

SERFF Tracking Number: META-128506541 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number:
Company Tracking Number: NY12-83 (RR)
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Group Accident & Health Insurance
Project Name/Number: GCERT12-AX/NY12-83

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Accident & Health Insurance SERFF Tr Num: META-128506541 State: Arkansas

TOI: H02G Group Health - Accident Only SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: H02G.000 Health - Accident Only Co Tr Num: NY12-83 (RR) State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Sandra Bennett, Ruth Rivera, Linda Williams, Cherise Crittenden Disposition Date: 06/28/2012

Date Submitted: 06/28/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: GCERT12-AX

Project Number: NY12-83

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association, Trust, Other

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Explanation for Other Group Market Type:

Labor Unions and prusuant to Joint Powers Act

Filing Status Changed: 06/28/2012

State Status Changed: 06/28/2012

Created By: Cherise Crittenden

Corresponding Filing Tracking Number:

Overall Rate Impact:

Deemer Date:

Submitted By: Ruth Rivera

Filing Description:

This is a Group Accident and Health Insurance form filing. Please see the Cover Letter for a detailed description of this submission.

State Narrative:

Company and Contact

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Filing Contact Information

Carolyn Roth, Director croth@metlife.com
 MetLife 212-578-2944 [Phone]
 1095 Avenue of the Americas 212-578-3874 [FAX]
 New York, NY 10036-6796

Filing Company Information

Metropolitan Life Insurance Company CoCode: 65978 State of Domicile: New York
 MetLife Group Code: 241 Company Type: Life
 1095 Avenue of the Americas Group Name: State ID Number:
 New York, NY 10036-6796 FEIN Number: 13-5581829
 (212) 578-2211 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$300.00
 Retaliatory? No
 Fee Explanation: \$50.00 per Form x (6)Forms = \$300.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$300.00	06/28/2012	60480959

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/28/2012	06/28/2012

SERFF Tracking Number: *META-128506541* *State:* *Arkansas*
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Product Name: *Group Accident & Health Insurance*
Project Name/Number: *GCERT12-AX/NY12-83*

Disposition

Disposition Date: 06/28/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-128506541 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	L-A&H NAIC Transmittal	Approved-Closed	Yes
Supporting Document	Transmittal Letter-AR [NY12-83]	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes
Form	Policy	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Form	Policy Amendment	Approved-Closed	Yes
Form	Policy Endorsement	Approved-Closed	Yes
Form	Certificate Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GCERT12-AX-fp

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/28/2012	GCERT12-AX-fp	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Policy/Cont ract/Fraternal Certificate	Initial		53.000	Group Ax Cert [WY].pdf
Approved-Closed 06/28/2012	GPNP12-AX fp	Policy/Cont ract/Fraternal Certificate	Policy/Cont ract/Fraternal Certificate	Initial		51.000	Group AX Policy [NW].pdf
Approved-Closed 06/28/2012	GAPP12-AX	Application/ Enrollment Form	Application/ Enrollment Form	Initial		51.000	Group AX Policy APP [NW].pdf
Approved-Closed 06/28/2012	GPA12-AX	Certificate Amendment, Insert Page, Endorsement or Rider	Policy Amendment Certificate Amendment, Insert Page, Endorsement or Rider	Initial		50.000	Group Policy Amendment - NW.pdf
Approved-Closed 06/28/2012	GPEND12-AX	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		55.000	Group Policy Endorsement - NW.pdf

<i>SERFF Tracking Number:</i>	<i>META-128506541</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>NY12-83 (RR)</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Group Accident & Health Insurance</i>		
<i>Project Name/Number:</i>	<i>GCERT12-AX/NY12-83</i>		
Approved- Closed 06/28/2012	GCR12-AX Policy/Cont Certificate Rider ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	50.000 Schedule change rider [NW].pdf



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

CERTIFICATE OF INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You [and Your Dependents] are insured for the benefits described in this Certificate, subject to the provisions of this Certificate. This Certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

The Group Policy is a contract between MetLife and the Group Policyholder. It may be changed or ended without Your consent or notice to You.

[Group Policyholder:	[Any Company]
Group Policy Number:	[XXXXXXXXXX]
[Employee Name:	[John Doe]
Employee Number:	12345678
Effective Date of Insurance:	December 1, 2010]
[MetLife Toll Free Number(s):	
For Claim Information	1-800-XXX-YYYY
For General Information	1-800-XXX-YYYY]
[MetLife Web Address	www.metlife.com]]

[We have issued this Certificate to You in consideration of the payment of the Contribution and the statements made in Your enrollment form.]

Important Notice: The insurance evidenced by this Certificate provides limited benefits. Subject to its terms, conditions and limitations, this Certificate provides benefits for [accidental death] [and] [accidental Injuries][, and benefits for treatment of an accidental Injury [or Sickness] in a Hospital]. The benefit amounts are shown in the Schedule and are not based on any medical expenses that are incurred. You should have medical coverage in force when You enroll for this insurance.

THIS CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from MetLife.

[WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICES(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.]

[NOTICE FOR RESIDENTS OF XX

This page will be used to provide any notices or disclosures that, by state law, must be included in a Certificate issued to state residents. If there are no state notices applicable to a certificate holder, then this page may be omitted.]

TABLE OF CONTENTS

Section	Page
[NOTICE FOR RESIDENTS OF XX	2
COVERED PERSON SPECIFICATIONS	5
SCHEDULE OF INSURANCE	6
DEFINITIONS	10
ELIGIBILITY PROVISIONS: INSURANCE FOR YOU	15
Eligible Classes.....	15
Evidence of Insurability.....	15
Date You Are Eligible For Insurance	15
Enrollment Process.....	15
Date Your Insurance Takes Effect.....	15
Benefit Increases	15
ELIGIBILITY PROVISIONS: DEPENDENT INSURANCE	16
Eligible Classes For Dependent Insurance.....	16
Evidence of Insurability.....	16
Date You Are Eligible For Dependent Insurance.....	16
Enrollment Process.....	16
Date Dependent Insurance Takes Effect.....	16
Newborn Children	16
Benefit Increases	17
ACCIDENTAL DEATH BENEFITS	18
Basic Accidental Death Benefit.....	18
Accidental Death - Common Carrier Benefit.....	18
ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS	19
Basic Dismemberment / Functional Loss Benefit	19
Paralysis Benefit	20
ACCIDENTAL INJURY BENEFITS	21
Fracture Benefit.....	21
Dislocation Benefit	21
Burn Benefit	22
Skin Graft Benefit.....	22
Concussion Benefit	22
Coma Benefit	22
Ruptured Disc with Surgical Repair Benefit.....	22
Torn Cartilage in Knee Benefit.....	23
Laceration Benefit	23
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit	23
Elbow, Hip, Knee Or Shoulder Replacement Benefit	24
Broken Tooth Benefit	24
Eye Injury Benefit.....	24
ACCIDENT - MEDICAL TREATMENT & SERVICES BENEFITS	25
Air Ambulance Benefit	25
Ground Ambulance Benefit.....	25
Emergency Care Benefit.....	25
Non-Emergency Initial Care Benefit	25
Medical Testing Benefit.....	25
Physician Follow-up Visit Benefit.....	26
Transportation Benefit.....	26
Therapy Services Benefit.....	26
Pain Management Benefit (For Epidural Anesthesia)	27
Prosthetic Device Benefit.....	27
Medical Appliance Benefit.....	27
Modification Benefit.....	27
Blood / Plasma / Platelets Benefit.....	28
Inpatient Surgery Benefit	28

