fratern al Certificate	Cancer Policy	Revised	Replaced Form #: Previous Filing #:	0.000	Critical Condition - STRCC-CN AR Clean- 06_19_12.PD F
Approved-Closed 06/27/2012	STRCC- CBOOC AR	Outline of Coverage	Combination and Critical Outline of Coverage	Revised	Replaced Form #: Previous Filing #:	0.000	Critical Condition - STRCC- CBOOC AR Clean- 06_19_12.PD F
Approved-Closed 06/27/2012	STRCC- CCOOC AR	Outline of Coverage	Critical Condition Outline of Coverage	Revised	Replaced Form #: Previous Filing #:	0.000	Critical Condition - STRCC- CCOOC

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
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Approved- Closed 06/27/2012	STRCC- CNOOC AR	Outline of Coverage	Cancer Outline of Coverage	Revised	Replaced Form #: Previous Filing #:	0.000	Clean- 06_19_12.PD F Critical Condition - STRCC- CNOOC AR Clean- 06_19_12.PD F
Approved- Closed 04/05/2012	AR STRCC- CBAPP	Policy/Cont ractal	Application for Fraternal Insurance Coverage	Initial		0.000	AR STRCC- CBAPP CCI_Can Combo App .PDF
Approved- Closed 04/05/2012	STRRD- CBIND	Policy/Cont ractal	Combination Cancer and Critical Condition Indemnity Benefit	Initial		0.000	Critical Condition - STRRD- CBIND 3_26_12.PDF
Approved- Closed 04/05/2012	STRRD- CCIND	Policy/Cont ractal	Critical Condition Indemnity Benefit Rider	Initial		0.000	Critical Condition - STRRD- CCIND 3_26_12.PDF

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
 Filing Company: Sterling Life Insurance Company State Tracking Number:
 Company Tracking Number: STRCC
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: STRCC Individual Specified Disease - Sterling Life
 Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

Approved- Closed 04/05/2012	STRRD- CNIND	Policy/Cont Cancer Indemnity rict/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0.000	Critical Condition - STRRD- CNIND 3_26_12.PDF
Approved- Closed 04/05/2012	STRRD- 20PU	Policy/Cont 20 Year Paid Up rict/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0.000	Critical Condition - STRRD-20PU 3_26_12.PDF

STERLING LIFE INSURANCE COMPANY
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348
(800) 603-9438]

CAUTION: THIS IS A LIMITED BENEFIT, SPECIFIED - DISEASE POLICY. IT PAYS A LUMP-SUM BENEFIT FOR SPECIFIED CRITICAL CONDITIONS UPON DIAGNOSIS OR TREATMENT ONLY. IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. PLEASE READ THIS POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE.

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.

This Policy is a legal contract between the Policyowner (shown on the Policy Schedule) and Sterling (the Company). This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. A copy of the application is attached to the Policy. The following paragraphs set forth the definition of the terms, the exclusions and limitations, the benefits, and other provisions.

THIRTY DAY RIGHT TO EXAMINE POLICY

Sterling values You as a customer. If, for any reason, within the first thirty (30) days of Policy issuance, You are not satisfied with this Policy You may send a written request to cancel to the above Administrative Offices address along with the Policy to Sterling. Any premium paid will be refunded and this Policy will be cancelled from its beginning.

GUARANTEED RENEWABLE

This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

PRE-EXISTING CONDITION LIMITATION

This Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

WAITING PERIOD LIMITATION

This Policy contains a thirty (30) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within thirty (30) days from the Effective Date of the Policy.

This Policy is issued by STERLING LIFE INSURANCE COMPANY.

Signed by Our President and [Assistant Secretary].


[President]


[Assistant Secretary]

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A copy of the Application and Outline of Coverage follows Page [13].

Policy Schedule

INSURED:
[COVERED PERSON(S):]

POLICY NUMBER:

AGE:

COVERAGE: [Individual, Individual and Spouse, One-Parent Family, Two-Parent Family]

SMOKER STATUS:

MODE OF PAYMENT:

PREMIUMS:
Policy: \$
[Combination Cancer and Critical Condition
Indemnity Rider: \$
20-Year Paid Up Rider: \$]

EFFECTIVE DATE:
Policy: xx/xx/xxxx
[Combination Cancer and Critical Condition
Indemnity Rider: xx/xx/xxxx
20-Year Paid Up Rider: xx/xx/xxxx]

SECTION 1: DEFINITIONS

When the terms below are used in this Policy, the following definitions apply:

BENIGN BRAIN TUMOR is a Definite Diagnosis of a non-malignant tumor located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumor must require surgical or radiation treatment or cause irreversible objective neurological deficit(s). The Diagnosis of Benign Brain Tumor must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for pituitary adenomas less than 10 mm.

BLINDNESS is a Definite Diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:

- the corrected visual acuity being 20/200 or less in both eyes; or,
- the field of vision being less than 20 degrees in both eyes.

The Diagnosis of Blindness must be made by a Specialist.

CANCER (LIFE THREATENING) means leukemia, Hodgkin's disease, or a malignant tumor that is characterized by uncontrolled growth and spread of malignant cells and the invasion of tissue that is treated by a Physician which results in a pathologic Diagnosis. Diagnosis is based upon a microscopic examination of the affected cells by a legally licensed Physician certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.) The pathologist establishing the Diagnosis shall base his judgment solely upon the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the suspect cells.

Pre-malignant conditions, conditions with malignant potential, or pre-leukemic conditions, will not be considered Cancer for the purpose of this Policy.

CARCINOMA-IN-SITU is defined as an early form of carcinoma. The tumor cells still lie within the tissue of the original site without having invaded neighboring tissue based upon a microscopic examination of the affected cells by a Physician who is certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.)

COVERED LOSS means a Specified Critical Condition for which We pay benefits under this Policy. A Covered Loss is not a loss that is a Pre-existing Condition or occurs during the Waiting Period. However, a Pre-existing Condition will be considered a Covered Loss if loss caused by such condition begins after twelve (12) months from the Effective Date.

COVERED PERSON means any person covered under the Policy and listed on the Policy Schedule.

DEFINITE DIAGNOSIS means in clinical medicine a Diagnosis is made with extensive workup as required in the definition of the condition, upon which treatment is based.

DEPENDENT CHILD means the Insured's and/or Spouse's unmarried dependent natural-born child, stepchild, adopted child, or foster child that is under the age of twenty-six (26) at the time of application. Coverage of an unmarried dependent who is incapable of sustaining employment by reason of mental retardation or physical disability, who became so incapacitated prior to the attainment of nineteen (19) years of age, and who is chiefly dependent upon the policyholder for support and maintenance shall not terminate, but coverage shall continue so long as the policy remains in force and so long as the dependent remains in

such condition. Dependent Child includes the child of the Insured and/or Spouse who is required by a court or administrative order to provide health benefit plan coverage for the child.

DIAGNOSIS means the complete fulfillment of the definition of the condition as described under the Policy.

EFFECTIVE DATE means the date shown on the Policy Schedule that coverage begins.

HEART ATTACK is a Definite Diagnosis of the death of heart muscle due to obstruction of blood flow, that results in the rise and fall of the biochemical cardiac markers troponin and CK-MB to levels considered diagnostic of myocardial infarction, with at least one of the following:

- Heart Attack symptoms
- new electrocardiogram (ECG) changes consistent with a Heart Attack
- development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

The Diagnosis of Heart Attack must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for:

- elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves;
- ECG changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition as described above; or,
- Sudden cardiac arrest or sudden cardiac death.

HOSPITAL means an institution located in the United States which meets all of the following requirements: operates pursuant to state law for Hospitals located in the United States; operates primarily for the care and treatment of sick or injured persons as inpatients; provides twenty-four (24) hour nursing service; has facilities for Diagnosis and surgery either on its own premises or in facilities available to the Hospital on a prearranged basis; and has a staff of at least one licensed Physician available at all times. Hospital is not a bed, unit of a facility that functions as a nursing home, skilled nursing facility, extended care facility, convalescent home, rest home or home for aged, sanatorium, rehabilitation center, place primarily providing care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or disorders; whether such facility is independent or associated with a Hospital.

IMMEDIATE FAMILY MEMBER means a person who is related to the Insured in any of the following ways: Spouse; child (including a legally adopted child, stepchild, son-in-law and daughter-in-law); parents (including stepparent, mother-in-law and father-in-law); and brother or sister (including stepbrother, stepsister, brother-in-law and sister-in-law).

INCURS/INCURRED means an event or incident that:

- initially occurs on or after the Effective Date of coverage of Covered Person under this Policy;
- initially occurs while coverage on Covered Person under this Policy is in force; and
- is not excluded by any specific description or exclusion stated in this Policy.

INSURED means the person named on the application and the Policy Schedule.

ISSUE DATE means the date when Policy is issued.

KIDNEY FAILURE is a Definite Diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular hemodialysis, peritoneal dialysis, or renal transplantation is initiated. The Diagnosis of Kidney Failure must be made by a Specialist.

LIFETIME BENEFIT AMOUNT means the amount as set forth in Section 3: Benefits.

LOSS OF HEARING means permanent and profound Loss of Hearing in both ears, with an auditory threshold of more than 90 decibels, for at least three standard tested frequencies with no possibility of correction despite use of a hearing aid. The Diagnosis of Loss of Hearing must be made by a Specialist.

LOSS OF SPEECH is a Definite Diagnosis of the total and irreversible loss of the ability to speak for the activities of daily living as the result of physical injury or disease, for a period of at least 180 days. The Diagnosis of Loss of Speech must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for all psychiatric conditions.

MAJOR ORGAN TRANSPLANT is a Definite Diagnosis of the irreversible failure of the heart, both lungs, liver, whole pancreas, or both kidneys, and transplantation must be medically necessary. To qualify under Major Organ Transplant, the Covered Person must undergo a transplantation procedure or be placed on the United Network of Organ Sharing (UNOS) transplant list as the recipient of a heart, lung, liver, kidney (one), or whole pancreas, and limited to these entities. The Diagnosis of the major organ failure must be made by a Specialist.

PARALYSIS is defined as a Definite Diagnosis of the total loss of muscle function of two or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event. The Diagnosis of Paralysis must be made by a Specialist.

PHYSICIAN means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority for such practitioners acting within the scope of his or her license in treating an injury or sickness and practices in the United States or its territories.

The Physician must not be You, Your Immediate Family Member, or business associate of a Covered Person.

POLICY means the entire contract of insurance between You and Us.

POLICYOWNER means the person who owns this Policy and is shown on application as the Insured.

PRE-EXISTING CONDITION means a condition for which You received medical advice, Diagnosis, care or treatment within the twelve (12) months preceding the Effective Date of the Policy or showed signs or symptoms within twelve (12) months prior to the Effective Date of the Policy that would have caused an ordinarily prudent person to seek medical advice or treatment, regardless of whether the condition was diagnosed, misdiagnosed, or not diagnosed.

PROSTATE CANCER is a Cancer that normally originates in the posterior gland or near the urethra that is histologically described in terms of tumor, node, and metastasis (TNM) cancer staging system. Based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.)

SCHEDULED BENEFIT AMOUNT means a percentage of the Lifetime Benefit Amount payable under the Policy for a specific benefit as set forth in Section 3: Benefits.

SEVERE BURNS means third degree burns covering at least 20% of Your body surface, which are diagnosed by a Specialist.

SPECIALIST means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority that has been trained in the specific area of medicine relevant to the Specified Critical Condition for which benefit is being claimed, and who has been certified by a specialty examining board. In the absence or unavailability of a Specialist, and as approved by Us, a condition may be diagnosed by a qualified Physician practicing in the United States of America.

Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist, and internist.

The Specialist must not be You, Your Immediate Family Member, or business associate of a Covered Person.

SPECIFIED CRITICAL CONDITION for the purpose of this Policy covers Benign Brain Tumor, Blindness, Cancer, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke as set forth under Section 3: Benefits.

SPOUSE means the person married to[, in a civil union with], [or] [that is the domestic partner of]] the named Insured on the day We issue this Policy.

STROKE (Cerebrovascular Accident) is defined as a Definite Diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or hemorrhage, or embolism from an extra-cranial source, with acute onset of new neurological symptoms, and new objective neurological deficits on clinical examination; which persists for more than 30 days following the date of Diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing. The Diagnosis of Stroke must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for:

- Transient Ischemic Attacks; or,
- Intracerebral vascular events due to trauma; or,
- Lacunar infarcts which do not meet the definition of Stroke as described above.

WAITING PERIOD means the first thirty (30) days following the Effective Date of the Covered Person's coverage.

WE, US, OUR, or COMPANY refers to Sterling Life Insurance Company.

YOU, YOUR, or YOURSELF means the person(s) named as a Covered Person on the Policy Schedule.

SECTION 2: COVERAGE TYPE

INDIVIDUAL POLICY means We insure the Insured as shown on the Policy Schedule.

INDIVIDUAL AND SPOUSE POLICY means We insure the Insured and Your Spouse as shown on the Policy Schedule.

ONE PARENT FAMILY POLICY means We insure the Insured and Your Dependent Child (ren) as shown on the Policy Schedule.

TWO PARENT FAMILY POLICY means We will insure the Insured, Your Spouse, and Your Dependent Child (ren).

After the Effective Date, if any members of the Insured's family are added to this Policy, including a new Spouse or Dependent Child, You must:

- notify Us that You wish to add a person(s) to Your coverage;
- complete the required application form; and
- pay any additional premium required.

If the application is approved, We will notify You of the added person's coverage Effective Date. The Waiting Period will apply to each person after the Effective Date of coverage.

SECTION 3: BENEFITS

ELIGIBILITY: You will be eligible for benefits under this Policy if:

- You have not been diagnosed with or treated for any Specified Critical Condition in the twelve (12) months prior to the Effective Date;
- You are not diagnosed with or treated for any Specified Critical Condition during the Waiting Period;
- Your Specified Critical Condition is diagnosed while this Policy is in force;
- You Incur a Covered Loss while this Policy is in force; and,
- Your Covered Loss is not excluded by name or specific description in this Policy.

CANCER [GOLD LEVEL] [PLATINUM LEVEL] LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level]This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations.) **No benefit will be payable under this condition for any type Skin Cancer including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.**

Section One:

The Scheduled Benefit Amount is 100% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of a Cancer (Life Threatening). Benefit payment is for Cancer (Life Threatening). This benefit is payable only one time during the lifetime of the Policy.

Section Two:

The Scheduled Benefit Amount is 10% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the first occurrence of Prostate Cancer Stage 0 (T1a, N0, M0) or Stage 1 (T2a, N0, M0) and Carcinoma-in-Situ.

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions.

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within both, the Cancer Benefit and Specified Critical Conditions, no more benefits are payable and the Policy will terminate upon payment.

SPECIFIED CRITICAL CONDITIONS [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations)

The Scheduled Benefit Amount is the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the following Specified Critical Conditions: Benign Brain Tumor, Blindness, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke. This benefit is payable only one time during the lifetime of the Policy.

The Diagnosis and treatment of any covered condition must be performed by a Specialist or Physician licensed in the United States of America (or other such jurisdiction as may be approved).

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions.

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within both, the Cancer Benefit and Specified Critical Conditions, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Combination Cancer and Specified Critical Conditions Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable.

SECTION 4: PREMIUMS

PAYMENT OF PREMIUM: This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. If payment of the initial premium is made by check or draft that is not honored, the Policy shall be void. Each renewal premium must be paid on or before its due date, or within the Grace Period.

GRACE PERIOD: This Policy has a thirty-one (31) day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the Grace Period, the Policy will stay in force.

LAPSE: If a renewal premium is not paid before the end of the Grace Period, this Policy will lapse. The date of lapse is the date on which the unpaid premium was due. Lapse will terminate this Policy unless it is later reinstated.

REINSTATEMENT: If Your Policy lapses, You may reinstate it by:

- paying the required premium;
- providing evidence of insurability, if We so require; and
- submitting an application for reinstatement, if We so require.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premium will be applied to any period more than sixty (60) days before the reinstatement date.

If We require an application, You will be given a conditional receipt for the premium. If the application is approved, the Policy will be reinstated as of the approval date. Lacking such approval, the Policy will be reinstated on the 45th day after the date of the conditional receipt unless Sterling has previously written the Covered Person of its disapproval.

The reinstated Policy will only cover Loss that starts more than ten (10) days after the reinstatement date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

SECTION 5: CLAIMS

NOTICE OF CLAIM: You must give Us written notice of claim within thirty (30) days after a Covered Loss starts or as soon as reasonably possible. Written notice can be given to Us at Our Administrative Office address shown on Page 1 or to any of Our authorized agents. Written notice should include the name of the Covered Person and the Policy number.

CLAIM FORMS: When We receive the notice of claim, We will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within fifteen (15) days, the claimant will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

TIME OF PAYMENT OF CLAIM: We will pay benefits immediately upon receiving satisfactory written proof of loss.

PAYMENT OF CLAIM: The benefit will be paid to the Policyowner. Any benefit unpaid at death will be paid, at Our option, either to the Policyowner's beneficiary or to the Policyowner's estate.

CLAIMS REVIEW: If a claim is denied, We will give You written notice of the reason for denial; the Policy provision that relates to the denial; Your right to ask for a review of the claim; and any additional information that might allow Us to change Our decision.

PROOF OF LOSS: You must give Us satisfactory written proof within ninety (90) days after Loss for which You are seeking benefits. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one (1) year from the time specified unless the claimant was legally incapacitated. If this information is not provided, We have the right to deny any claim for a covered condition.

OTHER INSURANCE: Benefits under this Policy will not be reduced because of the existence of any other insurance with Us, any disclosed, or later issued insurance with any other insurer.

UNPAID PREMIUMS: We will deduct any due and unpaid premium from any claim payment under this Policy.

PHYSICAL EXAMINATIONS AND AUTOPSY: We, at Our expense, have the right to have the Covered Person examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made in case of death unless prohibited by law.

LEGAL ACTIONS: No legal action may be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been given as required in accordance with requirements of this Policy. No such action may be brought after the expiration of three (3) years from the time written proof of loss is required to be given.

CHANGE OF BENEFICIARY: Unless the Policyowner makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the Policyowner and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this Policy or to change of beneficiary or beneficiaries, or to any other changes in this Policy.

SECTION 6: CONVERSION RIGHTS

SPOUSE'S CONVERSION PRIVILEGE: If this is a two-parent family or an individual and Spouse Policy and You divorce Your Spouse while this Policy is in force, Your Spouse may take out a Policy like this one without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefit amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been satisfied under this Policy.

DEPENDENT CHILD'S CONVERSION PRIVILEGE: If this is a one-parent family or two-parent family Policy and Your Dependent Child reaches attained age twenty-six (26), Your Dependent Child may take out a like Policy with a \$20,000 lump-sum benefit amount without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefit amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been satisfied under this Policy.

CONTINUATION: If this is a two-parent family or an individual and Spouse Policy and the Insured dies, the covered Spouse, if still alive, can keep this Policy and will automatically become the Insured. All benefits accrued prior to Your death will be paid to Your estate.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been satisfied under this Policy.

SECTION 7: EXCLUSIONS AND LIMITATIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;
2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;

5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stands to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

SECTION 8: UNIFORM PROVISIONS

ENTIRE CONTRACT: The entire contract consists of this Policy, the Policy Schedule, any attached amendments, riders or endorsements, and application.

POLICY CHANGES: No changes to this Policy are valid unless in writing, endorsed by one of Our executive officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

INCONTESTABLE: After this Policy has been in force for a period of three (3) years during the lifetime of the Insured, it shall become incontestable as to the statements contained in the application; unless a fraudulent misstatement is made by the applicant in the application. Fraudulent misstatements may be used to void the Policy or deny a claim for loss Incurred after the three (3) year period.

TIME LIMIT ON CERTAIN DEFENSES: No claim for loss that starts after three (3) years from the Effective Date will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state in which the Covered Person resides on that date is amended to conform to the minimum requirements of such laws.

MISSTATEMENT REGARDING AGE OR TOBACCO USE: If any representation regarding age at time of application or the use of tobacco has been misstated, any amount payable under the Policy shall be such as the premium paid would have purchased if the representation had not been misstated.

TERM: This Policy is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where Covered Person resides on the Effective Date as shown on the Policy Schedule.

RETURN OF UNEARNED PREMIUM: In the event of death of the Insured, unearned premium will be refunded in accordance with the Payment of Claim provision.

YOUR RIGHT TO CANCEL: The Policyowner may request to cancel this Policy at any time by writing to Us at Our Administration Office found on page 1 of this Policy. Cancellation will become effective on the next renewal date after Your request to terminate this Policy, or on a later date specified in the request. We will return any unearned premium.

TERMINATION: Coverage for each Covered Person will terminate on the earlier of:

- 1) the date on which this Policy lapses or terminates for the failure to meet a condition required in the Policy;
- 2) the date We receive the request or on a later date specified in the request;
- 3) the date You have received 100% of the Lifetime Benefit Amount, if Indemnity Rider is not attached to this Policy;
- 4) the end of the Grace Period following the due date for which a premium was not paid; or

5) the death of the Insured and the Insured's Spouse.

OWNER: The Insured is the Owner of this Policy unless later changed.

As Owner, You may exercise all rights in this Policy while the Covered Person is living. If You are without legal capacity, We will allow Your rights to be exercised by: the legally appointed guardian responsible for Your property or a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You should follow the procedures stated in this Policy. All changes and requests must be made in writing and in a form acceptable to Us.

STERLING LIFE INSURANCE COMPANY
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348
(800) 603-9438]

CAUTION: THIS IS A LIMITED BENEFIT, SPECIFIED - DISEASE POLICY. IT PAYS A LUMP-SUM BENEFIT FOR SPECIFIED CRITICAL CONDITIONS UPON DIAGNOSIS OR TREATMENT ONLY. IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. PLEASE READ THIS POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE.

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.

This Policy is a legal contract between the Policyowner (shown on the Policy Schedule) and Sterling (the Company). This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. A copy of the application is attached to the Policy. The following paragraphs set forth the definition of the terms, the exclusions and limitations, the benefits, and other provisions.

THIRTY DAY RIGHT TO EXAMINE POLICY

Sterling values You as a customer. If, for any reason, within the first thirty (30) days of Policy issuance, You are not satisfied with this Policy You may send a written request to cancel to the above Administrative Offices address along with the Policy to Sterling. Any premium paid will be refunded and this Policy will be cancelled from its beginning.

GUARANTEED RENEWABLE

This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

PRE-EXISTING CONDITION LIMITATION

This Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

WAITING PERIOD LIMITATION

This Policy contains a thirty (30) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within thirty (30) days from the Effective Date of the Policy.

This Policy is issued by STERLING LIFE INSURANCE COMPANY.

Signed by Our President and [Assistant Secretary].


[President]


[Assistant Secretary]

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A copy of the Application and Outline of Coverage follows Page [12].

Policy Schedule

INSURED:
[COVERED PERSON(S):]

POLICY NUMBER:

AGE:

COVERAGE: [Individual, Individual and Spouse, One-Parent Family, Two-Parent Family]

SMOKER STATUS:

MODE OF PAYMENT:

PREMIUMS:
Policy: \$
[Critical Condition Only
Indemnity Rider: \$
20-Year Paid Up Rider: \$]

EFFECTIVE DATE:
Policy: xx/xx/xxxx
[Critical Condition Only
Indemnity Rider: xx/xx/xxxx
20-Year Paid Up Rider: xx/xx/xxxx]

SECTION 1: DEFINITIONS

When the terms below are used in this Policy, the following definitions apply:

BENIGN BRAIN TUMOR is a Definite Diagnosis of a non-malignant tumor located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumor must require surgical or radiation treatment or cause irreversible objective neurological deficit(s). The Diagnosis of Benign Brain Tumor must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for pituitary adenomas less than 10 mm.

BLINDNESS is a Definite Diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:

- the corrected visual acuity being 20/200 or less in both eyes; or,
- the field of vision being less than 20 degrees in both eyes.

The Diagnosis of Blindness must be made by a Specialist.

COVERED LOSS means a Specified Critical Condition for which We pay benefits under this Policy. A Covered Loss is not a loss that is a Pre-existing Condition or occurs during the Waiting Period. However, a Pre-existing Condition will be considered a Covered Loss if loss caused by such condition begins after twelve (12) months from the Effective Date.

COVERED PERSON means any person covered under the Policy and listed on the Policy Schedule.

DEFINITE DIAGNOSIS means in clinical medicine a Diagnosis is made with extensive workup as required in the definition of the condition, upon which treatment is based.

DEPENDENT CHILD means the Insured's and/or Spouse's unmarried dependent natural-born child, stepchild, adopted child, or foster child that is under the age of twenty-six (26) at the time of application. Coverage of an unmarried dependent who is incapable of sustaining employment by reason of mental retardation or physical disability, who became so incapacitated prior to the attainment of nineteen (19) years of age, and who is chiefly dependent upon the policyholder for support and maintenance shall not terminate, but coverage shall continue so long as the policy remains in force and so long as the dependent remains in such condition. Dependent Child includes the child of the Insured and/or Spouse who is required by a court or administrative order to provide health benefit plan coverage for the child.

DIAGNOSIS means the complete fulfillment of the definition of the condition as described under the Policy.

EFFECTIVE DATE means the date shown on the Policy Schedule that coverage begins.

HEART ATTACK is a Definite Diagnosis of the death of heart muscle due to obstruction of blood flow, that results in the rise and fall of the biochemical cardiac markers troponin and CK-MB to levels considered diagnostic of myocardial infarction, with at least one of the following:

- Heart Attack symptoms
- new electrocardiogram (ECG) changes consistent with a Heart Attack
- development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

The Diagnosis of Heart Attack must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for:

- elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves;
- ECG changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition as described above; or,
- Sudden cardiac arrest or sudden cardiac death.

HOSPITAL means an institution located in the United States which meets all of the following requirements: operates pursuant to state law for Hospitals located in the United States; operates primarily for the care and treatment of sick or injured persons as inpatients; provides twenty-four (24) hour nursing service; has facilities for Diagnosis and surgery either on its own premises or in facilities available to the Hospital on a prearranged basis; and has a staff of at least one licensed Physician available at all times. Hospital is not a bed, unit of a facility that functions as a nursing home, skilled nursing facility, extended care facility, convalescent home, rest home or home for aged, sanatorium, rehabilitation center, place primarily providing care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or disorders; whether such facility is independent or associated with a Hospital.

IMMEDIATE FAMILY MEMBER means a person who is related to the Insured in any of the following ways: Spouse; child (including a legally adopted child, stepchild, son-in-law and daughter-in-law); parents (including stepparent, mother-in-law and father-in-law); and brother or sister (including stepbrother, stepsister, brother-in-law and sister-in-law).

INCURS/INCURRED means an event or incident that:

- initially occurs on or after the Effective Date of coverage of Covered Person under this Policy;
- initially occurs while coverage on Covered Person under this Policy is in force; and
- is not excluded by any specific description or exclusion stated in this Policy.

INSURED means the person named on the application and the Policy Schedule.

ISSUE DATE means the date when Policy is issued.

KIDNEY FAILURE is a Definite Diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular hemodialysis, peritoneal dialysis, or renal transplantation is initiated. The Diagnosis of Kidney Failure must be made by a Specialist.

LIFETIME BENEFIT AMOUNT means the amount as set forth in Section 3: Benefits.

LOSS OF HEARING means permanent and profound Loss of Hearing in both ears, with an auditory threshold of more than 90 decibels, for at least three standard tested frequencies with no possibility of correction despite use of a hearing aid. The Diagnosis of Loss of Hearing must be made by a Specialist.

LOSS OF SPEECH is a Definite Diagnosis of the total and irreversible loss of the ability to speak for the activities of daily living as the result of physical injury or disease, for a period of at least 180 days. The Diagnosis of Loss of Speech must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for all psychiatric conditions.

MAJOR ORGAN TRANSPLANT is a Definite Diagnosis of the irreversible failure of the heart, both lungs, liver, whole pancreas, or both kidneys, and transplantation must be medically necessary. To qualify under Major Organ Transplant, the Covered Person must undergo a transplantation procedure or be placed on the United Network of Organ Sharing (UNOS) transplant list as the recipient of a heart, lung, liver,

kidney (one), or whole pancreas, and limited to these entities. The Diagnosis of the major organ failure must be made by a Specialist.

PARALYSIS is defined as a Definite Diagnosis of the total loss of muscle function of two or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event. The Diagnosis of Paralysis must be made by a Specialist.

PHYSICIAN means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority for such practitioners acting within the scope of his or her license in treating an injury or sickness and practices in the United States or its territories.

The Physician must not be You, Your Immediate Family Member, or business associate of a Covered Person.

POLICY means the entire contract of insurance between You and Us.

POLICYOWNER means the person who owns this Policy and is shown on application as the Insured.

PRE-EXISTING CONDITION means a condition for which You received medical advice, Diagnosis, care or treatment within the twelve (12) months preceding the Effective Date of the Policy or showed signs or symptoms within twelve (12) months prior to the Effective Date of the Policy that would have caused an ordinarily prudent person to seek medical advice or treatment, regardless of whether the condition was diagnosed, misdiagnosed, or not diagnosed.

SCHEDULED BENEFIT AMOUNT means a percentage of the Lifetime Benefit Amount payable under the Policy for a specific benefit as set forth in Section 3: Benefits.

SEVERE BURNS means third degree burns covering at least 20% of Your body surface, which are diagnosed by a Specialist.

SPECIALIST means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority that has been trained in the specific area of medicine relevant to the Specified Critical Condition for which benefit is being claimed, and who has been certified by a specialty examining board. In the absence or unavailability of a Specialist, and as approved by Us, a condition may be diagnosed by a qualified Physician practicing in the United States of America.

Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist, and internist.

The Specialist must not be You, Your Immediate Family Member, or business associate of a Covered Person.

SPECIFIED CRITICAL CONDITION for the purpose of this Policy covers Benign Brain Tumor, Blindness, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke as set forth under Section 3: Benefits.

SPOUSE means the person married to[, in a civil union with], [or] [that is the domestic partner of]] the named Insured on the day We issue this Policy.

STROKE (Cerebrovascular Accident) is defined as a Definite Diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or hemorrhage, or embolism from an extra-cranial source, with acute onset of new neurological symptoms, and new objective neurological deficits on clinical examination; which

persists for more than 30 days following the date of Diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing. The Diagnosis of Stroke must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for:

- Transient Ischemic Attacks; or,
- Intracerebral vascular events due to trauma; or,
- Lacunar infarcts which do not meet the definition of Stroke as described above.

WAITING PERIOD means the first thirty (30) days following the Effective Date of the Covered Person's coverage.

WE, US, OUR, or COMPANY refers to Sterling Life Insurance Company.

YOU, YOUR, or YOURSELF means the person(s) named as a Covered Person on the Policy Schedule.

SECTION 2: COVERAGE TYPE

INDIVIDUAL POLICY means We insure the Insured as shown on the Policy Schedule.

INDIVIDUAL AND SPOUSE POLICY means We insure the Insured and Your Spouse as shown on the Policy Schedule.

ONE PARENT FAMILY POLICY means We insure the Insured and Your Dependent Child (ren) as shown on the Policy Schedule.

TWO PARENT FAMILY POLICY means We will insure the Insured, Your Spouse, and Your Dependent Child (ren).

After the Effective Date, if any members of the Insured's family are added to this Policy, including a new Spouse or Dependent Child, You must:

- notify Us that You wish to add a person(s) to Your coverage;
- complete the required application form; and
- pay any additional premium required.

If the application is approved, We will notify You of the added person's coverage Effective Date. The Waiting Period will apply to each person after the Effective Date of coverage.

SECTION 3: BENEFITS

ELIGIBILITY: You will be eligible for benefits under this Policy if:

- You have not been diagnosed with or treated for any Specified Critical Condition in the twelve (12) months prior to the Effective Date;
- You are not diagnosed with or treated for any Specified Critical Condition during the Waiting Period;
- Your Specified Critical Condition is diagnosed while this Policy is in force;
- You Incur a Covered Loss while this Policy is in force; and,
- Your Covered Loss is not excluded by name or specific description in this Policy.

SPECIFIED CRITICAL CONDITIONS [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations)

The Scheduled Benefit Amount is the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the following Specified Critical Conditions: Benign Brain Tumor, Blindness, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke. This benefit is payable only one time during the lifetime of the Policy.

The Diagnosis and treatment of any covered condition must be performed by a Specialist or Physician licensed in the United States of America (or other such jurisdiction as may be approved).

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions.

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Critical Condition Only Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable.

SECTION 4: PREMIUMS

PAYMENT OF PREMIUM: This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. If payment of the initial premium is made by check or draft that is not honored, the Policy shall be void. Each renewal premium must be paid on or before its due date, or within the Grace Period.

GRACE PERIOD: This Policy has a thirty-one (31) day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the Grace Period, the Policy will stay in force.

LAPSE: If a renewal premium is not paid before the end of the Grace Period, this Policy will lapse. The date of lapse is the date on which the unpaid premium was due. Lapse will terminate this Policy unless it is later reinstated.

REINSTATEMENT: If Your Policy lapses, You may reinstate it by:

- paying the required premium;
- providing evidence of insurability, if We so require; and
- submitting an application for reinstatement, if We so require.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premium will be applied to any period more than sixty (60) days before the reinstatement date.

If We require an application, You will be given a conditional receipt for the premium. If the application is approved, the Policy will be reinstated as of the approval date. Lacking such approval, the Policy will be reinstated on the 45th day after the date of the conditional receipt unless Sterling has previously written the Covered Person of its disapproval.

The reinstated Policy will only cover Loss that starts more than ten (10) days after the reinstatement date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

SECTION 5: CLAIMS

NOTICE OF CLAIM: You must give Us written notice of claim within thirty (30) days after a Covered Loss starts or as soon as reasonably possible. Written notice can be given to Us at Our Administrative Office address shown on Page 1 or to any of Our authorized agents. Written notice should include the name of the Covered Person and the Policy number.

CLAIM FORMS: When We receive the notice of claim, We will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within fifteen (15) days, the claimant will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

TIME OF PAYMENT OF CLAIM: We will pay benefits immediately upon receiving satisfactory written proof of loss.

PAYMENT OF CLAIM: The benefit will be paid to the Policyowner. Any benefit unpaid at death will be paid, at Our option, either to the Policyowner's beneficiary or to the Policyowner's estate.

CLAIMS REVIEW: If a claim is denied, We will give You written notice of the reason for denial; the Policy provision that relates to the denial; Your right to ask for a review of the claim; and any additional information that might allow Us to change Our decision.

PROOF OF LOSS: You must give Us satisfactory written proof within ninety (90) days after Loss for which You are seeking benefits. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one (1) year from the time specified unless the claimant was legally incapacitated. If this information is not provided, We have the right to deny any claim for a covered condition.

OTHER INSURANCE: Benefits under this Policy will not be reduced because of the existence of any other insurance with Us, any disclosed, or later issued insurance with any other insurer.

UNPAID PREMIUMS: We will deduct any due and unpaid premium from any claim payment under this Policy.

PHYSICAL EXAMINATIONS AND AUTOPSY: We, at Our expense, have the right to have the Covered Person examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made in case of death unless prohibited by law.

LEGAL ACTIONS: No legal action may be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been given as required in accordance with requirements of this Policy. No such action may be brought after the expiration of three (3) years from the time written proof of loss is required to be given.

CHANGE OF BENEFICIARY: Unless the Policyowner makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the Policyowner and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this Policy or to change of beneficiary or beneficiaries, or to any other changes in this Policy.

SECTION 6: CONVERSION RIGHTS

SPOUSE'S CONVERSION PRIVILEGE: If this is a two-parent family or an individual and Spouse Policy and You divorce Your Spouse while this Policy is in force, Your Spouse may take out a Policy like this one without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefit amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been satisfied under this Policy.

DEPENDENT CHILD'S CONVERSION PRIVILEGE: If this is a one-parent family or two-parent family Policy and Your Dependent Child reaches attained age twenty-six (26), Your Dependent Child may take out a like Policy with a \$20,000 lump-sum benefit amount without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefit amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been satisfied under this Policy.

CONTINUATION: If this is a two-parent family or an individual and Spouse Policy and the Insured dies, the covered Spouse, if still alive, can keep this Policy and will automatically become the Insured. All benefits accrued prior to Your death will be paid to Your estate.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been satisfied under this Policy.

SECTION 7: EXCLUSIONS AND LIMITATIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;
2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;

5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stands to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

SECTION 8: UNIFORM PROVISIONS

ENTIRE CONTRACT: The entire contract consists of this Policy, the Policy Schedule, any attached amendments, riders or endorsements, and application.

POLICY CHANGES: No changes to this Policy are valid unless in writing, endorsed by one of Our executive officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

INCONTESTABLE: After this Policy has been in force for a period of three (3) years during the lifetime of the Insured, it shall become incontestable as to the statements contained in the application; unless a fraudulent misstatement is made by the applicant in the application. Fraudulent misstatements may be used to void the Policy or deny a claim for loss Incurred after the three (3) year period.

TIME LIMIT ON CERTAIN DEFENSES: No claim for loss that starts after three (3) years from the Effective Date will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state in which the Covered Person resides on that date is amended to conform to the minimum requirements of such laws.

MISSTATEMENT REGARDING AGE OR TOBACCO USE: If any representation regarding age at time of application or the use of tobacco has been misstated, any amount payable under the Policy shall be such as the premium paid would have purchased if the representation had not been misstated.

TERM: This Policy is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where Covered Person resides on the Effective Date as shown on the Policy Schedule.

RETURN OF UNEARNED PREMIUM: In the event of death of the Insured, unearned premium will be refunded in accordance with the Payment of Claim provision.

YOUR RIGHT TO CANCEL: The Policyowner may request to cancel this Policy at any time by writing to Us at Our Administration Office found on page 1 of this Policy. Cancellation will become effective on the next renewal date after Your request to terminate this Policy, or on a later date specified in the request. We will return any unearned premium.

TERMINATION: Coverage for each Covered Person will terminate on the earlier of:

- 1) the date on which this Policy lapses or terminates for the failure to meet a condition required in the Policy;
- 2) the date We receive the request or on a later date specified in the request;
- 3) the date You have received 100% of the Lifetime Benefit Amount, if Indemnity Rider is not attached to this Policy;
- 4) the end of the Grace Period following the due date for which a premium was not paid; or

5) the death of the Insured and the Insured's Spouse.

OWNER: The Insured is the Owner of this Policy unless later changed.

As Owner, You may exercise all rights in this Policy while the Covered Person is living. If You are without legal capacity, We will allow Your rights to be exercised by: the legally appointed guardian responsible for Your property or a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You should follow the procedures stated in this Policy. All changes and requests must be made in writing and in a form acceptable to Us.

STERLING LIFE INSURANCE COMPANY
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348
(800) 603-9438]

CAUTION: THIS IS A LIMITED BENEFIT, SPECIFIED - DISEASE POLICY. IT PAYS A LUMP-SUM BENEFIT FOR CANCER UPON DIAGNOSIS OR TREATMENT ONLY. IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. PLEASE READ THIS POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE.

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.

This Policy is a legal contract between the Policyowner (shown on the Policy Schedule) and Sterling (the Company). This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. A copy of the application is attached and is part of this Policy. The following paragraphs set forth the definition of the terms, the exclusions and limitations, the benefits, and other provisions.

THIRTY DAY RIGHT TO EXAMINE POLICY

Sterling values You as a customer. If, for any reason, within the first thirty (30) days of Policy issuance, You are not satisfied with this Policy You may send a written request to cancel to the above Administrative Offices address along with the Policy to Sterling. Any premium paid will be refunded and this Policy will be cancelled from its beginning.