Outpatient Ambulatory Surgery Benefit	28
ACCIDENT - HOSPITAL BENEFITS	29
Accident – Hospital Admission Benefit	29
Accident - Hospital Confinement Benefit	29
Inpatient Rehabilitation Benefit	29
SICKNESS - HOSPITAL BENEFITS	30
Sickness - Hospital Admission Benefit	30
Sickness - Hospital Confinement Benefit	30
OTHER BENEFITS.....	32
Health Screening Benefit	32
Lodging Benefit	33
Supplemental Confinement Benefit	33
Waiver of Premium	33
BENEFIT REDUCTION DUE TO AGE.....	35
ACCIDENT – EXCLUSIONS	36
WHEN INSURANCE ENDS.....	38
Date Your Insurance Ends.....	38
Date Dependent Insurance Ends.....	38
SPECIAL RULES FOR COVERED PERSONS PREVIOUSLY INSURED UNDER ANOTHER INSURANCE	
POLICY ISSUED TO THE GROUP POLICYHOLDER	39
CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT	40
For Mentally Or Physically Handicapped Children	40
For Family And Medical Leave	40
At The Group Policyholder’s Option	40
At Your Option: Continuation With Premium Payment	41
CLAIMS	42
Payment Of Benefits	42
Your Beneficiary.....	42
Beneficiary for Your Spouse’s or Domestic Partner’s Accidental Death Benefit	43
How We Will Pay Accidental Death Benefits	43
Authorizations	43
Examinations.....	43
Autopsy	44
Time Limit on Legal Actions.....	44
GENERAL PROVISIONS	45
Entire Contract	45
Incontestability: Statements Made By You	45
Misstatements	45
Assignment	45
Conformity with Law.....	45
Standard of Time	45
Access To Discounts For Services	45]

COVERED PERSON SPECIFICATIONS

Certificate Effective Date: [January 1, 2013]

[Group Policyholder: [Any Company]
Group Policy Number: [XXXXXXXXXX]]

[MetLife Toll Free Number(s):
For Claim Information 1-800-XXX-YYYY
For General Information 1-800-XXX-YYYY
MetLife email address gai@metlife.com]

[Your Name: [John Doe]
[Your Employee Number: [12345678]

[Your Dependents

<u>Dependent's Name</u>	<u>Relationship to You</u>	<u>Dependent's Scheduled Effective Date</u>
Jane Doe	Spouse	January 1, 2013
Richard Doe	Dependent Child	January 1, 2013
Mary Doe	Dependent Child	January 1, 2013]

[Plan Choice Selected: Plan A

The Certificate includes a Schedule of Insurance for Plan A and a Schedule of Insurance for Plan B. Only the Schedule of Insurance for the Plan that You selected (listed above) will apply to insurance under this Certificate for You and any Dependents].

This Covered Person Specifications page is part of Your Certificate. Please keep it with Your Certificate.

SCHEDULE OF INSURANCE

IMPORTANT NOTE: Payment of the benefits listed in this Schedule is subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate. PLEASE READ THE ENTIRE CERTIFICATE CAREFULLY.

[The benefit amounts listed on this Schedule are subject to reduction in accordance with the Benefit Reduction Due to Age section of this Certificate.]

[The listing of benefits for Your Spouse or Domestic Partner and Your Dependent Child only apply if Coverage is in effect for those Dependents under this Certificate. Please refer to the Eligibility Provisions: Dependent Insurance section of this Certificate for details.]

[BASIC ACCIDENTAL DEATH BENEFIT: *	For You [\$1,000-500,000]	For Your Spouse or Domestic Partner [\$1,000-500,000]	For Your Dependent Child [\$1,000-500,000]
ACCIDENTAL DEATH – COMMON CARRIER BENEFIT: *	For You [\$2,000-1,000,000]	For Your Spouse or Domestic Partner [\$2,000-1,000,000]	For Your Dependent Child [\$2,000-1,000,000]

*The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS:

Basic Dismemberment/Functional Loss Benefit:	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
Loss of one finger or one toe	[\$50-5,000]	[\$50-5,000]	[\$50-5,000]
Loss of one arm or one leg	[\$1,000-50,000]	[\$1,000-50,000]	[\$1,000-50,000]
Loss of one hand or one foot	[\$1,000-50,000]	[\$1,000-50,000]	[\$1,000-50,000]
Loss of two or more fingers or toes in any combination	[\$200-10,000]	[\$200-10,000]	[\$200-10,000]
Loss of sight in one eye	[\$1,000-50,000]	[\$1,000-50,000]	[\$1,000-50,000]
Loss of hearing in one ear	[\$1,000-50,000]	[\$1,000-50,000]	[\$1,000-50,000]
Catastrophic Dismemberment/Functional Loss Benefit:	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
Loss of both arms or both legs or one arm and one leg	[\$2,000-100,000]	[\$2,000-100,000]	[\$2,000-100,000]
Loss of both hands or both feet or one hand and one foot	[\$2,000-100,000]	[\$2,000-100,000]	[\$2,000-100,000]
Loss of sight in both eyes	[\$2,000-100,000]	[\$2,000-100,000]	[\$2,000-100,000]
Loss of hearing in both ears	[\$2,000-100,000]	[\$2,000-100,000]	[\$2,000-100,000]
Loss of ability to speak	[\$2,000-100,000]	[\$2,000-100,000]	[\$2,000-100,000]
Paralysis Benefit:	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
Two limbs (paraplegia or hemiplegia)	[\$2,000-100,000]	[\$2,000-100,000]	[\$2,000-100,000]
Four limbs (quadriplegia)	[\$5,000-100,000]	[\$5,000-100,000]	[\$5,000-100,000]
Dismemberment/Functional Loss/Paralysis Benefit Limit:	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
Limit for all Dismemberment, Functional Loss and Paralysis Injuries sustained by a Covered Person in a single Accident	[\$10,000-400,000]	[\$10,000-400,000]	[\$10,000-400,000]

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	[\$25-5,000]	[\$50-10,000]
Skull fracture – depressed (except bones of face or nose)	[\$50-10,000]	[\$100-20,000]
Skull fracture – non-depressed (except bones of face or nose)	[\$25-5,000]	[\$50-10,000]
Lower Jaw, Mandible (except alveolar process)	[\$25-5,000]	[\$50-10,000]
Upper Jaw, Maxilla (except alveolar process)	[\$25-5,000]	[\$50-10,000]
Upper Arm between Elbow and Shoulder (humerus)	[\$25-5,000]	[\$50-10,000]
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	[\$25-5,000]	[\$50-10,000]
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	[\$25-5,000]	[\$50-10,000]
Rib	[\$25-5,000]	[\$50-10,000]
Finger, Toe	[\$10-2,500]	[\$20-5,000]
Vertebrae, Body of (excluding vertebral processes)	[\$25-5,000]	[\$50-10,000]
Vertebral Processes	[\$25-5,000]	[\$50-10,000]
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	[\$25-5,000]	[\$50-10,000]
Hip, Thigh (femur)	[\$50-10,000]	[\$100-20,000]
Coccyx	[\$25-5,000]	[\$50-10,000]
Leg (tibia and/or fibula)	[\$25-5,000]	[\$50-10,000]
Kneecap (patella)	[\$25-5,000]	[\$50-10,000]
Ankle	[\$25-5,000]	[\$50-10,000]
Foot (except toes)	[\$25-5,000]	[\$50-10,000]

***Chip Fracture Benefit** for any of the above: Benefit is [10-50]% of the applicable benefit for the bone involved.

Dislocation Benefit:

Full Dislocation Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Lower Jaw	[\$25-5,000]	[\$50-10,000]
Collarbone (sternoclavicular)	[\$25-5,000]	[\$50-10,000]
Collarbone (acromioclavicular and separation)	[\$25-5,000]	[\$50-10,000]
Shoulder (glenohumeral)	[\$25-5,000]	[\$50-10,000]
Rib	[\$25-5,000]	[\$50-10,000]
Elbow	[\$25-5,000]	[\$50-10,000]
Wrist	[\$25-5,000]	[\$50-10,000]
Bone or Bones of the Hand (other than fingers)	[\$25-5,000]	[\$50-10,000]
Hip	[\$50-10,000]	[\$100-20,000]
Knee (except patella)	[\$25-5,000]	[\$50-10,000]
Ankle - Bone or Bones of the Foot (other than toes)	[\$25-5,000]	[\$50-10,000]
One Toe or Finger	[\$10-2,500]	[\$20-5,000]

***Partial Dislocation Benefit** for any of the above: Benefit is [10-50]% of the applicable benefit for joint involved.

Burn Benefit:

Percentage of total surface skin area that is burnt

	Benefit for 2nd Degree Burn	Benefit for 3rd Degree Burn
Less than 10%	[\$25-1,000]	[\$100-10,000]
At least 10% but less than 25%	[\$50-3,000]	[\$200-15,000]
At least 25% but less than 35%	[\$100-5,000]	[\$300-25,000]
35% or more	[\$250-10,000]	[\$500-50,000]

Skin Graft Benefit:

Skin Graft for 2nd or 3rd degree burn

Benefit

[12.5-100%] of the applicable Burn Benefit

Concussion Benefit	Benefit [\$10-1,000]
Coma Benefit	[\$200-40,000]
Ruptured Disc with Surgical Repair Benefit	[\$50-5,000]
Torn Cartilage in Knee Benefit:	
With surgical repair	[\$250-2,000]
Exploratory Surgery without repair	[\$50-400]
Laceration Benefit:	
Repaired without stitches	[\$10-100]
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	[\$10-500]
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	[\$25-1,000]
Total of all lacerations is over six inches (over 15.24 cm) long	[\$50-2,000]
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	[\$50-2,500]
Surgical repair: two or more tendons/ligaments/rotator cuffs	[\$100-5,000]
Exploratory Surgery without repair	[\$25-1,000]
Elbow, Hip, Knee or Shoulder Replacement Benefit	[\$500-15,000]
Broken Tooth Benefit:	
Crown	[\$10-1,000]
Extraction	[\$10-500]
Filling	[\$10-500]
Eye Injury Benefit	[\$10-1,000]

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	[\$50-5,000]
Ground Ambulance Benefit	[\$25-1,000]
Emergency Care Benefit:	
Emergency Room	[\$10-500]
Physician's Office	[\$10-250]
Urgent Care	[\$10-250]
Non-Emergency Initial Care Benefit	[\$10-250]
Medical Testing Benefit	[\$10-2,500]
Physician Follow-Up Visit Benefit	[\$10-250]
Transportation Benefit	[\$25-1,000]
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	[\$10-250]
Occupational therapy	[\$10-250]
Physical therapy	[\$10-250]
Respiratory therapy	[\$10-250]
Speech therapy	[\$10-250]
Vocational therapy	[\$10-250]
Pain Management Benefit (for Epidural Anesthesia)	[\$10-500]
Prosthetic Device Benefit	
One device only	[\$100-2,500]
More than one device	[\$250-5,000]

Medical Appliance Benefit:	Benefit
Brace	[\$10-250]
Cane	[\$10-250]
Crutches	[\$10-250]
Walker – expected use less than 1 year	[\$10-250]
Walker – expected use 1 year or longer	[\$50-500]
Walking boot	[\$10-250]
Wheel chair or motorized scooter – expected use less than 1 year	[\$50-500]
Wheel chair or motorized scooter – expected use 1 year or longer	[\$100-2,500]
Other medical device used for mobility	[\$10-250]

Medical Appliance Benefit Limit:	
Limit for all Medical Appliances combined, per Covered Person, per Accident	[\$100-2,500]

Modification Benefit:	[\$500-15,000]
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Blood/Plasma/Platelets Benefit	[\$25-2,500]
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Inpatient Surgery Benefit:	
Cranial Surgery	[\$250-10,000]
Exploratory Surgery	[\$25-1,000]
Hernia repair	[\$25-1,000]
Thoracic cavity or abdominal pelvic cavity Surgery	[\$250-10,000]

Outpatient Ambulatory Surgery Benefit	[\$100-2,500]
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ACCIDENT - HOSPITAL BENEFITS **Benefit**

Accident - Hospital Admission Benefit	
Non-ICU Hospital Admission	[\$100-10,000]
Intensive Care Unit Admission	[\$100-10,000]

Accident - Hospital Confinement Benefit	
Non-ICU Hospital Confinement	[\$50-5,000]
Intensive Care Unit Confinement	[\$50-5,000]

Inpatient Rehabilitation Benefit	[\$25-2,500]
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SICKNESS - HOSPITAL BENEFITS

Sickness - Hospital Admission Benefit	
Non-ICU Hospital Admission	[\$100-10,000]
Intensive Care Unit Admission	[\$100-10,000]

Sickness - Hospital Confinement Benefit	
Non-ICU Hospital Confinement	[\$50-5,000]
Intensive Care Unit Confinement	[\$50-5,000]

[Waiting Period for Sickness – Hospital Admission Benefit and Sickness – Hospital Confinement Benefit]	[1-7] days
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OTHER BENEFITS

Health Screening Benefit	[\$25-200]
Lodging Benefit	[\$50-500]
Supplemental Confinement Benefit	[\$50-1,000]]

DEFINITIONS

As used in this Certificate, the terms listed below will have the meanings set forth below. Other terms may be defined where they are used. When defined terms are used in this Certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

Accident means an act or event which:

- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.

The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

[Actively at Work or Active Work means that You are performing all of the usual and customary duties of Your job on a Full-Time or a Part-Time basis. This must be done at:

- the Group Policyholder's place of business;
- an alternate place approved by the Group Policyholder; or
- a place to which the Group Policyholder's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Group Policyholder approved vacations, holidays or temporary business closures if You were Actively at Work on the last scheduled work day preceding such time off.]

Certificate means this Certificate including any riders attached to it.

[Confined or Confinement means the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician.]

[Contribution means the amount You must pay towards the total premium charged by Us for insurance under this Certificate.]

Covered Person means You [and, if insured under the Group Policy for the insurance described in this Certificate, Your Dependents.]

[Dependent means Your Spouse, Domestic Partner and/or Dependent Child.]

[Dependent Child means the following:

Your biological, adopted, or stepchild who is under age [18-26], unmarried and supported by You; and

Your biological, adopted or stepchild between ages [18-25] and [19-26] who is:

- unmarried;
- supported by You;
- not employed on a full-time basis; and
- a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located.

The term does not include an unborn or stillborn child. No person can be insured under the Group Policy as both an employee and a Dependent Child.

A person cannot be insured as a Dependent Child of more than one [employee] under the Group Policy. Your adopted child will not be a Dependent Child prior to the date the child is placed in Your home for adoption.]