GUARANTEED RENEWABLE

This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

PRE-EXISTING CONDITION LIMITATION

This Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

WAITING PERIOD LIMITATION

This Policy contains a thirty (30) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within thirty (30) days from the Effective Date of the Policy.

This Policy is issued by STERLING LIFE INSURANCE COMPANY.

Signed by Our President and [Assistant Secretary].

[*Maurice*]

[*Craig Pollock*]

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A copy of the Application and Outline of Coverage follows Page [11].

Policy Schedule

INSURED:
[COVERED PERSON(S):]

POLICY NUMBER:

AGE:

COVERAGE: [Individual, Individual and Spouse, One-Parent Family, Two-Parent Family]

SMOKER STATUS:

MODE OF PAYMENT:

PREMIUMS:
Policy: \$
[Cancer Only Indemnity
Rider: \$
20-Year Paid Up Rider: \$]

EFFECTIVE DATE:
Policy: xx/xx/xxxx
[Cancer Only Indemnity Rider: xx/xx/xxxx
20-Year Paid Up Rider: xx/xx/xxxx]

SECTION 1: DEFINITIONS

When the terms below are used in this Policy, the following definitions apply:

CANCER (LIFE THREATENING) means leukemia, Hodgkin's disease, or a malignant tumor that is characterized by uncontrolled growth and spread of malignant cells and the invasion of tissue that is treated by a Physician which results in a pathologic Diagnosis. Diagnosis is based upon a microscopic examination of the affected cells by a legally licensed Physician certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.) The pathologist establishing the Diagnosis shall base his judgment solely upon the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the suspect cells.

Pre-malignant conditions, conditions with malignant potential, or pre-leukemic conditions, will not be considered Cancer for the purpose of this Policy.

CARCINOMA-IN-SITU is defined as an early form of carcinoma. The tumor cells still lie within the tissue of the original site without having invaded neighboring tissue based upon a microscopic examination of the affected cells by a Physician who is certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.)

COVERED LOSS means a Specified Critical Condition for which We pay benefits under this Policy. A Covered Loss is not a loss that is a Pre-existing Condition or occurs during the Waiting Period. However, a Pre-existing Condition will be considered a Covered Loss if loss caused by such condition begins after twelve (12) months from the Effective Date.

COVERED PERSON means any person covered under the Policy and listed on the Policy Schedule.

DEPENDENT CHILD means the Insured's and/or Spouse's unmarried dependent natural-born child, stepchild, adopted child, or foster child that is under the age of twenty-six (26) at the time of application. Coverage of an unmarried dependent who is incapable of sustaining employment by reason of mental retardation or physical disability, who became so incapacitated prior to the attainment of nineteen (19) years of age, and who is chiefly dependent upon the policyholder for support and maintenance shall not terminate, but coverage shall continue so long as the policy remains in force and so long as the dependent remains in such condition. Dependent Child includes the child of the Insured and/or Spouse who is required by a court or administrative order to provide health benefit plan coverage for the child.

DIAGNOSIS means the complete fulfillment of the definition of the condition as described under the Policy.

EFFECTIVE DATE means the date shown on the Policy Schedule that coverage begins.

HOSPITAL means an institution located in the United States which meets all of the following requirements: operates pursuant to state law for Hospitals located in the United States; operates primarily for the care and treatment of sick or injured persons as inpatients; provides twenty-four (24) hour nursing service; has facilities for Diagnosis and surgery either on its own premises or in facilities available to the Hospital on a prearranged basis; and has a staff of at least one licensed Physician available at all times. Hospital is not a bed, unit of a facility that functions as a nursing home, skilled nursing facility, extended care facility, convalescent home, rest home or home for aged, sanatorium, rehabilitation center, place primarily providing care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or disorders; whether such facility is independent or associated with a Hospital.

IMMEDIATE FAMILY MEMBER means a person who is related to the Insured in any of the following ways: Spouse; child (including a legally adopted child, stepchild, son-in-law and daughter-in-law); parents (including stepparent, mother-in-law and father-in-law); and brother or sister (including stepbrother, stepsister, brother-in-law and sister-in-law).

INCURS/INCURRED means an event or incident that:

- initially occurs on or after the Effective Date of coverage of Covered Person under this Policy;
- initially occurs while coverage on Covered Person under this Policy is in force; and
- is not excluded by any specific description or exclusion stated in this Policy.

INSURED means the person named on the application and the Policy Schedule.

ISSUE DATE means the date when Policy is issued.

LIFETIME BENEFIT AMOUNT means the amount as set forth in Section 3: Benefits.

PHYSICIAN means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority for such practitioners acting within the scope of his or her license in treating an injury or sickness and practices in the United States or its territories.

The Physician must not be You, Your Immediate Family Member, or business associate of a Covered Person.

POLICY means the entire contract of insurance between You and Us.

POLICYOWNER means the person who owns this Policy and is shown on application as the Insured.

PRE-EXISTING CONDITION means a condition for which You received medical advice, Diagnosis, care or treatment within the twelve (12) months preceding the Effective Date of the Policy or showed signs or symptoms within twelve (12) months prior to the Effective Date of the Policy that would have caused an ordinarily prudent person to seek medical advice or treatment, regardless of whether the condition was diagnosed, misdiagnosed, or not diagnosed.

PROSTATE CANCER is a Cancer that normally originates in the posterior gland or near the urethra that is histologically described in terms of tumor, node, and metastasis (TNM) cancer staging system. Based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.)

SCHEDULED BENEFIT AMOUNT means a percentage of the Lifetime Benefit Amount payable under the Policy for a specific benefit as set forth in Section 3: Benefits.

SKIN CANCER means any Skin Cancer, including squamous cell carcinoma and basal cell carcinoma, except Malignant Melanoma.

SPECIALIST means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority that has been trained in the specific area of medicine relevant to the Specified Critical Condition for which benefit is being claimed, and who has been certified by a specialty examining board. In the absence or unavailability of a Specialist, and as approved by Us, a condition may be diagnosed by a qualified Physician practicing in the United States of America.

Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist, and internist.

The Specialist must not be You, Your Immediate Family Member, or business associate of a Covered Person.

SPECIFIED CRITICAL CONDITION for the purpose of this Policy only covers Cancer as set forth under Section 3: Benefits.

SPOUSE means the person married to[[, in a civil union with], [or] [that is the domestic partner of]] the named Insured on the day We issue this Policy.

WAITING PERIOD means the first thirty (30) days following the Effective Date of the Covered Person's coverage.

WE, US, OUR, or COMPANY refers to Sterling Life Insurance Company.

YOU, YOUR, or YOURSELF means the person(s) named as a Covered Person on the Policy Schedule.

SECTION 2: COVERAGE TYPE

INDIVIDUAL POLICY means We insure the Insured as shown on the Policy Schedule.

INDIVIDUAL AND SPOUSE POLICY means We insure the Insured and Your Spouse as shown on the Policy Schedule.

ONE PARENT FAMILY POLICY means We insure the Insured and Your Dependent Child (ren) as shown on the Policy Schedule.

TWO PARENT FAMILY POLICY means We will insure the Insured, Your Spouse, and Your Dependent Child (ren).

After the Effective Date, if any members of the Insured's family are added to this Policy, including a new Spouse or Dependent Child, You must:

- notify Us that You wish to add a person(s) to Your coverage;
- complete the required application form; and
- pay any additional premium required.

If the application is approved, We will notify You of the added person's coverage Effective Date. The Waiting Period will apply to each person after the Effective Date of coverage.

SECTION 3: BENEFITS

ELIGIBILITY: You will be eligible for benefits under this Policy if:

- You have not been diagnosed with or treated for any Specified Critical Condition in the twelve (12) months prior to the Effective Date;
- You are not diagnosed with or treated for any Specified Critical Condition during the Waiting Period;
- Your Specified Critical Condition is diagnosed while this Policy is in force;
- You Incur a Covered Loss while this Policy is in force; and,
- Your Covered Loss is not excluded by name or specific description in this Policy.

CANCER [GOLD LEVEL] [PLATINUM LEVEL] LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level]This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations.) **No benefit will be payable under this condition for any type Skin Cancer including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.**

Section One:

The Scheduled Benefit Amount is 100% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of a Cancer (Life Threatening). Benefit payment is for Cancer (Life Threatening). This benefit is payable only one time during the lifetime of the Policy.

Section Two:

The Scheduled Benefit Amount is 10% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the first occurrence of Prostate Cancer Stage 0 (T1a, N0, M0) or Stage 1 (T2a, N0, M0) and Carcinoma-in-Situ.

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions.

After 100% of the Lifetime Benefit Amount [[Gold Level]or 50% from attained age seventy (70)] has been paid within this benefit, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Cancer Only Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level]or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable as long as Policy in force.

SECTION 4: PREMIUMS

PAYMENT OF PREMIUM: This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. If payment of the initial premium is made by check or draft that is not honored, the Policy shall be void. Each renewal premium must be paid on or before its due date, or within the Grace Period.

GRACE PERIOD: This Policy has a thirty-one (31) day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the Grace Period, the Policy will stay in force.

LAPSE: If a renewal premium is not paid before the end of the Grace Period, this Policy will lapse. The date of lapse is the date on which the unpaid premium was due. Lapse will terminate this Policy unless it is later reinstated.

REINSTATEMENT: If Your Policy lapses, You may reinstate it by:

- paying the required premium;
- providing evidence of insurability, if We so require; and
- submitting an application for reinstatement, if We so require.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premium will be applied to any period more than sixty (60) days before the reinstatement date.

If We require an application, You will be given a conditional receipt for the premium. If the application is approved, the Policy will be reinstated as of the approval date. Lacking such approval, the Policy will be reinstated on the 45th day after the date of the conditional receipt unless Sterling has previously written the Covered Person of its disapproval.

The reinstated Policy will only cover Loss that starts more than ten (10) days after the reinstatement date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

SECTION 5: CLAIMS

NOTICE OF CLAIM: You must give Us written notice of claim within thirty (30) days after a Covered Loss starts or as soon as reasonably possible. Written notice can be given to Us at Our Administrative Office address shown on Page 1 or to any of Our authorized agents. Written notice should include the name of the Covered Person and the Policy number.

CLAIM FORMS: When We receive the notice of claim, We will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within fifteen (15) days, the claimant will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

TIME OF PAYMENT OF CLAIM: We will pay benefits immediately upon receiving satisfactory written proof of loss.

PAYMENT OF CLAIM: The benefit will be paid to the Policyowner. Any benefit unpaid at death may be paid, at Our option, either to the Policyowner's beneficiary or to the Policyowner's estate.

CLAIMS REVIEW: If a claim is denied, We will give You written notice of the reason for denial; the Policy provision that relates to the denial; Your right to ask for a review of the claim; and any additional information that might allow Us to change Our decision.

PROOF OF LOSS: You must give Us satisfactory written proof within ninety (90) days after Loss for which You are seeking benefits. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one (1) year from the time specified unless the claimant was legally incapacitated. If this information is not provided, We have the right to deny any claim for a covered condition.

OTHER INSURANCE: Benefits under this Policy will not be reduced because of the existence of any other insurance with Us, any disclosed, or later issued insurance with any other insurer.

UNPAID PREMIUMS: We will deduct any due and unpaid premium from any claim payment under this Policy.

PHYSICAL EXAMINATIONS AND AUTOPSY: We, at Our expense, have the right to have the Covered Person examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made in case of death unless prohibited by law.

LEGAL ACTIONS: No legal action may be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been given as required in accordance with requirements of this Policy. No such action may be brought after the expiration of three (3) years from the time written proof of loss is required to be given.

CHANGE OF BENEFICIARY: Unless the Policyowner makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the Policyowner and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this Policy or to change of beneficiary or beneficiaries, or to any other changes in this Policy.

SECTION 6: CONVERSION RIGHTS

SPOUSE'S CONVERSION PRIVILEGE: If this is a two-parent family or an individual and Spouse Policy and You divorce Your Spouse while this Policy is in force, Your Spouse may take out a Policy like this one without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefit amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been satisfied under this Policy.

DEPENDENT CHILD'S CONVERSION PRIVILEGE: If this is a one-parent family or two-parent family Policy and Your Dependent Child reaches attained age twenty-six (26), Your Dependent Child may take out a like Policy with a \$20,000 lump-sum benefit amount without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefit amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been satisfied under this Policy.

CONTINUATION: If this is a two-parent family or an individual and Spouse Policy and the Insured dies, the covered Spouse, if still alive, can keep this Policy and will automatically become the Insured. All benefits accrued prior to Your death will be paid to Your estate.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been satisfied under this Policy.

SECTION 7: EXCLUSIONS AND LIMITATIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;

2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;
5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stands to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

SECTION 8: UNIFORM PROVISIONS

ENTIRE CONTRACT: The entire contract consists of this Policy, the Policy Schedule, any attached amendments, riders or endorsements, and application.

POLICY CHANGES: No changes to this Policy are valid unless in writing, endorsed by one of Our executive officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

INCONTESTABLE: After this Policy has been in force for a period of three (3) years during the lifetime of the Insured, it shall become incontestable as to the statements contained in the application; unless a fraudulent misstatement is made by the applicant in the application. Fraudulent misstatements may be used to void the Policy or deny a claim for loss Incurred after the three (3) year period.

TIME LIMIT ON CERTAIN DEFENSES: No claim for loss that starts after three (3) years from the Effective Date will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state in which the Covered Person resides on that date is amended to conform to the minimum requirements of such laws.

MISSTATEMENT REGARDING AGE OR TOBACCO USE: If any representation regarding age at time of application or the use of tobacco has been misstated, any amount payable under the Policy shall be such as the premium paid would have purchased if the representation had not been misstated.

TERM: This Policy is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where Covered Person resides on the Effective Date as shown on the Policy Schedule.

RETURN OF UNEARNED PREMIUM: In the event of death of the Insured, unearned premium will be refunded in accordance with the Payment of Claim provision.

YOUR RIGHT TO CANCEL: The Policyowner may request to cancel this Policy at any time by writing to Us at Our Administration Office found on page 1 of this Policy. Cancellation will become effective on the next renewal date after Your request to terminate this Policy, or on a later date specified in the request. We will return any unearned premium.

TERMINATION: Coverage for each Covered Person will terminate on the earlier of:

- 1) the date on which this Policy lapses or terminates for the failure to meet a condition required in the Policy;
- 2) the date We receive the request or on a later date specified in the request;
- 3) the date You have received 100% of the Lifetime Benefit Amount, if Indemnity Rider is not attached to this Policy;
- 4) the end of the Grace Period following the due date for which a premium was not paid; or
- 5) the death of the Insured and the Insured's Spouse.

OWNER: The Insured is the Owner of this Policy unless later changed.

As Owner, You may exercise all rights in this Policy while the Covered Person is living. If You are without legal capacity, We will allow Your rights to be exercised by: the legally appointed guardian responsible for Your property or a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You should follow the procedures stated in this Policy. All changes and requests must be made in writing and in a form acceptable to Us.

Sterling Life Insurance Company

Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348]

LIMITED BENEFIT HEALTH COVERAGE OUTLINE OF COVERAGE FOR POLICY FORM NO. STRCC-CB AR

(1) **READ YOUR POLICY CAREFULLY.** This outline of coverage provides a brief description of the important features of Your Policy. This is not the contract of insurance and only the actual policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Your insurance company. Therefore, it is important that You **READ YOUR POLICY CAREFULLY!**

(2) **LIMITED BENEFIT HEALTH COVERAGE.** Policies of this category are designed to provide to the insured, limited or supplemental coverage.

(3) This policy **IS NOT A MEDICARE SUPPLEMENT POLICY.** If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Sterling Life Insurance Company.

(4) **DESCRIPTION OF BENEFIT:**

CANCER [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations) **No benefit will be payable under this condition for any type Skin Cancer including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.**

Section One:

The Scheduled Benefit Amount is 100% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of a Cancer (Life Threatening). Benefit payment is for Cancer (Life Threatening). This benefit is payable only one time during the lifetime of the Policy.

Section Two:

The Scheduled Benefit Amount is 10% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the first occurrence of Prostate Cancer Stage 0 (T1a, N0, M0) or Stage 1 (T2a, N0, M0) and Carcinoma-in-Situ.

The Diagnosis and treatment of any covered condition must be performed by a Specialist or Physician licensed in the United States of America (or other such jurisdiction as may be approved).

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within both, the Cancer Benefit and Specified Critical Conditions, no more benefits are payable and the Policy will terminate upon payment.

SPECIFIED CRITICAL CONDITIONS [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations)

The Scheduled Benefit Amount is the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the following Specified Critical Conditions: Benign Brain Tumor, Blindness, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke. This benefit is payable only one time during the lifetime of the Policy.

The Diagnosis and treatment of any covered condition must be performed by a Specialist or Physician licensed in the United States of America (or other such jurisdiction as may be approved).

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within both, the Cancer Benefit and Specified Critical Conditions, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Combination Cancer and Specified Critical Conditions Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable.

(5) **COVERED LOSS.** Sterling agrees to pay You, the Insured named in the application, subject to the terms and limitations of the Policy, for the above described benefit sustained by You while the Policy is in force.

[(6) **OPTIONAL BENEFIT RIDERS.** The following optional benefits riders are available:]

- [20 Year Paid Up Rider]
- [Combination Cancer and Critical Condition Indemnity Rider]

(7) EXCLUSIONS, RESTRICTIONS, REDUCTIONS, LIMITATIONS.

The Policy will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;
2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;
5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stand to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

Pre-existing Condition Limitation. The Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

Waiting Period Limitation. The Policy contains a thirty (30) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within thirty (30) days from the Effective Date of the Policy.

[[Gold Level] The benefits under the Policy will be reduced by 50% from attained age seventy (70).]

(8) **RENEWABILITY.** This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

If You have any questions regarding Your Policy please contact Sterling at: **[(800) 688-0010]**

Sterling Life Insurance Company
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348]

LIMITED BENEFIT HEALTH COVERAGE
OUTLINE OF COVERAGE FOR POLICY FORM NO. STRCC-CC AR

(1) **READ YOUR POLICY CAREFULLY.** This outline of coverage provides a brief description of the important features of Your Policy. This is not the contract of insurance and only the actual policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Your insurance company. Therefore, it is important that You **READ YOUR POLICY CAREFULLY!**

(2) **LIMITED BENEFIT HEALTH COVERAGE.** Policies of this category are designed to provide to the insured, limited or supplemental coverage.

(3) This policy **IS NOT A MEDICARE SUPPLEMENT POLICY.** If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Sterling Life Insurance Company.

(4) **DESCRIPTION OF BENEFIT:**

SPECIFIED CRITICAL CONDITIONS [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations)

The Scheduled Benefit Amount is the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the following Specified Critical Conditions: Benign Brain Tumor, Blindness, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke. This benefit is payable only one time during the lifetime of the Policy.

The Diagnosis and treatment of any covered condition must be performed by a Specialist or Physician licensed in the United States of America (or other such jurisdiction as may be approved).

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Critical Condition Only Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level]or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable.

(5) **COVERED LOSS.** Sterling agrees to pay You, the Insured named in the application, subject to the terms and limitations of the Policy, for the above described benefit sustained by You while the Policy is in force.

[(6) **OPTIONAL BENEFIT RIDERS.** The following optional benefits riders are available:]

- [20 Year Paid Up Rider]
- [Critical Condition Only Indemnity Rider]

(7) **EXCLUSIONS, RESTRICTIONS, REDUCTIONS, LIMITATIONS.**

The Policy will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;
2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;

STRCC-CCOOC AR

5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stand to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

Pre-existing Condition Limitation. The Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

Waiting Period Limitation. The Policy contains a thirty (30) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within thirty (30) days from the Effective Date of the Policy.

[[Gold Level] The benefits under the Policy will be reduced by 50% from attained age seventy (70).]

(8) **RENEWABILITY.** This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

If You have any questions regarding Your Policy please contact Sterling at: **[(800) 688-0010]**

Sterling Life Insurance Company

Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348]

LIMITED BENEFIT HEALTH COVERAGE OUTLINE OF COVERAGE FOR POLICY FORM NO. STRCC-CN AR

(1) **READ YOUR POLICY CAREFULLY.** This outline of coverage provides a brief description of the important features of Your Policy. This is not the contract of insurance and only the actual policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Your insurance company. Therefore, it is important that You **READ YOUR POLICY CAREFULLY!**

(2) **LIMITED BENEFIT HEALTH COVERAGE.** Policies of this category are designed to provide to the insured, limited or supplemental coverage.

(3) This policy **IS NOT A MEDICARE SUPPLEMENT POLICY.** If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Sterling Life Insurance Company.

(4) **DESCRIPTION OF BENEFIT:**

CANCER [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations) **No benefit will be payable under this condition for any type Skin Cancer including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.**

Section One:

The Scheduled Benefit Amount is 100% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of a Cancer (Life Threatening). Benefit payment is for Cancer (Life Threatening). This benefit is payable only one time during the lifetime of the Policy.

Section Two:

The Scheduled Benefit Amount is 10% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the first occurrence of Prostate Cancer Stage 0 (T1a, N0, M0) or Stage 1 (T2a, N0, M0) and Carcinoma-in-Situ.

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions.

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Cancer Only Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level]or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable.

(5) **COVERED LOSS.** Sterling agrees to pay You, the Insured named in the application, subject to the terms and limitations of the Policy, for the above described benefit sustained by You while the Policy is in force.

[(6) **OPTIONAL BENEFIT RIDERS.** The following optional benefits riders are available:]

- [20 Year Paid Up Rider]
- [Cancer Only Indemnity Rider]

(7) **EXCLUSIONS, RESTRICTIONS, REDUCTIONS, LIMITATIONS.**

The Policy will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;

STRCC-CNOOC AR

2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;
5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stand to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

Pre-existing Condition Limitation. The Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

Waiting Period Limitation. The Policy contains a thirty (30) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within thirty (30) days from the Effective Date of the Policy.

[[Gold Level] The benefits under the Policy will be reduced by 50% from attained age seventy (70).]

(8) **RENEWABILITY.** This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

If You have any questions regarding Your Policy please contact Sterling at: **[(800) 688-0010]**



Underwritten by Sterling Life Insurance Company

Indv B2B Reinstare checkboxes

Application for Critical Condition Insurance Coverage - Arkansas

Applicant Information

Insured's Last Name, First Name, MI, Address, City, ST, Zip, Phone Number, Social Security Number, Age, Date of Birth, Gender, Occupation, Insured's Email Address

Spouse & Child Applicant Information

Spouse's Last Name, First Name, MI, Age, Date of Birth, Gender, Child 1's Last Name, First Name, MI, Age, Date of Birth, Gender, Child 2's Last Name, First Name, MI, Age, Date of Birth, Gender

Information for additional children should be included on an attached sheet of paper.

Plan Selection

Is this policy intended to replace any existing policy? Plan Choice: Cancer Only, Critical Condition Only, Combo Critical Condition & Cancer. Lump-Sum Payout Option: Gold, Platinum. Optional Indemnity Rider, Optional 20-Year Paid Up Rider. Coverage Level: \$10,000 to \$70,000. Type of Coverage: Individual, Individual & Spouse, One Parent Family, Two Parent Family

Administrative Offices / Customer Service

5. Within the last 5 years, have you or anyone to be covered received medical advice, been diagnosed or treated for any of the following conditions or had any of the following surgeries? (Check all that apply) Yes No

- | | | |
|---|--|---|
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Congestive Heart Failure |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Organ Transplant | <input type="checkbox"/> Brain Tumor |
| <input type="checkbox"/> Cirrhosis | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> COPD |
| <input type="checkbox"/> Congenital Heart Disease | <input type="checkbox"/> Aneurysm | <input type="checkbox"/> Hypertension
(requiring 3 or more prescriptions to control) |
| <input type="checkbox"/> Peripheral Vascular Disease | <input type="checkbox"/> Deep Vein Thrombosis | <input type="checkbox"/> Pulmonary Embolism |
| <input type="checkbox"/> Disorders of blood clotting | <input type="checkbox"/> Sickle Cell Anemia | <input type="checkbox"/> Hemochromatosis |
| <input type="checkbox"/> Systemic Lupus Erythematosus (SLE) | <input type="checkbox"/> PTSD | <input type="checkbox"/> Cardiomyopathy |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Polycystic Kidney Disease |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Paralysis | <input type="checkbox"/> Hepatitis B or C |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Heart Surgery | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Kidney Disease/Failure | <input type="checkbox"/> Drug Addiction |
| <input type="checkbox"/> Loss of use of one or more limbs | <input type="checkbox"/> Diabetes treated with insulin | <input type="checkbox"/> TIA |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Macular Degeneration | <input type="checkbox"/> Optic Neuritis |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Deafness | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Major Depressive Disorder | <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Bipolar Disorder |

If **YES** was answered to Questions 4-5, who was it?

Person(s) who answered **YES** is/are

NOT eligible for coverage.

Selected Billing Options: (Select one)

(Initial premium must be paid by check, money order or bank draft)

- Monthly Automatic Premium Collection** (from your bank account).
Please complete & submit an APC Authorization form.
- Credit or Debit Card** (Visa, MasterCard, Discover credit card or debit card with Visa or MasterCard logo)
- Monthly Quarterly Semi-Annual Annual

If credit or debit card was selected, please list card info below:

Card # Expiration Date

Signature

- Direct Bill**
- Quarterly Semi-Annual Annual
- List Bill**

STERLING LIFE INSURANCE COMPANY
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348
(800) 603-9438]

**COMBINATION CANCER AND SPECIFIED CRITICAL
CONDITIONS INDEMNITY BENEFIT RIDER**
THIS IS A LIMITED BENEFIT RIDER – READ CAREFULLY
THIS RIDER IS NOT ATTACHED TO A MEDICARE SUPPLEMENT POLICY.

This **COMBINATION CANCER AND SPECIFIED CRITICAL CONDITIONS INDEMNITY BENEFIT RIDER** is part of the Policy to which it is attached. In consideration of the statements in the application and payment of the additional premium for this rider, Sterling Life Insurance Company issues this rider to Your Policy. This rider is subject to all Policy conditions, definitions, provisions, exclusions, and limitations, except as stated in this rider. This rider provides the following benefits:

DEFINITIONS

CALENDAR YEAR is January 1 through December 31 of the same year.

CALENDAR MONTH is the first day of the month through the last day of the month in the same month.

CALENDAR WEEK begins on Sunday ends on Saturday of the same week.

HOSPITAL CONFINEMENT means the Covered Person is assigned to a bed as a resident inpatient in a Hospital on the advice of a Physician for a period no less than twenty-two (22) continuous hours for a treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions.

NEW BENEFIT PERIOD is a period that begins at least 180 days following the last covered occurrence of the most recent claim made per same indemnity benefit per same Specified Critical Condition.

REHABILITATION UNIT means for the purpose of this rider, a Rehabilitation Unit in a Hospital, extended-care facility, skilled nursing facility, custodial care facility, and a comprehensive inpatient rehabilitation facility that provides coordinated multidisciplinary physical restorative services to inpatients that is located in the United States which meets all of the following requirements: operates pursuant to state law, provides twenty-four (24) hour nursing service, and has a staff of at least one licensed Physician available at all times. A Rehabilitation Unit is not a place primarily providing care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or disorders; whether such facility is independent or associated with a Hospital.

COMBINATION CANCER AND CRITICAL CONDITION INDEMNITY BENEFIT

We will pay the benefits shown below upon Diagnosis and/or treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions, if the rider has been in force for more than the Waiting Period and You furnish Us with acceptable written proof.

No benefit will be payable under this condition for Carcinoma-in-Situ and Prostate Cancer Stage 0 (T1a,N0,M0) or Stage 1 (T2a,N0,M0), any type Skin Cancer including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.

[[OPTION A]

CANCER VACCINE BENEFIT:

We will pay \$35 after a Covered Person Incurs a charge for up to three (3) rounds for HPV and up to one (1) round HBV vaccines.

This benefit is payable once per Covered Person for each of the covered vaccines per lifetime.

CONSULTATION BENEFIT:

We will pay \$250 for this benefit when a Covered Person is diagnosed with a covered Specified Critical Condition as set forth in Section 1: Definitions and Incurs a charge for consulting a Physician or Specialist for a treatment plan.

Lifetime maximum of once per Covered Person.

HOSPITAL CONFINEMENT BENEFIT:

We will pay \$200 per day for the first thirty (30) days and \$400 per day for the thirty-first (31st) to the sixtieth (60th) day that a Covered Person Incurs a charge for Hospital Confinement for treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. If We pay a benefit for a period of Hospital Confinement, and You are re-confined to the Hospital within thirty (30) days for treatment of the same covered Specified Critical Condition as set forth in Section 1: Definitions, We will treat this confinement as a continuation of prior confinement. If more than thirty (30) days have passed between the periods of Hospital Confinement, We will treat this confinement as a new confinement.

This benefit is limited to a maximum sixty (60) days per Hospital Confinement per covered Specified Critical Condition as set forth in Section 1: Definitions. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. No lifetime maximum.

REHABILITATION UNIT BENEFIT:

We will pay \$100 per day for up to fifteen (15) days for this benefit for each day the Covered Person Incurs a charge for confinement to a Rehabilitation Unit for treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. This confinement must be immediately following a Hospital Confinement for treatment of the same covered Specified Critical Condition as set forth in Section 1: Definitions.

This benefit is limited to a maximum fifteen (15) days per rehabilitation confinement per Covered Person per covered Specified Critical Condition as set forth in Section 1: Definitions. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. If more than thirty (30) days separate confinements in a Rehabilitation Unit, benefits are not payable for the second confinement unless the Covered Person again

receives benefits under Hospital Confinement and is confined as in inpatient in Rehabilitation Unit within thirty (30) days of that confinement. No lifetime maximum.

CANCER WELLNESS SCREENING BENEFIT:

We will pay \$50 when a Covered Person Incurs a charge for one of the following: biopsy, breast ultrasound, breast MRI, CA 15-3 (blood test for breast cancer), CA 125 (blood test for ovarian cancer), CEA (blood test for colon cancer), chest x-ray, colonoscopy, flexible sigmoidoscopy, hemoccult stool analysis, mammogram, PSA (blood test for Prostate Cancer), testicular ultrasound, thermography pap smear, ThinPrep, virtual colonoscopy.

This benefit is limited to once per Calendar Year per Covered Person. No lifetime maximum.

CRITICAL CONDITION WELLNESS SCREENING BENEFIT:

We will pay \$50 when a Covered Person Incurs a charge for one of the following: stress test on bicycle or treadmill, fasting glucose test, blood test for triglycerides, serum cholesterol test, electrocardiogram (EKG), carotid doppler, echocardiogram, ultrasound of organs, MRI scan of organs, or neurological examination (brain tumor).

This benefit is limited to once per Calendar Year per Covered Person. No lifetime maximum.]

[[OPTION B]

AIR AMBULANCE BENEFIT:

We will pay \$1,500 for air transportation if a professional air ambulance service transports a Covered Person to or from a Hospital (including transportation from one medical facility to another) where the Covered Person is under Hospital Confinement for the treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. This benefit is limited to two (2) trips per confinement.

Payable once per covered Specified Critical Condition, as set forth in Section 1: Definitions, per Covered Person. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once the New Benefit Period is reached. No lifetime maximum.

AMBULANCE BENEFIT:

We will pay \$250 for ground transportation if a professional ambulance service transports a Covered Person to or from a Hospital (including transportation from one medical facility to another) where the Covered Person is under Hospital Confinement for the treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. This benefit is limited to two (2) trips per confinement.

Payable once per covered Specified Critical Condition, as set forth in Section 1: Definitions, per Covered Person. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. No lifetime maximum.

CANCER VACCINE BENEFIT:

We will pay \$35 after a Covered Person Incurs a charge for up to three (3) rounds for HPV and up to one (1) round HBV vaccines.

This benefit is payable once per Covered Person for each of the covered vaccines per lifetime.

CONSULTATION BENEFIT:

We will pay \$250 for this benefit when a Covered Person is diagnosed with a covered Specified Critical Condition as set forth in Section 1: Definitions and Incurs a charge for consulting a Physician or Specialist for a treatment plan.

Lifetime maximum of once per Covered Person.

CORONARY ARTERY BYPASS SURGERY BENEFIT:

We will pay \$2,000 for this benefit when a Covered Person Incurs a charge for coronary artery bypass surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. This benefit does not pay for valve replacement surgery, angioplasty, laser relief, or other nonsurgical procedures.

Lifetime maximum is once per Covered Person.

FAMILY MEMBER LODGING BENEFIT:

We will pay \$50 for this benefit for each day that one adult Immediate Family Member Incurs a charge for lodging while a Covered Person is under Hospital Confinement for treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. The Hospital of confinement must be one hundred (100) or more miles one-way from the adult Immediate Family Member's home. This benefit is limited to a maximum of five (5) days per occurrence.

Payable once per covered Specified Critical Condition as set forth in Section 1: Definitions per Covered Person. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. This benefit is not payable for lodging occurring more than twenty-four (24) hours prior to Hospital Confinement or for lodging occurring more than twenty-four (24) hours following Hospital Confinement. No lifetime maximum.

FAMILY MEMBER TRANSPORTATION BENEFIT:

We will pay \$.50 per mile up to \$500 for this benefit for one adult Immediate Family Member for transportation when a Covered Person is under Hospital Confinement for treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. The benefit will be paid when charges are Incurred for travel to and from the adult Immediate Family Member's home and that the Hospital of confinement is one hundred (100) or more miles one-way from the adult Immediate Family Member's home. We will measure the mileage from the most direct route from the city where adult Immediate Family Member lives to the city where the Covered Person receives inpatient treatment.

This benefit is limited to one round trip per Covered Person per covered Specified Critical Condition as set forth in Section 1: Definitions. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. No lifetime maximum.

HOSPITAL CONFINEMENT BENEFIT:

We will pay \$200 per day for the first thirty (30) days and \$400 per day for the thirty-first (31st) to the sixtieth (60th) day that a Covered Person Incurs a charge for Hospital Confinement for treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. If We pay a benefit for a period of Hospital Confinement, and You are re-confined to the Hospital within thirty (30) days for treatment of the same covered Specified Critical Condition as set forth in Section 1: Definitions, We will treat this confinement as a continuation of prior confinement. If more than thirty (30) days have passed between the periods of Hospital Confinement, We will treat this confinement as a new confinement.

This benefit is limited to a maximum sixty (60) days per Hospital Confinement per covered Specified Critical Condition as set forth in Section 1: Definitions. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. No lifetime maximum.

INJECTED CHEMOTHERAPY BENEFIT:

We will pay \$300 per Calendar Week when a Covered Person Incurs a charge for chemotherapy treatments injected by medical personnel in a doctor's office, clinic, or Hospital for the purpose of destruction of malignant cells during the treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. At the time of treatment all treatments must be fully or investigationally approved by the U.S. Food and Drug Administration or National Cancer Institute for the treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions.

Benefits are not payable for any treatment planning, treatment management, or any type of laboratory test, x-ray or other imagining used for Diagnosis or disease monitoring, or other diagnostic tests related to these treatments.

This benefit is limited to \$300 per Calendar Week per Covered Person per covered Specified Critical Condition as set forth in Section 1: Definitions. No lifetime maximum.

ORAL CHEMOTHERAPY BENEFIT:

We will pay up to \$300 per Calendar Month when a Covered Person Incurs a charge for a filled oral chemotherapy prescription treatment for the purpose of destruction of malignant cells during the treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. At the time of treatment all treatments must be fully or investigationally approved by the U.S. Food and Drug Administration or National Cancer Institute for the treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions.

Benefits are not payable for any treatment planning, treatment management, or any type of laboratory test, x-ray or other imagining used for Diagnosis or disease monitoring, or other diagnostic tests related to these treatments.

This benefit is limited to \$300 per Calendar Month per Covered Person per covered Specified Critical Condition as set forth in Section 1: Definitions. No lifetime maximum.

OUTPATIENT SURGICAL PROCEDURE BENEFIT:

We will pay \$300 per Covered Person when You Incur a charge for and have surgery at an outpatient surgical center for a covered Specified Critical Condition as set forth in Section 1: Definitions. This does not include surgeries that are received while confined to a Hospital or in an emergency room.

This benefit is limited to \$300 per Covered Person per covered Specified Critical Condition as set forth in Section 1: Definitions. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is met. No lifetime maximum.

RADIATION THERAPY BENEFIT:

We will pay \$100 per Calendar Week when a Covered Person Incurs a charge for radiation therapy treatments for the purpose of destruction of malignant cells during the treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. At the time of treatment all treatments must be fully or investigationally approved by the U.S. Food and Drug Administration or National Cancer Institute for the treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions.

Benefits are not payable for any treatment planning, treatment management, or any type of laboratory test, x-ray or other imaging used for Diagnosis or disease monitoring, or other diagnostic tests related to these treatments. Laser surgery is not considered radiation treatment and is not payable under this benefit.

This benefit is limited to \$100 per Calendar Week per Covered Person per covered Specified Critical Condition as set forth in Section 1: Definitions. No lifetime maximum.

REHABILITATION UNIT BENEFIT:

We will pay \$100 per day for up to fifteen (15) days for this benefit for each day the Covered Person Incurs a charge for confinement to a Rehabilitation Unit for treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. This confinement must be immediately following a Hospital Confinement for treatment of the same covered Specified Critical Condition as set forth in Section 1: Definitions.

This benefit is limited to a maximum fifteen (15) days per rehabilitation confinement per Covered Person per covered Specified Critical Condition as set forth in Section 1: Definitions. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. If more than thirty (30) days separate confinements in a Rehabilitation Unit, benefits are not payable for the second confinement unless the Covered Person again receives benefits under Hospital Confinement and is confined as in inpatient in Rehabilitation Unit within thirty (30) days of that confinement. No lifetime maximum.

CANCER WELLNESS SCREENING BENEFIT:

We will pay \$50 when a Covered Person Incurs a charge for one of the following: biopsy, breast ultrasound, breast MRI, CA 15-3 (blood test for breast cancer), CA 125 (blood test for ovarian cancer), CEA (blood test for colon cancer), chest x-ray, colonoscopy, flexible sigmoidoscopy, hemoccult stool analysis, mammogram, PSA (blood test for Prostate Cancer), testicular ultrasound, thermography pap smear, ThinPrep, virtual colonoscopy.

This benefit is limited to once per Calendar Year per Covered Person. No lifetime maximum.

SPECIFIED CRITICAL CONDITIONS WELLNESS SCREENING BENEFIT:

We will pay \$50 when a Covered Person Incurs a charge for one of the following: stress test on bicycle or treadmill, fasting glucose test, blood test for triglycerides, serum cholesterol test, electrocardiogram (EKG), carotid doppler, echocardiogram, ultrasound of organs, MRI scan of organs, or neurological examination (brain tumor).

This benefit is limited to once per Calendar Year per Covered Person. No lifetime maximum.]

EFFECTIVE DATE

This rider is part of the Policy to which it is attached issued by STERLING LIFE INSURANCE COMPANY. It takes effect at 12:01 A.M., Standard Time, on the Effective Date listed on Your Policy Schedule.

YOUR RIGHT TO CANCEL

The Policyowner may request to cancel this rider at any time by writing to Us at Our Administration Office found on page 1 of this Policy. Cancellation will become effective on the day We receive the request, or on a later date specified in the request. We will return any unearned premium.

This Rider is issued by STERLING LIFE INSURANCE COMPANY.