DEFINITIONS (continued)

[**Dependent Insurance** means insurance under this Certificate for Your Dependents.]

[**Domestic Partner** means each of two people, one of whom is an [employee] of the [Group Policyholder], who[

1.]have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available[; or
2. are of the same or opposite sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other. Each person must be:
 - 18 years of age or older;
 - unmarried;
 - the sole domestic partner of the other;
 - sharing a Primary Residence with the other; and
 - not related to the other in a manner that would bar their marriage in the jurisdiction in which they reside.

A Domestic Partner declaration attesting to the existence of an insurable interest in one another's lives must be completed and Signed by the [employee].]

No person can be insured under the Group Policy as both an employee and a Domestic Partner.]

[**Emergency Room** means an area within a Hospital that is dedicated to the provision of emergency care. This area must:

- be staffed and equipped to handle trauma;
- be supervised and provide treatment by Physicians; and
- provide care seven days per week, 24 hours per day.]

[**Full-Time** means Active Work on the Group Policyholder's regular work schedule for the class of employees to which You belong. The work schedule must be at least 30 hours per week.]

Group Policy means the policy of insurance issued by Us to the Group Policyholder under which this Certificate is issued.

Group Policyholder means [the employer named on the first page of this Certificate.]

[**Hospital** means a short-term, acute care, general facility which:

- is primarily engaged in providing, by or under the continuous supervision of Physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
- has organized departments of medicine;
- has facilities for major Surgery either on its premises or through contractual arrangement with another Hospital;
- has a requirement that every patient must be under the care of a Physician or dentist;
- provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- is duly licensed by the agency responsible for licensing such Hospitals; and
- is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational or rehabilitative care.]

Injury means any bodily harm:

- that results directly from an Accident; and
- is not specifically excluded as set forth in the section titled Accident - Exclusions.

DEFINITIONS (continued)

[**Intensive Care Unit** or **ICU** means a place which:

- is a specifically dedicated area of a Hospital that is restricted to patients who are critically ill or injured and who require intensive, comprehensive monitoring and care;
- is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement;
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
- is under close observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and
- has a Physician assigned to the intensive care unit on a full-time basis.

The term Intensive Care Unit includes Hospital units with the following names: Intensive Care Unit; Coronary Care Unit; Neonatal Intensive Care Unit; Pulmonary Care Unit; Burn Unit; or Transplant Unit.]

[**Medical Restriction** means a person is:

- restricted to the person's home under a Physician's care;
- receiving or applying to receive disability benefits from any source;
- an inpatient in a Hospital;
- receiving care in a hospice facility, an intermediate care facility or a long-term care facility; or
- receiving chemotherapy, radiation therapy or dialysis.]

[**Outpatient Ambulatory Surgery Facility** means a facility mainly engaged in performing outpatient Surgery. It must:

- be accredited as an ambulatory surgery facility by either the Joint Commission or the Accreditation Association for Ambulatory Care;
- be approved as an ambulatory surgery facility by Medicare; or
- meet all of the following criteria:
 - maintains all appropriate licensing for a facility that provides ambulatory Surgery;
 - is staffed by Physicians and nurses, under the supervision of a Physician;
 - has permanent operating and recovery rooms;
 - is staffed and equipped to provide emergency care; and
 - has written back-up arrangements with a local Hospital for emergency care.]

[**Part-Time** means Active Work on the Group Policyholder's regular work schedule for the class of employees to which You belong. The work schedule must be at least 20 hours per week.]

Physician means:

- a person licensed to practice medicine and prescribe and administer drugs or to perform Surgery in the jurisdiction where such services are performed; or
- a medical practitioner who is licensed to provide a service for which a benefit is payable under this Certificate, according to the laws and regulations of the jurisdiction where such service is performed, and who is acting within the scope of such license.

The term Physician does not include:

- You;
- Your [S]pouse[, Your Domestic Partner] or anyone to whom You are related by blood or marriage;
- anyone with whom You are residing;
- Your adopted or stepchild;
- anyone with whom You share a business interest; or
- Your employee.

DEFINITIONS (continued)

[Primary Residence means the dwelling where a person lives for the majority of the time, whether the person owns or rents the dwelling.]

Proof means Written evidence satisfactory to Us that a claimant has satisfied the conditions and requirements for any benefit described in this Certificate. When a claim is made for any benefit described in this Certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Except as provided in the Examinations and Autopsy provisions of this Certificate, Proof must be provided at the claimant's expense.

[Rehabilitation Facility means a facility that:

- provides rehabilitation care services on an inpatient basis; and
- maintains all required licenses and certifications.

Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by an Injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of Physicians.

The term Rehabilitation Facility does not include:

- a nursing home;
- an extended care facility, unless the Covered Person is receiving rehabilitation care services at the extended care facility;
- a skilled nursing facility;
- a rest home or home for the aged;
- a hospice care facility;
- a place for alcoholics or drug addicts; or
- an assisted living facility.]

Schedule means the [applicable] Schedule of Benefits that appears in this Certificate[, and the Covered Person Specifications page].

Sickness means:

- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record. The signature may be transmitted by paper or electronic media, provided it is consistent with applicable law.

[Spouse means Your lawful spouse. No person can be insured under the Group Policy as both [an employee] and a Spouse.]

[Surgery means a procedure performed by a Physician involving an incision of the Covered Person's skin or tissue that, in and of itself, is intended to be curative, palliative or exploratory.]

DEFINITIONS (continued)

[**Urgent Care Facility** means a health care facility that:

- is separate from a Hospital or a separate unit within a Hospital; and
- its primary purpose is the offering and provision of immediate, short-term medical care, for urgent care.]

United States means the United States of America, its territories and its possessions.

We, Us and **Our** mean Metropolitan Life Insurance Company.

Write, Written or **Writing** means a record that may be transmitted by paper or electronic media, and that is consistent with applicable law.

You and **Your** means [an employee] who is insured under the Group Policy for the insurance described in this Certificate.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU

[ELIGIBLE CLASSES

CLASS 1

All Actively at Work employees of the Group Policyholder who are salaried employees, but not temporary or seasonal employees.

CLASS 2

All Actively at Work employees of the Group Policyholder who are hourly employees, but not temporary or seasonal employees.

EVIDENCE OF INSURABILITY

The following sections of the Certificate are subject to evidence of insurability:

- Sickness – Hospital Benefits

DATE YOU ARE ELIGIBLE FOR INSURANCE

You may only become eligible for the insurance available for Your eligible class.

If You are in an eligible class on the date insurance becomes available for the class, You will be eligible for insurance on that date. If You enter an eligible class after the date insurance is made available to the members of that class, You will be eligible for insurance on the date You enter the eligible class.

ENROLLMENT PROCESS

If You are eligible for insurance, You may enroll for such insurance by completing the required form. You must also provide Written permission to deduct Contributions from Your pay for such insurance, if You are required to make such Contributions. With respect to any part of Your insurance that is subject to evidence of insurability, such insurance will not take effect until You complete an enrollment form and we approve you for such insurance.

DATE YOUR INSURANCE TAKES EFFECT

Provided that You are Actively at Work in an eligible class, insurance under this Certificate will take effect for You on the later of:

- with respect to insurance that is not subject to evidence of insurability, the Certificate effective date; and
- with respect to insurance that is subject to evidence of insurability, the date we approve you for such insurance.

If You are not Actively at Work in an eligible class on the date insurance would otherwise take effect under the above paragraph, insurance will take effect on the date You return to Active Work in an eligible class.