Signed by Our President and [Assistant Secretary].

[*Mahmud*]

[President]

[*Craig Pollock*]

[ASSISTANT SECRETARY]

STERLING LIFE INSURANCE COMPANY
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348
(800) 603-9438]

**SPECIFIED CRITICAL CONDITIONS INDEMNITY BENEFIT
RIDER**

**THIS IS A LIMITED BENEFIT RIDER – READ CAREFULLY
THIS RIDER IS NOT ATTACHED TO A MEDICARE SUPPLEMENT POLICY.**

This **SPECIFIED CRITICAL CONDITIONS INDEMNITY BENEFIT RIDER** is part of the Policy to which it is attached. In consideration of the statements in the application and payment of the additional premium for this rider, Sterling Life Insurance Company issues this rider to Your Policy. This rider is subject to all Policy conditions, definitions, provisions, exclusions, and limitations, except as stated in this rider. This rider provides the following benefits:

DEFINITIONS

CALENDAR YEAR is January 1 through December 31 of the same year.

HOSPITAL CONFINEMENT means the Covered Person is assigned to a bed as a resident inpatient in a Hospital on the advice of a Physician for a period no less than twenty-two (22) continuous hours for a treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions.

NEW BENEFIT PERIOD is a period that begins at least 180 days following the last covered occurrence of the most recent claim made per same indemnity benefit per same Specified Critical Condition.

REHABILITATION UNIT means for the purpose of this rider, a Rehabilitation Unit in a Hospital, extended-care facility, skilled nursing facility, custodial care facility, and a comprehensive inpatient rehabilitation facility that provides coordinated multidisciplinary physical restorative services to inpatients that is located in the United States which meets all of the following requirements: operates pursuant to state law, provides twenty-four (24) hour nursing service, and has a staff of at least one licensed Physician available at all times. A Rehabilitation Unit is not a place primarily providing care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or disorders; whether such facility is independent or associated with a Hospital.

CRITICAL CONDITION INDEMNITY BENEFIT

We will pay the benefits shown below upon Diagnosis and/or treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions, if the rider has been in force for more than the Waiting Period and You furnish Us with acceptable written proof.

[[OPTION A]

CONSULTATION BENEFIT:

We will pay \$250 for this benefit when a Covered Person is diagnosed with a covered Specified Critical Condition as set forth in Section 1: Definitions and Incurs a charge for consulting a Physician or Specialist for a treatment plan.

Lifetime maximum is once per Covered Person.

HOSPITAL CONFINEMENT BENEFIT:

We will pay \$200 per day for the first thirty (30) days and \$400 per day for the thirty-first (31st) to the sixtieth (60th) day that a Covered Person Incurs a charge for Hospital Confinement for treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. If We pay a benefit for a period of Hospital Confinement, and You are re-confined to the Hospital within thirty (30) days for treatment of the same covered Specified Critical Condition as set forth in Section 1: Definitions, We will treat this confinement as a continuation of prior confinement. If more than thirty (30) days have passed between the periods of Hospital Confinement, We will treat this confinement as a new confinement.

This benefit is limited to a maximum sixty (60) days per Hospital Confinement per covered Specified Critical Condition as set forth in Section 1: Definitions. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. No lifetime maximum.

REHABILITATION UNIT BENEFIT:

We will pay \$100 per day for up to fifteen (15) days for this benefit for each day the Covered Person Incurs a charge for confinement to a Rehabilitation Unit for treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. This confinement must be immediately following a Hospital Confinement for treatment of the same covered Specified Critical Condition as set forth in Section 1: Definitions.

This benefit is limited to a maximum fifteen (15) days per rehabilitation confinement per Covered Person per covered Specified Critical Condition as set forth in Section 1: Definitions. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. If more than thirty (30) days separate confinements in a Rehabilitation Unit, benefits are not payable for the second confinement unless the Covered Person again receives benefits under Hospital Confinement and is confined as inpatient in Rehabilitation Unit within thirty (30) days of that confinement. No lifetime maximum.

WELLNESS SCREENING BENEFIT:

We will pay \$50 when a Covered Person Incurs a charge for one of the following: stress test on bicycle or treadmill, fasting glucose test, blood test for triglycerides, serum cholesterol test, electrocardiogram (EKG), carotid doppler, echocardiogram, ultrasound of organs, MRI scan of organs, or neurological examination (brain tumor).

This benefit is limited to once per Calendar Year per Covered Person. No lifetime maximum.]

[[OPTION B]

AIR AMBULANCE BENEFIT:

We will pay \$1,500 for air transportation if a professional air ambulance service transports a Covered Person to or from a Hospital (including transportation from one medical facility to another) where the Covered Person is under Hospital Confinement for the treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. This benefit is limited to two (2) trips per confinement.

Payable once per covered Specified Critical Condition, as set forth in Section 1: Definitions, per Covered Person. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once the New Benefit Period is reached. No lifetime maximum.

AMBULANCE BENEFIT:

We will pay \$250 for ground transportation if a professional ambulance service transports a Covered Person to or from a Hospital (including transportation from one medical facility to another) where the Covered Person is under Hospital Confinement for the treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. This benefit is limited to two (2) trips per confinement.

Payable once per covered Specified Critical Condition, as set forth in Section 1: Definitions, per Covered Person. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. No lifetime maximum.

CONSULTATION BENEFIT:

We will pay \$250 for this benefit when a Covered Person is diagnosed with a covered Specified Critical Condition as set forth in Section 1: Definitions and Incurs a charge for consulting a Physician or Specialist for a treatment plan.

Lifetime maximum is once per Covered Person.

CORONARY ARTERY BYPASS SURGERY BENEFIT:

We will pay \$2,000 for this benefit when a Covered Person Incurs a charge for coronary artery bypass surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. This benefit does not pay for valve replacement surgery, angioplasty, laser relief, or other nonsurgical procedures.

Lifetime maximum is once per Covered Person.

FAMILY MEMBER LODGING BENEFIT:

We will pay \$50 for this benefit for each day that one adult Immediate Family Member Incurs a charge for lodging while a Covered Person is under Hospital Confinement for treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. The Hospital of confinement must be one hundred (100) or more miles one-way from the adult Immediate Family Member's home. This benefit is limited to a maximum of five (5) days per occurrence.

Payable once per covered Specified Critical Condition as set forth in Section 1: Definitions per Covered Person. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. This benefit is not payable for lodging occurring more than twenty-four (24) hours prior to Hospital Confinement or for lodging occurring more than twenty-four (24) hours following Hospital Confinement. No lifetime maximum.

FAMILY MEMBER TRANSPORTATION BENEFIT:

We will pay \$.50 per mile up to \$500 for this benefit for one adult Immediate Family Member for transportation when a Covered Person is under Hospital Confinement for treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. The benefit will be paid when charges are Incurred for travel to and from the adult Immediate Family Member's home and that the Hospital of confinement is one hundred (100) or more miles one-way from the adult Immediate Family Member's home. We will measure the mileage from the most direct route from the city where adult Immediate Family Member lives to the city where the Covered Person receives inpatient treatment.

This benefit is limited to one round trip per Covered Person per covered Specified Critical Condition as set forth in Section 1: Definitions. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. No lifetime maximum.

HOSPITAL CONFINEMENT BENEFIT:

We will pay \$200 per day for the first thirty (30) days and \$400 per day for the thirty-first (31st) to the sixtieth (60th) day that a Covered Person Incurs a charge for Hospital Confinement for treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. If We pay a benefit for a period of Hospital Confinement, and You are re-confined to the Hospital within thirty (30) days for treatment of the same covered Specified Critical Condition as set forth in Section 1: Definitions, We will treat this confinement as a continuation of prior confinement. If more than thirty (30) days have passed between the periods of Hospital Confinement, We will treat this confinement as a new confinement.

This benefit is limited to a maximum sixty (60) days per Hospital Confinement per covered Specified Critical Condition as set forth in Section 1: Definitions. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. No lifetime maximum.

OUTPATIENT SURGICAL PROCEDURE BENEFIT:

We will pay \$300 per Covered Person when You Incur a charge for and have surgery at an outpatient surgical center for a covered Specified Critical Condition as set forth in Section 1: Definitions. This does not include surgeries that are received while confined to a Hospital or in an emergency room.

This benefit is limited to \$300 per Covered Person per covered Life Threatening Cancer. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is met. No lifetime maximum.

REHABILITATION UNIT BENEFIT:

We will pay \$100 per day for up to fifteen (15) days for this benefit for each day the Covered Person Incurs a charge for confinement to a Rehabilitation Unit for treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. This confinement must be immediately following a Hospital Confinement for treatment of the same covered Specified Critical Condition as set forth in Section 1: Definitions.

This benefit is limited to a maximum fifteen (15) days per rehabilitation confinement per Covered Person per covered Specified Critical Condition as set forth in Section 1: Definitions. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. If more than thirty (30) days separate confinements in a Rehabilitation Unit, benefits are not payable for the second confinement unless the Covered Person again receives benefits under Hospital Confinement and is confined as in inpatient in Rehabilitation Unit within thirty (30) days of that confinement. No lifetime maximum.

WELLNESS SCREENING BENEFIT:

We will pay \$50 when a Covered Person Incurs a charge for one of the following: stress test on bicycle or treadmill, fasting glucose test, blood test for triglycerides, serum cholesterol test, electrocardiogram (EKG), carotid doppler, echocardiogram, ultrasound of organs, MRI scan of organs, or neurological examination (brain tumor).

This benefit is limited to once per Calendar Year per Covered Person. No lifetime maximum.]

EFFECTIVE DATE

This rider is part of the Policy to which it is attached issued by STERLING LIFE INSURANCE COMPANY. It takes effect at 12:01 A.M., Standard Time, on the Effective Date listed on Your Policy Schedule.

YOUR RIGHT TO CANCEL

The Policyowner may request to cancel this rider at any time by writing to Us at Our Administration Office found on page 1 of this Policy. Cancellation will become effective on the day We receive the request, or on a later date specified in the request. We will return any unearned premium.

This Rider is issued by STERLING LIFE INSURANCE COMPANY.

Signed by Our President and [Assistant Secretary]

[]
[President]

[]

STERLING LIFE INSURANCE COMPANY
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348
(800) 603-9438]

CANCER INDEMNITY BENEFIT RIDER
THIS IS A LIMITED BENEFIT RIDER – READ CAREFULLY
THIS RIDER IS NOT ATTACHED TO A MEDICARE SUPPLEMENT POLICY.

This **CANCER INDEMNITY BENEFIT RIDER** is part of the Policy to which it is attached. In consideration of the statements in the application and payment of the additional premium for this rider, Sterling Life Insurance Company issues this rider to Your Policy. This rider is subject to all Policy conditions, definitions, provisions, exclusions, and limitations, except as stated in this rider. This rider provides the following benefits:

DEFINITIONS

CALENDAR YEAR is January 1 through December 31 of the same year.

CALENDAR MONTH is the first day of the month through the last day of the month in the same month.

CALENDAR WEEK begins on Sunday ends on Saturday of the same week.

HOSPITAL CONFINEMENT means the Covered Person is assigned to a bed as a resident inpatient in a Hospital on the advice of a Physician for a period no less than twenty-two (22) continuous hours for a treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions.

NEW BENEFIT PERIOD is a period that begins at least 180 days following the last covered occurrence of the most recent claim made per same indemnity benefit per same Specified Critical Condition.

REHABILITATION UNIT means for the purpose of this rider, a Rehabilitation Unit in a Hospital, extended-care facility, skilled nursing facility, custodial care facility, and a comprehensive inpatient rehabilitation facility that provides coordinated multidisciplinary physical restorative services to inpatients that is located in the United States which meets all of the following requirements: operates pursuant to state law, provides twenty-four (24) hour nursing service, and has a staff of at least one licensed Physician available at all times. A Rehabilitation Unit is not a place primarily providing care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or disorders; whether such facility is independent or associated with a Hospital.

CANCER INDEMNITY BENEFIT

We will pay the benefits shown below upon Diagnosis and/or treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions, if the rider has been in force for more than the Waiting Period and You furnish Us with acceptable written proof.

No benefit will be payable under this condition for Carcinoma-in-Situ and Prostate Cancer Stage 0 (T1a,N0,M0) or Stage 1 (T2a,N0,M0), any type Skin Cancer including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.

[[OPTION A]

CANCER VACCINE BENEFIT:

We will pay \$35 after a Covered Person Incurs a charge for up to three (3) rounds for HPV and up to one (1) round HBV vaccines.

This benefit is payable once per Covered Person for each of the covered vaccines per lifetime.

CONSULTATION BENEFIT:

We will pay \$250 for this benefit when a Covered Person is diagnosed with a covered Specified Critical Condition as set forth in Section 1: Definitions and Incurs a charge for consulting a Physician or Specialist for a treatment plan.

Lifetime maximum of once per Covered Person.

HOSPITAL CONFINEMENT BENEFIT:

We will pay \$200 per day for the first thirty (30) days and \$400 per day for the thirty-first (31st) to the sixtieth (60th) day that a Covered Person Incurs a charge for Hospital Confinement for treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. If We pay a benefit for a period of Hospital Confinement, and You are re-confined to the Hospital within thirty (30) days for treatment of the same covered Specified Critical Condition as set forth in Section 1: Definitions, We will treat this confinement as a continuation of prior confinement. If more than thirty (30) days have passed between the periods of Hospital Confinement, We will treat this confinement as a new confinement.

This benefit is limited to a maximum sixty (60) days per Hospital Confinement per covered Specified Critical Condition as set forth in Section 1: Definitions. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. No lifetime maximum.

REHABILITATION UNIT BENEFIT:

We will pay \$100 per day for up to fifteen (15) days for this benefit for each day the Covered Person Incurs a charge for confinement to a Rehabilitation Unit for treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. This confinement must be immediately following a Hospital Confinement for treatment of the same covered Specified Critical Condition as set forth in Section 1: Definitions.

This benefit is limited to a maximum fifteen (15) days per rehabilitation confinement per Covered Person per covered Specified Critical Condition as set forth in Section 1: Definitions. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. If more than thirty (30) days separate confinements in a Rehabilitation Unit, benefits are not payable for the second confinement unless the Covered Person again receives benefits under Hospital Confinement and is confined as in inpatient in Rehabilitation Unit within thirty (30) days of that confinement. No lifetime maximum.

WELLNESS SCREENING BENEFIT:

We will pay \$50 when a Covered Person Incurs a charge for one of the following: biopsy, breast ultrasound, breast MRI, CA 15-3 (blood test for breast cancer), CA 125 (blood test for ovarian cancer), CEA (blood test

for colon cancer), chest x-ray, colonoscopy, flexible sigmoidoscopy, hemoccult stool analysis, mammogram, PSA (blood test for Prostate Cancer), testicular ultrasound, thermography pap smear, ThinPrep, virtual colonoscopy.

This benefit is limited to once per Calendar Year per Covered Person. No lifetime maximum.]

[[OPTION B]

AIR AMBULANCE BENEFIT:

We will pay \$1,500 for air transportation if a professional air ambulance service transports a Covered Person to or from a Hospital (including transportation from one medical facility to another) where the Covered Person is under Hospital Confinement for the treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. This benefit is limited to two (2) trips per confinement.

Payable once per covered Specified Critical Condition, as set forth in Section 1: Definitions, per Covered Person. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once the New Benefit Period is reached. No lifetime maximum.

AMBULANCE BENEFIT:

We will pay \$250 for ground transportation if a professional ambulance service transports a Covered Person to or from a Hospital (including transportation from one medical facility to another) where the Covered Person is under Hospital Confinement for the treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. This benefit is limited to two (2) trips per confinement.

Payable once per covered Specified Critical Condition, as set forth in Section 1: Definitions, per Covered Person. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. No lifetime maximum.

CANCER VACCINE BENEFIT:

We will pay \$35 after a Covered Person Incurs a charge for up to three (3) rounds for HPV and up to one (1) round HBV vaccines.

This benefit is payable once per Covered Person for each of the covered vaccines per lifetime.

CONSULTATION BENEFIT:

We will pay \$250 for this benefit when a Covered Person is diagnosed with a covered Specified Critical Condition as set forth in Section 1: Definitions and Incurs a charge for consulting a Physician or Specialist for a treatment plan.

Lifetime maximum of once per Covered Person.

FAMILY MEMBER LODGING BENEFIT:

We will pay \$50 for this benefit for each day that one adult Immediate Family Member Incurs a charge for lodging while a Covered Person is under Hospital Confinement for treatment of a covered Specified Critical Condition, as set forth in Section 1: Definitions. The Hospital of confinement must be one hundred (100) or more miles one-way from the adult Immediate Family Member's home. This benefit is limited to a maximum of five (5) days per occurrence.

Payable once per covered Specified Critical Condition as set forth in Section 1: Definitions per Covered Person. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. This benefit is not payable for lodging

occurring more than twenty-four (24) hours prior to Hospital Confinement or for lodging occurring more than twenty-four (24) hours following Hospital Confinement. No lifetime maximum.

FAMILY MEMBER TRANSPORTATION BENEFIT:

We will pay \$.50 per mile up to \$500 for this benefit for one adult Immediate Family Member for transportation when a Covered Person is under Hospital Confinement for treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. The benefit will be paid when charges are Incurred for travel to and from the adult Immediate Family Member's home and that the Hospital of confinement is one hundred (100) or more miles one-way from the adult Immediate Family Member's home. We will measure the mileage from the most direct route from the city where adult Immediate Family Member lives to the city where the Covered Person receives inpatient treatment.

This benefit is limited to one round trip per Covered Person per covered Specified Critical Condition as set forth in Section 1: Definitions. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. No lifetime maximum.

HOSPITAL CONFINEMENT BENEFIT:

We will pay \$200 per day for the first thirty (30) days and \$400 per day for the thirty-first (31st) to the sixtieth (60th) day that a Covered Person Incurs a charge for Hospital Confinement for treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. If We pay a benefit for a period of Hospital Confinement, and You are re-confined to the Hospital within thirty (30) days for treatment of the same covered Specified Critical Condition as set forth in Section 1: Definitions, We will treat this confinement as a continuation of prior confinement. If more than thirty (30) days have passed between the periods of Hospital Confinement, We will treat this confinement as a new confinement.

This benefit is limited to a maximum sixty (60) days per Hospital Confinement per covered Specified Critical Condition as set forth in Section 1: Definitions. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. No lifetime maximum.

INJECTED CHEMOTHERAPY BENEFIT:

We will pay \$300 per Calendar Week when a Covered Person Incurs a charge for chemotherapy treatments injected by medical personnel in a doctor's office, clinic, or Hospital for the purpose of destruction of malignant cells during the treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. At the time of treatment all treatments must be fully or investigationally approved by the U.S. Food and Drug Administration or National Cancer Institute for the treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions.

Benefits are not payable for any treatment planning, treatment management, or any type of laboratory test, x-ray or other imaging used for Diagnosis or disease monitoring, or other diagnostic tests related to these treatments.

This benefit is limited to \$300 per Calendar Week per Covered Person per covered Specified Critical Condition as set forth in Section 1: Definitions. No lifetime maximum.

ORAL CHEMOTHERAPY BENEFIT:

We will pay up to \$300 per Calendar Month when a Covered Person Incurs a charge for a filled oral chemotherapy prescription treatment for the purpose of destruction of malignant cells during the treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. At the time of treatment all

treatments must be fully or investigationally approved by the U.S. Food and Drug Administration or National Cancer Institute for the treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions.

Benefits are not payable for any treatment planning, treatment management, or any type of laboratory test, x-ray or other imaging used for Diagnosis or disease monitoring, or other diagnostic tests related to these treatments.

This benefit is limited to \$300 per Calendar Month per Covered Person per covered Specified Critical Condition as set forth in Section 1: Definitions. No lifetime maximum.

OUTPATIENT SURGICAL PROCEDURE BENEFIT:

We will pay \$300 per Covered Person when You Incur a charge for and have surgery at an outpatient surgical center for a covered Specified Critical Condition as set forth in Section 1: Definitions. This does not include surgeries that are received while confined to a Hospital or in an emergency room.

This benefit is limited to \$300 per Covered Person per covered Specified Critical Condition as set forth in Section 1: Definitions. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is met. No lifetime maximum.

RADIATION THERAPY BENEFIT:

We will pay \$100 per Calendar Week when a Covered Person Incurs a charge for radiation therapy treatments for the purpose of destruction of malignant cells during the treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. At the time of treatment all treatments must be fully or investigationally approved by the U.S. Food and Drug Administration or National Cancer Institute for the treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions.

Benefits are not payable for any treatment planning, treatment management, or any type of laboratory test, x-ray or other imaging used for Diagnosis or disease monitoring, or other diagnostic tests related to these treatments. Laser surgery is not considered radiation treatment and is not payable under this benefit.

This benefit is limited to \$100 per Calendar Week per Covered Person per covered Specified Critical Condition as set forth in Section 1: Definitions. No lifetime maximum.

REHABILITATION UNIT BENEFIT:

We will pay \$100 per day for up to fifteen (15) days for this benefit for each day the Covered Person Incurs a charge for confinement to a Rehabilitation Unit for treatment of a covered Specified Critical Condition as set forth in Section 1: Definitions. This confinement must be immediately following a Hospital Confinement for treatment of the same covered Specified Critical Condition as set forth in Section 1: Definitions.

This benefit is limited to a maximum fifteen (15) days per rehabilitation confinement per Covered Person per covered Specified Critical Condition as set forth in Section 1: Definitions. We will pay this benefit for the reoccurrence of the same covered Specified Critical Condition, as set forth in Section 1: Definitions, once a New Benefit Period is reached. If more than thirty (30) days separate confinements in a Rehabilitation Unit, benefits are not payable for the second confinement unless the Covered Person again receives benefits under Hospital Confinement and is confined as inpatient in Rehabilitation Unit within thirty (30) days of that confinement. No lifetime maximum.

WELLNESS SCREENING BENEFIT:

We will pay \$50 when a Covered Person Incurs a charge for one of the following: biopsy, breast ultrasound, breast MRI, CA 15-3 (blood test for breast cancer), CA 125 (blood test for ovarian cancer), CEA (blood test for colon cancer), chest x-ray, colonoscopy, flexible sigmoidoscopy, hemocult stool analysis, mammogram, PSA (blood test for Prostate Cancer), testicular ultrasound, thermography pap smear, ThinPrep, virtual colonoscopy.

This benefit is limited to once per Calendar Year per Covered Person. No lifetime maximum.]

EFFECTIVE DATE

This rider is part of the Policy to which it is attached issued by STERLING LIFE INSURANCE COMPANY. It takes effect at 12:01 A.M., Standard Time, on the Effective Date listed on Your Policy Schedule.

YOUR RIGHT TO CANCEL

The Policyowner may request to cancel this rider at any time by writing to Us at Our Administration Office found on page 1 of this Policy. Cancellation will become effective on the day We receive the request, or on a later date specified in the request. We will return any unearned premium.

This Rider is issued by STERLING LIFE INSURANCE COMPANY.

Signed by Our President and [Assistant Secretary].

[]

[President]

[]

[Assistant Secretary]

STERLING LIFE INSURANCE COMPANY
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348
(800) 603-9438]

20 YEAR PAID UP RIDER

This **20 YEAR PAID UP RIDER** is part of the Policy to which it is attached. In consideration of the statements in the application and payment of the additional premium for this rider, Sterling Life Insurance Company issues this rider to Your Policy. This rider is subject to all Policy conditions, definitions, provisions, exclusions, and limitations, except as stated in this rider. This rider provides the following benefit:

20 YEAR PAID UP BENEFIT

After the rider and the Policy have been continuously in force for 20 years, then no further premiums for this Policy will be due.

EFFECTIVE DATE

This rider is part of the Policy to which it is attached issued by **STERLING LIFE INSURANCE COMPANY**. It takes effect at 12:01 A.M., Standard Time, on the Effective Date listed on Your Policy Schedule.

YOUR RIGHT TO CANCEL

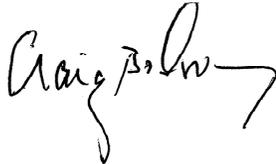
The Policyowner may request to cancel this rider at any time by writing to Us at Our Administrative Office found above or on page 1 of the Policy attached to. Cancellation will become effective on the day We receive the request, or on a later date specified in the request. We will return any unearned premium.

This Rider is issued by **STERLING LIFE INSURANCE COMPANY**.

Signed by Our President and [Assistant Secretary].

[]

[President]

[]

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
 Filing Company: Sterling Life Insurance Company State Tracking Number:
 Company Tracking Number: STRCC
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: STRCC Individual Specified Disease - Sterling Life
 Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: %
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

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

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
 Filing Company: Sterling Life Insurance Company State Tracking Number:
 Company Tracking Number: STRCC
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: STRCC Individual Specified Disease - Sterling Life
 Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved- Rates Closed 06/27/2012		STRCC-CB AR etNew al			Sterling CCI-Rates-50 LR States 06062012.PDF

EXHIBIT A-Annual Premium Rate Schedule

Critical Condition Lump Sum Policy

Gold Option-Benefit Reduces by 50% at age 70 PER 5K Benefit Issue Age	STRCC-CN Cancer Only				STRCC-CC Specified Critical Condition				STRCC-CB Specified Critical Condition w/ Cancer			
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
	F	M	F	M	F	M	F	M	F	M	F	M
18-39	38.00	31.00	49.00	43.00	18.00	24.00	27.00	41.00	48.00	49.00	69.00	81.00
40-44	54.00	48.00	71.00	66.00	29.00	38.00	42.00	61.00	68.00	72.00	99.00	120.00
45-49	65.00	59.00	86.00	85.00	34.00	45.00	50.00	74.00	84.00	93.00	125.00	158.00
50-54	76.00	74.00	113.00	115.00	39.00	52.00	59.00	88.00	102.00	118.00	165.00	200.00
55-59	84.00	89.00	132.00	153.00	45.00	60.00	70.00	103.00	118.00	143.00	200.00	254.00
60-64	91.00	113.00	154.00	200.00	53.00	68.00	83.00	117.00	137.00	178.00	234.00	314.00
65-69	98.00	129.00	165.00	235.00	61.00	74.00	92.00	122.00	155.00	202.00	254.00	353.00
CHILD(REN) 10K ONLY	Cancer Only 12.00				CCI without Cancer 8.00				CCI with Cancer 20.00			

Platinum Option-Benefit Remains Level for Life PER 5K Benefit Issue Age	STRCC-CN Cancer Only				STRCC-CC Specified Critical Condition				STRCC-CB Specified Critical Condition w/ Cancer			
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
	F	M	F	M	F	M	F	M	F	M	F	M
18-39	39.00	33.00	52.00	47.00	20.00	26.00	30.00	44.00	51.00	52.00	74.00	87.00
40-44	58.00	51.00	78.00	72.00	33.00	41.00	47.00	66.00	74.00	79.00	110.00	129.00
45-49	69.00	65.00	94.00	94.00	39.00	49.00	57.00	81.00	92.00	103.00	139.00	172.00
50-54	83.00	83.00	125.00	128.00	46.00	59.00	70.00	101.00	115.00	133.00	188.00	226.00
55-59	96.00	106.00	154.00	178.00	57.00	70.00	87.00	128.00	140.00	167.00	233.00	299.00
60-64	118.00	145.00	193.00	246.00	68.00	82.00	104.00	143.00	178.00	224.00	294.00	385.00
65-69	139.00	185.00	233.00	327.00	88.00	107.00	142.00	183.00	223.00	288.00	371.00	504.00
70-74	144.00	214.00	264.00	384.00	115.00	137.00	194.00	235.00	257.00	347.00	453.00	613.00
75-79	158.00	247.00	288.00	427.00	161.00	178.00	263.00	313.00	316.00	421.00	545.00	733.00
80-84	170.00	271.00	300.00	480.00	219.00	229.00	332.00	406.00	385.00	496.00	625.00	877.00
CHILD(REN) 10K ONLY	Cancer Only 12.00				CCI without Cancer 8.00				CCI with Cancer 20.00			

Critical Condition Indemnity Benefit Riders

Indemnity Rider Option A Issue Age	STRRD-CNIND Cancer Only				STRRD-CCIND Specified Critical Condition				STRRD-CBIND Specified Critical Condition w/ Cancer			
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
	F	M	F	M	F	M	F	M	F	M	F	M
18-39	67.00	63.00	76.00	72.00	53.00	58.00	59.00	64.00	114.00	115.00	128.00	129.00
40-44	79.00	86.00	93.00	101.00	70.00	75.00	78.00	84.00	142.00	153.00	162.00	176.00
45-49	93.00	102.00	111.00	122.00	84.00	90.00	97.00	104.00	168.00	182.00	198.00	215.00
50-54	108.00	123.00	131.00	148.00	102.00	110.00	119.00	129.00	200.00	221.00	238.00	263.00
55-59	122.00	143.00	152.00	177.00	118.00	126.00	141.00	152.00	228.00	256.00	278.00	313.00
60-64	130.00	165.00	165.00	209.00	133.00	145.00	164.00	176.00	250.00	295.00	313.00	366.00
65-69	130.00	181.00	166.00	235.00	142.00	152.00	179.00	191.00	258.00	316.00	328.00	405.00
70-74	133.00	196.00	171.00	255.00	163.00	177.00	208.00	223.00	281.00	354.00	360.00	454.00
75-79	139.00	209.00	179.00	272.00	183.00	198.00	234.00	251.00	306.00	387.00	392.00	497.00
80-84	142.00	214.00	183.00	280.00	206.00	221.00	264.00	281.00	331.00	413.00	425.00	533.00
CHILD(REN)	Cancer Only 33.00				CCI without Cancer 8.00				CCI with Cancer 41.00			

Indemnity Rider Option B Issue Age	STRRD-CNIND Cancer Only				STRRD-CCIND Specified Critical Condition				STRRD-CBIND Specified Critical Condition w/ Cancer			
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
	F	M	F	M	F	M	F	M	F	M	F	M
18-39	82.00	73.00	96.00	86.00	56.00	63.00	63.00	73.00	131.00	129.00	151.00	152.00
40-44	98.00	100.00	118.00	120.00	74.00	83.00	84.00	98.00	163.00	173.00	192.00	207.00
45-49	116.00	121.00	142.00	148.00	89.00	101.00	105.00	123.00	195.00	212.00	234.00	257.00
50-54	136.00	150.00	168.00	185.00	109.00	125.00	130.00	155.00	232.00	261.00	282.00	323.00
55-59	154.00	179.00	196.00	227.00	127.00	146.00	156.00	186.00	266.00	309.00	334.00	392.00
60-64	166.00	212.00	216.00	274.00	146.00	169.00	184.00	216.00	297.00	362.00	379.00	465.00
65-69	170.00	237.00	222.00	313.00	159.00	182.00	205.00	237.00	312.00	398.00	406.00	522.00
70-74	176.00	260.00	230.00	345.00	184.00	212.00	240.00	277.00	342.00	448.00	448.00	590.00
75-79	184.00	277.00	241.00	368.00	208.00	238.00	273.00	313.00	372.00	488.00	490.00	647.00
80-84	188.00	285.00	246.00	379.00	237.00	266.00	309.00	351.00	404.00	523.00	529.00	693.00
CHILD(REN)	Cancer Only 40.00				CCI without Cancer 9.00				CCI with Cancer 49.00			

EXHIBIT A-Annual Premium Rate Schedule

20 Pay Rider STRRD-20PU

**Lump Sum Benefit-Gold Option
PER 5K Benefit**

Issue Age	Cancer Only				Specified Critical Condition				Specified Critical Condition w/ Cancer			
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
	F	M	F	M	F	M	F	M	F	M	F	M
18-39	19.00	18.00	27.00	27.00	11.00	14.00	17.00	22.00	27.00	30.00	42.00	49.00
40-44	26.00	24.00	35.00	34.00	15.00	15.00	20.00	23.00	36.00	38.00	53.00	56.00
45-49	23.00	22.00	33.00	32.00	13.00	13.00	19.00	20.00	34.00	34.00	51.00	51.00
50-54	17.00	19.00	26.00	26.00	12.00	12.00	16.00	17.00	28.00	31.00	42.00	43.00
55-59	12.00	16.00	20.00	23.00	10.00	11.00	12.00	14.00	22.00	27.00	32.00	36.00
60-64	12.00	11.00	15.00	20.00	6.00	7.00	8.00	12.00	17.00	18.00	23.00	31.00
65-69	8.00	8.00	10.00	14.00	4.00	5.00	5.00	7.00	12.00	12.00	15.00	21.00
Cancer Only					CCI without Cancer				CCI with Cancer			
CHILD(REN) 10K ONLY	N/A				N/A				N/A			

**Lump Sum Benefit-Platinum Option
PER 5K Benefit**

Issue Age	Cancer Only				Specified Critical Condition				Specified Critical Condition w/ Cancer			
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
	F	M	F	M	F	M	F	M	F	M	F	M
18-39	24.00	22.00	32.00	33.00	14.00	17.00	22.00	25.00	36.00	37.00	52.00	55.00
40-44	31.00	30.00	41.00	42.00	19.00	19.00	27.00	28.00	48.00	46.00	65.00	68.00
45-49	30.00	30.00	41.00	40.00	18.00	18.00	27.00	29.00	48.00	44.00	65.00	65.00
50-54	25.00	26.00	34.00	35.00	17.00	15.00	26.00	28.00	42.00	39.00	57.00	59.00
55-59	20.00	22.00	24.00	27.00	16.00	13.00	22.00	22.00	35.00	33.00	44.00	47.00
60-64	14.00	13.00	18.00	22.00	14.00	9.00	18.00	19.00	26.00	21.00	28.00	39.00
65-69	10.00	9.00	11.00	15.00	6.00	6.00	7.00	9.00	13.00	13.00	17.00	22.00
Cancer Only					CCI without Cancer				CCI with Cancer			
CHILD(REN) 10K ONLY	N/A				N/A				N/A			

**Indemnity Benefits
Option A**

Issue Age	Cancer Only				Specified Critical Condition				Specified Critical Condition w/ Cancer			
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
	F	M	F	M	F	M	F	M	F	M	F	M
18-39	26.00	35.00	36.00	47.00	29.00	30.00	37.00	39.00	52.00	62.00	70.00	81.00
40-44	31.00	35.00	39.00	45.00	32.00	32.00	42.00	42.00	60.00	64.00	76.00	83.00
45-49	30.00	35.00	39.00	45.00	33.00	32.00	43.00	44.00	59.00	63.00	78.00	85.00
50-54	27.00	31.00	37.00	41.00	31.00	30.00	43.00	42.00	55.00	58.00	75.00	78.00
55-59	21.00	25.00	28.00	37.00	28.00	26.00	39.00	37.00	45.00	48.00	62.00	69.00
60-64	16.00	17.00	21.00	27.00	22.00	19.00	31.00	30.00	35.00	34.00	49.00	54.00
65-69	8.00	9.00	14.00	17.00	18.00	17.00	27.00	27.00	24.00	24.00	39.00	41.00
Cancer Only					CCI without Cancer				CCI with Cancer			
CHILD(REN)	N/A				N/A				N/A			

**Indemnity Benefits
Option B**

Issue Age	Cancer Only				Specified Critical Condition				Specified Critical Condition w/ Cancer			
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
	F	M	F	M	F	M	F	M	F	M	F	M
18-39	32.00	41.00	46.00	56.00	31.00	33.00	40.00	45.00	60.00	70.00	82.00	96.00
40-44	39.00	41.00	50.00	54.00	34.00	35.00	45.00	49.00	69.00	72.00	90.00	98.00
45-49	37.00	41.00	50.00	55.00	35.00	36.00	47.00	52.00	68.00	73.00	92.00	102.00
50-54	34.00	38.00	47.00	51.00	33.00	34.00	47.00	50.00	64.00	68.00	89.00	96.00
55-59	26.00	31.00	36.00	47.00	30.00	30.00	43.00	45.00	53.00	58.00	75.00	87.00
60-64	20.00	22.00	27.00	36.00	24.00	22.00	35.00	37.00	42.00	42.00	59.00	69.00
65-69	11.00	12.00	19.00	23.00	20.00	20.00	31.00	33.00	29.00	30.00	48.00	53.00
Cancer Only					CCI without Cancer				CCI with Cancer			
CHILD(REN)	N/A				N/A				N/A			

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
 Filing Company: Sterling Life Insurance Company State Tracking Number:
 Company Tracking Number: STRCC
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: STRCC Individual Specified Disease - Sterling Life
 Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	04/05/2012
Comments:		
Attachment: AR Readability Certification.PDF		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	04/05/2012
Comments: Please see forms tab.		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	04/05/2012
Comments: Please see forms tab.		

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	06/27/2012
Comments:		
Attachment: Sterling CCI-Actuarial Memorandum-Arkansas-50 LR States 06062012.PDF		

	Item Status:	Status Date:
Satisfied - Item: Authorization Letter	Approved-Closed	04/05/2012
Comments:		

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
 Filing Company: Sterling Life Insurance Company State Tracking Number:
 Company Tracking Number: STRCC
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: STRCC Individual Specified Disease - Sterling Life
 Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

Attachment:

2012 Sterling Authorization for Filing_1_13_12.PDF

	Item Status:	Status
		Date:
Satisfied - Item: Forms Listing	Approved-Closed	04/05/2012

Comments:

Attachment:

AR Forms Listing Cancer & Critical Condition Filing.PDF

	Item Status:	Status
		Date:
Satisfied - Item: AR Certification of Compliance 49	Approved-Closed	04/05/2012

Comments:

Attachment:

AR Certificate of Compliance 23-79-138 and R&R 49.PDF

	Item Status:	Status
		Date:
Satisfied - Item: AR Certification of Compliance 19	Approved-Closed	04/05/2012

Comments:

Attachment:

AR Cert of Compliance with Rule 19.PDF

	Item Status:	Status
		Date:
Satisfied - Item: 06.26.12 Redline STRCC-CB AR , 06.26.12 Redline STRCC-CC AR , 06.26.12 Redline STRCC-CN AR , 06.26.12 Redline STRCC-CBOOC AR , 06.26.12 Redline STRCC- CCOOC AR , 06.26.12 Redline STRCC-CNOOC AR	Approved-Closed	06/27/2012

SERFF Tracking Number: MCHX-G128220987 *State:* Arkansas
Filing Company: Sterling Life Insurance Company *State Tracking Number:*
Company Tracking Number: STRCC
TOI: H071 Individual Health - Specified Disease - *Sub-TOI:* H071.001 Critical Illness
Limited Benefit
Product Name: STRCC Individual Specified Disease - Sterling Life
Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life
Insurance Company

Comments:

Attachments:

- Critical Condition - STRCC-CB AR Redline-06_19_12.PDF
- Critical Condition - STRCC-CC AR Redline-06_19_12.PDF
- Critical Condition - STRCC-CN AR Redline-06_19_12.PDF
- Critical Condition - STRCC-CBOOC AR Redline-06_19_12.PDF
- Critical Condition - STRCC-CCOOC Redline-06_19_12.PDF
- Critical Condition - STRCC-CNOOC AR Redline-06_19_12.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Sterling Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
STRCC-CB AR	46
STRCC-CC AR	49
STRCC-CN AR	49
STRCC-CBOOC AR	44
STRCC-CCOOC AR	47
STRCC-CNOOC AR	47
STRRD-20PU	62
STRRD-CBIND	42
STRRD-CCIND	42
STRRD-CNIND	42



Signed: _____

Name: Craig Bodway

Title: Vice President

Date: 3/29/12



January 13, 2012

NAIC Company Code 77399

Re: Attached Filing Submission

Please accept this letter as authorization from Sterling Life Insurance Company for McHugh Consulting Resources, Inc. to file any or all policy forms and/or rates as referenced in the corresponding SERFF filing on behalf of Sterling Life Insurance Company.

Sincerely,

A handwritten signature in blue ink that reads "Ronald Bendes". The signature is written in a cursive style with a large initial "R".

Ronald Bendes
President, Insurance Products

**Cancer/Critical Conditions Forms Listing
Arkansas**

<u>Form</u>	<u>Form Number</u>
Individual Specified Critical Conditions (Combo) Policy	STRCC-CB AR
Individual Specified Critical Conditions Policy	STRCC-CC AR
Individual Cancer Policy	STRCC-CN AR
Individual Combination Cancer and Critical Condition Outline of Coverage	STRCC-CBOOC AR
Individual Critical Condition Outline of Coverage	STRCC-CCOOC AR
Individual Cancer Outline of Coverage	STRCC-CNOOC AR
Individual 20 Year Paid Up Rider	STRRD-20PU
Individual Combination Cancer and Specified Critical Conditions Benefit Indemnity Rider	STRRD-CBIND
Individual Specified Critical Conditions Benefit Indemnity Rider	STRRD-CCIND
Individual Cancer Benefit Indemnity Rider	STRRD-CNIND
Individual Sterling Critical Condition Insurance Application	AR STRCC-CBAPP

CERTIFICATE OF COMPLIANCE

Insurer: Sterling Life Insurance Company

Form Numbers: STRCC-CB AR, STRCC-CC AR, STRCC-CN AR,
AR STRCC-CBAPP, STRCC-CBOOC AR, STRCC-CCOOC AR,
STRCC-CNOOC AR, STRRD-20PU, STRRD-CBIND, STRRD-CCIND,
STRRD-CNIND

I hereby certify that the filing above meets all applicable Arkansas requirements including Regulation 49 (Life and Health Guaranty Fund Notice) and Ark. Code Ann. 23-79-138 and Bulletin 11-88 (Consumer Information Notice).



Signature of Company Officer

Craig Bodway

Name

Vice President

Title

3/29/12

Date

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Sterling Life Insurance Company

Form Number(s):

STRCC-CB AR, STRCC-CC AR, STRCC-CN AR, AR STRCC-CBAPP,
STRCC-CBOOC AR, STRCC-CCOOC AR, STRCC-CNOOC AR,
STRRD-20PU, STRRD-CBIND, STRRD-CCIND, STRRD-CNIND

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



Signature of Company Officer

Craig Bodway

Name

Vice President

Title

3/29/12

Date

STERLING LIFE INSURANCE COMPANY
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348
(800) 603-9438]

CAUTION: THIS IS A LIMITED BENEFIT, SPECIFIED - DISEASE POLICY. IT PAYS A LUMP-SUM BENEFIT FOR SPECIFIED CRITICAL CONDITIONS UPON DIAGNOSIS OR TREATMENT ONLY. IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. PLEASE READ THIS POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE.

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.

This Policy is a legal contract between the Policyowner (shown on the Policy Schedule) and Sterling (the Company). This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. A copy of the application is attached to the Policy. The following paragraphs set forth the definition of the terms, the exclusions and limitations, the benefits, and other provisions.

THIRTY DAY RIGHT TO EXAMINE POLICY

Sterling values You as a customer. If, for any reason, within the first thirty (30) days of Policy issuance, You are not satisfied with this Policy You may send a written request to cancel to the above Administrative Offices address along with the Policy to Sterling. Any premium paid will be refunded and this Policy will be cancelled from its beginning.

GUARANTEED RENEWABLE

This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

PRE-EXISTING CONDITION LIMITATION

This Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

WAITING PERIOD LIMITATION

This Policy contains a thirty (30) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within thirty (30) days from the Effective Date of the Policy.

This Policy is issued by STERLING LIFE INSURANCE COMPANY.

Signed by Our President and [Assistant Secretary].

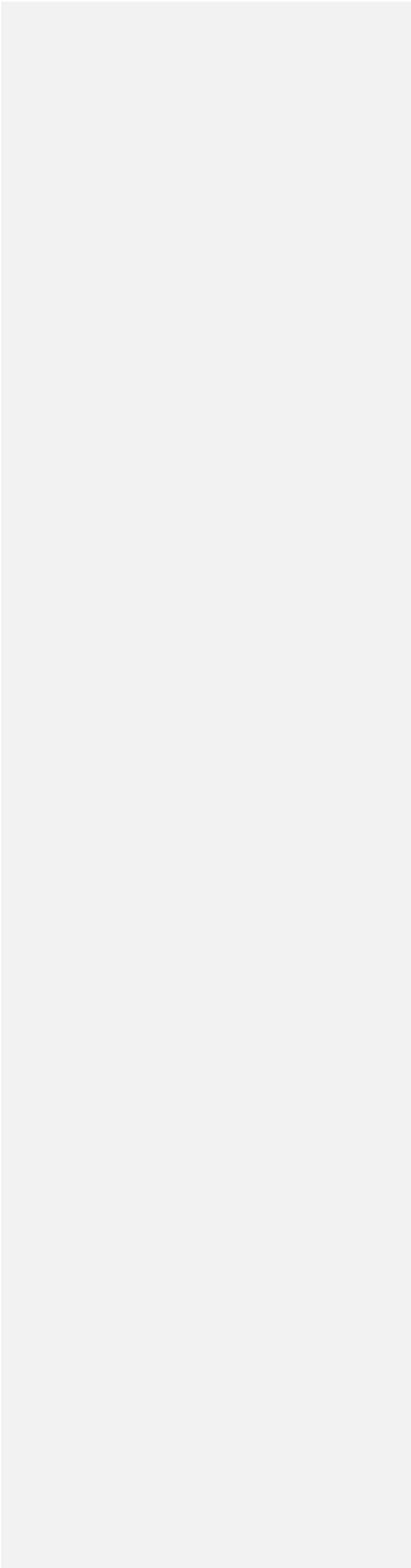

[President]


[Assistant Secretary]

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A copy of the Application and Outline of Coverage follows Page [13].



SECTION 1: DEFINITIONS

When the terms below are used in this Policy, the following definitions apply:

BENIGN BRAIN TUMOR is a Definite Diagnosis of a non-malignant tumor located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumor must require surgical or radiation treatment or cause irreversible objective neurological deficit(s). The Diagnosis of Benign Brain Tumor must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for pituitary adenomas less than 10 mm.

BLINDNESS is a Definite Diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:

- the corrected visual acuity being 20/200 or less in both eyes; or,
- the field of vision being less than 20 degrees in both eyes.

The Diagnosis of Blindness must be made by a Specialist.

CANCER (LIFE THREATENING) means leukemia, Hodgkin's disease, or a malignant tumor that is characterized by uncontrolled growth and spread of malignant cells and the invasion of tissue that is treated by a Physician which results in a pathologic Diagnosis. Diagnosis is based upon a microscopic examination of the affected cells by a legally licensed Physician certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.) The pathologist establishing the Diagnosis shall base his judgment solely upon the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the suspect cells.

Pre-malignant conditions, conditions with malignant potential, or pre-leukemic conditions, will not be considered Cancer for the purpose of this Policy.

CARCINOMA-IN-SITU is defined as an early form of carcinoma. The tumor cells still lie within the tissue of the original site without having invaded neighboring tissue based upon a microscopic examination of the affected cells by a Physician who is certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.)

COVERED LOSS means a Specified Critical Condition for which We pay benefits under this Policy. A Covered Loss is not a loss that is a Pre-existing Condition or occurs during the Waiting Period. However, a Pre-existing Condition will be considered a Covered Loss if loss caused by such condition begins after twelve (12) months from the Effective Date.

COVERED PERSON means any person covered under the Policy and listed on the Policy Schedule.

DEFINITE DIAGNOSIS means in clinical medicine a Diagnosis is made with extensive workup as required in the definition of the condition, upon which treatment is based.

DEPENDENT CHILD means the Insured's and/or Spouse's unmarried dependent natural-born child, stepchild, adopted child, or foster child that is under the age of twenty-six (26) at the time of application. Coverage of an unmarried dependent who is incapable of sustaining employment by reason of mental retardation or physical disability, who became so incapacitated prior to the attainment of nineteen (19) years of age, and who is chiefly dependent upon the policyholder for support and maintenance shall not terminate, but coverage shall continue so long as the policy remains in force and so long as the dependent remains in

such condition. Dependent Child includes the child of the Insured and/or Spouse who is required by a court or administrative order to provide health benefit plan coverage for the child.

DIAGNOSIS means the complete fulfillment of the definition of the condition as described under the Policy.

EFFECTIVE DATE means the date shown on the Policy Schedule that coverage begins.

HEART ATTACK is a Definite Diagnosis of the death of heart muscle due to obstruction of blood flow, that results in the rise and fall of the biochemical cardiac markers troponin and CK-MB to levels considered diagnostic of myocardial infarction, with at least one of the following:

- Heart Attack symptoms
- new electrocardiogram (ECG) changes consistent with a Heart Attack
- development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

The Diagnosis of Heart Attack must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for:

- elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves;
- ECG changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition as described above; or,
- Sudden cardiac arrest or sudden cardiac death.

HOSPITAL means an institution located in the United States which meets all of the following requirements: operates pursuant to state law for Hospitals located in the United States; operates primarily for the care and treatment of sick or injured persons as inpatients; provides twenty-four (24) hour nursing service; has facilities for Diagnosis and surgery either on its own premises or in facilities available to the Hospital on a prearranged basis; and has a staff of at least one licensed Physician available at all times. Hospital is not a bed, unit of a facility that functions as a nursing home, skilled nursing facility, extended care facility, convalescent home, rest home or home for aged, sanatorium, rehabilitation center, place primarily providing care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or disorders; whether such facility is independent or associated with a Hospital.

IMMEDIATE FAMILY MEMBER means a person who is related to the Insured in any of the following ways: Spouse; child (including a legally adopted child, stepchild, son-in-law and daughter-in-law); parents (including stepparent, mother-in-law and father-in-law); and brother or sister (including stepbrother, stepsister, brother-in-law and sister-in-law).

INCURS/INCURRED means an event or incident that:

- initially occurs on or after the Effective Date of coverage of Covered Person under this Policy;
- initially occurs while coverage on Covered Person under this Policy is in force; and
- is not excluded by any specific description or exclusion stated in this Policy.

INSURED means the person named on the application and the Policy Schedule.

ISSUE DATE means the date when Policy is issued.

KIDNEY FAILURE is a Definite Diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular hemodialysis, peritoneal dialysis, or renal transplantation is initiated. The Diagnosis of Kidney Failure must be made by a Specialist.

LIFETIME BENEFIT AMOUNT means the amount as set forth in Section 3: Benefits.

LOSS OF HEARING means permanent and profound Loss of Hearing in both ears, with an auditory threshold of more than 90 decibels, for at least three standard tested frequencies with no possibility of correction despite use of a hearing aid. The Diagnosis of Loss of Hearing must be made by a Specialist.

LOSS OF SPEECH is a Definite Diagnosis of the total and irreversible loss of the ability to speak for the activities of daily living as the result of physical injury or disease, for a period of at least 180 days. The Diagnosis of Loss of Speech must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for all psychiatric conditions.

MAJOR ORGAN TRANSPLANT is a Definite Diagnosis of the irreversible failure of the heart, both lungs, liver, whole pancreas, or both kidneys, and transplantation must be medically necessary. To qualify under Major Organ Transplant, the Covered Person must undergo a transplantation procedure or be placed on the United Network of Organ Sharing (UNOS) transplant list as the recipient of a heart, lung, liver, kidney (one), or whole pancreas, and limited to these entities. The Diagnosis of the major organ failure must be made by a Specialist.

PARALYSIS is defined as a Definite Diagnosis of the total loss of muscle function of two or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event. The Diagnosis of Paralysis must be made by a Specialist.

PHYSICIAN means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority for such practitioners acting within the scope of his or her license in treating an injury or sickness and practices in the United States or its territories.

The Physician must not be You, Your Immediate Family Member, or business associate of a Covered Person.

POLICY means the entire contract of insurance between You and Us.

POLICYOWNER means the person who owns this Policy and is shown on application as the Insured.

PRE-EXISTING CONDITION means a condition for which You received medical advice, diagnosis, care or treatment within the twelve (12) months preceding the Effective Date of the Policy or showed signs or symptoms within twelve (12) months prior to the Effective Date of the Policy that would have caused an ordinarily prudent person to seek medical advice or treatment, regardless of whether the condition was diagnosed, misdiagnosed, or not diagnosed.

PROSTATE CANCER is a Cancer that normally originates in the posterior gland or near the urethra that is histologically described in terms of tumor, node, and metastasis (TNM) cancer staging system. Based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.)

SCHEDULED BENEFIT AMOUNT means a percentage of the Lifetime Benefit Amount payable under the Policy for a specific benefit as set forth in Section 3: Benefits.

SEVERE BURNS means third degree burns covering at least 20% of Your body surface, which are diagnosed by a Specialist.

SPECIALIST means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority that has been trained in the specific area of medicine relevant to the Specified Critical Condition for which benefit is being claimed, and who has been certified by a specialty examining board. In the absence or unavailability of a Specialist, and as approved by Us, a condition may be diagnosed by a qualified Physician practicing in the United States of America.

Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist, and internist.

The Specialist must not be You, Your Immediate Family Member, or business associate of a Covered Person.

SPECIFIED CRITICAL CONDITION for the purpose of this Policy covers Benign Brain Tumor, Blindness, Cancer, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke as set forth under Section 3: Benefits.

SPOUSE means the person married to [I], in a civil union with [I], [or] [that is the domestic partner of] [I] the named Insured on the day We issue this Policy.

STROKE (Cerebrovascular Accident) is defined as a Definite Diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or hemorrhage, or embolism from an extra-cranial source, with acute onset of new neurological symptoms, and new objective neurological deficits on clinical examination; which persists for more than 30 days following the date of Diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing. The Diagnosis of Stroke must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for:

- Transient Ischemic Attacks; or,
- Intracerebral vascular events due to trauma; or,
- Lacunar infarcts which do not meet the definition of Stroke as described above.

WAITING PERIOD means the first thirty (30) days following the Effective Date of the Covered Person's coverage.

WE, US, OUR, or COMPANY refers to Sterling Life Insurance Company.

YOU, YOUR, or YOURSELF means the person(s) named as a Covered Person on the Policy Schedule.

SECTION 2: COVERAGE TYPE

INDIVIDUAL POLICY means We insure the Insured as shown on the Policy Schedule.

INDIVIDUAL AND SPOUSE POLICY means We insure the Insured and Your Spouse as shown on the Policy Schedule.

ONE PARENT FAMILY POLICY means We insure the Insured and Your Dependent Child (ren) as shown on the Policy Schedule.

TWO PARENT FAMILY POLICY means We will insure the Insured, Your Spouse, and Your Dependent Child (ren).

After the Effective Date, if any members of the Insured's family are added to this Policy, including a new Spouse or Dependent Child, You must:

- notify Us that You wish to add a person(s) to Your coverage;
- complete the required application form; and
- pay any additional premium required.

If the application is approved, We will notify You of the added person's coverage Effective Date. The Waiting Period will apply to each person after the Effective Date of coverage.

SECTION 3: BENEFITS

ELIGIBILITY: You will be eligible for benefits under this Policy if:

- You have not been diagnosed with or treated for any Specified Critical Condition in the twelve (12) months prior to the Effective Date;
- You are not diagnosed with or treated for any Specified Critical Condition during the Waiting Period;
- Your Specified Critical Condition is diagnosed while this Policy is in force;
- You Incur a Covered Loss while this Policy is in force; and,
- Your Covered Loss is not excluded by name or specific description in this Policy.

CANCER [GOLD LEVEL] [PLATINUM LEVEL] LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level]This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations.) **No benefit will be payable under this condition for any type Skin Cancer including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.**

Section One:

The Scheduled Benefit Amount is 100% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of a Cancer (Life Threatening). Benefit payment is for Cancer (Life Threatening). This benefit is payable only one time during the lifetime of the Policy.

Section Two:

The Scheduled Benefit Amount is 10% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the first occurrence of Prostate Cancer Stage 0 (T1a, N0, M0) or Stage 1 (T2a, N0, M0) and Carcinoma-in-Situ.

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions.

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within both, the Cancer Benefit and Specified Critical Conditions, no more benefits are payable and the Policy will terminate upon payment.

SPECIFIED CRITICAL CONDITIONS [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations)

The Scheduled Benefit Amount is the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the following Specified Critical Conditions: Benign Brain Tumor, Blindness, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke. This benefit is payable only one time during the lifetime of the Policy.

The Diagnosis and treatment of any covered condition must be performed by a Specialist or Physician licensed in the United States of America (or other such jurisdiction as may be approved).

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions.

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within both, the Cancer Benefit and Specified Critical Conditions, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Combination Cancer and Specified Critical Conditions Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable.

SECTION 4: PREMIUMS

PAYMENT OF PREMIUM: This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. If payment of the initial premium is made by check or draft that is not honored, the Policy shall be void. Each renewal premium must be paid on or before its due date, or within the Grace Period.

GRACE PERIOD: This Policy has a thirty-one (31) day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the Grace Period, the Policy will stay in force.

LAPSE: If a renewal premium is not paid before the end of the Grace Period, this Policy will lapse. The date of lapse is the date on which the unpaid premium was due. Lapse will terminate this Policy unless it is later reinstated.

REINSTATEMENT: If Your Policy lapses, You may reinstate it by:

- paying the required premium;
- providing evidence of insurability, if We so require; and
- submitting an application for reinstatement, if We so require.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premium will be applied to any period more than sixty (60) days before the reinstatement date.

If We require an application, You will be given a conditional receipt for the premium. If the application is approved, the Policy will be reinstated as of the approval date. Lacking such approval, the Policy will be reinstated on the 45th day after the date of the conditional receipt unless Sterling has previously written the Covered Person of its disapproval.

The reinstated Policy will only cover ~~only~~ Loss that starts more than ten (10) days after the reinstatement date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

SECTION 5: CLAIMS

NOTICE OF CLAIM: You must give Us written notice of claim within thirty (30) days after a Covered Loss starts or as soon as reasonably possible. Written notice can be given to Us at Our Administrative Office address shown on Page 1 or to any of Our authorized agents. Written notice should include the name of the Covered Person and the Policy number.

CLAIM FORMS: When We receive the notice of claim, We will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within fifteen (15) days, the claimant will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

TIME OF PAYMENT OF CLAIM: We will pay benefits immediately upon receiving satisfactory written proof of loss.

PAYMENT OF CLAIM: The benefit will be paid to the Policyowner. Any benefit unpaid at death will be paid, at Our option, either to the Policyowner's beneficiary or to the Policyowner's estate.

CLAIMS REVIEW: If a claim is denied, We will give You written notice of the reason for denial; the Policy provision that relates to the denial; Your right to ask for a review of the claim; and any additional information that might allow Us to change Our decision.

PROOF OF LOSS: You must give Us satisfactory written proof within ninety (90) days after Loss for which You are seeking benefits. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one (1) year from the time specified unless the claimant was legally incapacitated. If this information is not provided, We have the right to deny any claim for a covered condition.

OTHER INSURANCE: Benefits under this Policy will not be reduced because of the existence of any other insurance with Us, any disclosed, or later issued insurance with any other insurer.

UNPAID PREMIUMS: We will deduct any due and unpaid premium from any claim payment under this Policy.

PHYSICAL EXAMINATIONS AND AUTOPSY: We, at Our expense, have the right to have the Covered Person examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made in case of death unless prohibited by law.

LEGAL ACTIONS: No legal action may be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been given as required in accordance with requirements of this Policy. No such action may be brought after the expiration of three (3) years from the time written proof of loss is required to be given.

CHANGE OF BENEFICIARY: Unless the Policyowner makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the Policyowner and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this Policy or to change of beneficiary or beneficiaries, or to any other changes in this Policy.

SECTION 6: CONVERSION RIGHTS

SPOUSE'S CONVERSION PRIVILEGE: If this is a two-parent family or an individual and Spouse Policy and You divorce; Your Spouse while this Policy is in force, Your Spouse may take out a Policy like this one without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefits amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been satisfied under this Policy.

DEPENDENT CHILD'S CONVERSION PRIVILEGE: If this is a one-parent family or two-parent family Policy and Your Dependent Child reaches attained age twenty-six (26), Your Dependent Child may take out a like Policy with a \$20,000 lump-sum benefit amount without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefits amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been satisfied under this Policy.

CONTINUATION: If this is a two-parent family or an individual and Spouse Policy and the Insured dies, the covered Spouse, if still alive, can keep this Policy and will automatically become the Insured. All benefits accrued prior to Your death will be paid to Your estate.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been satisfied under this Policy.

SECTION 7: EXCLUSIONS AND LIMITATIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;
2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;

5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stands to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

SECTION 8: UNIFORM PROVISIONS

ENTIRE CONTRACT: The entire contract consists of this Policy, the Policy Schedule, any attached amendments, riders or endorsements, and application.

POLICY CHANGES: No changes to this Policy are valid unless in writing, endorsed by one of Our executive officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

INCONTESTABLE: After this Policy has been in force for a period of three (3) years during the lifetime of the Insured, it shall become incontestable as to the statements contained in the application; unless a fraudulent misstatement is made by the applicant in the application. Fraudulent misstatements may be used to void the Policy or deny a claim for loss Incurred after the three (3) year period.

TIME LIMIT ON CERTAIN DEFENSES: No claim for loss that starts after three (3) years from the Effective Date will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state in which the Covered Person resides on that date is amended to conform to the minimum requirements of such laws.

MISSTATEMENT REGARDING AGE OR TOBACCO USE: If any representation regarding age at time of application or the use of tobacco has been misstated, any amount payable under the Policy shall be such as the premium paid would have purchased if the representation had not been misstated.

TERM: This Policy is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where Covered Person resides on the Effective Date as shown on the Policy Schedule.

RETURN OF UNEARNED PREMIUM: In the event of death of the Insured, unearned premium will be refunded in accordance with the Payment of Claim provision.

YOUR RIGHT TO CANCEL: The Policyowner may request to cancel this Policy at any time by writing to Us at Our Administration Office found on page 1 of this Policy. Cancellation will become effective on the next renewal date after Your request to terminate this Policy, or on a later date specified in the request. We will return any unearned premium.

TERMINATION: Coverage for each Covered Person will terminate on the earlier of:

- 1) the date on which this Policy lapses or terminates for the failure to meet a condition required in the Policy;
- 2) the date We receive the request or on a later date specified in the request;
- 3) the date You have received 100% of the Lifetime Benefit Amount, if Indemnity Rider is not attached to this Policy;
- 4) the end of the Grace Period following the due date for which a premium was not paid; or

5) the death of the Insured and the Insured's Spouse.

OWNER: The Insured is the Owner of this Policy unless later changed.

As Owner, You may exercise all rights in this Policy while the Covered Person is living. If You are without legal capacity, We will allow Your rights to be exercised by: the legally appointed guardian responsible for Your property or a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You should follow the procedures stated in this Policy. All changes and requests must be made in writing and in a form acceptable to Us.

STERLING LIFE INSURANCE COMPANY
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348
(800) 603-9438]

CAUTION: THIS IS A LIMITED BENEFIT, SPECIFIED - DISEASE POLICY. IT PAYS A LUMP-SUM BENEFIT FOR SPECIFIED CRITICAL CONDITIONS UPON DIAGNOSIS OR TREATMENT ONLY. IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. PLEASE READ THIS POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE.

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.

This Policy is a legal contract between the Policyowner (shown on the Policy Schedule) and Sterling (the Company). This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. A copy of the application is attached to the Policy. The following paragraphs set forth the definition of the terms, the exclusions and limitations, the benefits, and other provisions.

THIRTY DAY RIGHT TO EXAMINE POLICY

Sterling values You as a customer. If, for any reason, within the first thirty (30) days of Policy issuance, You are not satisfied with this Policy You may send a written request to cancel to the above Administrative Offices address along with the Policy to Sterling. Any premium paid will be refunded and this Policy will be cancelled from its beginning.

GUARANTEED RENEWABLE

This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

PRE-EXISTING CONDITION LIMITATION

This Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

WAITING PERIOD LIMITATION

This Policy contains a thirty (30) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within thirty (30) days from the Effective Date of the Policy.

This Policy is issued by STERLING LIFE INSURANCE COMPANY.

Signed by Our President and [Assistant Secretary].


[President]


[Assistant Secretary]

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A copy of the Application and Outline of Coverage follows Page [12].

Policy Schedule

INSURED:
[COVERED PERSON(S):]

POLICY NUMBER:

AGE:

COVERAGE: [Individual, Individual and Spouse, One-Parent Family, Two-Parent Family]

SMOKER STATUS:

MODE OF PAYMENT:

PREMIUMS:
Policy: \$
[Critical Condition Only
Indemnity Rider: \$
20-Year Paid Up Rider: \$]

EFFECTIVE DATE:
Policy: xx/xx/xxxx
[Critical Condition Only
Indemnity Rider: xx/xx/xxxx
20-Year Paid Up Rider: xx/xx/xxxx]

SECTION 1: DEFINITIONS

When the terms below are used in this Policy, the following definitions apply:

BENIGN BRAIN TUMOR is a Definite Diagnosis of a non-malignant tumor located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumor must require surgical or radiation treatment or cause irreversible objective neurological deficit(s). The Diagnosis of Benign Brain Tumor must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for pituitary adenomas less than 10 mm.

BLINDNESS is a Definite Diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:

- the corrected visual acuity being 20/200 or less in both eyes; or,
- the field of vision being less than 20 degrees in both eyes.

The Diagnosis of Blindness must be made by a Specialist.

COVERED LOSS means a Specified Critical Condition for which We pay benefits under this Policy. A Covered Loss is not a loss that is a Pre-existing Condition or occurs during the Waiting Period. However, a Pre-existing Condition will be considered a Covered Loss if loss caused by such condition begins after twelve (12) months from the Effective Date.

COVERED PERSON means any person covered under the Policy and listed on the Policy Schedule.

DEFINITE DIAGNOSIS means in clinical medicine a Diagnosis is made with extensive workup as required in the definition of the condition, upon which treatment is based.

DEPENDENT CHILD means the Insured's and/or Spouse's unmarried dependent natural-born child, stepchild, adopted child, or foster child that is under the age of twenty-six (26) at the time of application. Coverage of an unmarried dependent who is incapable of sustaining employment by reason of mental retardation or physical disability, who became so incapacitated prior to the attainment of nineteen (19) years of age, and who is chiefly dependent upon the policyholder for support and maintenance shall not terminate, but coverage shall continue so long as the policy remains in force and so long as the dependent remains in such condition. Dependent Child includes the child of the Insured and/or Spouse who is required by a court or administrative order to provide health benefit plan coverage for the child.

DIAGNOSIS means the complete fulfillment of the definition of the condition as described under the Policy.

EFFECTIVE DATE means the date shown on the Policy Schedule that coverage begins.

HEART ATTACK is a Definite Diagnosis of the death of heart muscle due to obstruction of blood flow, that results in the rise and fall of the biochemical cardiac markers troponin and CK-MB to levels considered diagnostic of myocardial infarction, with at least one of the following:

- Heart Attack symptoms
- new electrocardiogram (ECG) changes consistent with a Heart Attack
- development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

The Diagnosis of Heart Attack must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for:

- elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves;
- ECG changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition as described above; or,
- Sudden cardiac arrest or sudden cardiac death.

HOSPITAL means an institution located in the United States which meets all of the following requirements: operates pursuant to state law for Hospitals located in the United States; operates primarily for the care and treatment of sick or injured persons as inpatients; provides twenty-four (24) hour nursing service; has facilities for Diagnosis and surgery either on its own premises or in facilities available to the Hospital on a prearranged basis; and has a staff of at least one licensed Physician available at all times. Hospital is not a bed, unit of a facility that functions as a nursing home, skilled nursing facility, extended care facility, convalescent home, rest home or home for aged, sanatorium, rehabilitation center, place primarily providing care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or disorders; whether such facility is independent or associated with a Hospital.

IMMEDIATE FAMILY MEMBER means a person who is related to the Insured in any of the following ways: Spouse; child (including a legally adopted child, stepchild, son-in-law and daughter-in-law); parents (including stepparent, mother-in-law and father-in-law); and brother or sister (including stepbrother, stepsister, brother-in-law and sister-in-law).

INCURS/INCURRED means an event or incident that:

- initially occurs on or after the Effective Date of coverage of Covered Person under this Policy;
- initially occurs while coverage on Covered Person under this Policy is in force; and
- is not excluded by any specific description or exclusion stated in this Policy.

INSURED means the person named on the application and the Policy Schedule.

ISSUE DATE means the date when Policy is issued.

KIDNEY FAILURE is a Definite Diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular hemodialysis, peritoneal dialysis, or renal transplantation is initiated. The Diagnosis of Kidney Failure must be made by a Specialist.

LIFETIME BENEFIT AMOUNT means the amount as set forth in Section 3: Benefits.

LOSS OF HEARING means permanent and profound Loss of Hearing in both ears, with an auditory threshold of more than 90 decibels, for at least three standard tested frequencies with no possibility of correction despite use of a hearing aid. The Diagnosis of Loss of Hearing must be made by a Specialist.

LOSS OF SPEECH is a Definite Diagnosis of the total and irreversible loss of the ability to speak for the activities of daily living as the result of physical injury or disease, for a period of at least 180 days. The Diagnosis of Loss of Speech must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for all psychiatric conditions.

MAJOR ORGAN TRANSPLANT is a Definite Diagnosis of the irreversible failure of the heart, both lungs, liver, whole pancreas, or both kidneys, and transplantation must be medically necessary. To qualify under Major Organ Transplant, the Covered Person must undergo a transplantation procedure or be placed on the United Network of Organ Sharing (UNOS) transplant list as the recipient of a heart, lung, liver,

kidney (one), or whole pancreas, and limited to these entities. The Diagnosis of the major organ failure must be made by a Specialist.

PARALYSIS is defined as a Definite Diagnosis of the total loss of muscle function of two or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event. The Diagnosis of Paralysis must be made by a Specialist.

PHYSICIAN means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority for such practitioners acting within the scope of his or her license in treating an injury or sickness and practices in the United States or its territories.

The Physician must not be You, Your Immediate Family Member, or business associate of a Covered Person.

POLICY means the entire contract of insurance between You and Us.

POLICYOWNER means the person who owns this Policy and is shown on application as the Insured.

PRE-EXISTING CONDITION means a condition for which You received medical advice, diagnosis, care or treatment within the twelve (12) months preceding the Effective Date of the Policy or showed signs or symptoms within twelve (12) months prior to the Effective Date of the Policy that would have caused an ordinarily prudent person to seek medical advice or treatment, regardless of whether the condition was diagnosed, misdiagnosed, or not diagnosed.

SCHEDULED BENEFIT AMOUNT means a percentage of the Lifetime Benefit Amount payable under the Policy for a specific benefit as set forth in Section 3: Benefits.

SEVERE BURNS means third degree burns covering at least 20% of Your body surface, which are diagnosed by a Specialist.

SPECIALIST means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority that has been trained in the specific area of medicine relevant to the Specified Critical Condition for which benefit is being claimed, and who has been certified by a specialty examining board. In the absence or unavailability of a Specialist, and as approved by Us, a condition may be diagnosed by a qualified Physician practicing in the United States of America.

Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist, and internist.

The Specialist must not be You, Your Immediate Family Member, or business associate of a Covered Person.

SPECIFIED CRITICAL CONDITION for the purpose of this Policy covers Benign Brain Tumor, Blindness, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke as set forth under Section 3: Benefits.

SPOUSE means the person married to [I], in a civil union with [I], [or] [that is the domestic partner of [I]] the named Insured on the day We issue this Policy.

STROKE (Cerebrovascular Accident) is defined as a Definite Diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or hemorrhage, or embolism from an extra-cranial source, with acute onset of new neurological symptoms, and new objective neurological deficits on clinical examination; which

persists for more than 30 days following the date of Diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing. The Diagnosis of Stroke must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for:

- Transient Ischemic Attacks; or,
- Intracerebral vascular events due to trauma; or,
- Lacunar infarcts which do not meet the definition of Stroke as described above.

WAITING PERIOD means the first thirty (30) days following the Effective Date of the Covered Person's coverage.

WE, US, OUR, or COMPANY refers to Sterling Life Insurance Company.

YOU, YOUR, or YOURSELF means the person(s) named as a Covered Person on the Policy Schedule.

SECTION 2: COVERAGE TYPE

INDIVIDUAL POLICY means We insure the Insured as shown on the Policy Schedule.

INDIVIDUAL AND SPOUSE POLICY means We insure the Insured and Your Spouse as shown on the Policy Schedule.

ONE PARENT FAMILY POLICY means We insure the Insured and Your Dependent Child (ren) as shown on the Policy Schedule.

TWO PARENT FAMILY POLICY means We will insure the Insured, Your Spouse, and Your Dependent Child (ren).

After the Effective Date, if any members of the Insured's family are added to this Policy, including a new Spouse or Dependent Child, You must:

- notify Us that You wish to add a person(s) to Your coverage;
- complete the required application form; and
- pay any additional premium required.

If the application is approved, We will notify You of the added person's coverage Effective Date. The Waiting Period will apply to each person after the Effective Date of coverage.

SECTION 3: BENEFITS

ELIGIBILITY: You will be eligible for benefits under this Policy if:

- You have not been diagnosed with or treated for any Specified Critical Condition in the twelve (12) months prior to the Effective Date;
- You are not diagnosed with or treated for any Specified Critical Condition during the Waiting Period;
- Your Specified Critical Condition is diagnosed while this Policy is in force;
- You Incur a Covered Loss while this Policy is in force; and,
- Your Covered Loss is not excluded by name or specific description in this Policy.

SPECIFIED CRITICAL CONDITIONS [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations)

The Scheduled Benefit Amount is the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the following Specified Critical Conditions: Benign Brain Tumor, Blindness, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke. This benefit is payable only one time during the lifetime of the Policy.

The Diagnosis and treatment of any covered condition must be performed by a Specialist or Physician licensed in the United States of America (or other such jurisdiction as may be approved).

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions.

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Critical Condition Only Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable.

SECTION 4: PREMIUMS

PAYMENT OF PREMIUM: This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. If payment of the initial premium is made by check or draft that is not honored, the Policy shall be void. Each renewal premium must be paid on or before its due date, or within the Grace Period.

GRACE PERIOD: This Policy has a thirty-one (31) day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the Grace Period, the Policy will stay in force.

LAPSE: If a renewal premium is not paid before the end of the Grace Period, this Policy will lapse. The date of lapse is the date on which the unpaid premium was due. Lapse will terminate this Policy unless it is later reinstated.

REINSTATEMENT: If Your Policy lapses, You may reinstate it by:

- paying the required premium;
- providing evidence of insurability, if We so require; and
- submitting an application for reinstatement, if We so require.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premium will be applied to any period more than sixty (60) days before the reinstatement date.

If We require an application, You will be given a conditional receipt for the premium. If the application is approved, the Policy will be reinstated as of the approval date. Lacking such approval, the Policy will be reinstated on the 45th day after the date of the conditional receipt unless Sterling has previously written the Covered Person of its disapproval.

| The reinstated Policy will only cover ~~only~~ Loss that starts more than ten (10) days after the reinstatement date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

SECTION 5: CLAIMS

NOTICE OF CLAIM: You must give Us written notice of claim within thirty (30) days after a Covered Loss starts or as soon as reasonably possible. Written notice can be given to Us at Our Administrative Office address shown on Page 1 or to any of Our authorized agents. Written notice should include the name of the Covered Person and the Policy number.

CLAIM FORMS: When We receive the notice of claim, We will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within fifteen (15) days, the claimant will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

TIME OF PAYMENT OF CLAIM: We will pay benefits immediately upon receiving satisfactory written proof of loss.

PAYMENT OF CLAIM: The benefit will be paid to the Policyowner. Any benefit unpaid at death will be paid, at Our option, either to the Policyowner's beneficiary or to the Policyowner's estate.

CLAIMS REVIEW: If a claim is denied, We will give You written notice of the reason for denial; the Policy provision that relates to the denial; Your right to ask for a review of the claim; and any additional information that might allow Us to change Our decision.

PROOF OF LOSS: You must give Us satisfactory written proof within ninety (90) days after Loss for which You are seeking benefits. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one (1) year from the time specified unless the claimant was legally incapacitated. If this information is not provided, We have the right to deny any claim for a covered condition.

OTHER INSURANCE: Benefits under this Policy will not be reduced because of the existence of any other insurance with Us, any disclosed, or later issued insurance with any other insurer.

UNPAID PREMIUMS: We will deduct any due and unpaid premium from any claim payment under this Policy.

PHYSICAL EXAMINATIONS AND AUTOPSY: We, at Our expense, have the right to have the Covered Person examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made in case of death unless prohibited by law.

LEGAL ACTIONS: No legal action may be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been given as required in accordance with requirements of this Policy. No such action may be brought after the expiration of three (3) years from the time written proof of loss is required to be given.

CHANGE OF BENEFICIARY: Unless the Policyowner makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the Policyowner and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this Policy or to change of beneficiary or beneficiaries, or to any other changes in this Policy.

SECTION 6: CONVERSION RIGHTS

SPOUSE'S CONVERSION PRIVILEGE: If this is a two-parent family or an individual and Spouse Policy and You divorce; Your Spouse while this Policy is in force, Your Spouse may take out a Policy like this one without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefits amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been satisfied under this Policy.

DEPENDENT CHILD'S CONVERSION PRIVILEGE: If this is a one-parent family or two-parent family Policy and Your Dependent Child reaches attained age twenty-six (26), Your Dependent Child may take out a like Policy with a \$20,000 lump-sum benefit amount without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefits amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been satisfied under this Policy.

CONTINUATION: If this is a two-parent family or an individual and Spouse Policy and the Insured dies, the covered Spouse, if still alive, can keep this Policy and will automatically become the Insured. All benefits accrued prior to Your death will be paid to Your estate.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been satisfied under this Policy.

SECTION 7: EXCLUSIONS AND LIMITATIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;
2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;

5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stands to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

SECTION 8: UNIFORM PROVISIONS

ENTIRE CONTRACT: The entire contract consists of this Policy, the Policy Schedule, any attached amendments, riders or endorsements, and application.

POLICY CHANGES: No changes to this Policy are valid unless in writing, endorsed by one of Our executive officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

INCONTESTABLE: After this Policy has been in force for a period of three (3) years during the lifetime of the Insured, it shall become incontestable as to the statements contained in the application; unless a fraudulent misstatement is made by the applicant in the application. Fraudulent misstatements may be used to void the Policy or deny a claim for loss Incurred after the three (3) year period.

TIME LIMIT ON CERTAIN DEFENSES: No claim for loss that starts after three (3) years from the Effective Date will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state in which the Covered Person resides on that date is amended to conform to the minimum requirements of such laws.

MISSTATEMENT REGARDING AGE OR TOBACCO USE: If any representation regarding age at time of application or the use of tobacco has been misstated, any amount payable under the Policy shall be such as the premium paid would have purchased if the representation had not been misstated.

TERM: This Policy is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where Covered Person resides on the Effective Date as shown on the Policy Schedule.

RETURN OF UNEARNED PREMIUM: In the event of death of the Insured, unearned premium will be refunded in accordance with the Payment of Claim provision.