BENEFIT INCREASES

If You are insured under this Certificate at the time a benefit increase is offered for Your eligible class, You may complete the form required to elect the benefit increase. If You do, provided that You are Actively at Work in an eligible class, the benefit increase will take effect for You on the later of:

- the date it is scheduled to go into effect for Your eligible class; and
- the date You complete the form required to elect the benefit increase.

If You are not Actively at Work in an eligible class on the date the benefit increase would otherwise take effect under the above paragraph, Your benefit increase will take effect on the date You return to Active Work in a class that is eligible for the benefit increase.]

ELIGIBILITY PROVISIONS: DEPENDENT INSURANCE

[ELIGIBLE CLASSES FOR DEPENDENT INSURANCE

All Class 1 and Class 2 employees of the Group Policyholder as specified in the Eligibility Provisions: Insurance For You section of this Certificate are eligible for Dependent Insurance.

A Dependent will not be eligible while the Dependent:

- is serving in the armed forces, or any auxiliary units of the armed forces, of any country; or
- lives outside of the United States, Canada or Mexico for more than [6-48] consecutive months.

EVIDENCE OF INSURABILITY

The following sections of the Certificate are subject to evidence of insurability:

- Sickness – Hospital Benefits

DATE YOU ARE ELIGIBLE FOR DEPENDENT INSURANCE

If You are in a class of employees who are eligible for Dependent Insurance, You will be eligible for Dependent Insurance on the later of the following:

- the date Your insurance takes effect; and
- the date an individual becomes Your first Dependent.

If You enter a class of employees who are eligible for Dependent Insurance, You will be eligible for Dependent Insurance on the later of the following:

- the date You enter a class eligible for Dependent Insurance; and
- the date an individual becomes Your first Dependent.

ENROLLMENT PROCESS

Except as provided in the Newborn Children provision, if You become eligible for Dependent Insurance, You may enroll for such insurance by providing Us with the information We require for each Dependent to be insured. You must also provide Written permission to deduct Contributions from Your pay for Dependent Insurance, if You are required to make such Contributions. With respect to any part of Dependent Insurance that is subject to evidence of insurability, except as provided in the Newborn Children provision, such Dependent Insurance will not take effect until You complete an enrollment form and we approve such Dependent for such Dependent Insurance.

DATE DEPENDENT INSURANCE TAKES EFFECT

Except as provided in the Newborn Children provision, Dependent Insurance that is not subject to evidence of insurability for a Dependent who is not under a Medical Restriction will take effect on the later of:

- the date You are eligible for Dependent Insurance; and
- the date You complete the form required to enroll that Dependent.

Except as provided in the Newborn Children provision, Dependent Insurance that is subject to evidence of insurability will take effect for a Dependent who is not under a Medical Restriction on the date we approve the Dependent for such Dependent Insurance.

Except as provided in the Newborn Children provision, if the Dependent is under a Medical Restriction on the date insurance for such Dependent would otherwise take effect, insurance for the Dependent will take effect on the date the Dependent is no longer under a Medical Restriction.

NEWBORN CHILDREN

A Dependent Child born to You while insurance is in effect under this Certificate will be covered for 31 days from the moment of such Dependent Child's birth. To continue coverage beyond the first 31 days you must notify Us of the child's birth and give Written permission to deduct Contributions from Your pay for Dependent Insurance for the newborn child.

ELIGIBILITY PROVISIONS: DEPENDENT INSURANCE (continued)

BENEFIT INCREASES

If a Dependent is insured under this Certificate at the time a benefit increase is offered for Your eligible class, You may complete the form required to elect the benefit increase. If You do, provided that the Dependent is not under a Medical Restriction on that date, the benefit increase will take effect for that Dependent on the later of:

- the date it is scheduled to go into effect for Your eligible class; and
- the date You complete the form required to elect the benefit increase.

If the Dependent is under a Medical Restriction on that date, the benefit increase will take effect on the date the Dependent is no longer under a Medical Restriction.]

ACCIDENTAL DEATH BENEFITS

Payment of the Accidental Death Benefits described in this section is subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

[The benefits included in this section were optional for You when You enrolled for insurance. Your Schedule shows whether these benefits are included in Your insurance.]

BASIC ACCIDENTAL DEATH BENEFIT

We will pay the [applicable] Basic Accidental Death Benefit shown in the Schedule for a Covered Person's death if:

- the death results directly from an Accident; and
- the death occurs within [90-365] days following the Accident.

[Reduction of the Basic Accidental Death Benefit

The Basic Accidental Death Benefit will be reduced by the following if paid for Injuries sustained by the Covered Person in the same Accident that resulted in the Covered Person's death:

- the amount of any benefits paid under the Accidental Dismemberment/Functional Loss/Paralysis Benefits section of this Certificate; and
- the Modification Benefit under the Accident – Medical Treatment & Services Benefits section of this Certificate.]

[ACCIDENTAL DEATH - COMMON CARRIER BENEFIT

We will pay the applicable Accidental Death – Common Carrier Benefit shown in the Schedule, instead of the Basic Accidental Death Benefit for a Covered Person's death if:

- the death results directly from an Accident sustained by the Covered Person while:
 - a fare paying passenger on a Common Carrier; or
 - a passenger on public transportation that is a Common Carrier, for which there is no fare; and
- the death occurs within [90-365] days following the Accident.

We will not pay both the Accidental Death - Common Carrier Benefit and the Basic Accidental Death Benefit for the same Covered Person.

Common Carrier means airplanes, trains, buses, trolleys, subways, and boats that:

- run on a regularly scheduled basis between predetermined points or cities; and
- are operated by a government regulated entity.

The term Common Carrier does not include taxis, limousines or privately chartered vehicles.

Reduction of the Accidental Death – Common Carrier Benefit

The Accidental Death – Common Carrier Benefit will be reduced by the following if paid for Injuries sustained by the Covered Person in the same Accident that resulted in the Covered Person's death:

- the amount of any benefits paid under the Accidental Dismemberment/Functional Loss/Paralysis Benefits section of this Certificate; and
- the Modification Benefit under the Accident – Medical Treatment & Services Benefits section of this Certificate.]

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS

Payment of the Accidental Dismemberment/Functional Loss/Paralysis Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

[The benefits included in this section were optional for You when You enrolled for insurance. Your Schedule shows whether these benefits are included in Your insurance.]

BASIC DISMEMBERMENT / FUNCTIONAL LOSS BENEFIT CATASTROPHIC DISMEMBERMENT / FUNCTIONAL LOSS BENEFIT

If a Covered Person sustains an Injury that is a Dismemberment or Functional Loss, We will pay the Basic Dismemberment/Functional Loss Benefit or the Catastrophic Dismemberment / Functional Loss Benefit shown in the Schedule that applies to the type of Dismemberment or Functional Loss the Covered Person sustained, subject to all of the following:

- The Dismemberment or Functional Loss must be documented by a Physician within [30-365] days after the Accident Occurs.
- In order for the Catastrophic Dismemberment / Functional Loss Benefit to be payable, the Injuries that qualify for such benefit must have been sustained by the Covered Person in a single Accident.
- [The amount We will pay for all Dismemberment, Functional Loss and Paralysis Injuries sustained by a Covered Person in a single Accident will be no more than the Dismemberment/Functional Loss/Paralysis Benefit Limit shown in the Schedule.]
- If a Covered Person sustains an Injury that is a Dismemberment or Functional Loss that falls under more than one classification on the Schedule, We will only pay the benefit that applies to the classification that pays the highest benefit.