YOUR RIGHT TO CANCEL: The Policyowner may request to cancel this Policy at any time by writing to Us at Our Administration Office found on page 1 of this Policy. Cancellation will become effective on the next renewal date after Your request to terminate this Policy, or on a later date specified in the request. We will return any unearned premium.

TERMINATION: Coverage for each Covered Person will terminate on the earlier of:

- 1) the date on which this Policy lapses or terminates for the failure to meet a condition required in the Policy;
- 2) the date We receive the request or on a later date specified in the request;
- 3) the date You have received 100% of the Lifetime Benefit Amount, if Indemnity Rider is not attached to this Policy;
- 4) the end of the Grace Period following the due date for which a premium was not paid; or

5) the death of the Insured and the Insured's Spouse.

OWNER: The Insured is the Owner of this Policy unless later changed.

As Owner, You may exercise all rights in this Policy while the Covered Person is living. If You are without legal capacity, We will allow Your rights to be exercised by: the legally appointed guardian responsible for Your property or a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You should follow the procedures stated in this Policy. All changes and requests must be made in writing and in a form acceptable to Us.

STERLING LIFE INSURANCE COMPANY
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348
(800) 603-9438]

CAUTION: THIS IS A LIMITED BENEFIT, SPECIFIED - DISEASE POLICY. IT PAYS A LUMP-SUM BENEFIT FOR CANCER UPON DIAGNOSIS OR TREATMENT ONLY. IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. PLEASE READ THIS POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE.

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.

This Policy is a legal contract between the Policyowner (shown on the Policy Schedule) and Sterling (the Company). This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. A copy of the application is attached and is part of this Policy. The following paragraphs set forth the definition of the terms, the exclusions and limitations, the benefits, and other provisions.

THIRTY DAY RIGHT TO EXAMINE POLICY

Sterling values You as a customer. If, for any reason, within the first thirty (30) days of Policy issuance, You are not satisfied with this Policy You may send a written request to cancel to the above Administrative Offices address along with the Policy to Sterling. Any premium paid will be refunded and this Policy will be cancelled from its beginning.

GUARANTEED RENEWABLE

This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

PRE-EXISTING CONDITION LIMITATION

This Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

WAITING PERIOD LIMITATION

This Policy contains a thirty (30) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within thirty (30) days from the Effective Date of the Policy.

This Policy is issued by STERLING LIFE INSURANCE COMPANY.

Signed by Our President and [Assistant Secretary].

[*M. M. M. M.*]

[*Craig B. M.*]

[President]

[Assistant Secretary]

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A copy of the Application and Outline of Coverage follows Page [11].

Policy Schedule

INSURED/~~POLICY OWNER:~~
[COVERED PERSON(S):]

POLICY NUMBER:

AGE:

COVERAGE: [Individual, Individual and Spouse, One-Parent Family, Two-Parent Family]

SMOKER STATUS:

MODE OF PAYMENT:

PREMIUMS:

Policy: \$
[Cancer Only Indemnity
Rider: \$
20-Year Paid Up Rider: \$]

EFFECTIVE DATE:

Policy: xx/xx/xxxx
[Cancer Only Indemnity Rider: xx/xx/xxxx
20-Year Paid Up Rider: xx/xx/xxxx]

SECTION 1: DEFINITIONS

When the terms below are used in this Policy, the following definitions apply:

CANCER (LIFE THREATENING) means leukemia, Hodgkin's disease, or a malignant tumor that is characterized by uncontrolled growth and spread of malignant cells and the invasion of tissue that is treated by a Physician which results in a pathologic Diagnosis. Diagnosis is based upon a microscopic examination of the affected cells by a legally licensed Physician certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.) The pathologist establishing the Diagnosis shall base his judgment solely upon the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the suspect cells.

Pre-malignant conditions, conditions with malignant potential, or pre-leukemic conditions, will not be considered Cancer for the purpose of this Policy.

CARCINOMA-IN-SITU is defined as an early form of carcinoma. The tumor cells still lie within the tissue of the original site without having invaded neighboring tissue based upon a microscopic examination of the affected cells by a Physician who is certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.)

COVERED LOSS means a Specified Critical Condition for which We pay benefits under this Policy. A Covered Loss is not a loss that is a Pre-existing Condition or occurs during the Waiting Period. However, a Pre-existing Condition will be considered a Covered Loss if loss caused by such condition begins after twelve (12) months from the Effective Date.

COVERED PERSON means any person covered under the Policy and listed on the Policy Schedule.

DEPENDENT CHILD means the Insured's and/or Spouse's unmarried dependent natural-born child, stepchild, adopted child, or foster child that is under the age of twenty-six (26) at the time of application. Coverage of an unmarried dependent who is incapable of sustaining employment by reason of mental retardation or physical disability, who became so incapacitated prior to the attainment of nineteen (19) years of age, and who is chiefly dependent upon the policyholder for support and maintenance shall not terminate, but coverage shall continue so long as the policy remains in force and so long as the dependent remains in such condition. Dependent Child includes the child of the Insured and/or Spouse who is required by a court or administrative order to provide health benefit plan coverage for the child.

DIAGNOSIS means the complete fulfillment of the definition of the condition as described under the Policy.

EFFECTIVE DATE means the date shown on the Policy Schedule that coverage begins.

HOSPITAL means an institution located in the United States which meets all of the following requirements: operates pursuant to state law for Hospitals located in the United States; operates primarily for the care and treatment of sick or injured persons as inpatients; provides twenty-four (24) hour nursing service; has facilities for Diagnosis and surgery either on its own premises or in facilities available to the Hospital on a prearranged basis; and has a staff of at least one licensed Physician available at all times. Hospital is not a bed, unit of a facility that functions as a nursing home, skilled nursing facility, extended care facility, convalescent home, rest home or home for aged, sanatorium, rehabilitation center, place primarily providing care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or disorders; whether such facility is independent or associated with a Hospital.

IMMEDIATE FAMILY MEMBER means a person who is related to the Insured in any of the following ways: Spouse; child (including a legally adopted child, stepchild, son-in-law and daughter-in-law); parents (including stepparent, mother-in-law and father-in-law); and brother or sister (including stepbrother, stepsister, brother-in-law and sister-in-law).

INCURS/INCURRED means an event or incident that:

- initially occurs on or after the Effective Date of coverage of Covered Person under this Policy;
- initially occurs while coverage on Covered Person under this Policy is in force; and
- is not excluded by any specific description or exclusion stated in this Policy.

INSURED means the person named on the application and the Policy Schedule.

ISSUE DATE means the date when Policy is issued.

LIFETIME BENEFIT AMOUNT means the amount as set forth in Section 3: Benefits.

PHYSICIAN means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority for such practitioners acting within the scope of his or her license in treating an injury or sickness and practices in the United States or its territories.

The Physician must not be You, Your Immediate Family Member, or business associate of a Covered Person.

POLICY means the entire contract of insurance between You and ~~us~~Us.

POLICYOWNER means the person who owns this Policy and is shown on application as the Insured.

PRE-EXISTING CONDITION means a condition for which You received medical advice, Diagnosis, care or treatment within the twelve (12) months preceding the Effective Date of the Policy or showed signs or symptoms within twelve (12) months prior to the Effective Date of the Policy that would have caused an ordinarily prudent person to seek medical advice or treatment, regardless of whether the condition was diagnosed, misdiagnosed, or not diagnosed.

PROSTATE CANCER is a Cancer that normally originates in the posterior gland or near the urethra that is histologically described in terms of tumor, node, and metastasis (TNM) cancer staging system. Based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.)

SCHEDULED BENEFIT AMOUNT means a percentage of the Lifetime Benefit Amount payable under the Policy for a specific benefit as set forth in Section 3: Benefits.

SKIN CANCER means any Skin Cancer, including squamous cell carcinoma and basal cell carcinoma, except Malignant Melanoma.

SPECIALIST means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority that has been trained in the specific area of medicine relevant to the Specified Critical Condition for which benefit is being claimed, and who has been certified by a specialty examining board. In the absence or unavailability of a Specialist, and as approved by Us, a condition may be diagnosed by a qualified Physician practicing in the United States of America.

Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist, and internist.

The Specialist must not be You, Your Immediate Family Member, or business associate of a Covered Person.

SPECIFIED CRITICAL CONDITION for the purpose of this Policy only covers Cancer as set forth under Section 3: Benefits.

SPOUSE means the person married to [I], in a civil union with [I], [or] [that is the domestic partner of] [I] the named Insured on the day We issue this Policy.

WAITING PERIOD means the first thirty (30) days following the Effective Date of the Covered Person's coverage.

WE, US, OUR, or COMPANY refers to Sterling Life Insurance Company.

YOU, YOUR, or YOURSELF means the person(s) named as a Covered Person on the Policy Schedule.

SECTION 2: COVERAGE TYPE

INDIVIDUAL POLICY means We insure the Insured as shown on the Policy Schedule.

INDIVIDUAL AND SPOUSE POLICY means We insure the Insured and Your Spouse as shown on the Policy Schedule.

ONE PARENT FAMILY POLICY means We insure the Insured and Your Dependent Child (ren) as shown on the Policy Schedule.

TWO PARENT FAMILY POLICY means We will insure the Insured, Your Spouse, and Your Dependent Child (ren).

After the Effective Date, if any members of the Insured's family are added to this Policy, including a new Spouse or Dependent Child, You must:

- notify Us that You wish to add a person(s) to Your coverage;
- complete the required application form; and
- pay any additional premium required.

If the application is approved, We will notify You of the added person's coverage Effective Date. The Waiting Period will apply to each person after the Effective Date of coverage.

SECTION 3: BENEFITS

ELIGIBILITY: You will be eligible for benefits under this Policy if:

- You have not been diagnosed with or treated for any Specified Critical Condition in the twelve (12) months prior to the Effective Date;
- You are not diagnosed with or treated for any Specified Critical Condition during the Waiting Period;
- Your Specified Critical Condition is diagnosed while this Policy is in force;
- You Incur a Covered Loss while this Policy is in force; and,
- Your Covered Loss is not excluded by name or specific description in this Policy.

CANCER [GOLD LEVEL] [PLATINUM LEVEL] LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level]This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations.) **No benefit will be payable under this condition for any type Skin Cancer including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.**

Section One:

The Scheduled Benefit Amount is 100% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of a Cancer (Life Threatening). Benefit payment is for Cancer (Life Threatening). This benefit is payable only one time during the lifetime of the Policy.

Section Two:

The Scheduled Benefit Amount is 10% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the first occurrence of Prostate Cancer Stage 0 (T1a, N0, M0) or Stage 1 (T2a, N0, M0) and Carcinoma-in-Situ.

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions.

After 100% of the Lifetime Benefit Amount [[Gold Level]or 50% from attained age seventy (70)] has been paid within this benefit, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Cancer Only Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level]or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable as long as Policy in force.

SECTION 4: PREMIUMS

PAYMENT OF PREMIUM: This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. If payment of the initial premium is made by check or draft that is not honored, the Policy shall be void. Each renewal premium must be paid on or before its due date, or within the Grace Period.

GRACE PERIOD: This Policy has a thirty-one (31) day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the Grace Period, the Policy will stay in force.

LAPSE: If a renewal premium is not paid before the end of the Grace Period, this Policy will lapse. The date of lapse is the date on which the unpaid premium was due. Lapse will terminate this Policy unless it is later reinstated.

REINSTATEMENT: If Your Policy lapses, You may reinstate it by:

- paying the required premium;
- providing evidence of insurability, if We so require; and
- submitting an application for reinstatement, if We so require.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premium will be applied to any period more than sixty (60) days before the reinstatement date.

If We require an application, You will be given a conditional receipt for the premium. If the application is approved, the Policy will be reinstated as of the approval date. Lacking such approval, the Policy will be reinstated on the 45th day after the date of the conditional receipt unless Sterling has previously written the Covered Person of its disapproval.

The reinstated Policy will only cover ~~only~~ Loss that starts more than ten (10) days after the reinstatement date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

SECTION 5: CLAIMS

NOTICE OF CLAIM: You must give Us written notice of claim within thirty (30) days after a Covered Loss starts or as soon as reasonably possible. Written notice can be given to Us at Our Administrative Office address shown on Page 1 or to any of Our authorized agents. Written notice should include the name of the Covered Person and the Policy number.

CLAIM FORMS: When We receive the notice of claim, We will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within fifteen (15) days, the claimant will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

TIME OF PAYMENT OF CLAIM: We will pay benefits immediately upon receiving satisfactory written proof of loss.

PAYMENT OF CLAIM: The benefit will be paid to the Policyowner. Any benefit unpaid at death may be paid, at Our option, either to the Policyowner's beneficiary or to the Policyowner's estate.

CLAIMS REVIEW: If a claim is denied, We will give You written notice of the reason for denial; the Policy provision that relates to the denial; Your right to ask for a review of the claim; and any additional information that might allow Us to change Our decision.

PROOF OF LOSS: You must give ~~us~~Us satisfactory written proof within ninety (90) days after Loss for which You are seeking benefits. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one (1) year from the time specified unless the claimant was legally incapacitated. If this information is not provided, We have the right to deny any claim for a covered condition.

OTHER INSURANCE: Benefits under this Policy will not be reduced because of the existence of any other insurance with ~~us~~Us, any disclosed, or later issued insurance with any other insurer.

UNPAID PREMIUMS: We will deduct any due and unpaid premium from any claim payment under this Policy.

PHYSICAL EXAMINATIONS AND AUTOPSY: We, at Our expense, have the right to have the Covered Person examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made in case of death unless prohibited by law.

LEGAL ACTIONS: No legal action may be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been given as required in accordance with requirements of this Policy. No such action may be brought after the expiration of three (3) years from the time written proof of loss is required to be given.

CHANGE OF BENEFICIARY: Unless the Policyowner makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the Policyowner and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this Policy or to change of beneficiary or beneficiaries, or to any other changes in this Policy.

SECTION 6: CONVERSION RIGHTS

SPOUSE'S CONVERSION PRIVILEGE: If this is a two-parent family or an individual and Spouse Policy and You divorce; Your Spouse while this Policy is in force, Your Spouse may take out a Policy like this one without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefits amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been satisfied under this Policy.

DEPENDENT CHILD'S CONVERSION PRIVILEGE: If this is a one-parent family or two-parent family Policy and Your Dependent Child reaches attained age twenty-six (26), Your Dependent Child may take out a like Policy with a \$20,000 lump-sum benefit amount without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefits amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been satisfied under this Policy.

CONTINUATION: If this is a two-parent family or an individual and Spouse Policy and the Insured dies, the covered Spouse, if still alive, can keep this Policy and will automatically become the Insured. All benefits accrued prior to Your death will be paid to Your estate.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been satisfied under this Policy.

SECTION 7: EXCLUSIONS AND LIMITATIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;

2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;
5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stands to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

SECTION 8: UNIFORM PROVISIONS

ENTIRE CONTRACT: The entire contract consists of this Policy, the Policy Schedule, any attached amendments, riders or endorsements, and application.

POLICY CHANGES: No changes to this Policy are valid unless in writing, endorsed by one of Our executive officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

INCONTESTABLE: After this Policy has been in force for a period of three (3) years during the lifetime of the Insured, it shall become incontestable as to the statements contained in the application; unless a fraudulent misstatement is made by the applicant in the application. Fraudulent misstatements may be used to void the Policy or deny a claim for loss Incurred after the three (3) year period.

TIME LIMIT ON CERTAIN DEFENSES: No claim for loss that starts after three (3) years from the Effective Date will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state in which the Covered Person resides on that date is amended to conform to the minimum requirements of such laws.

MISSTATEMENT REGARDING AGE OR TOBACCO USE: If any representation regarding age at time of application or the use of tobacco has been misstated, any amount payable under the Policy shall be such as the premium paid would have purchased if the representation had not been misstated.

TERM: This Policy is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where Covered Person resides on the Effective Date as shown on the Policy Schedule.

RETURN OF UNEARNED PREMIUM: In the event of death of the Insured, unearned premium will be refunded in accordance with the Payment of Claim provision.

YOUR RIGHT TO CANCEL: The Policyowner may request to cancel this Policy at any time by writing to Us at Our Administration Office found on page 1 of this Policy. Cancellation will become effective on the next renewal date after Your request to terminate this Policy, or on a later date specified in the request. We will return any unearned premium.

TERMINATION: Coverage for each Covered Person will terminate on the earlier of:

STRCC-CN AR

- 1) the date on which this Policy lapses or terminates for the failure to meet a condition required in the Policy;
- 2) the date We receive the request or on a later date specified in the request;
- 3) the date You have received 100% of the Lifetime Benefit Amount, if Indemnity Rider is not attached to this Policy;
- 4) the end of the Grace Period following the due date for which a premium was not paid; or
- 5) the death of the Insured and the Insured's Spouse.

OWNER: The Insured is the Owner of this Policy unless later changed.

As Owner, You may exercise all rights in this Policy while the Covered Person is living. If You are without legal capacity, We will allow Your rights to be exercised by: the legally appointed guardian responsible for Your property or a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You should follow the procedures stated in this Policy. All changes and requests must be made in writing and in a form acceptable to Us.

Sterling Life Insurance Company

Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348]

LIMITED BENEFIT HEALTH COVERAGE OUTLINE OF COVERAGE FOR POLICY FORM NO. STRCC-CB AR

(1) **READ YOUR POLICY CAREFULLY.** This outline of coverage provides a brief description of the important features of Your Policy. This is not the contract of insurance and only the actual policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Your insurance company. Therefore, it is important that You **READ YOUR POLICY CAREFULLY!**

(2) **LIMITED BENEFIT HEALTH COVERAGE.** Policies of this category are designed to provide to the insured, limited or supplemental coverage.

(3) This policy **IS NOT A MEDICARE SUPPLEMENT POLICY.** If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Sterling Life Insurance Company.

(4) **DESCRIPTION OF BENEFIT:**

CANCER [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations) **No benefit will be payable under this condition for any type Skin Cancer including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.**

Section One:

The Scheduled Benefit Amount is 100% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of a Cancer (Life Threatening). Benefit payment is for Cancer (Life Threatening). This benefit is payable only one time during the lifetime of the Policy.

Section Two:

The Scheduled Benefit Amount is 10% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the first occurrence of Prostate Cancer Stage 0 (T1a, N0, M0) or Stage 1 (T2a, N0, M0) and Carcinoma-in-Situ.

The Diagnosis and treatment of any covered condition must be performed by a Specialist or Physician licensed in the United States of America (or other such jurisdiction as may be approved).

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within both, the Cancer Benefit and Specified Critical Conditions, no more benefits are payable and the Policy will terminate upon payment.

SPECIFIED CRITICAL CONDITIONS [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations)

The Scheduled Benefit Amount is the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the following Specified Critical Conditions: Benign Brain Tumor, Blindness, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke. This benefit is payable only one time during the lifetime of the Policy.

The Diagnosis and treatment of any covered condition must be performed by a Specialist or Physician licensed in the United States of America (or other such jurisdiction as may be approved).

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within both, the Cancer Benefit and Specified Critical Conditions, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Combination Cancer and Specified Critical Conditions Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable.

(5) **COVERED LOSS.** Sterling agrees to pay You, the Insured named in the application, subject to the terms and limitations of the Policy, for the above described benefit sustained by You while the Policy is in force.

[(6) **OPTIONAL BENEFIT RIDERS.** The following optional benefits riders are available:]

- [20 Year Paid Up Rider]
- [Combination Cancer and Critical Condition Indemnity Rider]

(7) EXCLUSIONS, RESTRICTIONS, REDUCTIONS, LIMITATIONS.

The Policy will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;
2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental ~~in~~injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;
5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stand to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

Pre-existing Condition Limitation. The Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

Waiting Period Limitation. The Policy contains a thirty (30) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within thirty (30) days from the Effective Date of the Policy.

[[Gold Level] The benefits under the Policy will be reduced by 50% from attained age seventy (70).]

(8) **RENEWABILITY.** This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

If You have any questions regarding Your Policy please contact Sterling at: **[(800) 688-0010]**

Sterling Life Insurance Company

Administrative Offices/Customer Service

[P. O. Box 5348 Bellingham, WA 98227-5348]

LIMITED BENEFIT HEALTH COVERAGE OUTLINE OF COVERAGE FOR POLICY FORM NO. STRCC-CC AR

(1) **READ YOUR POLICY CAREFULLY.** This outline of coverage provides a brief description of the important features of Your Policy. This is not the contract of insurance and only the actual policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Your insurance company. Therefore, it is important that You **READ YOUR POLICY CAREFULLY!**

(2) **LIMITED BENEFIT HEALTH COVERAGE.** Policies of this category are designed to provide to the insured, limited or supplemental coverage.

(3) This policy **IS NOT A MEDICARE SUPPLEMENT POLICY.** If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Sterling Life Insurance Company.

(4) **DESCRIPTION OF BENEFIT:**

SPECIFIED CRITICAL CONDITIONS [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations)

The Scheduled Benefit Amount is the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the following Specified Critical Conditions: Benign Brain Tumor, Blindness, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke. This benefit is payable only one time during the lifetime of the Policy.

The Diagnosis and treatment of any covered condition must be performed by a Specialist or Physician licensed in the United States of America (or other such jurisdiction as may be approved).

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Critical Condition Only Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level]or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable.

(5) **COVERED LOSS.** Sterling agrees to pay You, the Insured named in the application, subject to the terms and limitations of the Policy, for the above described benefit sustained by You while the Policy is in force.

[(6) **OPTIONAL BENEFIT RIDERS.** The following optional benefits riders are available:]

- [20 Year Paid Up Rider]
- [Critical Condition Only Indemnity Rider]

(7) **EXCLUSIONS, RESTRICTIONS, REDUCTIONS, LIMITATIONS.**

The Policy will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;
2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental ~~in~~injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;

STRCC-CCOOC AR

5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stand to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

Pre-existing Condition Limitation. The Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

Waiting Period Limitation. The Policy contains a thirty (30) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within thirty (30) days from the Effective Date of the Policy.

| [[Gold Level] The benefits under the Policy will be reduced by 50% from attained age seventy (70).]

(8) **RENEWABILITY.** This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

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Sterling Life Insurance Company

Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348]

LIMITED BENEFIT HEALTH COVERAGE OUTLINE OF COVERAGE FOR POLICY FORM NO. STRCC-CN AR

(1) **READ YOUR POLICY CAREFULLY.** This outline of coverage provides a brief description of the important features of Your Policy. This is not the contract of insurance and only the actual policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Your insurance company. Therefore, it is important that You **READ YOUR POLICY CAREFULLY!**

(2) **LIMITED BENEFIT HEALTH COVERAGE.** Policies of this category are designed to provide to the insured, limited or supplemental coverage.

(3) This policy **IS NOT A MEDICARE SUPPLEMENT POLICY.** If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Sterling Life Insurance Company.

(4) **DESCRIPTION OF BENEFIT:**

CANCER [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations) **No benefit will be payable under this condition for any type Skin Cancer including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.**

Section One:

The Scheduled Benefit Amount is 100% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of a Cancer (Life Threatening). Benefit payment is for Cancer (Life Threatening). This benefit is payable only one time during the lifetime of the Policy.

Section Two:

The Scheduled Benefit Amount is 10% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the first occurrence of Prostate Cancer Stage 0 (T1a, N0, M0) or Stage 1 (T2a, N0, M0) and Carcinoma-in-Situ.

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions.

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Cancer Only Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable.

(5) **COVERED LOSS.** Sterling agrees to pay You, the Insured named in the application, subject to the terms and limitations of the Policy, for the above described benefit sustained by You while the Policy is in force.

[(6) **OPTIONAL BENEFIT RIDERS.** The following optional benefits riders are available:]

- [20 Year Paid Up Rider]
- [Cancer Only Indemnity Rider]

(7) **EXCLUSIONS, RESTRICTIONS, REDUCTIONS, LIMITATIONS.**

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1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;

STRCC-CNOOC AR

2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental ~~injury~~ injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;
5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stand to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

Pre-existing Condition Limitation. The Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

Waiting Period Limitation. The Policy contains a thirty (30) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within thirty (30) days from the Effective Date of the Policy.

| [[Gold Level] The benefits under the Policy will be reduced by 50% from attained age seventy (70).]

(8) **RENEWABILITY.** This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

If You have any questions regarding Your Policy please contact Sterling at: **[(800) 688-0010]**

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
 Filing Company: Sterling Life Insurance Company State Tracking Number:
 Company Tracking Number: STRCC
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: STRCC Individual Specified Disease - Sterling Life
 Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

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)
03/30/2012		Supporting Health - Actuarial Justification Document	06/26/2012	Sterling CCI-Actuarial Memorandum-AR-50% LR States.PDF (Superseded)
04/05/2012	Form	Combination Cancer and Critical Condition Policy	06/26/2012	Critical Condition - STRCC-CB AR clean 4_2012.PDF (Superseded)
04/05/2012	Form	Critical Condition Policy	06/26/2012	Critical Condition - STRCC-CC AR clean 4_2012.PDF (Superseded)
04/05/2012	Form	Cancer Policy	06/26/2012	Critical Condition - STRCC-CN AR clean 4_2012.PDF (Superseded)
04/05/2012	Form	Combination Cancer and Critical Condition Outline of Coverage	06/26/2012	Critical Condition - STRCC-CBOOC AR clean 4_2012.PDF (Superseded)
04/05/2012	Form	Critical Condition Outline of Coverage	06/26/2012	Critical Condition - STRCC-CCOOC AR clean 4_2012.PDF (Superseded)
04/05/2012	Form	Cancer Outline of Coverage	06/26/2012	Critical Condition - STRCC-

SERFF Tracking Number: MCHX-G128220987 State: Arkansas
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 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: STRCC Individual Specified Disease - Sterling Life
 Project Name/Number: STRCC Individual Specified Disease - Sterling Life Insurance Company/STRCC Individual Specified Disease - Sterling Life Insurance Company

CNOOC AR clean
4_2012.PDF (Superceded)

03/30/2012	Rate and Rule	Rates	06/26/2012	Sterling CCI-Rates-AR-50% LR States.PDF (Superceded)
03/30/2012	Form	Combination Cancer and Critical Condition Policy	04/05/2012	Critical Condition - STRCC-CB AR final for filing 3_29_12.PDF (Superceded)
03/30/2012	Form	Critical Condition Policy	04/05/2012	Critical Condition - STRCC-CC AR final for filing 3_29_12.PDF (Superceded)
03/30/2012	Form	Cancer Policy	04/05/2012	Critical Condition - STRCC-CN AR final for filing 3_29_12.PDF (Superceded)
03/30/2012	Form	Combination Cancer and Critical Condition Outline of Coverage	04/05/2012	Critical Condition - STRCC-CBOOC AR final for filing 3_29_12.PDF (Superceded)
03/30/2012	Form	Critical Condition Outline of Coverage	04/05/2012	Critical Condition - STRCC-CCOOC AR final for filing 3_29_12.PDF (Superceded)
03/30/2012	Form	Cancer Outline of Coverage	04/05/2012	Critical Condition - STRCC-CNOOC AR final for filing 3_29_12.PDF (Superceded)

EXHIBIT A-Annual Premium Rate Schedule

Critical Condition Lump Sum Policy

Gold Option-Benefit Reduces by 50% at age 70 PER 5K Benefit Issue Age	STRCC-CN Cancer Only				STRCC-CC Specified Critical Condition				STRCC-CB Specified Critical Condition w/ Cancer			
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
	F	M	F	M	F	M	F	M	F	M	F	M
18-39	38.00	31.00	49.00	43.00	18.00	24.00	27.00	41.00	48.00	49.00	69.00	81.00
40-44	54.00	48.00	71.00	66.00	29.00	38.00	42.00	61.00	68.00	72.00	99.00	120.00
45-49	65.00	59.00	86.00	85.00	34.00	45.00	50.00	74.00	84.00	93.00	125.00	158.00
50-54	76.00	74.00	113.00	115.00	39.00	52.00	59.00	88.00	102.00	118.00	165.00	200.00
55-59	84.00	89.00	132.00	153.00	45.00	60.00	70.00	103.00	118.00	143.00	200.00	254.00
60-64	91.00	113.00	154.00	200.00	53.00	68.00	83.00	117.00	137.00	178.00	234.00	314.00
65-69	98.00	129.00	165.00	235.00	61.00	74.00	92.00	122.00	155.00	202.00	254.00	353.00
	Cancer Only				CCI without Cancer				CCI with Cancer			
CHILD(REN) 10K ONLY	12.00				8.00				20.00			

Platinum Option-Benefit Remains Level for Life PER 5K Benefit Issue Age	STRCC-CN Cancer Only				STRCC-CC Specified Critical Condition				STRCC-CB Specified Critical Condition w/ Cancer			
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
	F	M	F	M	F	M	F	M	F	M	F	M
18-39	39.00	33.00	52.00	47.00	20.00	26.00	30.00	44.00	51.00	52.00	74.00	87.00
40-44	58.00	51.00	78.00	72.00	33.00	41.00	47.00	66.00	74.00	79.00	110.00	129.00
45-49	69.00	65.00	94.00	94.00	39.00	49.00	57.00	81.00	92.00	103.00	139.00	172.00
50-54	83.00	83.00	125.00	128.00	46.00	59.00	70.00	101.00	115.00	133.00	188.00	226.00
55-59	96.00	106.00	154.00	178.00	57.00	70.00	87.00	128.00	140.00	167.00	233.00	299.00
60-64	118.00	145.00	193.00	246.00	68.00	82.00	104.00	143.00	178.00	224.00	294.00	385.00
65-69	139.00	185.00	233.00	327.00	88.00	107.00	142.00	183.00	223.00	288.00	371.00	504.00
70-74	144.00	214.00	264.00	384.00	115.00	137.00	194.00	235.00	257.00	347.00	453.00	613.00
75-79	158.00	247.00	288.00	427.00	161.00	178.00	263.00	313.00	316.00	421.00	545.00	733.00
80-84	170.00	271.00	300.00	480.00	219.00	229.00	332.00	406.00	385.00	496.00	625.00	877.00
	Cancer Only				CCI without Cancer				CCI with Cancer			
CHILD(REN) 10K ONLY	12.00				8.00				20.00			

Critical Condition Indemnity Benefit Riders

Indemnity Rider Option A Issue Age	STRRD-CNIND Cancer Only				STRRD-CCIND Specified Critical Condition				STRRD-CBIND Specified Critical Condition w/ Cancer			
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
	F	M	F	M	F	M	F	M	F	M	F	M
18-39	67.00	63.00	76.00	72.00	53.00	58.00	59.00	64.00	114.00	115.00	128.00	129.00
40-44	79.00	86.00	93.00	101.00	70.00	75.00	78.00	84.00	142.00	153.00	162.00	176.00
45-49	93.00	102.00	111.00	122.00	84.00	90.00	97.00	104.00	168.00	182.00	198.00	215.00
50-54	108.00	123.00	131.00	148.00	102.00	110.00	119.00	129.00	200.00	221.00	238.00	263.00
55-59	122.00	143.00	152.00	177.00	118.00	126.00	141.00	152.00	228.00	256.00	278.00	313.00
60-64	130.00	165.00	165.00	209.00	133.00	145.00	164.00	176.00	250.00	295.00	313.00	366.00
65-69	130.00	181.00	166.00	235.00	142.00	152.00	179.00	191.00	258.00	316.00	328.00	405.00
70-74	133.00	196.00	171.00	255.00	163.00	177.00	208.00	223.00	281.00	354.00	360.00	454.00
75-79	139.00	209.00	179.00	272.00	183.00	198.00	234.00	251.00	306.00	387.00	392.00	497.00
80-84	142.00	214.00	183.00	280.00	206.00	221.00	264.00	281.00	331.00	413.00	425.00	533.00
	Cancer Only				CCI without Cancer				CCI with Cancer			
CHILD(REN)	33.00				8.00				41.00			

Indemnity Rider Option B Issue Age	STRRD-CNIND Cancer Only				STRRD-CCIND Specified Critical Condition				STRRD-CBIND Specified Critical Condition w/ Cancer			
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
	F	M	F	M	F	M	F	M	F	M	F	M
18-39	82.00	73.00	96.00	86.00	56.00	63.00	63.00	73.00	131.00	129.00	151.00	152.00
40-44	98.00	100.00	118.00	120.00	74.00	83.00	84.00	98.00	163.00	173.00	192.00	207.00
45-49	116.00	121.00	142.00	148.00	89.00	101.00	105.00	123.00	195.00	212.00	234.00	257.00
50-54	136.00	150.00	168.00	185.00	109.00	125.00	130.00	155.00	232.00	261.00	282.00	323.00
55-59	154.00	179.00	196.00	227.00	127.00	146.00	156.00	186.00	266.00	309.00	334.00	392.00
60-64	166.00	212.00	216.00	274.00	146.00	169.00	184.00	216.00	297.00	362.00	379.00	465.00
65-69	170.00	237.00	222.00	313.00	159.00	182.00	205.00	237.00	312.00	398.00	406.00	522.00
70-74	176.00	260.00	230.00	345.00	184.00	212.00	240.00	277.00	342.00	448.00	448.00	590.00
75-79	184.00	277.00	241.00	368.00	208.00	238.00	273.00	313.00	372.00	488.00	490.00	647.00
80-84	188.00	285.00	246.00	379.00	237.00	266.00	309.00	351.00	404.00	523.00	529.00	693.00
	Cancer Only				CCI without Cancer				CCI with Cancer			
CHILD(REN)	40.00				9.00				49.00			

EXHIBIT A-Annual Premium Rate Schedule

20 Pay Rider STRRD-20PU

Lump Sum Benefit-Gold Option PER 5K Benefit Issue Age	Cancer Only				Specified Critical Condition				Specified Critical Condition w/ (
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco
	F	M	F	M	F	M	F	M	F	M	F
18-39	19.00	18.00	27.00	27.00	11.00	14.00	17.00	22.00	27.00	30.00	42.00
40-44	26.00	24.00	35.00	34.00	15.00	15.00	20.00	23.00	36.00	38.00	53.00
45-49	23.00	22.00	33.00	32.00	13.00	13.00	19.00	20.00	34.00	34.00	51.00
50-54	17.00	19.00	26.00	26.00	12.00	12.00	16.00	17.00	28.00	31.00	42.00
55-59	12.00	16.00	20.00	23.00	10.00	11.00	12.00	14.00	22.00	27.00	32.00
60-64	12.00	11.00	15.00	20.00	6.00	7.00	8.00	12.00	17.00	18.00	23.00
65-69	8.00	8.00	10.00	14.00	4.00	5.00	5.00	7.00	12.00	12.00	15.00
CHILD(REN) 10K ONLY	Cancer Only				CCI without Cancer				CCI with Cancer		
	N/A				N/A				N/A		

Lump Sum Benefit-Platinum Option PER 5K Benefit Issue Age	Cancer Only				Specified Critical Condition				Specified Critical Condition w/ (
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco
	F	M	F	M	F	M	F	M	F	M	F
18-39	24.00	22.00	32.00	33.00	14.00	17.00	22.00	25.00	36.00	37.00	52.00
40-44	31.00	30.00	41.00	42.00	19.00	19.00	27.00	28.00	48.00	46.00	65.00
45-49	30.00	30.00	41.00	40.00	18.00	18.00	27.00	29.00	48.00	44.00	65.00
50-54	25.00	26.00	34.00	35.00	17.00	15.00	26.00	28.00	42.00	39.00	57.00
55-59	20.00	22.00	24.00	27.00	16.00	13.00	22.00	22.00	35.00	33.00	44.00
60-64	14.00	13.00	18.00	22.00	14.00	9.00	18.00	19.00	26.00	21.00	28.00
65-69	10.00	9.00	11.00	15.00	6.00	6.00	7.00	9.00	13.00	13.00	17.00
CHILD(REN) 10K ONLY	Cancer Only				CCI without Cancer				CCI with Cancer		
	N/A				N/A				N/A		

Indemnity Benefits Option A Issue Age	Cancer Only				Specified Critical Condition				Specified Critical Condition w/ (
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco
	F	M	F	M	F	M	F	M	F	M	F
18-39	26.00	35.00	36.00	47.00	29.00	30.00	37.00	39.00	52.00	62.00	70.00
40-44	31.00	35.00	39.00	45.00	32.00	32.00	42.00	42.00	60.00	64.00	76.00
45-49	30.00	35.00	39.00	45.00	33.00	32.00	43.00	44.00	59.00	63.00	78.00
50-54	27.00	31.00	37.00	41.00	31.00	30.00	43.00	42.00	55.00	58.00	75.00
55-59	21.00	25.00	28.00	37.00	28.00	26.00	39.00	37.00	45.00	48.00	62.00
60-64	16.00	17.00	21.00	27.00	22.00	19.00	31.00	30.00	35.00	34.00	49.00
65-69	8.00	9.00	14.00	17.00	18.00	17.00	27.00	27.00	24.00	24.00	39.00
CHILD(REN)	Cancer Only				CCI without Cancer				CCI with Cancer		
	N/A				N/A				N/A		

Indemnity Benefits Option B Issue Age	Cancer Only				Specified Critical Condition				Specified Critical Condition w/ (
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco
	F	M	F	M	F	M	F	M	F	M	F
18-39	32.00	41.00	46.00	56.00	31.00	33.00	40.00	45.00	60.00	70.00	82.00
40-44	39.00	41.00	50.00	54.00	34.00	35.00	45.00	49.00	69.00	72.00	90.00
45-49	37.00	41.00	50.00	55.00	35.00	36.00	47.00	52.00	68.00	73.00	92.00
50-54	34.00	38.00	47.00	51.00	33.00	34.00	47.00	50.00	64.00	68.00	89.00
55-59	26.00	31.00	36.00	47.00	30.00	30.00	43.00	45.00	53.00	58.00	75.00
60-64	20.00	22.00	27.00	36.00	24.00	22.00	35.00	37.00	42.00	42.00	59.00
65-69	11.00	12.00	19.00	23.00	20.00	20.00	31.00	33.00	29.00	30.00	48.00
CHILD(REN)	Cancer Only				CCI without Cancer				CCI with Cancer		
	N/A				N/A				N/A		

STERLING LIFE INSURANCE COMPANY
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348
(800) 603-9438]

CAUTION: THIS IS A LIMITED BENEFIT, SPECIFIED - DISEASE POLICY. IT PAYS A LUMP-SUM BENEFIT FOR SPECIFIED CRITICAL CONDITIONS UPON DIAGNOSIS OR TREATMENT ONLY. IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. PLEASE READ THIS POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE.

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.

This Policy is a legal contract between the Policyowner (shown on the Policy Schedule) and Sterling (the Company). This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. A copy of the application is attached to the Policy. The following paragraphs set forth the definition of the terms, the exclusions and limitations, the benefits, and other provisions.

THIRTY DAY RIGHT TO EXAMINE POLICY

Sterling values You as a customer. If, for any reason, within the first thirty (30) days of Policy issuance, You are not satisfied with this Policy You may send a written request to cancel to the above Administrative Offices address along with the Policy to Sterling. Any premium paid will be refunded and this Policy will be cancelled from its beginning.

GUARANTEED RENEWABLE

This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

PRE-EXISTING CONDITION LIMITATION

This Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

WAITING PERIOD LIMITATION

This Policy contains a thirty (30) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within thirty (30) days from the Effective Date of the Policy.

This Policy is issued by STERLING LIFE INSURANCE COMPANY.

Signed by Our President and [Assistant Secretary].


[President]


[Assistant Secretary]

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A copy of the Application and Outline of Coverage follows Page [13].

Policy Schedule

INSURED:
[COVERED PERSON(S):]

POLICY NUMBER:

AGE:

COVERAGE: [Individual, Individual and Spouse, One-Parent Family, Two-Parent Family]

SMOKER STATUS:

MODE OF PAYMENT:

PREMIUMS:
Policy: \$
[Combination Cancer and Critical Condition
Indemnity Rider: \$
20-Year Paid Up Rider: \$]

EFFECTIVE DATE:
Policy: xx/xx/xxxx
[Combination Cancer and Critical Condition
Indemnity Rider: xx/xx/xxxx
20-Year Paid Up Rider: xx/xx/xxxx]

SECTION 1: DEFINITIONS

When the terms below are used in this Policy, the following definitions apply:

BENIGN BRAIN TUMOR is a Definite Diagnosis of a non-malignant tumor located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumor must require surgical or radiation treatment or cause irreversible objective neurological deficit(s). The Diagnosis of Benign Brain Tumor must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for pituitary adenomas less than 10 mm.

BLINDNESS is a Definite Diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:

- the corrected visual acuity being 20/200 or less in both eyes; or,
- the field of vision being less than 20 degrees in both eyes.

The Diagnosis of Blindness must be made by a Specialist.

CANCER (LIFE THREATENING) means leukemia, Hodgkin's disease, or a malignant tumor that is characterized by uncontrolled growth and spread of malignant cells and the invasion of tissue that is treated by a Physician which results in a pathologic Diagnosis. Diagnosis is based upon a microscopic examination of the affected cells by a legally licensed Physician certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.) The pathologist establishing the Diagnosis shall base his judgment solely upon the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the suspect cells.

Pre-malignant conditions, conditions with malignant potential, or pre-leukemic conditions, will not be considered Cancer for the purpose of this Policy.

CARCINOMA-IN-SITU is defined as an early form of carcinoma. The tumor cells still lie within the tissue of the original site without having invaded neighboring tissue based upon a microscopic examination of the affected cells by a Physician who is certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.)

COVERED LOSS means a Specified Critical Condition for which We pay benefits under this Policy. A Covered Loss is not a loss that is a Pre-existing Condition or occurs during the Waiting Period. However, a Pre-existing Condition will be considered a Covered Loss if loss caused by such condition begins after twelve (12) months from the Effective Date.

COVERED PERSON means any person covered under the Policy and listed on the Policy Schedule.

DEFINITE DIAGNOSIS means in clinical medicine a Diagnosis is made with extensive workup as required in the definition of the condition, which treatment is based.

DEPENDENT CHILD means the Insured's and/or Spouse's unmarried dependent natural-born child, stepchild, adopted child, or foster child that is under the age of twenty-six (26) at the time of application. Coverage of an unmarried dependent who is incapable of sustaining employment by reason of mental retardation or physical disability, who became so incapacitated prior to the attainment of nineteen (19) years of age, and who is chiefly dependent upon the policyholder for support and maintenance shall not terminate, but coverage shall continue so long as the policy remains in force and so long as the dependent remains in

such condition. Dependent Child includes the child of the Insured and/or Spouse who is required by a court or administrative order to provide health benefit plan coverage for the child.

DIAGNOSIS means the complete fulfillment of the definition of the condition as described under the Policy.

EFFECTIVE DATE means the date shown on the Policy Schedule that coverage begins.

HEART ATTACK is a Definite Diagnosis of the death of heart muscle due to obstruction of blood flow, that results in the rise and fall of the biochemical cardiac markers troponin and CK-MB to levels considered diagnostic of myocardial infarction, with at least one of the following:

- Heart Attack symptoms
- new electrocardiogram (ECG) changes consistent with a Heart Attack
- development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

The Diagnosis of Heart Attack must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for:

- elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves;
- ECG changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition as described above; or,
- Sudden cardiac arrest or sudden cardiac death.

HOSPITAL means an institution located in the United States which meets all of the following requirements: operates pursuant to state law for Hospitals located in the United States; operates primarily for the care and treatment of sick or injured persons as inpatients; provides twenty-four (24) hour nursing service; has facilities for Diagnosis and surgery either on its own premises or in facilities available to the Hospital on a prearranged basis; and has a staff of at least one licensed Physician available at all times. Hospital is not a bed, unit of a facility that functions as a nursing home, skilled nursing facility, extended care facility, convalescent home, rest home or home for aged, sanatorium, rehabilitation center, place primarily providing care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or disorders; whether such facility is independent or associated with a Hospital.

IMMEDIATE FAMILY MEMBER means a person who is related to the Insured in any of the following ways: Spouse; child (including a legally adopted child, stepchild, son-in-law and daughter-in-law); parents (including stepparent, mother-in-law and father-in-law); and brother or sister (including stepbrother, stepsister, brother-in-law and sister-in-law).

INCURS/INCURRED means an event or incident that:

- initially occurs on or after the Effective Date of coverage of Covered Person under this Policy;
- initially occurs while coverage on Covered Person under this Policy is in force; and
- is not excluded by any specific description or exclusion stated in this Policy.

INSURED means the person named on the application and the Policy Schedule.

ISSUE DATE means the date when Policy is issued.

KIDNEY FAILURE is a Definite Diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis, or renal transplantation is initiated. The Diagnosis of Kidney Failure must be made by a Specialist.

LIFETIME BENEFIT AMOUNT means the amount as set forth in Section 3: Benefits.

LOSS OF HEARING means permanent and profound Loss of Hearing in both ears, with an auditory threshold of more than 90 decibels, for at least three standard tested frequencies with no possibility of correction despite use of a hearing aid. The Diagnosis of Loss of Hearing must be made by a Specialist.

LOSS OF SPEECH is a Definite Diagnosis of the total and irreversible loss of the ability to speak for the activities of daily living as the result of physical injury or disease, for a period of at least 180 days. The Diagnosis of Loss of Speech must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for all psychiatric conditions.

MAJOR ORGAN TRANSPLANT is a Definite Diagnosis of the irreversible failure of the heart, both lungs, liver, whole pancreas, or both kidneys, and transplantation must be medically necessary. To qualify under Major Organ Transplant, the Covered Person must undergo a transplantation procedure or be placed on the United Network of Organ Sharing (UNOS) transplant list as the recipient of a heart, lung, liver, kidney (one), or whole pancreas, and limited to these entities. The Diagnosis of the major organ failure must be made by a Specialist.

PARALYSIS is defined as a Definite Diagnosis of the total loss of muscle function of two or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event. The Diagnosis of Paralysis must be made by a Specialist.

PHYSICIAN means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority for such practitioners acting within the scope of his or her license in treating an injury or sickness and practices in the United States or its territories.

The Physician must not be You, Your Immediate Family Member, or business associate of a Covered Person.

POLICY means the entire contract of insurance between You and Us.

POLICYOWNER means the person who owns this Policy and is shown on application as the Insured.

PRE-EXISTING CONDITION means a condition for which You received medical advice, diagnosis, care or treatment within the twelve (12) months preceding the Effective Date of the Policy or showed signs or symptoms within twelve (12) months prior to the Effective Date of the Policy that would have caused an ordinarily prudent person to seek medical advice or treatment, regardless of whether the condition was diagnosed, misdiagnosed, or not diagnosed.

PROSTATE CANCER is a Cancer that normally originates in the posterior gland or near the urethra that is histologically described in terms of tumor, node, and metastasis (TNM) cancer staging system. Based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.)

SCHEDULED BENEFIT AMOUNT means a percentage of the Lifetime Benefit Amount payable under the Policy for a specific benefit as set forth in Section 3: Benefits.

SEVERE BURNS means third degree burns covering at least 20% of Your body surface, which are diagnosed by a Specialist.

SPECIALIST means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority that has been trained in the specific area of medicine relevant to the Specified Critical Condition for which benefit is being claimed, and who has been certified by a specialty examining board. In the absence or unavailability of a Specialist, and as approved by Us, a condition may be diagnosed by a qualified Physician practicing in the United States of America.

Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist, and internist.

The Specialist must not be You, Your Immediate Family Member, or business associate of a Covered Person.

SPECIFIED CRITICAL CONDITION for the purpose of this Policy covers Benign Brain Tumor, Blindness, Cancer, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke as set forth under Section 3: Benefits.

SPOUSE means the person married to, in a civil union with, or that is the domestic partner of the named Insured on the day We issue this Policy.

STROKE (Cerebrovascular Accident) is defined as a Definite Diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or hemorrhage, or embolism from an extra-cranial source, with acute onset of new neurological symptoms, and new objective neurological deficits on clinical examination; which persists for more than 30 days following the date of Diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing. The Diagnosis of Stroke must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for:

- Transient Ischemic Attacks; or,
- Intracerebral vascular events due to trauma; or,
- Lacunar infarcts which do not meet the definition of Stroke as described above.

WAITING PERIOD means the first thirty (30) days following the Effective Date of the Covered Person's coverage.

WE, US, OUR, or COMPANY refers to Sterling Life Insurance Company.

YOU, YOUR, or YOURSELF means the person(s) named as a Covered Person on the Policy Schedule.

SECTION 2: COVERAGE TYPE

INDIVIDUAL POLICY means We insure the Insured as shown on the Policy Schedule.

INDIVIDUAL AND SPOUSE POLICY means We insure the Insured and Your Spouse as shown on the Policy Schedule.

ONE PARENT FAMILY POLICY means We insure the Insured and Your Dependent Child (ren) as shown on the Policy Schedule.

TWO PARENT FAMILY POLICY means We will insure the Insured, Your Spouse, and Your Dependent Child (ren).

After the Effective Date, if any members of the Insured's family are added to this Policy, including a new Spouse or Dependent Child, You must:

- notify Us that You wish to add a person(s) to Your coverage;
- complete the required application form; and
- pay any additional premium required.

If the application is approved, We will notify You of the added person's coverage Effective Date. The Waiting Period will apply to each person after the Effective Date of coverage.

SECTION 3: BENEFITS

ELIGIBILITY: You will be eligible for benefits under this Policy if:

- You have not been diagnosed with or treated for any Specified Critical Condition in the twelve (12) months prior to the Effective Date;
- You are not diagnosed with or treated for any Specified Critical Condition during the Waiting Period;
- Your Specified Critical Condition is diagnosed while this Policy is in force;
- You Incur a Covered Loss while this Policy is in force; and,
- Your Covered Loss is not excluded by name or specific description in this Policy.

CANCER [GOLD LEVEL] [PLATINUM LEVEL] LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level]This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations.) **No benefit will be payable under this condition for any type Skin Cancer including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.**

Section One:

The Scheduled Benefit Amount is 100% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of a Cancer (Life Threatening). Benefit payment is for Cancer (Life Threatening). This benefit is payable only one time during the lifetime of the Policy.

Section Two:

The Scheduled Benefit Amount is 10% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the first occurrence of Prostate Cancer Stage 0 (T1a, N0, M0) or Stage 1 (T2a, N0, M0) and Carcinoma-in-Situ.

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions.

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within both, the Cancer Benefit and Specified Critical Conditions, no more benefits are payable and the Policy will terminate upon payment.

SPECIFIED CRITICAL CONDITIONS [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations)

The Scheduled Benefit Amount is the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the following Specified Critical Conditions: Benign Brain Tumor, Blindness, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke. This benefit is payable only one time during the lifetime of the Policy.

The Diagnosis and treatment of any covered condition must be performed by a Specialist or Physician licensed in the United States of America (or other such jurisdiction as may be approved).

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions.

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within both, the Cancer Benefit and Specified Critical Conditions, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Combination Cancer and Specified Critical Conditions Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable.

SECTION 4: PREMIUMS

PAYMENT OF PREMIUM: This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. If payment of the initial premium is made by check or draft that is not honored, the Policy shall be void. Each renewal premium must be paid on or before its due date, or within the Grace Period.

GRACE PERIOD: This Policy has a thirty-one (31) day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the Grace Period, the Policy will stay in force.

LAPSE: If a renewal premium is not paid before the end of the Grace Period, this Policy will lapse. The date of lapse is the date on which the unpaid premium was due. Lapse will terminate this Policy unless it is later reinstated.

REINSTATEMENT: If Your Policy lapses, You may reinstate it by:

- paying the required premium;
- providing evidence of insurability, if We so require; and
- submitting an application for reinstatement, if We so require.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premium will be applied to any period more than sixty (60) days before the reinstatement date.

If We require an application, You will be given a conditional receipt for the premium. If the application is approved, the Policy will be reinstated as of the approval date. Lacking such approval, the Policy will be reinstated on the 45th day after the date of the conditional receipt unless Sterling has previously written the Covered Person of its disapproval.

The reinstated Policy will only cover only Loss that starts more than ten (10) days after the reinstatement date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

SECTION 5: CLAIMS

NOTICE OF CLAIM: You must give Us written notice of claim within thirty (30) days after a Covered Loss starts or as soon as reasonably possible. Written notice can be given to Us at Our Administrative Office address shown on Page 1. Written notice should include the name of the Covered Person and the Policy number.

CLAIM FORMS: When We receive the notice of claim, We will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within fifteen (15) days, the claimant will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

TIME OF PAYMENT OF CLAIM: We will pay benefits immediately upon receiving satisfactory written proof of loss.

PAYMENT OF CLAIM: The benefit will be paid to the Policyowner. Any benefit unpaid at death will be paid, at Our option, to the Policyowner's estate.

CLAIMS REVIEW: If a claim is denied, We will give You written notice of the reason for denial; the Policy provision that relates to the denial; Your right to ask for a review of the claim; and any additional information that might allow Us to change Our decision.

PROOF OF LOSS: You must give Us satisfactory written proof within ninety (90) days after Loss for which You are seeking benefits. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one (1) year from the time specified unless the claimant was legally incapacitated. If this information is not provided, We have the right to deny any claim for a covered condition.

OTHER INSURANCE: Benefits under this Policy will not be reduced because of the existence of any other insurance with Us, any disclosed, or later issued insurance with any other insurer.

UNPAID PREMIUMS: We will deduct any due and unpaid premium from any claim payment under this Policy.

PHYSICAL EXAMINATIONS AND AUTOPSY: We, at Our expense, have the right to have the Covered Person examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made unless prohibited by law.

LEGAL ACTIONS: No legal action may be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been given as required in accordance with requirements of this Policy. No such action may be brought after the expiration of three (3) years from the time written proof of loss is required to be given.

SECTION 6: CONVERSION RIGHTS

SPOUSE'S CONVERSION PRIVILEGE: If this is a two-parent family or an individual and Spouse Policy and You divorce, Your Spouse while this Policy is in force, Your Spouse may take out a Policy like this one without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;

- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefits amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been under this Policy.

DEPENDENT CHILD'S CONVERSION PRIVILEGE: If this is a one-parent family or two-parent family Policy and Your Dependent Child reaches attained age twenty-six (26), Your Dependent Child may take out a like Policy with a \$20,000 lump-sum benefit amount without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefits amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been under this Policy.

CONTINUATION: If this is a two-parent family or an individual and Spouse Policy and the Insured dies, the covered Spouse, if still alive, can keep this Policy and will automatically become the Insured. All benefits accrued prior to Your death will be paid to Your estate.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been under this Policy.

SECTION 7: EXCLUSIONS AND LIMITATIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;
2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental Injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;
5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stands to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

SECTION 8: UNIFORM PROVISIONS

ENTIRE CONTRACT: The entire contract consists of this Policy, the Policy Schedule, any attached amendments, riders or endorsements, and application.

POLICY CHANGES: No changes to this Policy are valid unless in writing, endorsed by one of Our executive officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

INCONTESTABLE: After this Policy has been in force for a period of three (3) years during the lifetime of the Insured, it shall become incontestable as to the statements contained in the application; unless a fraudulent misstatement is made by the applicant in the application. Fraudulent misstatements may be used to void the Policy or deny a claim for loss Incurred after the three (3) year period.

TIME LIMIT ON CERTAIN DEFENSES: No claim for loss that starts after three (3) years from the Effective Date will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state in which the Covered Person resides on that date is amended to conform to the minimum requirements of such laws.

MISSTATEMENT REGARDING AGE OR TOBACCO USE: If any representation regarding age at time of application or the use of tobacco has been misstated, any amount payable under the Policy shall be such as the premium paid would have purchased if the representation had not been misstated.

TERM: This Policy is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where Covered Person resides on the Effective Date as shown on the Policy Schedule.

RETURN OF UNEARNED PREMIUM: In the event of death of the Insured, unearned premium will be refunded in accordance with the Payment of Claim provision.

YOUR RIGHT TO CANCEL: The Policyowner may request to cancel this Policy at any time by writing to Us at Our Administration Office found on page 1 of this Policy. Cancellation will become effective on the next renewal date after Your request to terminate this Policy, or on a later date specified in the request. We will return any unearned premium.

TERMINATION: Coverage for each Covered Person will terminate on the earlier of:

- 1) the date on which this Policy lapses or terminates for the failure to meet a condition required in the Policy;
- 2) the date We receive the request or on a later date specified in the request;
- 3) the date You have received 100% of the Lifetime Benefit Amount, if Indemnity Rider is not attached to this Policy;
- 4) the end of the Grace Period following the due date for which a premium was not paid; or
- 5) the death of the Insured and the Insured's Spouse.

OWNER: The Insured is the Owner of this Policy unless later changed.

As Owner, You may exercise all rights in this Policy while the Covered Person is living. If You are without legal capacity, We will allow Your rights to be exercised by: the legally appointed guardian responsible for Your property or a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You should follow the procedures stated in this Policy. All changes and requests must be made in writing and in a form acceptable to Us.

STERLING LIFE INSURANCE COMPANY
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348
(800) 603-9438]

CAUTION: THIS IS A LIMITED BENEFIT, SPECIFIED - DISEASE POLICY. IT PAYS A LUMP-SUM BENEFIT FOR SPECIFIED CRITICAL CONDITIONS UPON DIAGNOSIS OR TREATMENT ONLY. IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. PLEASE READ THIS POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE.

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.

This Policy is a legal contract between the Policyowner (shown on the Policy Schedule) and Sterling (the Company). This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. A copy of the application is attached to the Policy. The following paragraphs set forth the definition of the terms, the exclusions and limitations, the benefits, and other provisions.

THIRTY DAY RIGHT TO EXAMINE POLICY

Sterling values You as a customer. If, for any reason, within the first thirty (30) days of Policy issuance, You are not satisfied with this Policy You may send a written request to cancel to the above Administrative Offices address along with the Policy to Sterling. Any premium paid will be refunded and this Policy will be cancelled from its beginning.

GUARANTEED RENEWABLE

This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

PRE-EXISTING CONDITION LIMITATION

This Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

WAITING PERIOD LIMITATION

This Policy contains a thirty (30) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within thirty (30) days from the Effective Date of the Policy.

This Policy is issued by STERLING LIFE INSURANCE COMPANY.

Signed by Our President and [Assistant Secretary].


[President]


[Assistant Secretary]

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A copy of the Application and Outline of Coverage follows Page [12].

Policy Schedule

INSURED:
[COVERED PERSON(S):]

POLICY NUMBER:

AGE:

COVERAGE: [Individual, Individual and Spouse, One-Parent Family, Two-Parent Family]

SMOKER STATUS:

MODE OF PAYMENT:

PREMIUMS:
Policy: \$
[Critical Condition Only
Indemnity Rider: \$
20-Year Paid Up Rider: \$]

EFFECTIVE DATE:
Policy: xx/xx/xxxx
[Critical Condition Only
Indemnity Rider: xx/xx/xxxx
20-Year Paid Up Rider: xx/xx/xxxx]

SECTION 1: DEFINITIONS

When the terms below are used in this Policy, the following definitions apply:

BENIGN BRAIN TUMOR is a Definite Diagnosis of a non-malignant tumor located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumor must require surgical or radiation treatment or cause irreversible objective neurological deficit(s). The Diagnosis of Benign Brain Tumor must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for pituitary adenomas less than 10 mm.

BLINDNESS is a Definite Diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:

- the corrected visual acuity being 20/200 or less in both eyes; or,
- the field of vision being less than 20 degrees in both eyes.

The Diagnosis of Blindness must be made by a Specialist.

COVERED LOSS means a Specified Critical Condition for which We pay benefits under this Policy. A Covered Loss is not a loss that is a Pre-existing Condition or occurs during the Waiting Period. However, a Pre-existing Condition will be considered a Covered Loss if loss caused by such condition begins after twelve (12) months from the Effective Date.

COVERED PERSON means any person covered under the Policy and listed on the Policy Schedule.

DEFINITE DIAGNOSIS means in clinical medicine a Diagnosis is made with extensive workup as required in the definition of the condition, which treatment is based.

DEPENDENT CHILD means the Insured's and/or Spouse's unmarried dependent natural-born child, stepchild, adopted child, or foster child that is under the age of twenty-six (26) at the time of application. Coverage of an unmarried dependent who is incapable of sustaining employment by reason of mental retardation or physical disability, who became so incapacitated prior to the attainment of nineteen (19) years of age, and who is chiefly dependent upon the policyholder for support and maintenance shall not terminate, but coverage shall continue so long as the policy remains in force and so long as the dependent remains in such condition. Dependent Child includes the child of the Insured and/or Spouse who is required by a court or administrative order to provide health benefit plan coverage for the child.

DIAGNOSIS means the complete fulfillment of the definition of the condition as described under the Policy.

EFFECTIVE DATE means the date shown on the Policy Schedule that coverage begins.

HEART ATTACK is a Definite Diagnosis of the death of heart muscle due to obstruction of blood flow, that results in the rise and fall of the biochemical cardiac markers troponin and CK-MB to levels considered diagnostic of myocardial infarction, with at least one of the following:

- Heart Attack symptoms
- new electrocardiogram (ECG) changes consistent with a Heart Attack
- development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

The Diagnosis of Heart Attack must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for:

- elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves;
- ECG changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition as described above; or,
- Sudden cardiac arrest or sudden cardiac death.

HOSPITAL means an institution located in the United States which meets all of the following requirements: operates pursuant to state law for Hospitals located in the United States; operates primarily for the care and treatment of sick or injured persons as inpatients; provides twenty-four (24) hour nursing service; has facilities for Diagnosis and surgery either on its own premises or in facilities available to the Hospital on a prearranged basis; and has a staff of at least one licensed Physician available at all times. Hospital is not a bed, unit of a facility that functions as a nursing home, skilled nursing facility, extended care facility, convalescent home, rest home or home for aged, sanatorium, rehabilitation center, place primarily providing care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or disorders; whether such facility is independent or associated with a Hospital.

IMMEDIATE FAMILY MEMBER means a person who is related to the Insured in any of the following ways: Spouse; child (including a legally adopted child, stepchild, son-in-law and daughter-in-law); parents (including stepparent, mother-in-law and father-in-law); and brother or sister (including stepbrother, stepsister, brother-in-law and sister-in-law).

INCURS/INCURRED means an event or incident that:

- initially occurs on or after the Effective Date of coverage of Covered Person under this Policy;
- initially occurs while coverage on Covered Person under this Policy is in force; and
- is not excluded by any specific description or exclusion stated in this Policy.

INSURED means the person named on the application and the Policy Schedule.

ISSUE DATE means the date when Policy is issued.

KIDNEY FAILURE is a Definite Diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis, or renal transplantation is initiated. The Diagnosis of Kidney Failure must be made by a Specialist.

LIFETIME BENEFIT AMOUNT means the amount as set forth in Section 3: Benefits.

LOSS OF HEARING means permanent and profound Loss of Hearing in both ears, with an auditory threshold of more than 90 decibels, for at least three standard tested frequencies with no possibility of correction despite use of a hearing aid. The Diagnosis of Loss of Hearing must be made by a Specialist.

LOSS OF SPEECH is a Definite Diagnosis of the total and irreversible loss of the ability to speak for the activities of daily living as the result of physical injury or disease, for a period of at least 180 days. The Diagnosis of Loss of Speech must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for all psychiatric conditions.

MAJOR ORGAN TRANSPLANT is a Definite Diagnosis of the irreversible failure of the heart, both lungs, liver, whole pancreas, or both kidneys, and transplantation must be medically necessary. To qualify under Major Organ Transplant, the Covered Person must undergo a transplantation procedure or be placed on the United Network of Organ Sharing (UNOS) transplant list as the recipient of a heart, lung, liver,

kidney (one), or whole pancreas, and limited to these entities. The Diagnosis of the major organ failure must be made by a Specialist.

PARALYSIS is defined as a Definite Diagnosis of the total loss of muscle function of two or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event. The Diagnosis of Paralysis must be made by a Specialist.

PHYSICIAN means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority for such practitioners acting within the scope of his or her license in treating an injury or sickness and practices in the United States or its territories.

The Physician must not be You, Your Immediate Family Member, or business associate of a Covered Person.

POLICY means the entire contract of insurance between You and Us.

POLICYOWNER means the person who owns this Policy and is shown on application as the Insured.

PRE-EXISTING CONDITION means a condition for which You received medical advice, diagnosis, care or treatment within the twelve (12) months preceding the Effective Date of the Policy or showed signs or symptoms within twelve (12) months prior to the Effective Date of the Policy that would have caused an ordinarily prudent person to seek medical advice or treatment, regardless of whether the condition was diagnosed, misdiagnosed, or not diagnosed.

SCHEDULED BENEFIT AMOUNT means a percentage of the Lifetime Benefit Amount payable under the Policy for a specific benefit as set forth in Section 3: Benefits.

SEVERE BURNS means third degree burns covering at least 20% of Your body surface, which are diagnosed by a Specialist.

SPECIALIST means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority that has been trained in the specific area of medicine relevant to the Specified Critical Condition for which benefit is being claimed, and who has been certified by a specialty examining board. In the absence or unavailability of a Specialist, and as approved by Us, a condition may be diagnosed by a qualified Physician practicing in the United States of America.

Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist, and internist.

The Specialist must not be You, Your Immediate Family Member, or business associate of a Covered Person.

SPECIFIED CRITICAL CONDITION for the purpose of this Policy covers Benign Brain Tumor, Blindness, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke as set forth under Section 3: Benefits.

SPOUSE means the person married to, in a civil union with, or that is the domestic partner of the named Insured on the day We issue this Policy.

STROKE (Cerebrovascular Accident) is defined as a Definite Diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or hemorrhage, or embolism from an extra-cranial source, with acute onset of new neurological symptoms, and new objective neurological deficits on clinical examination; which

persists for more than 30 days following the date of Diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing. The Diagnosis of Stroke must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for:

- Transient Ischemic Attacks; or,
- Intracerebral vascular events due to trauma; or,
- Lacunar infarcts which do not meet the definition of Stroke as described above.

WAITING PERIOD means the first thirty (30) days following the Effective Date of the Covered Person's coverage.

WE, US, OUR, or COMPANY refers to Sterling Life Insurance Company.

YOU, YOUR, or YOURSELF means the person(s) named as a Covered Person on the Policy Schedule.

SECTION 2: COVERAGE TYPE

INDIVIDUAL POLICY means We insure the Insured as shown on the Policy Schedule.

INDIVIDUAL AND SPOUSE POLICY means We insure the Insured and Your Spouse as shown on the Policy Schedule.

ONE PARENT FAMILY POLICY means We insure the Insured and Your Dependent Child (ren) as shown on the Policy Schedule.

TWO PARENT FAMILY POLICY means We will insure the Insured, Your Spouse, and Your Dependent Child (ren).

After the Effective Date, if any members of the Insured's family are added to this Policy, including a new Spouse or Dependent Child, You must:

- notify Us that You wish to add a person(s) to Your coverage;
- complete the required application form; and
- pay any additional premium required.

If the application is approved, We will notify You of the added person's coverage Effective Date. The Waiting Period will apply to each person after the Effective Date of coverage.

SECTION 3: BENEFITS

ELIGIBILITY: You will be eligible for benefits under this Policy if:

- You have not been diagnosed with or treated for any Specified Critical Condition in the twelve (12) months prior to the Effective Date;
- You are not diagnosed with or treated for any Specified Critical Condition during the Waiting Period;
- Your Specified Critical Condition is diagnosed while this Policy is in force;
- You Incur a Covered Loss while this Policy is in force; and,
- Your Covered Loss is not excluded by name or specific description in this Policy.

SPECIFIED CRITICAL CONDITIONS [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations)

The Scheduled Benefit Amount is the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the following Specified Critical Conditions: Benign Brain Tumor, Blindness, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke. This benefit is payable only one time during the lifetime of the Policy.

The Diagnosis and treatment of any covered condition must be performed by a Specialist or Physician licensed in the United States of America (or other such jurisdiction as may be approved).

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions.

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Critical Condition Only Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable.

SECTION 4: PREMIUMS

PAYMENT OF PREMIUM: This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. If payment of the initial premium is made by check or draft that is not honored, the Policy shall be void. Each renewal premium must be paid on or before its due date, or within the Grace Period.

GRACE PERIOD: This Policy has a thirty-one (31) day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the Grace Period, the Policy will stay in force.

LAPSE: If a renewal premium is not paid before the end of the Grace Period, this Policy will lapse. The date of lapse is the date on which the unpaid premium was due. Lapse will terminate this Policy unless it is later reinstated.

REINSTATEMENT: If Your Policy lapses, You may reinstate it by:

- paying the required premium;
- providing evidence of insurability, if We so require; and
- submitting an application for reinstatement, if We so require.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premium will be applied to any period more than sixty (60) days before the reinstatement date.

If We require an application, You will be given a conditional receipt for the premium. If the application is approved, the Policy will be reinstated as of the approval date. Lacking such approval, the Policy will be reinstated on the 45th day after the date of the conditional receipt unless Sterling has previously written the Covered Person of its disapproval.

The reinstated Policy will only cover only Loss that starts more than ten (10) days after the reinstatement date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

SECTION 5: CLAIMS

NOTICE OF CLAIM: You must give Us written notice of claim within thirty (30) days after a Covered Loss starts or as soon as reasonably possible. Written notice can be given to Us at Our Administrative Office address shown on Page 1. Written notice should include the name of the Covered Person and the Policy number.

CLAIM FORMS: When We receive the notice of claim, We will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within fifteen (15) days, the claimant will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

TIME OF PAYMENT OF CLAIM: We will pay benefits immediately upon receiving satisfactory written proof of loss.

PAYMENT OF CLAIM: The benefit will be paid to the Policyowner. Any benefit unpaid at death will be paid, at Our option, to the Policyowner's estate.

CLAIMS REVIEW: If a claim is denied, We will give You written notice of the reason for denial; the Policy provision that relates to the denial; Your right to ask for a review of the claim; and any additional information that might allow Us to change Our decision.

PROOF OF LOSS: You must give Us satisfactory written proof within ninety (90) days after Loss for which You are seeking benefits. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one (1) year from the time specified unless the claimant was legally incapacitated. If this information is not provided, We have the right to deny any claim for a covered condition.

OTHER INSURANCE: Benefits under this Policy will not be reduced because of the existence of any other insurance with Us, any disclosed, or later issued insurance with any other insurer.

UNPAID PREMIUMS: We will deduct any due and unpaid premium from any claim payment under this Policy.

PHYSICAL EXAMINATIONS AND AUTOPSY: We, at Our expense, have the right to have the Covered Person examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made unless prohibited by law.

LEGAL ACTIONS: No legal action may be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been given as required in accordance with requirements of this Policy. No such action may be brought after the expiration of three (3) years from the time written proof of loss is required to be given.

SECTION 6: CONVERSION RIGHTS

SPOUSE'S CONVERSION PRIVILEGE: If this is a two-parent family or an individual and Spouse Policy and You divorce, Your Spouse while this Policy is in force, Your Spouse may take out a Policy like this one without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;

- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefits amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been under this Policy.

DEPENDENT CHILD'S CONVERSION PRIVILEGE: If this is a one-parent family or two-parent family Policy and Your Dependent Child reaches attained age twenty-six (26), Your Dependent Child may take out a like Policy with a \$20,000 lump-sum benefit amount without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefits amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been under this Policy.

CONTINUATION: If this is a two-parent family or an individual and Spouse Policy and the Insured dies, the covered Spouse, if still alive, can keep this Policy and will automatically become the Insured. All benefits accrued prior to Your death will be paid to Your estate.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been under this Policy.

SECTION 7: EXCLUSIONS AND LIMITATIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;
2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental Injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;
5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stands to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

SECTION 8: UNIFORM PROVISIONS

ENTIRE CONTRACT: The entire contract consists of this Policy, the Policy Schedule, any attached amendments, riders or endorsements, and application.

POLICY CHANGES: No changes to this Policy are valid unless in writing, endorsed by one of Our executive officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

INCONTESTABLE: After this Policy has been in force for a period of three (3) years during the lifetime of the Insured, it shall become incontestable as to the statements contained in the application; unless a fraudulent misstatement is made by the applicant in the application. Fraudulent misstatements may be used to void the Policy or deny a claim for loss Incurred after the three (3) year period.

TIME LIMIT ON CERTAIN DEFENSES: No claim for loss that starts after three (3) years from the Effective Date will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state in which the Covered Person resides on that date is amended to conform to the minimum requirements of such laws.

MISSTATEMENT REGARDING AGE OR TOBACCO USE: If any representation regarding age at time of application or the use of tobacco has been misstated, any amount payable under the Policy shall be such as the premium paid would have purchased if the representation had not been misstated.

TERM: This Policy is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where Covered Person resides on the Effective Date as shown on the Policy Schedule.

RETURN OF UNEARNED PREMIUM: In the event of death of the Insured, unearned premium will be refunded in accordance with the Payment of Claim provision.

YOUR RIGHT TO CANCEL: The Policyowner may request to cancel this Policy at any time by writing to Us at Our Administration Office found on page 1 of this Policy. Cancellation will become effective on the next renewal date after Your request to terminate this Policy, or on a later date specified in the request. We will return any unearned premium.

TERMINATION: Coverage for each Covered Person will terminate on the earlier of:

- 1) the date on which this Policy lapses or terminates for the failure to meet a condition required in the Policy;
- 2) the date We receive the request or on a later date specified in the request;
- 3) the date You have received 100% of the Lifetime Benefit Amount, if Indemnity Rider is not attached to this Policy;
- 4) the end of the Grace Period following the due date for which a premium was not paid; or
- 5) the death of the Insured and the Insured's Spouse.

OWNER: The Insured is the Owner of this Policy unless later changed.

As Owner, You may exercise all rights in this Policy while the Covered Person is living. If You are without legal capacity, We will allow Your rights to be exercised by: the legally appointed guardian responsible for Your property or a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You should follow the procedures stated in this Policy. All changes and requests must be made in writing and in a form acceptable to Us.

STERLING LIFE INSURANCE COMPANY
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348
(800) 603-9438]

CAUTION: THIS IS A LIMITED BENEFIT, SPECIFIED - DISEASE POLICY. IT PAYS A LUMP-SUM BENEFIT FOR CANCER UPON DIAGNOSIS OR TREATMENT ONLY. IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. PLEASE READ THIS POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE.

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.

This Policy is a legal contract between the Policyowner (shown on the Policy Schedule) and Sterling (the Company). This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. A copy of the application is attached and is part of this Policy. The following paragraphs set forth the definition of the terms, the exclusions and limitations, the benefits, and other provisions.

THIRTY DAY RIGHT TO EXAMINE POLICY

Sterling values You as a customer. If, for any reason, within the first thirty (30) days of Policy issuance, You are not satisfied with this Policy You may send a written request to cancel to the above Administrative Offices address along with the Policy to Sterling. Any premium paid will be refunded and this Policy will be cancelled from its beginning.

GUARANTEED RENEWABLE

This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

PRE-EXISTING CONDITION LIMITATION

This Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

WAITING PERIOD LIMITATION

This Policy contains a thirty (30) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within thirty (30) days from the Effective Date of the Policy.

This Policy is issued by STERLING LIFE INSURANCE COMPANY.

Signed by Our President and [Assistant Secretary].


[President]


[Assistant Secretary]

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A copy of the Application and Outline of Coverage follows Page [11].

Policy Schedule

INSURED/POLICYOWNER:
COVERED PERSON(S):

POLICY NUMBER:

AGE:

COVERAGE:

SMOKER STATUS:

MODE OF PAYMENT:

PREMIUMS:
Policy: \$
[Cancer Only Indemnity
Rider: \$
20-Year Paid Up Rider: \$]

EFFECTIVE DATE:
Policy: xx/xx/xxxx
[Cancer Only Indemnity Rider: xx/xx/xxxx
20-Year Paid Up Rider: xx/xx/xxxx]

SECTION 1: DEFINITIONS

When the terms below are used in this Policy, the following definitions apply:

CANCER (LIFE THREATENING) means leukemia, Hodgkin's disease, or a malignant tumor that is characterized by uncontrolled growth and spread of malignant cells and the invasion of tissue that is treated by a Physician which results in a pathologic Diagnosis. Diagnosis is based upon a microscopic examination of the affected cells by a legally licensed Physician certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.) The pathologist establishing the Diagnosis shall base his judgment solely upon the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the suspect cells.

Pre-malignant conditions, conditions with malignant potential, or pre-leukemic conditions, will not be considered Cancer for the purpose of this Policy.

CARCINOMA-IN-SITU is defined as an early form of carcinoma. The tumor cells still lie within the tissue of the original site without having invaded neighboring tissue based upon a microscopic examination of the affected cells by a Physician who is certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.)

COVERED LOSS means a Specified Critical Condition for which We pay benefits under this Policy. A Covered Loss is not a loss that is a Pre-existing Condition or occurs during the Waiting Period. However, a Pre-existing Condition will be considered a Covered Loss if loss caused by such condition begins after twelve (12) months from the Effective Date.

COVERED PERSON means any person covered under the Policy and listed on the Policy Schedule.

DEPENDENT CHILD means the Insured's and/or Spouse's unmarried dependent natural-born child, stepchild, adopted child, or foster child that is under the age of twenty-six (26) at the time of application. Coverage of an unmarried dependent who is incapable of sustaining employment by reason of mental retardation or physical disability, who became so incapacitated prior to the attainment of nineteen (19) years of age, and who is chiefly dependent upon the policyholder for support and maintenance shall not terminate, but coverage shall continue so long as the policy remains in force and so long as the dependent remains in such condition. Dependent Child includes the child of the Insured and/or Spouse who is required by a court or administrative order to provide health benefit plan coverage for the child.

DIAGNOSIS means the complete fulfillment of the definition of the condition as described under the Policy.

EFFECTIVE DATE means the date shown on the Policy Schedule that coverage begins.

HOSPITAL means an institution located in the United States which meets all of the following requirements: operates pursuant to state law for Hospitals located in the United States; operates primarily for the care and treatment of sick or injured persons as inpatients; provides twenty-four (24) hour nursing service; has facilities for Diagnosis and surgery either on its own premises or in facilities available to the Hospital on a prearranged basis; and has a staff of at least one licensed Physician available at all times. Hospital is not a bed, unit of a facility that functions as a nursing home, skilled nursing facility, extended care facility, convalescent home, rest home or home for aged, sanatorium, rehabilitation center, place primarily providing care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or disorders; whether such facility is independent or associated with a Hospital.

IMMEDIATE FAMILY MEMBER means a person who is related to the Insured in any of the following ways: Spouse; child (including a legally adopted child, stepchild, son-in-law and daughter-in-law); parents (including stepparent, mother-in-law and father-in-law); and brother or sister (including stepbrother, stepsister, brother-in-law and sister-in-law).

INCURS/INCURRED means an event or incident that:

- initially occurs on or after the Effective Date of coverage of Covered Person under this Policy;
- initially occurs while coverage on Covered Person under this Policy is in force; and
- is not excluded by any specific description or exclusion stated in this Policy.

INSURED means the person named on the application and the Policy Schedule.