Dismemberment means any of the following:

- [Loss of an arm: the arm is permanently severed at or above the elbow.
- Loss of a hand: the hand is permanently severed at or above the wrist joint.
- Loss of a finger: the finger is permanently severed at the joint proximate to the first interphalangeal joint where it is attached to the hand.
- Loss of a foot: the foot is permanently severed at or above the ankle joint.
- Loss of a leg: the leg is permanently severed at or above the knee.
- Loss of a toe: the toe is permanently severed at the joint proximate to the first interphalangeal joint where it is attached to the foot.]

Functional Loss means any of the following:

- [Loss of hearing: permanent deafness in at least one ear, such that it cannot be corrected to any functional degree by any procedure, aid or device. Loss of hearing must last for a continuous period of not less than [30-180] days as confirmed by a Physician.
- Loss of sight: permanent loss of sight in an eye. With correction, visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees. Loss of sight must last for a continuous period of not less than [30-180] days as confirmed by a Physician.
- Loss of ability to speak: total and permanent loss of audible communication, if such loss cannot be corrected to any functional degree by any procedure, aid or device. Loss of ability to speak must last for a continuous period of not less than [30-180] days as confirmed by a Physician.]

[PARALYSIS BENEFIT

If a Covered Person sustains an Injury that is Paralysis, We will pay the Paralysis Benefit shown in the Schedule that applies to the type of Paralysis that the Covered Person sustained, subject to all of the following:

- Paralysis must be documented by a Physician within [30-365] days after the Accident occurs.
- The amount We will pay for all Dismemberment, Functional Loss and Paralysis Injuries sustained by a Covered Person in a single Accident will be no more than the Dismemberment/Functional Loss/Paralysis Benefit Limit shown in the Schedule.
- If a Covered Person sustains an Injury that is Paralysis that falls under more than one classification on the Schedule, We will only pay the benefit that applies to the classification that pays the highest benefit.

Paralysis means the permanent total and irrecoverable loss of movement of two or more limbs:

- that has lasted for a continuous period of not less than [30-180] days as confirmed by a Physician; or
- as a result of transected spinal cord with supporting clinical and radiological evidence and no expectation of return to function.

The term Paralysis does not include a Dismemberment or Coma.]

ACCIDENTAL INJURY BENEFITS

Payment of the Accidental Injury Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

[There are certain benefits included in this section that were optional for You when You enrolled for insurance. Your Schedule shows which of those benefits are included in Your insurance.]

[The benefits included in this section were optional for You when You enrolled for insurance. Your Schedule shows whether these benefits are included in Your insurance.]

FRACTURE BENEFIT

If a Covered Person sustains an Injury that is a Fracture, We will pay the Fracture Benefit, shown in the Schedule, that is applicable to the type of Fracture sustained by the Covered Person, subject to all of the following:

- The Injury must be diagnosed and treated as a Fracture by a Physician within [14-180] days after the Accident occurs.
- The Fracture must require, and be corrected by, open (surgical) or closed (non-surgical) reduction by a Physician. Closed reduction includes immobilization.
- We will pay no more than one Fracture Benefit per bone, per Accident.
- If more than one bone is Fractured in a single Accident, the amount We will pay for all Fractures combined will be no more than [2-10] times the highest Fracture Benefit that would otherwise be payable for any one of the bones involved.
- The Chip Fracture Benefit will be [10-50%] of the Fracture Benefit shown in the Schedule for the bone involved.
- If the same Fracture is treated with both open reduction and closed reduction, We will pay no more than the Fracture Benefit payable for the open reduction.

Fracture means a break in a bone of a body part that is listed on the Schedule under Fracture Benefit, which can be detected by an x-ray or a similar diagnostic exam.

Chip Fracture means a Fracture in which a small fragment of the bone is broken off.

DISLOCATION BENEFIT

If a Covered Person sustains an Injury that is a Dislocation, We will pay the Dislocation Benefit, shown in the Schedule, that is applicable to the type of Dislocation the Covered Person sustained, subject to all of the following:

- The Injury must be diagnosed and treated as a Dislocation by a Physician within [14-180] days after the Accident occurs.
- The Dislocation must require, and be corrected by, open (surgical) or closed (non-surgical) reduction by a Physician.
- If more than one joint is Dislocated in a single Accident, the amount We will pay for all Dislocations combined will be no more than [2-10] times the highest Dislocation Benefit that would otherwise be payable for any one of the joints involved.
- The Partial Dislocation Benefit will be [10-50%] of the Dislocation Benefit shown in the Schedule for a Full Dislocation of the joint involved.
- If a Partial Dislocation Benefit was paid, or becomes payable, and the Covered Person subsequently sustains an Injury that is a Full Dislocation, We will reduce what We pay for the Full Dislocation by the amount that was paid, or is payable, for the Partial Dislocation.
- For each joint, We will pay no more than one Full Dislocation Benefit amount for all Injuries combined that are Dislocations of that same joint, regardless of whether the Injuries are sustained in the same Accident. Once the Covered Person has received an amount equal to one Full Dislocation Benefit for a joint, no further Dislocation Benefits will be paid for that same joint, even if the Covered Person subsequently sustains an Injury that is a Dislocation of that same joint in a new Accident.
- We will only pay benefits for those Dislocations specifically listed in the Schedule.

Dislocation means a separated joint of a body part that is listed on the Schedule under Dislocation Benefit. The term Dislocation does not include vertebral subluxation complex (misaligned vertebrae).

Full Dislocation means a Dislocation in which the joint is completely separated.

Partial Dislocation means a Dislocation in which the joint is not completely separated.

Accidental Injury Benefits (continued)

BURN BENEFIT

If a Covered Person sustains an Injury that is a second or third degree burn, We will pay the Burn Benefit, shown in the Schedule, that is applicable to the size and severity of the burn, subject to all of the following:

- The burn must be treated by a Physician within [24-96] hours after the Accident occurs.
- If a burn meets more than one of the burn classifications shown in the Schedule, the amount We pay will be based on the classification of the burn that pays the highest benefit.
- We will pay the Burn Benefit no more than one time per Covered Person, per Accident.
- No benefit is payable for a first degree burn.

[SKIN GRAFT BENEFIT

We will pay the applicable Skin Graft Benefit shown in the Schedule if a Covered Person receives a skin graft for a burn for which We paid a Burn Benefit. We will pay a Skin Graft Benefit no more than one time per Covered Person, per Accident.]

CONCUSSION BENEFIT

If a Covered Person sustains an Injury that is a concussion, We will pay the Concussion Benefit shown in the Schedule, subject to all of the following:

- The Injury must be diagnosed as a concussion by a Physician within [24-96] hours after the Accident occurs.
- We will pay the Concussion Benefit no more than one time per Covered Person, per calendar year.

[COMA BENEFIT

If a Covered Person sustains an Injury that is a Coma, We will pay the Coma Benefit shown in the Schedule, subject to both of the following:

- The Coma must begin within [14-180] days after the Accident occurs.
- We will pay the Coma Benefit no more than one time per Covered Person, per Accident.

Coma means a continuous state of profound unconsciousness lasting for a period of [7-30] or more consecutive days, characterized by the absence of purposeful response to commands, including:

- eye opening;
- verbal response; and
- motor response.]