ISSUE DATE means the date when Policy is issued.

LIFETIME BENEFIT AMOUNT means the amount as set forth in Section 3: Benefits.

PHYSICIAN means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority for such practitioners acting within the scope of his or her license in treating an injury or sickness and practices in the United States or its territories.

The Physician must not be You, Your Immediate Family Member, or business associate of a Covered Person.

POLICY means the entire contract of insurance between You and us.

POLICYOWNER means the person who owns this Policy and is shown on application as the Insured.

PRE-EXISTING CONDITION means a condition for which You received medical advice, Diagnosis, care or treatment within the twelve (12) months preceding the Effective Date of the Policy or showed signs or symptoms within twelve (12) months prior to the Effective Date of the Policy that would have caused an ordinarily prudent person to seek medical advice or treatment, regardless of whether the condition was diagnosed, misdiagnosed, or not diagnosed.

PROSTATE CANCER is a Cancer that normally originates in the posterior gland or near the urethra that is histologically described in terms of tumor, node, and metastasis (TNM) cancer staging system. Based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.)

SCHEDULED BENEFIT AMOUNT means a percentage of the Lifetime Benefit Amount payable under the Policy for a specific benefit as set forth in Section 3: Benefits.

SKIN CANCER means any Skin Cancer, including squamous cell carcinoma and basal cell carcinoma, except Malignant Melanoma.

SPECIALIST means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority that has been trained in the specific area of medicine relevant to the Specified Critical Condition for which benefit is being claimed, and who has been certified by a specialty examining board. In the absence or unavailability of a Specialist, and as approved by Us, a condition may be diagnosed by a qualified Physician practicing in the United States of America.

Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist, and internist.

The Specialist must not be You, Your Immediate Family Member, or business associate of a Covered Person.

SPECIFIED CRITICAL CONDITION for the purpose of this Policy only covers Cancer as set forth under Section 3: Benefits.

SPOUSE means the person married to, in a civil union with, or that is the domestic partner of the named Insured on the day We issue this Policy.

WAITING PERIOD means the first thirty (30) days following the Effective Date of the Covered Person's coverage.

WE, US, OUR, or COMPANY refers to Sterling Life Insurance Company.

YOU, YOUR, or YOURSELF means the person(s) named as a Covered Person on the Policy Schedule.

SECTION 2: COVERAGE TYPE

INDIVIDUAL POLICY means We insure the Insured as shown on the Policy Schedule.

INDIVIDUAL AND SPOUSE POLICY means We insure the Insured and Your Spouse as shown on the Policy Schedule.

ONE PARENT FAMILY POLICY means We insure the Insured and Your Dependent Child (ren) as shown on the Policy Schedule.

TWO PARENT FAMILY POLICY means We will insure the Insured, Your Spouse, and Your Dependent Child (ren).

After the Effective Date, if any members of the Insured's family are added to this Policy, including a new Spouse or Dependent Child, You must:

- notify Us that You wish to add a person(s) to Your coverage;
- complete the required application form; and
- pay any additional premium required.

If the application is approved, We will notify You of the added person's coverage Effective Date. The Waiting Period will apply to each person after the Effective Date of coverage.

SECTION 3: BENEFITS

ELIGIBILITY: You will be eligible for benefits under this Policy if:

- You have not been diagnosed with or treated for any Specified Critical Condition in the twelve (12) months prior to the Effective Date;
- You are not diagnosed with or treated for any Specified Critical Condition during the Waiting Period;
- Your Specified Critical Condition is diagnosed while this Policy is in force;
- You Incur a Covered Loss while this Policy is in force; and
- Your Covered Loss is not excluded by name or specific description in this Policy.

CANCER [GOLD LEVEL] [PLATINUM LEVEL] LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level]This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations.) **No benefit will be payable under this condition for any type Skin Cancer including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.**

Section One:

The Scheduled Benefit Amount is 100% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of a Cancer (Life Threatening). Benefit payment is for Cancer (Life Threatening). This benefit is payable only one time during the lifetime of the Policy.

Section Two:

The Scheduled Benefit Amount is 10% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the first occurrence of Prostate Cancer Stage 0 (T1a, N0, M0) or Stage 1 (T2a, N0, M0) and Carcinoma-in-Situ.

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions.

After 100% of the Lifetime Benefit Amount [[Gold Level]or 50% from attained age seventy (70)] has been paid within this benefit, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Cancer Only Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level]or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable as long as Policy in force.

SECTION 4: PREMIUMS

PAYMENT OF PREMIUM: This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. If payment of the initial premium is made by check or draft that is not honored, the Policy shall be void. Each renewal premium must be paid on or before its due date, or within the Grace Period.

GRACE PERIOD: This Policy has a thirty-one (31) day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the Grace Period, the Policy will stay in force.

LAPSE: If a renewal premium is not paid before the end of the Grace Period, this Policy will lapse. The date of lapse is the date on which the unpaid premium was due. Lapse will terminate this Policy unless it is later reinstated.

REINSTATEMENT: If Your Policy lapses, You may reinstate it by:

- paying the required premium;
- providing evidence of insurability, if We so require; and
- submitting an application for reinstatement, if We so require.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premium will be applied to any period more than sixty (60) days before the reinstatement date.

If We require an application, You will be given a conditional receipt for the premium. If the application is approved, the Policy will be reinstated as of the approval date. Lacking such approval, the Policy will be reinstated on the 45th day after the date of the conditional receipt unless Sterling has previously written the Covered Person of its disapproval.

The reinstated Policy will only cover only Loss that starts more than ten (10) days after the reinstatement date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

SECTION 5: CLAIMS

NOTICE OF CLAIM: You must give Us written notice of claim within thirty (30) days after a Covered Loss starts or as soon as reasonably possible. Written notice can be given to Us at Our Administrative Office address shown on Page 1. Written notice should include the name of the Covered Person and the Policy number.

CLAIM FORMS: When We receive the notice of claim, We will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within fifteen (15) days, the claimant will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

TIME OF PAYMENT OF CLAIM: We will pay benefits immediately upon receiving satisfactory written proof of loss.

PAYMENT OF CLAIM: The benefit will be paid to the Policyowner. Any benefit unpaid at death may be paid, at Our option, to the Policyowner's estate.

CLAIMS REVIEW: If a claim is denied, We will give You written notice of the reason for denial; the Policy provision that relates to the denial; Your right to ask for a review of the claim; and any additional information that might allow Us to change Our decision.

PROOF OF LOSS: You must give us satisfactory written proof within ninety (90) days after Loss for which You are seeking benefits. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one (1) year from the time specified unless the claimant was legally incapacitated. If this information is not provided, We have the right to deny any claim for a covered condition.

OTHER INSURANCE: Benefits under this Policy will not be reduced because of the existence of any other insurance with us, any disclosed, or later issued insurance with any other insurer.

UNPAID PREMIUMS: We will deduct any due and unpaid premium from any claim payment under this Policy.

PHYSICAL EXAMINATIONS AND AUTOPSY: We, at Our expense, have the right to have the Covered Person examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made unless prohibited by law.

LEGAL ACTIONS: No legal action may be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been given as required in accordance with requirements of this Policy. No such action may be brought after the expiration of three (3) years from the time written proof of loss is required to be given.

SECTION 6: CONVERSION RIGHTS

SPOUSE'S CONVERSION PRIVILEGE: If this is a two-parent family or an individual and Spouse Policy and You divorce, Your Spouse while this Policy is in force, Your Spouse may take out a Policy like this one without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefits amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been under this Policy.

DEPENDENT CHILD'S CONVERSION PRIVILEGE: If this is a one-parent family or two-parent family Policy and Your Dependent Child reaches attained age twenty-six (26), Your Dependent Child may take out a like Policy with a \$20,000 lump-sum benefit amount without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefits amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been under this Policy.

CONTINUATION: If this is a two-parent family or an individual and Spouse Policy and the Insured dies, the covered Spouse, if still alive, can keep this Policy and will automatically become the Insured. All benefits accrued prior to Your death will be paid to Your estate.

Another thirty (30) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been under this Policy.

SECTION 7: EXCLUSIONS AND LIMITATIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;
2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental Injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;

5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stands to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

SECTION 8: UNIFORM PROVISIONS

ENTIRE CONTRACT: The entire contract consists of this Policy, the Policy Schedule, any attached amendments, riders or endorsements, and application.

POLICY CHANGES: No changes to this Policy are valid unless in writing, endorsed by one of Our executive officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

INCONTESTABLE: After this Policy has been in force for a period of three (3) years during the lifetime of the Insured, it shall become incontestable as to the statements contained in the application; unless a fraudulent misstatement is made by the applicant in the application. Fraudulent misstatements may be used to void the Policy or deny a claim for loss Incurred after the three (3) year period.

TIME LIMIT ON CERTAIN DEFENSES: No claim for loss that starts after three (3) years from the Effective Date will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state in which the Covered Person resides on that date is amended to conform to the minimum requirements of such laws.

MISSTATEMENT REGARDING AGE OR TOBACCO USE: If any representation regarding age at time of application or the use of tobacco has been misstated, any amount payable under the Policy shall be such as the premium paid would have purchased if the representation had not been misstated.

TERM: This Policy is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where Covered Person resides on the Effective Date as shown on the Policy Schedule.

RETURN OF UNEARNED PREMIUM: In the event of death of the Insured, unearned premium will be refunded in accordance with the Payment of Claim provision.

YOUR RIGHT TO CANCEL: The Policyowner may request to cancel this Policy at any time by writing to Us at Our Administration Office found on page 1 of this Policy. Cancellation will become effective on the next renewal date after Your request to terminate this Policy, or on a later date specified in the request. We will return any unearned premium.

TERMINATION: Coverage for each Covered Person will terminate on the earlier of:

- 1) the date on which this Policy lapses or terminates for the failure to meet a condition required in the Policy;
- 2) the date We receive the request or on a later date specified in the request;
- 3) the date You have received 100% of the Lifetime Benefit Amount, if Indemnity Rider is not attached to this Policy;

- 4) the end of the Grace Period following the due date for which a premium was not paid; or
- 5) the death of the Insured and the Insured's Spouse.

OWNER: The Insured is the Owner of this Policy unless later changed.

As Owner, You may exercise all rights in this Policy while the Covered Person is living. If You are without legal capacity, We will allow Your rights to be exercised by: the legally appointed guardian responsible for Your property or a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You should follow the procedures stated in this Policy. All changes and requests must be made in writing and in a form acceptable to Us.

Sterling Life Insurance Company

Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348]

LIMITED BENEFIT HEALTH COVERAGE OUTLINE OF COVERAGE FOR POLICY FORM NO. STRCC-CB AR

(1) **READ YOUR POLICY CAREFULLY.** This outline of coverage provides a brief description of the important features of Your Policy. This is not the contract of insurance and only the actual policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Your insurance company. Therefore, it is important that You **READ YOUR POLICY CAREFULLY!**

(2) **LIMITED BENEFIT HEALTH COVERAGE.** Policies of this category are designed to provide, to the insured, limited or supplemental coverage.

(3) This policy **IS NOT A MEDICARE SUPPLEMENT POLICY.** If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Sterling Life Insurance Company.

(4) **DESCRIPTION OF BENEFIT:**

CANCER [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations) **No benefit will be payable under this condition for any type Skin Cancer including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.**

Section One:

The Scheduled Benefit Amount is 100% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of a Cancer (Life Threatening). Benefit payment is for Cancer (Life Threatening). This benefit is payable only one time during the lifetime of the Policy.

Section Two:

The Scheduled Benefit Amount is 10% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the first occurrence of Prostate Cancer Stage 0 (T1a, N0, M0) or Stage 1 (T2a, N0, M0) and Carcinoma-in-Situ.

The Diagnosis and treatment of any covered condition must be performed by a Specialist or Physician licensed in the United States of America (or other such jurisdiction as may be approved).

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within both, the Cancer Benefit and Specified Critical Conditions, no more benefits are payable and the Policy will terminate upon payment.

SPECIFIED CRITICAL CONDITIONS [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations)

The Scheduled Benefit Amount is the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the following Specified Critical Conditions: Benign Brain Tumor, Blindness, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke. This benefit is payable only one time during the lifetime of the Policy.

The Diagnosis and treatment of any covered condition must be performed by a Specialist or Physician licensed in the United States of America (or other such jurisdiction as may be approved).

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within both, the Cancer Benefit and Specified Critical Conditions, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Combination Cancer and Specified Critical Conditions Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable.

(5) **COVERED LOSS.** Sterling agrees to pay You, the Insured named in the application, subject to the terms and limitations of the Policy, for the above described benefit sustained by You while the Policy is in force.

[(6) **OPTIONAL BENEFIT RIDERS.** The following optional benefits riders are available:]

- [20 Year Paid Up Rider]
- [Combination Cancer and Critical Condition Indemnity Rider]

(7) EXCLUSIONS, RESTRICTIONS, REDUCTIONS, LIMITATIONS.

The Policy will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;
2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;
5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stand to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

Pre-existing Condition Limitation. The Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

Waiting Period Limitation. The Policy contains a thirty (30) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within thirty (30) days from the Effective Date of the Policy.

[The benefits under the Policy will be reduced by 50% from attained age seventy (70).]

(8) **RENEWABILITY.** This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

If You have any questions regarding Your Policy please contact Sterling at: **[(800) 688-0010]**

Sterling Life Insurance Company
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348]

LIMITED BENEFIT HEALTH COVERAGE
OUTLINE OF COVERAGE FOR POLICY FORM NO. STRCC-CC AR

(1) **READ YOUR POLICY CAREFULLY.** This outline of coverage provides a brief description of the important features of Your Policy. This is not the contract of insurance and only the actual policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Your insurance company. Therefore, it is important that You **READ YOUR POLICY CAREFULLY!**

(2) **LIMITED BENEFIT HEALTH COVERAGE.** Policies of this category are designed to provide, to the insured, limited or supplemental coverage.

(3) This policy **IS NOT A MEDICARE SUPPLEMENT POLICY.** If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Sterling Life Insurance Company.

(4) **DESCRIPTION OF BENEFIT:**

SPECIFIED CRITICAL CONDITIONS [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations)

The Scheduled Benefit Amount is the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the following Specified Critical Conditions: Benign Brain Tumor, Blindness, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke. This benefit is payable only one time during the lifetime of the Policy.

The Diagnosis and treatment of any covered condition must be performed by a Specialist or Physician licensed in the United States of America (or other such jurisdiction as may be approved).

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Critical Condition Only Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level]or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable.

(5) **COVERED LOSS.** Sterling agrees to pay You, the Insured named in the application, subject to the terms and limitations of the Policy, for the above described benefit sustained by You while the Policy is in force.

[(6) **OPTIONAL BENEFIT RIDERS.** The following optional benefits riders are available:]

- [20 Year Paid Up Rider]
- [Critical Condition Only Indemnity Rider]

(7) **EXCLUSIONS, RESTRICTIONS, REDUCTIONS, LIMITATIONS.**

The Policy will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;
2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental Injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;

STRCC-CCOOC AR

5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stand to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

Pre-existing Condition Limitation. The Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

Waiting Period Limitation. The Policy contains a thirty (30) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within thirty (30) days from the Effective Date of the Policy.

[The benefits under the Policy will be reduced by 50% from attained age seventy (70).]

(8) **RENEWABILITY.** This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

If You have any questions regarding Your Policy please contact Sterling at: **[(800) 688-0010]**

Sterling Life Insurance Company

Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348]

LIMITED BENEFIT HEALTH COVERAGE OUTLINE OF COVERAGE FOR POLICY FORM NO. STRCC-CN AR

(1) **READ YOUR POLICY CAREFULLY.** This outline of coverage provides a brief description of the important features of Your Policy. This is not the contract of insurance and only the actual policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Your insurance company. Therefore, it is important that You **READ YOUR POLICY CAREFULLY!**

(2) **LIMITED BENEFIT HEALTH COVERAGE.** Policies of this category are designed to provide, to the insured, limited or supplemental coverage.

(3) This policy **IS NOT A MEDICARE SUPPLEMENT POLICY.** If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Sterling Life Insurance Company.

(4) **DESCRIPTION OF BENEFIT:**

CANCER [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations) **No benefit will be payable under this condition for any type Skin Cancer including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.**

Section One:

The Scheduled Benefit Amount is 100% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of a Cancer (Life Threatening). Benefit payment is for Cancer (Life Threatening). This benefit is payable only one time during the lifetime of the Policy.

Section Two:

The Scheduled Benefit Amount is 10% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the first occurrence of Prostate Cancer Stage 0 (T1a, N0, M0) or Stage 1 (T2a, N0, M0) and Carcinoma-in-Situ.

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions.

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Cancer Only Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level]or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable.

(5) **COVERED LOSS.** Sterling agrees to pay You, the Insured named in the application, subject to the terms and limitations of the Policy, for the above described benefit sustained by You while the Policy is in force.

[(6) **OPTIONAL BENEFIT RIDERS.** The following optional benefits riders are available:]

- [20 Year Paid Up Rider]
- [Cancer Only Indemnity Rider]

(7) **EXCLUSIONS, RESTRICTIONS, REDUCTIONS, LIMITATIONS.**

The Policy will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;

STRCC-CNOOC AR

2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental Injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;
5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stand to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

Pre-existing Condition Limitation. The Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

Waiting Period Limitation. The Policy contains a thirty (30) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within thirty (30) days from the Effective Date of the Policy.

[The benefits under the Policy will be reduced by 50% from attained age seventy (70).]

(8) **RENEWABILITY.** This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

If You have any questions regarding Your Policy please contact Sterling at: **[(800) 688-0010]**

STERLING LIFE INSURANCE COMPANY
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348
(800) 603-9438]

CAUTION: THIS IS A LIMITED BENEFIT, SPECIFIED - DISEASE POLICY. IT PAYS A LUMP-SUM BENEFIT FOR SPECIFIED CRITICAL CONDITIONS UPON DIAGNOSIS OR TREATMENT ONLY. IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. PLEASE READ THIS POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE.

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.

This Policy is a legal contract between the Policyowner (shown on the Policy Schedule) and Sterling (the Company). This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. A copy of the application is attached to the Policy. The following paragraphs set forth the definition of the terms, the exclusions and limitations, the benefits, and other provisions.

THIRTY DAY RIGHT TO EXAMINE POLICY

Sterling values You as a customer. If, for any reason, within the first thirty (30) days of Policy issuance, You are not satisfied with this Policy You may send a written request to cancel to the above Administrative Offices address along with the Policy to Sterling. Any premium paid will be refunded and this Policy will be cancelled from its beginning.

GUARANTEED RENEWABLE

This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

PRE-EXISTING CONDITION LIMITATION

This Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

WAITING PERIOD LIMITATION

This Policy contains a sixty (60) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within sixty (60) days from the Effective Date of the Policy.

This Policy is issued by STERLING LIFE INSURANCE COMPANY.

Signed by Our President and [Assistant Secretary].


[President]


[Assistant Secretary]

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A copy of the Application and Outline of Coverage follows Page [13].

Policy Schedule

INSURED:
[COVERED PERSON(S):]

POLICY NUMBER:

AGE:

COVERAGE: [Individual, Individual and Spouse, One-Parent Family, Two-Parent Family]

SMOKER STATUS:

MODE OF PAYMENT:

PREMIUMS:
Policy: \$
[Combination Cancer and Critical Condition
Indemnity Rider: \$
20-Year Paid Up Rider: \$]

EFFECTIVE DATE:
Policy: xx/xx/xxxx
[Combination Cancer and Critical Condition
Indemnity Rider: xx/xx/xxxx
20-Year Paid Up Rider: xx/xx/xxxx]

SECTION 1: DEFINITIONS

When the terms below are used in this Policy, the following definitions apply:

BENIGN BRAIN TUMOR is a Definite Diagnosis of a non-malignant tumor located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumor must require surgical or radiation treatment or cause irreversible objective neurological deficit(s). The Diagnosis of Benign Brain Tumor must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for pituitary adenomas less than 10 mm.

BLINDNESS is a Definite Diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:

- the corrected visual acuity being 20/200 or less in both eyes; or,
- the field of vision being less than 20 degrees in both eyes.

The Diagnosis of Blindness must be made by a Specialist.

CANCER (LIFE THREATENING) means leukemia, Hodgkin's disease, or a malignant tumor that is characterized by uncontrolled growth and spread of malignant cells and the invasion of tissue that is treated by a Physician which results in a pathologic Diagnosis. Diagnosis is based upon a microscopic examination of the affected cells by a legally licensed Physician certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.) The pathologist establishing the Diagnosis shall base his judgment solely upon the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the suspect cells.

Pre-malignant conditions, conditions with malignant potential, or pre-leukemic conditions, will not be considered Cancer for the purpose of this Policy.

CARCINOMA-IN-SITU is defined as an early form of carcinoma. The tumor cells still lie within the tissue of the original site without having invaded neighboring tissue based upon a microscopic examination of the affected cells by a Physician who is certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.)

COVERED LOSS means a Specified Critical Condition for which We pay benefits under this Policy. A Covered Loss is not a loss that is a Pre-existing Condition or occurs during the Waiting Period. However, a Pre-existing Condition will be considered a Covered Loss if loss caused by such condition begins after twelve (12) months from the Effective Date.

COVERED PERSON means any person covered under the Policy and listed on the Policy Schedule.

DEFINITE DIAGNOSIS means in clinical medicine a Diagnosis is made with extensive workup as required in the definition of the condition, which treatment is based.

DEPENDENT CHILD means the Insured's and/or Spouse's unmarried dependent natural-born child, stepchild, adopted child, or foster child that is under the age of twenty-six (26) at the time of application. Coverage of an unmarried dependent who is incapable of sustaining employment by reason of mental retardation or physical disability, who became so incapacitated prior to the attainment of nineteen (19) years of age, and who is chiefly dependent upon the policyholder for support and maintenance shall not terminate, but coverage shall continue so long as the policy remains in force and so long as the dependent remains in

such condition. Dependent Child includes the child of the Insured and/or Spouse who is required by a court or administrative order to provide health benefit plan coverage for the child.

DIAGNOSIS means the complete fulfillment of the definition of the condition as described under the Policy.

EFFECTIVE DATE means the date shown on the Policy Schedule that coverage begins.

HEART ATTACK is a Definite Diagnosis of the death of heart muscle due to obstruction of blood flow, that results in the rise and fall of the biochemical cardiac markers troponin and CK-MB to levels considered diagnostic of myocardial infarction, with at least one of the following:

- Heart Attack symptoms
- new electrocardiogram (ECG) changes consistent with a Heart Attack
- development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

The Diagnosis of Heart Attack must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for:

- elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves;
- ECG changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition as described above; or,
- Sudden cardiac arrest or sudden cardiac death.

HOSPITAL means an institution located in the United States which meets all of the following requirements: operates pursuant to state law for Hospitals located in the United States; operates primarily for the care and treatment of sick or injured persons as inpatients; provides twenty-four (24) hour nursing service; has facilities for Diagnosis and surgery either on its own premises or in facilities available to the Hospital on a prearranged basis; and has a staff of at least one licensed Physician available at all times. Hospital is not a bed, unit of a facility that functions as a nursing home, skilled nursing facility, extended care facility, convalescent home, rest home or home for aged, sanatorium, rehabilitation center, place primarily providing care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or disorders; whether such facility is independent or associated with a Hospital.

IMMEDIATE FAMILY MEMBER means a person who is related to the Insured in any of the following ways: Spouse; child (including a legally adopted child, stepchild, son-in-law and daughter-in-law); parents (including stepparent, mother-in-law and father-in-law); and brother or sister (including stepbrother, stepsister, brother-in-law and sister-in-law).

INCURS/INCURRED means an event or incident that:

- initially occurs on or after the Effective Date of coverage of Covered Person under this Policy;
- initially occurs while coverage on Covered Person under this Policy is in force; and
- is not excluded by any specific description or exclusion stated in this Policy.

INSURED means the person named on the application and the Policy Schedule.

ISSUE DATE means the date when Policy is issued.

KIDNEY FAILURE is a Definite Diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis, or renal transplantation is initiated. The Diagnosis of Kidney Failure must be made by a Specialist.

LIFETIME BENEFIT AMOUNT means the amount as set forth in Section 3: Benefits.

LOSS OF HEARING means permanent and profound Loss of Hearing in both ears, with an auditory threshold of more than 90 decibels, for at least three standard tested frequencies with no possibility of correction despite use of a hearing aid. The Diagnosis of Loss of Hearing must be made by a Specialist.

LOSS OF SPEECH is a Definite Diagnosis of the total and irreversible loss of the ability to speak for the activities of daily living as the result of physical injury or disease, for a period of at least 180 days. The Diagnosis of Loss of Speech must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for all psychiatric conditions.

MAJOR ORGAN TRANSPLANT is a Definite Diagnosis of the irreversible failure of the heart, both lungs, liver, whole pancreas, or both kidneys, and transplantation must be medically necessary. To qualify under Major Organ Transplant, the Covered Person must undergo a transplantation procedure or be placed on the United Network of Organ Sharing (UNOS) transplant list as the recipient of a heart, lung, liver, kidney (one), or whole pancreas, and limited to these entities. The Diagnosis of the major organ failure must be made by a Specialist.

PARALYSIS is defined as a Definite Diagnosis of the total loss of muscle function of two or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event. The Diagnosis of Paralysis must be made by a Specialist.

PHYSICIAN means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority for such practitioners acting within the scope of his or her license in treating an injury or sickness and practices in the United States or its territories.

The Physician must not be You, Your Immediate Family Member, or business associate of a Covered Person.

POLICY means the entire contract of insurance between You and Us.

POLICYOWNER means the person who owns this Policy and is shown on application as the Insured.

PRE-EXISTING CONDITION means a condition for which You received medical advice, diagnosis, care or treatment within the twelve (12) months preceding the Effective Date of the Policy or showed signs or symptoms within twelve (12) months prior to the Effective Date of the Policy that would have caused an ordinarily prudent person to seek medical advice or treatment, regardless of whether the condition was diagnosed, misdiagnosed, or not diagnosed.

PROSTATE CANCER is a Cancer that normally originates in the posterior gland or near the urethra that is histologically described in terms of tumor, node, and metastasis (TNM) cancer staging system. Based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.)

SCHEDULED BENEFIT AMOUNT means a percentage of the Lifetime Benefit Amount payable under the Policy for a specific benefit as set forth in Section 3: Benefits.

SEVERE BURNS means third degree burns covering at least 20% of Your body surface, which are diagnosed by a Specialist.

SPECIALIST means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority that has been trained in the specific area of medicine relevant to the Specified Critical Condition for which benefit is being claimed, and who has been certified by a specialty examining board. In the absence or unavailability of a Specialist, and as approved by Us, a condition may be diagnosed by a qualified Physician practicing in the United States of America.

Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist, and internist.

The Specialist must not be You, Your Immediate Family Member, or business associate of a Covered Person.

SPECIFIED CRITICAL CONDITION for the purpose of this Policy covers Benign Brain Tumor, Blindness, Cancer, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke as set forth under Section 3: Benefits.

SPOUSE means the person married to, in a civil union with, or that is the domestic partner of the named Insured on the day We issue this Policy.

STROKE (Cerebrovascular Accident) is defined as a Definite Diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or hemorrhage, or embolism from an extra-cranial source, with acute onset of new neurological symptoms, and new objective neurological deficits on clinical examination; which persists for more than 30 days following the date of Diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing. The Diagnosis of Stroke must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for:

- Transient Ischemic Attacks; or,
- Intracerebral vascular events due to trauma; or,
- Lacunar infarcts which do not meet the definition of Stroke as described above.

WAITING PERIOD means the first sixty (60) days following the Effective Date of the Covered Person's coverage.

WE, US, OUR, or COMPANY refers to Sterling Life Insurance Company.

YOU, YOUR, or YOURSELF means the person(s) named as a Covered Person on the Policy Schedule.

SECTION 2: COVERAGE TYPE

INDIVIDUAL POLICY means We insure the Insured as shown on the Policy Schedule.

INDIVIDUAL AND SPOUSE POLICY means We insure the Insured and Your Spouse as shown on the Policy Schedule.

ONE PARENT FAMILY POLICY means We insure the Insured and Your Dependent Child (ren) as shown on the Policy Schedule.

TWO PARENT FAMILY POLICY means We will insure the Insured, Your Spouse, and Your Dependent Child (ren).

After the Effective Date, if any members of the Insured's family are added to this Policy, including a new Spouse or Dependent Child, You must:

- notify Us that You wish to add a person(s) to Your coverage;
- complete the required application form; and
- pay any additional premium required.

If the application is approved, We will notify You of the added person's coverage Effective Date. The Waiting Period will apply to each person after the Effective Date of coverage.

SECTION 3: BENEFITS

ELIGIBILITY: You will be eligible for benefits under this Policy if:

- You have not been diagnosed with or treated for any Specified Critical Condition in the twelve (12) months prior to the Effective Date;
- You are not diagnosed with or treated for any Specified Critical Condition during the Waiting Period;
- Your Specified Critical Condition is diagnosed while this Policy is in force;
- You Incur a Covered Loss while this Policy is in force; and,
- Your Covered Loss is not excluded by name or specific description in this Policy.

CANCER [GOLD LEVEL] [PLATINUM LEVEL] LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level]This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations.) **No benefit will be payable under this condition for any type Skin Cancer including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.**

Section One:

The Scheduled Benefit Amount is 100% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of a Cancer (Life Threatening). Benefit payment is for Cancer (Life Threatening). This benefit is payable only one time during the lifetime of the Policy.

Section Two:

The Scheduled Benefit Amount is 10% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the first occurrence of Prostate Cancer Stage 0 (T1a, N0, M0) or Stage 1 (T2a, N0, M0) and Carcinoma-in-Situ.

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions.

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within both, the Cancer Benefit and Specified Critical Conditions, no more benefits are payable and the Policy will terminate upon payment.

SPECIFIED CRITICAL CONDITIONS [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations)

The Scheduled Benefit Amount is the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the following Specified Critical Conditions: Benign Brain Tumor, Blindness, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke. This benefit is payable only one time during the lifetime of the Policy. The Diagnosis and treatment of any covered condition must be performed by a Specialist or Physician licensed in the United States of America (or other such jurisdiction as may be approved).

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions.

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within both, the Cancer Benefit and Specified Critical Conditions, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Combination Cancer and Specified Critical Conditions Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable.

SECTION 4: PREMIUMS

PAYMENT OF PREMIUM: This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. If payment of the initial premium is made by check or draft that is not honored, the Policy shall be void. Each renewal premium must be paid on or before its due date, or within the Grace Period.

GRACE PERIOD: This Policy has a thirty-one (31) day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the Grace Period, the Policy will stay in force.

LAPSE: If a renewal premium is not paid before the end of the Grace Period, this Policy will lapse. The date of lapse is the date on which the unpaid premium was due. Lapse will terminate this Policy unless it is later reinstated.

REINSTATEMENT: If Your Policy lapses, You may reinstate it by:

- paying the required premium;
- providing evidence of insurability, if We so require; and
- submitting an application for reinstatement, if We so require.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premium will be applied to any period more than sixty (60) days before the reinstatement date.

If We require an application, You will be given a conditional receipt for the premium. If the application is approved, the Policy will be reinstated as of the approval date. Lacking such approval, the Policy will be reinstated on the 45th day after the date of the conditional receipt unless Sterling has previously written the Covered Person of its disapproval.

The reinstated Policy will only cover only Loss that starts more than ten (10) days after the reinstatement date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

SECTION 5: CLAIMS

NOTICE OF CLAIM: You must give Us written notice of claim within thirty (30) days after a Covered Loss starts or as soon as reasonably possible. Written notice can be given to Us at Our Administrative Office address shown on Page 1. Written notice should include the name of the Covered Person and the Policy number.

CLAIM FORMS: When We receive the notice of claim, We will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within fifteen (15) days, the claimant will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

TIME OF PAYMENT OF CLAIM: We will pay benefits immediately upon receiving satisfactory written proof of loss.

PAYMENT OF CLAIM: The benefit will be paid to the Policyowner. Any benefit unpaid at death will be paid, at Our option, to the Policyowner's estate.

CLAIMS REVIEW: If a claim is denied, We will give You written notice of the reason for denial; the Policy provision that relates to the denial; Your right to ask for a review of the claim; and any additional information that might allow Us to change Our decision.

PROOF OF LOSS: You must give Us satisfactory written proof within ninety (90) days after Loss for which You are seeking benefits. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one (1) year from the time specified unless the claimant was legally incapacitated. If this information is not provided, We have the right to deny any claim for a covered condition.

OTHER INSURANCE: Benefits under this Policy will not be reduced because of the existence of any other insurance with Us, any disclosed, or later issued insurance with any other insurer.

UNPAID PREMIUMS: We will deduct any due and unpaid premium from any claim payment under this Policy.

PHYSICAL EXAMINATIONS AND AUTOPSY: We, at Our expense, have the right to have the Covered Person examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made unless prohibited by law.

LEGAL ACTIONS: No legal action may be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been given as required in accordance with requirements of this Policy. No such action may be brought after the expiration of three (3) years from the time written proof of loss is required to be given.

SECTION 6: CONVERSION RIGHTS

SPOUSE'S CONVERSION PRIVILEGE: If this is a two-parent family or an individual and Spouse Policy and You divorce, Your Spouse while this Policy is in force, Your Spouse may take out a Policy like this one without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;

- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefits amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another sixty (60) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been under this Policy.

DEPENDENT CHILD'S CONVERSION PRIVILEGE: If this is a one-parent family or two-parent family Policy and Your Dependent Child reaches attained age twenty-six (26), Your Dependent Child may take out a like Policy with a \$20,000 lump-sum benefit amount without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefits amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another sixty (60) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been under this Policy.

CONTINUATION: If this is a two-parent family or an individual and Spouse Policy and the Insured dies, the covered Spouse, if still alive, can keep this Policy and will automatically become the Insured. All benefits accrued prior to Your death will be paid to Your estate.

Another sixty (60) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been under this Policy.

SECTION 7: EXCLUSIONS AND LIMITATIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;
2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental Injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;
5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stands to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

SECTION 8: UNIFORM PROVISIONS

ENTIRE CONTRACT: The entire contract consists of this Policy, the Policy Schedule, any attached amendments, riders or endorsements, and application.

POLICY CHANGES: No changes to this Policy are valid unless in writing, endorsed by one of Our executive officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

INCONTESTABLE: After this Policy has been in force for a period of three (3) years during the lifetime of the Insured, it shall become incontestable as to the statements contained in the application; unless a fraudulent misstatement is made by the applicant in the application. Fraudulent misstatements may be used to void the Policy or deny a claim for loss Incurred after the three (3) year period.

TIME LIMIT ON CERTAIN DEFENSES: No claim for loss that starts after three (3) years from the Effective Date will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state in which the Covered Person resides on that date is amended to conform to the minimum requirements of such laws.

MISSTATEMENT REGARDING AGE OR TOBACCO USE: If any representation regarding age at time of application or the use of tobacco has been misstated, any amount payable under the Policy shall be such as the premium paid would have purchased if the representation had not been misstated.

TERM: This Policy is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where Covered Person resides on the Effective Date as shown on the Policy Schedule.

RETURN OF UNEARNED PREMIUM: In the event of death of the Insured, unearned premium will be refunded in accordance with the Payment of Claim provision.

YOUR RIGHT TO CANCEL: The Policyowner may request to cancel this Policy at any time by writing to Us at Our Administration Office found on page 1 of this Policy. Cancellation will become effective on the next renewal date after Your request to terminate this Policy, or on a later date specified in the request. We will return any unearned premium.

TERMINATION: Coverage for each Covered Person will terminate on the earlier of:

- 1) the date on which this Policy lapses or terminates for the failure to meet a condition required in the Policy;
- 2) the date We receive the request or on a later date specified in the request;
- 3) the date You have received 100% of the Lifetime Benefit Amount, if Indemnity Rider is not attached to this Policy;
- 4) the end of the Grace Period following the due date for which a premium was not paid; or
- 5) the death of the Insured and the Insured's Spouse.

OWNER: The Insured is the Owner of this Policy unless later changed.

As Owner, You may exercise all rights in this Policy while the Covered Person is living. If You are without legal capacity, We will allow Your rights to be exercised by: the legally appointed guardian responsible for Your property or a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You should follow the procedures stated in this Policy. All changes and requests must be made in writing and in a form acceptable to Us.

STERLING LIFE INSURANCE COMPANY
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348
(800) 603-9438]

CAUTION: THIS IS A LIMITED BENEFIT, SPECIFIED - DISEASE POLICY. IT PAYS A LUMP-SUM BENEFIT FOR SPECIFIED CRITICAL CONDITIONS UPON DIAGNOSIS OR TREATMENT ONLY. IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. PLEASE READ THIS POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE.

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.

This Policy is a legal contract between the Policyowner (shown on the Policy Schedule) and Sterling (the Company). This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. A copy of the application is attached to the Policy. The following paragraphs set forth the definition of the terms, the exclusions and limitations, the benefits, and other provisions.

THIRTY DAY RIGHT TO EXAMINE POLICY

Sterling values You as a customer. If, for any reason, within the first thirty (30) days of Policy issuance, You are not satisfied with this Policy You may send a written request to cancel to the above Administrative Offices address along with the Policy to Sterling. Any premium paid will be refunded and this Policy will be cancelled from its beginning.

GUARANTEED RENEWABLE

This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

PRE-EXISTING CONDITION LIMITATION

This Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

WAITING PERIOD LIMITATION

This Policy contains a sixty (60) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within sixty (60) days from the Effective Date of the Policy.

This Policy is issued by STERLING LIFE INSURANCE COMPANY.

Signed by Our President and [Assistant Secretary].


[President]


[Assistant Secretary]

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A copy of the Application and Outline of Coverage follows Page [12].

Policy Schedule

INSURED:
[COVERED PERSON(S):]

POLICY NUMBER:

AGE:

COVERAGE: [Individual, Individual and Spouse, One-Parent Family, Two-Parent Family]

SMOKER STATUS:

MODE OF PAYMENT:

PREMIUMS:
Policy: \$
[Critical Condition Only
Indemnity Rider: \$
20-Year Paid Up Rider: \$]

EFFECTIVE DATE:
Policy: xx/xx/xxxx
[Critical Condition Only
Indemnity Rider: xx/xx/xxxx
20-Year Paid Up Rider: xx/xx/xxxx]

SECTION 1: DEFINITIONS

When the terms below are used in this Policy, the following definitions apply:

BENIGN BRAIN TUMOR is a Definite Diagnosis of a non-malignant tumor located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumor must require surgical or radiation treatment or cause irreversible objective neurological deficit(s). The Diagnosis of Benign Brain Tumor must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for pituitary adenomas less than 10 mm.

BLINDNESS is a Definite Diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:

- the corrected visual acuity being 20/200 or less in both eyes; or,
- the field of vision being less than 20 degrees in both eyes.

The Diagnosis of Blindness must be made by a Specialist.

COVERED LOSS means a Specified Critical Condition for which We pay benefits under this Policy. A Covered Loss is not a loss that is a Pre-existing Condition or occurs during the Waiting Period. However, a Pre-existing Condition will be considered a Covered Loss if loss caused by such condition begins after twelve (12) months from the Effective Date.

COVERED PERSON means any person covered under the Policy and listed on the Policy Schedule.

DEFINITE DIAGNOSIS means in clinical medicine a Diagnosis is made with extensive workup as required in the definition of the condition, which treatment is based.

DEPENDENT CHILD means the Insured's and/or Spouse's unmarried dependent natural-born child, stepchild, adopted child, or foster child that is under the age of twenty-six (26) at the time of application. Coverage of an unmarried dependent who is incapable of sustaining employment by reason of mental retardation or physical disability, who became so incapacitated prior to the attainment of nineteen (19) years of age, and who is chiefly dependent upon the policyholder for support and maintenance shall not terminate, but coverage shall continue so long as the policy remains in force and so long as the dependent remains in such condition. Dependent Child includes the child of the Insured and/or Spouse who is required by a court or administrative order to provide health benefit plan coverage for the child.

DIAGNOSIS means the complete fulfillment of the definition of the condition as described under the Policy.

EFFECTIVE DATE means the date shown on the Policy Schedule that coverage begins.

HEART ATTACK is a Definite Diagnosis of the death of heart muscle due to obstruction of blood flow, that results in the rise and fall of the biochemical cardiac markers troponin and CK-MB to levels considered diagnostic of myocardial infarction, with at least one of the following:

- Heart Attack symptoms
- new electrocardiogram (ECG) changes consistent with a Heart Attack
- development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

The Diagnosis of Heart Attack must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for:

- elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves;
- ECG changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition as described above; or,
- Sudden cardiac arrest or sudden cardiac death.

HOSPITAL means an institution located in the United States which meets all of the following requirements: operates pursuant to state law for Hospitals located in the United States; operates primarily for the care and treatment of sick or injured persons as inpatients; provides twenty-four (24) hour nursing service; has facilities for Diagnosis and surgery either on its own premises or in facilities available to the Hospital on a prearranged basis; and has a staff of at least one licensed Physician available at all times. Hospital is not a bed, unit of a facility that functions as a nursing home, skilled nursing facility, extended care facility, convalescent home, rest home or home for aged, sanatorium, rehabilitation center, place primarily providing care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or disorders; whether such facility is independent or associated with a Hospital.

IMMEDIATE FAMILY MEMBER means a person who is related to the Insured in any of the following ways: Spouse; child (including a legally adopted child, stepchild, son-in-law and daughter-in-law); parents (including stepparent, mother-in-law and father-in-law); and brother or sister (including stepbrother, stepsister, brother-in-law and sister-in-law).

INCURS/INCURRED means an event or incident that:

- initially occurs on or after the Effective Date of coverage of Covered Person under this Policy;
- initially occurs while coverage on Covered Person under this Policy is in force; and
- is not excluded by any specific description or exclusion stated in this Policy.

INSURED means the person named on the application and the Policy Schedule.

ISSUE DATE means the date when Policy is issued.

KIDNEY FAILURE is a Definite Diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis, or renal transplantation is initiated. The Diagnosis of Kidney Failure must be made by a Specialist.

LIFETIME BENEFIT AMOUNT means the amount as set forth in Section 3: Benefits.

LOSS OF HEARING means permanent and profound Loss of Hearing in both ears, with an auditory threshold of more than 90 decibels, for at least three standard tested frequencies with no possibility of correction despite use of a hearing aid. The Diagnosis of Loss of Hearing must be made by a Specialist.

LOSS OF SPEECH is a Definite Diagnosis of the total and irreversible loss of the ability to speak for the activities of daily living as the result of physical injury or disease, for a period of at least 180 days. The Diagnosis of Loss of Speech must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for all psychiatric conditions.

MAJOR ORGAN TRANSPLANT is a Definite Diagnosis of the irreversible failure of the heart, both lungs, liver, whole pancreas, or both kidneys, and transplantation must be medically necessary. To qualify under Major Organ Transplant, the Covered Person must undergo a transplantation procedure or be placed on the United Network of Organ Sharing (UNOS) transplant list as the recipient of a heart, lung, liver, STRCC-CC AR

kidney (one), or whole pancreas, and limited to these entities. The Diagnosis of the major organ failure must be made by a Specialist.

PARALYSIS is defined as a Definite Diagnosis of the total loss of muscle function of two or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event. The Diagnosis of Paralysis must be made by a Specialist.

PHYSICIAN means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority for such practitioners acting within the scope of his or her license in treating an injury or sickness and practices in the United States or its territories.

The Physician must not be You, Your Immediate Family Member, or business associate of a Covered Person.

POLICY means the entire contract of insurance between You and Us.

POLICYOWNER means the person who owns this Policy and is shown on application as the Insured.

PRE-EXISTING CONDITION means a condition for which You received medical advice, diagnosis, care or treatment within the twelve (12) months preceding the Effective Date of the Policy or showed signs or symptoms within twelve (12) months prior to the Effective Date of the Policy that would have caused an ordinarily prudent person to seek medical advice or treatment, regardless of whether the condition was diagnosed, misdiagnosed, or not diagnosed.

SCHEDULED BENEFIT AMOUNT means a percentage of the Lifetime Benefit Amount payable under the Policy for a specific benefit as set forth in Section 3: Benefits.

SEVERE BURNS means third degree burns covering at least 20% of Your body surface, which are diagnosed by a Specialist.

SPECIALIST means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority that has been trained in the specific area of medicine relevant to the Specified Critical Condition for which benefit is being claimed, and who has been certified by a specialty examining board. In the absence or unavailability of a Specialist, and as approved by Us, a condition may be diagnosed by a qualified Physician practicing in the United States of America.

Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist, and internist.

The Specialist must not be You, Your Immediate Family Member, or business associate of a Covered Person.

SPECIFIED CRITICAL CONDITION for the purpose of this Policy covers Benign Brain Tumor, Blindness, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke as set forth under Section 3: Benefits.

SPOUSE means the person married to, in a civil union with, or that is the domestic partner of the named Insured on the day We issue this Policy.

STROKE (Cerebrovascular Accident) is defined as a Definite Diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or hemorrhage, or embolism from an extra-cranial source, with acute onset of new neurological symptoms, and new objective neurological deficits on clinical examination; which

persists for more than 30 days following the date of Diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing. The Diagnosis of Stroke must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for:

- Transient Ischemic Attacks; or,
- Intracerebral vascular events due to trauma; or,
- Lacunar infarcts which do not meet the definition of Stroke as described above.

WAITING PERIOD means the first sixty (60) days following the Effective Date of the Covered Person's coverage.

WE, US, OUR, or COMPANY refers to Sterling Life Insurance Company.

YOU, YOUR, or YOURSELF means the person(s) named as a Covered Person on the Policy Schedule.

SECTION 2: COVERAGE TYPE

INDIVIDUAL POLICY means We insure the Insured as shown on the Policy Schedule.

INDIVIDUAL AND SPOUSE POLICY means We insure the Insured and Your Spouse as shown on the Policy Schedule.

ONE PARENT FAMILY POLICY means We insure the Insured and Your Dependent Child (ren) as shown on the Policy Schedule.

TWO PARENT FAMILY POLICY means We will insure the Insured, Your Spouse, and Your Dependent Child (ren).

After the Effective Date, if any members of the Insured's family are added to this Policy, including a new Spouse or Dependent Child, You must:

- notify Us that You wish to add a person(s) to Your coverage;
- complete the required application form; and
- pay any additional premium required.

If the application is approved, We will notify You of the added person's coverage Effective Date. The Waiting Period will apply to each person after the Effective Date of coverage.

SECTION 3: BENEFITS

ELIGIBILITY: You will be eligible for benefits under this Policy if:

- You have not been diagnosed with or treated for any Specified Critical Condition in the twelve (12) months prior to the Effective Date;
- You are not diagnosed with or treated for any Specified Critical Condition during the Waiting Period;
- Your Specified Critical Condition is diagnosed while this Policy is in force;
- You Incur a Covered Loss while this Policy is in force; and,
- Your Covered Loss is not excluded by name or specific description in this Policy.

SPECIFIED CRITICAL CONDITIONS [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

STRCC-CC AR

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations)

The Scheduled Benefit Amount is the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the following Specified Critical Conditions: Benign Brain Tumor, Blindness, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke. This benefit is payable only one time during the lifetime of the Policy.

The Diagnosis and treatment of any covered condition must be performed by a Specialist or Physician licensed in the United States of America (or other such jurisdiction as may be approved).

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions.

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Critical Condition Only Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable.

SECTION 4: PREMIUMS

PAYMENT OF PREMIUM: This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. If payment of the initial premium is made by check or draft that is not honored, the Policy shall be void. Each renewal premium must be paid on or before its due date, or within the Grace Period.

GRACE PERIOD: This Policy has a thirty-one (31) day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the Grace Period, the Policy will stay in force.

LAPSE: If a renewal premium is not paid before the end of the Grace Period, this Policy will lapse. The date of lapse is the date on which the unpaid premium was due. Lapse will terminate this Policy unless it is later reinstated.

REINSTATEMENT: If Your Policy lapses, You may reinstate it by:

- paying the required premium;
- providing evidence of insurability, if We so require; and
- submitting an application for reinstatement, if We so require.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premium will be applied to any period more than sixty (60) days before the reinstatement date.

If We require an application, You will be given a conditional receipt for the premium. If the application is approved, the Policy will be reinstated as of the approval date. Lacking such approval, the Policy will be reinstated on the 45th day after the date of the conditional receipt unless Sterling has previously written the Covered Person of its disapproval.

The reinstated Policy will only cover only Loss that starts more than ten (10) days after the reinstatement date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

SECTION 5: CLAIMS

NOTICE OF CLAIM: You must give Us written notice of claim within thirty (30) days after a Covered Loss starts or as soon as reasonably possible. Written notice can be given to Us at Our Administrative Office address shown on Page 1. Written notice should include the name of the Covered Person and the Policy number.

CLAIM FORMS: When We receive the notice of claim, We will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within fifteen (15) days, the claimant will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

TIME OF PAYMENT OF CLAIM: We will pay benefits immediately upon receiving satisfactory written proof of loss.

PAYMENT OF CLAIM: The benefit will be paid to the Policyowner. Any benefit unpaid at death will be paid, at Our option, to the Policyowner's estate.

CLAIMS REVIEW: If a claim is denied, We will give You written notice of the reason for denial; the Policy provision that relates to the denial; Your right to ask for a review of the claim; and any additional information that might allow Us to change Our decision.

PROOF OF LOSS: You must give Us satisfactory written proof within ninety (90) days after Loss for which You are seeking benefits. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one (1) year from the time specified unless the claimant was legally incapacitated. If this information is not provided, We have the right to deny any claim for a covered condition.

OTHER INSURANCE: Benefits under this Policy will not be reduced because of the existence of any other insurance with Us, any disclosed, or later issued insurance with any other insurer.

UNPAID PREMIUMS: We will deduct any due and unpaid premium from any claim payment under this Policy.

PHYSICAL EXAMINATIONS AND AUTOPSY: We, at Our expense, have the right to have the Covered Person examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made unless prohibited by law.

LEGAL ACTIONS: No legal action may be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been given as required in accordance with requirements of this Policy. No such action may be brought after the expiration of three (3) years from the time written proof of loss is required to be given.

SECTION 6: CONVERSION RIGHTS

SPOUSE'S CONVERSION PRIVILEGE: If this is a two-parent family or an individual and Spouse Policy and You divorce, Your Spouse while this Policy is in force, Your Spouse may take out a Policy like this one without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;

- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefits amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another sixty (60) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been under this Policy.

DEPENDENT CHILD'S CONVERSION PRIVILEGE: If this is a one-parent family or two-parent family Policy and Your Dependent Child reaches attained age twenty-six (26), Your Dependent Child may take out a like Policy with a \$20,000 lump-sum benefit amount without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefits amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another sixty (60) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been under this Policy.

CONTINUATION: If this is a two-parent family or an individual and Spouse Policy and the Insured dies, the covered Spouse, if still alive, can keep this Policy and will automatically become the Insured. All benefits accrued prior to Your death will be paid to Your estate.

Another sixty (60) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been under this Policy.

SECTION 7: EXCLUSIONS AND LIMITATIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;
2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental Injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;
5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stands to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

SECTION 8: UNIFORM PROVISIONS

ENTIRE CONTRACT: The entire contract consists of this Policy, the Policy Schedule, any attached amendments, riders or endorsements, and application.

POLICY CHANGES: No changes to this Policy are valid unless in writing, endorsed by one of Our executive officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

INCONTESTABLE: After this Policy has been in force for a period of three (3) years during the lifetime of the Insured, it shall become incontestable as to the statements contained in the application; unless a fraudulent misstatement is made by the applicant in the application. Fraudulent misstatements may be used to void the Policy or deny a claim for loss Incurred after the three (3) year period.

TIME LIMIT ON CERTAIN DEFENSES: No claim for loss that starts after three (3) years from the Effective Date will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state in which the Covered Person resides on that date is amended to conform to the minimum requirements of such laws.

MISSTATEMENT REGARDING AGE OR TOBACCO USE: If any representation regarding age at time of application or the use of tobacco has been misstated, any amount payable under the Policy shall be such as the premium paid would have purchased if the representation had not been misstated.

TERM: This Policy is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where Covered Person resides on the Effective Date as shown on the Policy Schedule.

RETURN OF UNEARNED PREMIUM: In the event of death of the Insured, unearned premium will be refunded in accordance with the Payment of Claim provision.

YOUR RIGHT TO CANCEL: The Policyowner may request to cancel this Policy at any time by writing to Us at Our Administration Office found on page 1 of this Policy. Cancellation will become effective on the next renewal date after Your request to terminate this Policy, or on a later date specified in the request. We will return any unearned premium.

TERMINATION: Coverage for each Covered Person will terminate on the earlier of:

- 1) the date on which this Policy lapses or terminates for the failure to meet a condition required in the Policy;
- 2) the date We receive the request or on a later date specified in the request;
- 3) the date You have received 100% of the Lifetime Benefit Amount, if Indemnity Rider is not attached to this Policy;
- 4) the end of the Grace Period following the due date for which a premium was not paid; or
- 5) the death of the Insured and the Insured's Spouse.

OWNER: The Insured is the Owner of this Policy unless later changed.

As Owner, You may exercise all rights in this Policy while the Covered Person is living. If You are without legal capacity, We will allow Your rights to be exercised by: the legally appointed guardian responsible for Your property or a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You should follow the procedures stated in this Policy. All changes and requests must be made in writing and in a form acceptable to Us.

STERLING LIFE INSURANCE COMPANY
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348
(800) 603-9438]

CAUTION: THIS IS A LIMITED BENEFIT, SPECIFIED - DISEASE POLICY. IT PAYS A LUMP-SUM BENEFIT FOR CANCER UPON DIAGNOSIS OR TREATMENT ONLY. IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. PLEASE READ THIS POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE.

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.

This Policy is a legal contract between the Policyowner (shown on the Policy Schedule) and Sterling (the Company). This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. A copy of the application is attached and is part of this Policy. The following paragraphs set forth the definition of the terms, the exclusions and limitations, the benefits, and other provisions.

THIRTY DAY RIGHT TO EXAMINE POLICY

Sterling values You as a customer. If, for any reason, within the first thirty (30) days of Policy issuance, You are not satisfied with this Policy You may send a written request to cancel to the above Administrative Offices address along with the Policy to Sterling. Any premium paid will be refunded and this Policy will be cancelled from its beginning.

GUARANTEED RENEWABLE

This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

PRE-EXISTING CONDITION LIMITATION

This Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

WAITING PERIOD LIMITATION

This Policy contains a sixty (60) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within sixty (60) days from the Effective Date of the Policy.

This Policy is issued by STERLING LIFE INSURANCE COMPANY.

Signed by Our President and [Assistant Secretary].


[President]


[Assistant Secretary]

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A copy of the Application and Outline of Coverage follows Page [11].

Policy Schedule

INSURED/POLICYOWNER:
COVERED PERSON(S):

POLICY NUMBER:

AGE:

COVERAGE:

SMOKER STATUS:

MODE OF PAYMENT:

PREMIUMS:
Policy: \$
[Cancer Only Indemnity
Rider: \$
20-Year Paid Up Rider: \$]

EFFECTIVE DATE:
Policy: xx/xx/xxxx
[Cancer Only Indemnity Rider: xx/xx/xxxx
20-Year Paid Up Rider: xx/xx/xxxx]

SECTION 1: DEFINITIONS

When the terms below are used in this Policy, the following definitions apply:

CANCER (LIFE THREATENING) means leukemia, Hodgkin's disease, or a malignant tumor that is characterized by uncontrolled growth and spread of malignant cells and the invasion of tissue that is treated by a Physician which results in a pathologic Diagnosis. Diagnosis is based upon a microscopic examination of the affected cells by a legally licensed Physician certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.) The pathologist establishing the Diagnosis shall base his judgment solely upon the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the suspect cells.

Pre-malignant conditions, conditions with malignant potential, or pre-leukemic conditions, will not be considered Cancer for the purpose of this Policy.

CARCINOMA-IN-SITU is defined as an early form of carcinoma. The tumor cells still lie within the tissue of the original site without having invaded neighboring tissue based upon a microscopic examination of the affected cells by a Physician who is certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.)

COVERED LOSS means a Specified Critical Condition for which We pay benefits under this Policy. A Covered Loss is not a loss that is a Pre-existing Condition or occurs during the Waiting Period. However, a Pre-existing Condition will be considered a Covered Loss if loss caused by such condition begins after twelve (12) months from the Effective Date.

COVERED PERSON means any person covered under the Policy and listed on the Policy Schedule.

DEPENDENT CHILD means the Insured's and/or Spouse's unmarried dependent natural-born child, stepchild, adopted child, or foster child that is under the age of twenty-six (26) at the time of application. Coverage of an unmarried dependent who is incapable of sustaining employment by reason of mental retardation or physical disability, who became so incapacitated prior to the attainment of nineteen (19) years of age, and who is chiefly dependent upon the policyholder for support and maintenance shall not terminate, but coverage shall continue so long as the policy remains in force and so long as the dependent remains in such condition. Dependent Child includes the child of the Insured and/or Spouse who is required by a court or administrative order to provide health benefit plan coverage for the child.

DIAGNOSIS means the complete fulfillment of the definition of the condition as described under the Policy.

EFFECTIVE DATE means the date shown on the Policy Schedule that coverage begins.

HOSPITAL means an institution located in the United States which meets all of the following requirements: operates pursuant to state law for Hospitals located in the United States; operates primarily for the care and treatment of sick or injured persons as inpatients; provides twenty-four (24) hour nursing service; has facilities for Diagnosis and surgery either on its own premises or in facilities available to the Hospital on a prearranged basis; and has a staff of at least one licensed Physician available at all times. Hospital is not a bed, unit of a facility that functions as a nursing home, skilled nursing facility, extended care facility, convalescent home, rest home or home for aged, sanatorium, rehabilitation center, place primarily providing care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or disorders; whether such facility is independent or associated with a Hospital.

IMMEDIATE FAMILY MEMBER means a person who is related to the Insured in any of the following ways: Spouse; child (including a legally adopted child, stepchild, son-in-law and daughter-in-law); parents (including stepparent, mother-in-law and father-in-law); and brother or sister (including stepbrother, stepsister, brother-in-law and sister-in-law).

INCURS/INCURRED means an event or incident that:

- initially occurs on or after the Effective Date of coverage of Covered Person under this Policy;
- initially occurs while coverage on Covered Person under this Policy is in force; and
- is not excluded by any specific description or exclusion stated in this Policy.

INSURED means the person named on the application and the Policy Schedule.

ISSUE DATE means the date when Policy is issued.

LIFETIME BENEFIT AMOUNT means the amount as set forth in Section 3: Benefits.

PHYSICIAN means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority for such practitioners acting within the scope of his or her license in treating an injury or sickness and practices in the United States or its territories.

The Physician must not be You, Your Immediate Family Member, or business associate of a Covered Person.

POLICY means the entire contract of insurance between You and us.

POLICYOWNER means the person who owns this Policy and is shown on application as the Insured.

PRE-EXISTING CONDITION means a condition for which You received medical advice, Diagnosis, care or treatment within the twelve (12) months preceding the Effective Date of the Policy or showed signs or symptoms within twelve (12) months prior to the Effective Date of the Policy that would have caused an ordinarily prudent person to seek medical advice or treatment, regardless of whether the condition was diagnosed, misdiagnosed, or not diagnosed.

PROSTATE CANCER is a Cancer that normally originates in the posterior gland or near the urethra that is histologically described in terms of tumor, node, and metastasis (TNM) cancer staging system. Based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological Diagnosis is deemed medically inappropriate, in which case a clinical Diagnosis will be accepted.)

SCHEDULED BENEFIT AMOUNT means a percentage of the Lifetime Benefit Amount payable under the Policy for a specific benefit as set forth in Section 3: Benefits.

SKIN CANCER means any Skin Cancer, including squamous cell carcinoma and basal cell carcinoma, except Malignant Melanoma.

SPECIALIST means a legally qualified medical practitioner licensed in the United States or its territories by a federal, state, or territorial licensing authority that has been trained in the specific area of medicine relevant to the Specified Critical Condition for which benefit is being claimed, and who has been certified by a

specialty examining board. In the absence or unavailability of a Specialist, and as approved by Us, a condition may be diagnosed by a qualified Physician practicing in the United States of America.

Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist, and internist.

The Specialist must not be You, Your Immediate Family Member, or business associate of a Covered Person.

SPECIFIED CRITICAL CONDITION for the purpose of this Policy only covers Cancer as set forth under Section 3: Benefits.

SPOUSE means the person married to, in a civil union with, or that is the domestic partner of the named Insured on the day We issue this Policy.

WAITING PERIOD means the first sixty (60) days following the Effective Date of the Covered Person's coverage.

WE, US, OUR, or COMPANY refers to Sterling Life Insurance Company.

YOU, YOUR, or YOURSELF means the person(s) named as a Covered Person on the Policy Schedule.

SECTION 2: COVERAGE TYPE

INDIVIDUAL POLICY means We insure the Insured as shown on the Policy Schedule.

INDIVIDUAL AND SPOUSE POLICY means We insure the Insured and Your Spouse as shown on the Policy Schedule.

ONE PARENT FAMILY POLICY means We insure the Insured and Your Dependent Child (ren) as shown on the Policy Schedule.

TWO PARENT FAMILY POLICY means We will insure the Insured, Your Spouse, and Your Dependent Child (ren).

After the Effective Date, if any members of the Insured's family are added to this Policy, including a new Spouse or Dependent Child, You must:

- notify Us that You wish to add a person(s) to Your coverage;
- complete the required application form; and
- pay any additional premium required.

If the application is approved, We will notify You of the added person's coverage Effective Date. The Waiting Period will apply to each person after the Effective Date of coverage.

SECTION 3: BENEFITS

ELIGIBILITY: You will be eligible for benefits under this Policy if:

- You have not been diagnosed with or treated for any Specified Critical Condition in the twelve (12) months prior to the Effective Date;
- You are not diagnosed with or treated for any Specified Critical Condition during the Waiting Period;
- Your Specified Critical Condition is diagnosed while this Policy is in force;

- You Incur a Covered Loss while this Policy is in force; and,
- Your Covered Loss is not excluded by name or specific description in this Policy.

CANCER [GOLD LEVEL] [PLATINUM LEVEL] LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level]This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations.) **No benefit will be payable under this condition for any type Skin Cancer including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.**

Section One:

The Scheduled Benefit Amount is 100% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of a Cancer (Life Threatening). Benefit payment is for Cancer (Life Threatening). This benefit is payable only one time during the lifetime of the Policy.

Section Two:

The Scheduled Benefit Amount is 10% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the first occurrence of Prostate Cancer Stage 0 (T1a, N0, M0) or Stage 1 (T2a, N0, M0) and Carcinoma-in-Situ.

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions.

After 100% of the Lifetime Benefit Amount [[Gold Level]or 50% from attained age seventy (70)] has been paid within this benefit, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Cancer Only Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level]or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable as long as Policy in force.

SECTION 4: PREMIUMS

PAYMENT OF PREMIUM: This Policy is issued in consideration that the statements made in the application are correct and complete and the payment of the first premium has been received. If payment of the initial premium is made by check or draft that is not honored, the Policy shall be void. Each renewal premium must be paid on or before its due date, or within the Grace Period.

GRACE PERIOD: This Policy has a thirty-one (31) day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the Grace Period, the Policy will stay in force.

LAPSE: If a renewal premium is not paid before the end of the Grace Period, this Policy will lapse. The date of lapse is the date on which the unpaid premium was due. Lapse will terminate this Policy unless it is later reinstated.

REINSTATEMENT: If Your Policy lapses, You may reinstate it by:

- paying the required premium;
- providing evidence of insurability, if We so require; and
- submitting an application for reinstatement, if We so require.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premium will be applied to any period more than sixty (60) days before the reinstatement date.

If We require an application, You will be given a conditional receipt for the premium. If the application is approved, the Policy will be reinstated as of the approval date. Lacking such approval, the Policy will be reinstated on the 45th day after the date of the conditional receipt unless Sterling has previously written the Covered Person of its disapproval.

The reinstated Policy will only cover only Loss that starts more than ten (10) days after the reinstatement date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

SECTION 5: CLAIMS

NOTICE OF CLAIM: You must give Us written notice of claim within thirty (30) days after a Covered Loss starts or as soon as reasonably possible. Written notice can be given to Us at Our Administrative Office address shown on Page 1. Written notice should include the name of the Covered Person and the Policy number.

CLAIM FORMS: When We receive the notice of claim, We will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within fifteen (15) days, the claimant will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

TIME OF PAYMENT OF CLAIM: We will pay benefits immediately upon receiving satisfactory written proof of loss.

PAYMENT OF CLAIM: The benefit will be paid to the Policyowner. Any benefit unpaid at death may be paid, at Our option, to the Policyowner's estate.

CLAIMS REVIEW: If a claim is denied, We will give You written notice of the reason for denial; the Policy provision that relates to the denial; Your right to ask for a review of the claim; and any additional information that might allow Us to change Our decision.

PROOF OF LOSS: You must give us satisfactory written proof within ninety (90) days after Loss for which You are seeking benefits. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one (1) year from the time specified unless the claimant was legally incapacitated. If this information is not provided, We have the right to deny any claim for a covered condition.

OTHER INSURANCE: Benefits under this Policy will not be reduced because of the existence of any other insurance with us, any disclosed, or later issued insurance with any other insurer.

UNPAID PREMIUMS: We will deduct any due and unpaid premium from any claim payment under this Policy.

PHYSICAL EXAMINATIONS AND AUTOPSY: We, at Our expense, have the right to have the Covered Person examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made unless prohibited by law.

LEGAL ACTIONS: No legal action may be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been given as required in accordance with requirements of this STRCC-CN AR

Policy. No such action may be brought after the expiration of three (3) years from the time written proof of loss is required to be given.

SECTION 6: CONVERSION RIGHTS

SPOUSE'S CONVERSION PRIVILEGE: If this is a two-parent family or an individual and Spouse Policy and You divorce, Your Spouse while this Policy is in force, Your Spouse may take out a Policy like this one without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefits amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another sixty (60) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been under this Policy.

DEPENDENT CHILD'S CONVERSION PRIVILEGE: If this is a one-parent family or two-parent family Policy and Your Dependent Child reaches attained age twenty-six (26), Your Dependent Child may take out a like Policy with a \$20,000 lump-sum benefit amount without providing evidence of insurability. Obtaining that Policy is subject to the following conditions:

- Covered Person has not used any of the Lump-Sum benefits;
- a request in writing for the converted Policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
- all applicable Premiums must be paid. This premium will be based on the Covered Person's attained age and level of benefits at time of conversion;
- any benefits amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and
- the Effective Date of the converted coverage will be the date coverage terminates under this Policy.

Another sixty (60) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been under this Policy.

CONTINUATION: If this is a two-parent family or an individual and Spouse Policy and the Insured dies, the covered Spouse, if still alive, can keep this Policy and will automatically become the Insured. All benefits accrued prior to Your death will be paid to Your estate.

Another sixty (60) day Waiting Period and twelve (12) month Pre-existing Condition Period is not required except to the extent that such period has not been under this Policy.

SECTION 7: EXCLUSIONS AND LIMITATIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;
2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental Injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;

4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;
5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stands to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

SECTION 8: UNIFORM PROVISIONS

ENTIRE CONTRACT: The entire contract consists of this Policy, the Policy Schedule, any attached amendments, riders or endorsements, and application.

POLICY CHANGES: No changes to this Policy are valid unless in writing, endorsed by one of Our executive officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

INCONTESTABLE: After this Policy has been in force for a period of three (3) years during the lifetime of the Insured, it shall become incontestable as to the statements contained in the application; unless a fraudulent misstatement is made by the applicant in the application. Fraudulent misstatements may be used to void the Policy or deny a claim for loss Incurred after the three (3) year period.

TIME LIMIT ON CERTAIN DEFENSES: No claim for loss that starts after three (3) years from the Effective Date will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state in which the Covered Person resides on that date is amended to conform to the minimum requirements of such laws.

MISSTATEMENT REGARDING AGE OR TOBACCO USE: If any representation regarding age at time of application or the use of tobacco has been misstated, any amount payable under the Policy shall be such as the premium paid would have purchased if the representation had not been misstated.

TERM: This Policy is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where Covered Person resides on the Effective Date as shown on the Policy Schedule.

RETURN OF UNEARNED PREMIUM: In the event of death of the Insured, unearned premium will be refunded in accordance with the Payment of Claim provision.

YOUR RIGHT TO CANCEL: The Policyowner may request to cancel this Policy at any time by writing to Us at Our Administration Office found on page 1 of this Policy. Cancellation will become effective on the next renewal date after Your request to terminate this Policy, or on a later date specified in the request. We will return any unearned premium.

TERMINATION: Coverage for each Covered Person will terminate on the earlier of:

- 1) the date on which this Policy lapses or terminates for the failure to meet a condition required in the Policy;
- 2) the date We receive the request or on a later date specified in the request;

- 3) the date You have received 100% of the Lifetime Benefit Amount, if Indemnity Rider is not attached to this Policy;
- 4) the end of the Grace Period following the due date for which a premium was not paid; or
- 5) the death of the Insured and the Insured's Spouse.

OWNER: The Insured is the Owner of this Policy unless later changed.

As Owner, You may exercise all rights in this Policy while the Covered Person is living. If You are without legal capacity, We will allow Your rights to be exercised by: the legally appointed guardian responsible for Your property or a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You should follow the procedures stated in this Policy. All changes and requests must be made in writing and in a form acceptable to Us.

Sterling Life Insurance Company
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348]

LIMITED BENEFIT HEALTH COVERAGE
OUTLINE OF COVERAGE FOR POLICY FORM NO. STRCC-CB AR

(1) **READ YOUR POLICY CAREFULLY.** This outline of coverage provides a brief description of the important features of Your Policy. This is not the contract of insurance and only the actual policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Your insurance company. Therefore, it is important that You **READ YOUR POLICY CAREFULLY!**

(2) **LIMITED BENEFIT HEALTH COVERAGE.** Policies of this category are designed to provide, to the insured, limited or supplemental coverage.

(3) This policy **IS NOT A MEDICARE SUPPLEMENT POLICY.** If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Sterling Life Insurance Company.

(4) **DESCRIPTION OF BENEFIT:**

CANCER [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations) **No benefit will be payable under this condition for any type Skin Cancer including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.**

Section One:

The Scheduled Benefit Amount is 100% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of a Cancer (Life Threatening). Benefit payment is for Cancer (Life Threatening). This benefit is payable only one time during the lifetime of the Policy.

Section Two:

The Scheduled Benefit Amount is 10% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the first occurrence of Prostate Cancer Stage 0 (T1a, N0, M0) or Stage 1 (T2a, N0, M0) and Carcinoma-in-Situ.

The Diagnosis and treatment of any covered condition must be performed by a Specialist or Physician licensed in the United States of America (or other such jurisdiction as may be approved).

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within both, the Cancer Benefit and Specified Critical Conditions, no more benefits are payable and the Policy will terminate upon payment.

SPECIFIED CRITICAL CONDITIONS [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations)

The Scheduled Benefit Amount is the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the following Specified Critical Conditions: Benign Brain Tumor, Blindness, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke. This benefit is payable only one time during the lifetime of the Policy.

The Diagnosis and treatment of any covered condition must be performed by a Specialist or Physician licensed in the United States of America (or other such jurisdiction as may be approved).

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within both, the Cancer Benefit and Specified Critical Conditions, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Combination Cancer and Specified Critical Conditions Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable.

(5) **COVERED LOSS.** Sterling agrees to pay You, the Insured named in the application, subject to the terms and limitations of the Policy, for the above described benefit sustained by You while the Policy is in force.

[(6) **OPTIONAL BENEFIT RIDERS.** The following optional benefits riders are available:]

- [20 Year Paid Up Rider]
- [Combination Cancer and Critical Condition Indemnity Rider]

(7) EXCLUSIONS, RESTRICTIONS, REDUCTIONS, LIMITATIONS.

The Policy will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;
2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;
5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stand to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

Pre-existing Condition Limitation. The Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

Waiting Period Limitation. The Policy contains a sixty (60) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within sixty (60) days from the Effective Date of the Policy.

[The benefits under the Policy will be reduced by 50% from attained age seventy (70).]

(8) **RENEWABILITY.** This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

If You have any questions regarding Your Policy please contact Sterling at: **[(800) 688-0010]**

Sterling Life Insurance Company
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348]

LIMITED BENEFIT HEALTH COVERAGE
OUTLINE OF COVERAGE FOR POLICY FORM NO. STRCC-CC AR

(1) **READ YOUR POLICY CAREFULLY.** This outline of coverage provides a brief description of the important features of Your Policy. This is not the contract of insurance and only the actual policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Your insurance company. Therefore, it is important that You **READ YOUR POLICY CAREFULLY!**

(2) **LIMITED BENEFIT HEALTH COVERAGE.** Policies of this category are designed to provide, to the insured, limited or supplemental coverage.

(3) This policy **IS NOT A MEDICARE SUPPLEMENT POLICY.** If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Sterling Life Insurance Company.

(4) **DESCRIPTION OF BENEFIT:**

SPECIFIED CRITICAL CONDITIONS [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations)

The Scheduled Benefit Amount is the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the following Specified Critical Conditions: Benign Brain Tumor, Blindness, Heart Attack, Kidney Failure, Loss of Hearing, Loss of Speech, Major Organ Transplant, Paralysis (2 or more limbs), Severe Burns, or Stroke. This benefit is payable only one time during the lifetime of the Policy.

The Diagnosis and treatment of any covered condition must be performed by a Specialist or Physician licensed in the United States of America (or other such jurisdiction as may be approved).

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Critical Condition Only Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level]or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable.

(5) **COVERED LOSS.** Sterling agrees to pay You, the Insured named in the application, subject to the terms and limitations of the Policy, for the above described benefit sustained by You while the Policy is in force.

[(6) **OPTIONAL BENEFIT RIDERS.** The following optional benefits riders are available:]

- [20 Year Paid Up Rider]
- [Critical Condition Only Indemnity Rider]

(7) **EXCLUSIONS, RESTRICTIONS, REDUCTIONS, LIMITATIONS.**

The Policy will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;
2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental Injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;

5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stand to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

Pre-existing Condition Limitation. The Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

Waiting Period Limitation. The Policy contains a sixty (60) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within sixty (60) days from the Effective Date of the Policy.

[The benefits under the Policy will be reduced by 50% from attained age seventy (70).]

(8) **RENEWABILITY.** This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

If You have any questions regarding Your Policy please contact Sterling at: **[(800) 688-0010]**

Sterling Life Insurance Company
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348]

LIMITED BENEFIT HEALTH COVERAGE
OUTLINE OF COVERAGE FOR POLICY FORM NO. STRCC-CN AR

(1) **READ YOUR POLICY CAREFULLY.** This outline of coverage provides a brief description of the important features of Your Policy. This is not the contract of insurance and only the actual policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Your insurance company. Therefore, it is important that You **READ YOUR POLICY CAREFULLY!**

(2) **LIMITED BENEFIT HEALTH COVERAGE.** Policies of this category are designed to provide, to the insured, limited or supplemental coverage.

(3) This policy **IS NOT A MEDICARE SUPPLEMENT POLICY.** If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Sterling Life Insurance Company.

(4) **DESCRIPTION OF BENEFIT:**

CANCER [GOLD LEVEL][PLATINUM LEVEL]LUMP-SUM BENEFIT

Lifetime Benefit Amount: \$[10,000 – 70,000]

[[Gold Level] This benefit is reduced by 50% from attained age seventy (70).] (Subject to the Pre-existing Condition and Waiting Period Limitations) **No benefit will be payable under this condition for any type Skin Cancer including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.**

Section One:

The Scheduled Benefit Amount is 100% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of a Cancer (Life Threatening). Benefit payment is for Cancer (Life Threatening). This benefit is payable only one time during the lifetime of the Policy.

Section Two:

The Scheduled Benefit Amount is 10% of the Lifetime Benefit Amount payable under the Policy upon Diagnosis and/or treatment of the first occurrence of Prostate Cancer Stage 0 (T1a, N0, M0) or Stage 1 (T2a, N0, M0) and Carcinoma-in-Situ.

Diagnosis under the Policy means the complete fulfillment of the definition of the condition as described under the Policy as set forth in Section 1: Definitions.

After 100% of the Lifetime Benefit Amount [[Gold Level] or 50% from attained age seventy (70)] has been paid within this benefit, no more benefits are payable and the Policy will terminate upon payment.

Exception: If a Cancer Only Indemnity Rider is attached to the Policy, the Policy will remain in force after 100% of the Lifetime Benefit Amount [[Gold Level]or 50% from attained age seventy (70)] has been paid within this benefit, no more lump-sum benefit is payable.

(5) **COVERED LOSS.** Sterling agrees to pay You, the Insured named in the application, subject to the terms and limitations of the Policy, for the above described benefit sustained by You while the Policy is in force.

[(6) **OPTIONAL BENEFIT RIDERS.** The following optional benefits riders are available:]

- [20 Year Paid Up Rider]
- [Cancer Only Indemnity Rider]

(7) **EXCLUSIONS, RESTRICTIONS, REDUCTIONS, LIMITATIONS.**

The Policy will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. Participating or attempting to participate in an illegal activity, participate in a riot, or working at an illegal job;

STRCC-CNOOC AR

2. Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental Injury;
3. Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
4. Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;
5. Being exposed to war or any act of war, declared or not, participating in or contracting with the armed forces (including Coast Guard, National Guard and Reserved Forces) of any country or international authority;
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity, by You or a person who stand to gain directly or indirectly from any benefit payable under this Policy;
7. Committing or attempting to commit suicide, regardless of mental capacity; or,
8. Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

Pre-existing Condition Limitation. The Policy contains a twelve (12) month Pre-existing Condition Limitation. No benefits will be paid for a Covered Loss resulting from or related to a Pre-existing Condition during the first twelve (12) months after the Effective Date of the Policy. After this period, benefits will be available for a Covered Loss resulting from or related to a Pre-existing Condition provided that the Covered Loss occurs while this Policy is in force.

Waiting Period Limitation. The Policy contains a sixty (60) day Waiting Period Limitation. No benefits will be paid for a Covered Loss related to or caused by a Specified Critical Condition that manifests itself or is diagnosed or treated within sixty (60) days from the Effective Date of the Policy.

[The benefits under the Policy will be reduced by 50% from attained age seventy (70).]

(8) **RENEWABILITY.** This Policy will continue in force so long as the premiums are paid on or before the due date or within the Grace Period. We reserve the right to change the premium on a class basis. Sterling will notify the Policyowner in writing, at Your last address of record, of the change at least thirty (30) days before the date at which it is to become effective.

If You have any questions regarding Your Policy please contact Sterling at: **[(800) 688-0010]**