RUPTURED DISC WITH SURGICAL REPAIR BENEFIT

If a Covered Person sustains an Injury that is a Ruptured Disc and undergoes Surgery to repair it, We will pay the Ruptured Disc with Surgical Repair Benefit shown in the Schedule, subject to all of the following:

- The Covered Person must be treated by a Physician for the Ruptured Disc within [14-180] days after the Accident occurs.
- The Surgery to repair the Ruptured Disc must be performed by a Physician within [180-365] days after the Accident occurs.
- We will pay the Ruptured Disc with Surgical Repair Benefit no more than [1-3 times] per Covered Person, per Accident.

Ruptured Disc means a tear in the spinal disc capsule. It does not include a bulging disc.

Accidental Injury Benefits (continued)

[TORN CARTILAGE IN KNEE BENEFIT

If a Covered Person sustains an Injury that is torn cartilage in the knee (meniscus) and undergoes Surgery to repair or explore it, We will pay the Torn Cartilage in Knee Benefit, shown in the Schedule, that is applicable to the type of Surgery performed as follows:

- if the Surgery performed is to repair the knee, We will pay the Torn Cartilage in Knee Benefit with surgical repair; and
- if the Surgery performed is exploratory Surgery and either no repair is done or the cartilage is shaved or trimmed, We will pay the Torn Cartilage in Knee Benefit for exploratory Surgery without repair.

Payment of the Torn Cartilage in Knee Benefit is subject to all of the following:

- The Covered Person must be treated by a Physician for the torn cartilage in the knee within [14-180] days after the Accident occurs.
- Surgery must be performed by a Physician on the knee within [180-365] days after the Accident occurs.
- We will pay the Torn Cartilage in Knee Benefit no more than [1-2 times] per Covered Person, per Accident.]

LACERATION BENEFIT

If a Covered Person sustains an Injury that is a Laceration and receives treatment from a Physician to repair it, We will pay the Laceration Benefit, shown in the Schedule[, that is applicable to the length of the Laceration and the treatment received] as follows:

- if the Laceration is repaired with stitches, We will pay the Laceration Benefit repaired with stitches; or
- if the Laceration is not repaired with stitches, We will pay the Laceration Benefit repaired without stitches.

Payment of the Laceration Benefit is subject to all of the following:

- The Laceration must be treated by a Physician within [24-96] hours after the Accident occurs.
- A Laceration repaired with sutures or staples will be deemed to be a Laceration repaired with stitches for purposes of this Laceration Benefit.
- If the Covered Person has more than one Laceration[, the amount We pay will be based on the total length of all Lacerations received in any one Accident that are repaired with stitches. If]some, but not all, of the Lacerations require repair with stitches, we will not pay any benefit for the Laceration or Lacerations that are repaired without stitches.
- We will pay the Laceration Benefit no more than one time per Covered Person, per Accident and no more than [1-6] times per Covered Person, per calendar year.

Laceration means a cut.

[TORN, RUPTURED OR SEVERED TENDON / LIGAMENT / ROTATOR CUFF BENEFIT

If a Covered Person sustains an Injury that is a torn, ruptured or severed tendon, ligament or rotator cuff and undergoes Surgery to explore or repair it; We will pay the Torn, Ruptured or Severed Tendon/Ligament/Rotator Cuff Benefit shown in the Schedule, that is applicable to the type of Surgery performed as follows:

- if the Surgery is performed to repair the tendon, ligament or rotator cuff, the benefit We will pay will be for torn, ruptured, or severed tendon, ligament or rotator cuff with surgical repair; or
- if the Surgery performed is exploratory Surgery and no repair is done, the benefit We will pay will be for exploratory Surgery without repair.

Payment of the Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit is subject to all of the following:

- The Covered Person must be treated by a Physician for the torn, ruptured or severed tendon, ligament or rotator cuff within [14-180] days after the Accident occurs.
- Surgery must be performed by a Physician on the tendon, ligament or rotator cuff within [6-12] months after the Accident.
- We will pay the Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit no more than one time per Covered Person, per Accident.]

Accidental Injury Benefits (continued)

[ELBOW, HIP, KNEE OR SHOULDER REPLACEMENT BENEFIT

If a Covered Person sustains an Injury requiring an elbow, hip, knee or shoulder replacement and undergoes the replacement Surgery, We will pay the Elbow, Hip, Knee or Shoulder Replacement Benefit shown in the Schedule, subject to both of the following:

- The joint replacement must be performed by a Physician within [14-180] days after the Accident occurs.
- We will pay the Elbow, Hip, Knee or Shoulder Replacement Benefit no more than one time per Covered Person, per Accident.]

[BROKEN TOOTH BENEFIT

If a Covered Person sustains an Injury that is a broken tooth and the tooth is repaired by a dental crown or filling, or is extracted, We will pay the Broken Tooth Benefit, shown in the Schedule, that is applicable to the dental crown, filling and/or extraction, subject to all of the following:

- No benefit will be payable for an Injury to a tooth that is not a sound, natural tooth.
- No benefit will be payable for an Injury caused by biting or chewing.
- The dental services must begin within [7-180] days after the Accident occurs.
- Regardless of the number of teeth involved, We will pay the Broken Tooth Benefit for no more than [1-6] dental crown[s], no more than [1-6] dental fillings, and no more than [1-6] dental extraction[s] per Covered Person, per Accident.]

EYE INJURY BENEFIT

If a Covered Person sustains an Injury to an eye, We will pay the Eye Injury Benefit shown in the Schedule, subject to both of the following:

- The Injury to the eye must require Surgery or the removal of a foreign object by a Physician within [14-180] days after the Accident occurs.
- We will pay the Eye Injury Benefit no more than [1-2 times] per Covered Person, per Accident and no more than [1-6] times per Covered Person, per calendar year.

ACCIDENT - MEDICAL TREATMENT & SERVICES BENEFITS

Payment of the Accident – Medical Treatment and Services Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

[There are certain benefits included in this section that were optional for You when You enrolled for insurance. Your Schedule shows which of those benefits are included in Your insurance.]

[The benefits included in this section were optional for You when You enrolled for insurance. Your Schedule shows whether these benefits are included in Your insurance.]

AIR AMBULANCE BENEFIT

We will pay the Air Ambulance Benefit shown in the Schedule if a licensed professional air ambulance service is required to transport a Covered Person by air to or from a Hospital or between medical facilities, where treatment for an Injury is received, subject to both of the following:

- The air ambulance transportation must be within [2-90] days after the Accident occurs.
- We will pay the Air Ambulance Benefit no more than [1-6 times] per Covered Person, per Accident.

GROUND AMBULANCE BENEFIT

We will pay the Ground Ambulance Benefit shown in the Schedule if a licensed professional ambulance service is required to transport a Covered Person by ground to or from a Hospital or between medical facilities, where treatment for an Injury is received, subject to both of the following:

- The ambulance transportation must be within [14-180] days after the Accident occurs.
- We will pay the Ground Ambulance Benefit no more than [1-6 times] per Covered Person, per Accident.

EMERGENCY CARE BENEFIT

[NON-EMERGENCY INITIAL CARE BENEFIT]

If a Covered Person sustains an Injury and receives initial care from a Physician for the Injury [in an Emergency Room, a Physician's office, or an Urgent Care Facility,] within [24-96] hours after the Accident occurs, We will pay the Emergency Care Benefit, shown in the Schedule that is applicable to the place where care is received.

[If a Covered Person sustains an Injury and receives initial care from a Physician for the Injury [in an Emergency Room, a Physician's office, or an Urgent Care Facility,] more than [24-96] hours but less than [14-180 days] after the Accident occurs, We will pay the Non-Emergency Initial Care Benefit shown in the Schedule.]

[Payment of the Emergency Care Benefit and the Non-Emergency Initial Care Benefit is subject to both of the following:

- We will never pay both the Emergency Care Benefit and the Non-Emergency Care Benefit for the same Covered Person, for the same Accident.
- If We pay either the Emergency Care Benefit or the Non-Emergency Initial Care Benefit, [We will pay the [benefit] no more than one time per Covered Person, per Accident.

MEDICAL TESTING BENEFIT

If a Covered Person sustains an Injury and receives any of the following medical tests to evaluate the Injury, We will pay the Medical Testing Benefit shown in the Schedule:

- [x-rays;
- magnetic resonance imaging (MRI) or magnetic resonance (MR);
- ultrasound;
- nerve conduction velocity test (NCV);
- computed tomography scan (CT) or computed axial tomography (CAT); or
- electroencephalogram (EEG).]

Payment of the Medical Testing Benefit is subject to both of the following:

- The test must be ordered by a Physician and be performed within [14-180] days after the Accident occurs.
- We will pay the Medical Testing Benefit no more than [1-6 times] per Covered Person, per Accident.

ACCIDENT – MEDICAL TREATMENT & SERVICES BENEFITS (continued)

PHYSICIAN FOLLOW-UP VISIT BENEFIT

If a Covered Person sustains an Injury and receives follow-up care, for the Injury, that is recommended by a Physician or is a second opinion, We will pay the Physician Follow-Up Visit Benefit shown in the Schedule, subject to all of the following:

- Treatment must:
 - begin within [14-180] days after the Accident occurs and be provided within [180-365] days after the Accident occurs;
 - be specific to the Injury;
 - occur on an outpatient basis [in a Physician's office, Urgent Care Facility or Hospital]; and
 - not be for routine examinations, preventive testing, or any treatment for which a benefit is payable under the Therapy Services Benefit.
- We will pay the Physician Follow-Up Visit Benefit no more than:
 - [1-6 times] per Covered Person, per Accident; and
 - [1-12 times] per Covered Person, per calendar year.

[TRANSPORTATION BENEFIT

We will pay the Transportation Benefit shown in the Schedule when a Covered Person travels more than [50-100] miles one way for follow-up treatment of an Injury for which We pay a benefit under this Certificate at a Hospital or other treatment facility, subject to all of the following:

- Mileage is measured from the Covered Person's Primary Residence to the facility where the follow-up treatment is provided.
- The follow-up treatment must be prescribed by a Physician and not available within [50-100] miles of the Covered Person's Primary Residence.
- You must submit Proof that the follow-up treatment was provided.
- We will not pay the Transportation Benefit if the Ground Ambulance Benefit or Air Ambulance Benefit is payable for the trip.
- We will pay the Transportation Benefit no more than:
 - [1-6 times] per Covered Person, per Accident; and
 - [2-12 times] per Covered Person, per calendar year.]

[THERAPY SERVICES BENEFIT

If a Covered Person sustains an Injury and receives Therapy Services, We will pay the Therapy Services Benefit shown in the Schedule that applies to the type of Therapy Service received, subject to all of the following:

- Therapy Services must:
 - begin within [14-180] days and be provided within [180-365] days after the Accident occurs;
 - be provided on an outpatient basis;
 - be prescribed by a Physician; and
 - be provided by a practitioner licensed to provide the type of Therapy Services provided and operating within the scope of such license.
- We will pay the Therapy Services Benefit for Therapy Services received no more than [3-15] times per Covered Person, per Accident.
- We will not pay a Therapy Services Benefit for Therapy Services received by the Covered Person on the same day for which the Inpatient Rehabilitation Facility Benefit is payable under the Accident – Hospital Benefits section of this Certificate.

Therapy Services means any of the following:

- [cognitive behavioral therapy;
- occupational therapy;
- physical therapy;
- respiratory therapy;
- speech therapy; and
- vocational therapy.]]

ACCIDENT – MEDICAL TREATMENT & SERVICES BENEFITS (continued)

[PAIN MANAGEMENT BENEFIT (FOR EPIDURAL ANESTHESIA)

If a Covered Person sustains an Injury and receives epidural anesthesia to manage the pain from the Injury, We will pay the Pain Management Benefit shown in the Schedule, subject to both of the following:

- We will not pay a benefit for epidural anesthesia administered more than [14-365] days after the Accident occurs.
- We will pay the Pain Management Benefit no more than [1-6 times] per Covered Person, per Accident.]

PROSTHETIC DEVICE BENEFIT

If a Covered Person sustains an Injury that is a loss of a limb, hand, foot or sight in an eye and receives a Prosthetic Device as a result of the loss, We will pay the Prosthetic Device Benefit, shown in the Schedule, that is applicable to the number of Prosthetic Devices the Covered Person receives, subject to all of the following:

- The Prosthetic Device must be received within [180-365] days after the Accident occurs.
- No benefit will be payable for replacement of a Prosthetic Device.
- No benefit will be payable for more than one Prosthetic Device for the same body part.
- We will not pay the Prosthetic Device Benefit for a joint replacement such as an artificial hip or knee.
- We will pay the Prosthetic Device Benefit no more than [1 to 6 times] per Covered Person, per Accident.

Prosthetic Device means an artificial device that replaces a missing body part. The term Prosthetic Device does not include hearing aids, dental aids (including false teeth), eyeglasses, or cosmetic prostheses such as wigs.

MEDICAL APPLIANCE BENEFIT

If a Covered Person sustains an Injury for which a Physician prescribes the use of a Medical Appliance as an aid in personal locomotion or mobility, We will pay the Medical Appliance Benefit, shown in the Schedule, for the type of Medical Appliance that the Physician prescribes, subject to all of the following:

- The use of such Medical Appliance must begin within [30-365] days after the Accident occurs.
- The amount We will pay for all Medical Appliances combined, per Covered Person, per Accident, will be no more than the Medical Appliances Benefit Limit shown in the Schedule.
- We will not pay the Medical Appliance Benefit for the replacement of a Medical Appliance.

Medical Appliance means any of the following:

- [brace for the neck, back or leg;
- cane;
- crutches;
- walker;
- walking boot that extends above the ankle,
- wheelchair or motorized scooter for medical purposes; and
- any other medical device used for mobility.]

[MODIFICATION BENEFIT

If a Covered Person sustains an Injury [which is a Dismemberment, Functional Loss or Paralysis] for which We paid a benefit under this Certificate, We will pay the Modification Benefit shown in the Schedule for modifications made to the Covered Person's Primary Residence or vehicle, subject to all of the following:

- A Physician must certify that because of the Injury, the modification is necessary to help enable the Covered Person to live in his or her Primary Residence or travel in his or her primary vehicle.
- The modification must be made within [30-365] days after the Accident occurs.
- We will pay the Modification Benefit no more than one time per Covered Person, per Accident.]

ACCIDENT – MEDICAL TREATMENT & SERVICES BENEFITS (continued)

[BLOOD / PLASMA / PLATELETS BENEFIT

If a Covered Person sustains an Injury for which the Covered Person receives a transfusion of blood, plasma or platelets, We will pay the Blood/Plasma/Platelets Benefit shown in the Schedule, subject to both of the following:

- The blood, plasma or platelets must be prescribed by a Physician on an emergency basis or provided while the Covered Person is undergoing Surgery and must be administered within [14-180] days after the Accident.
- We will pay the Blood/Plasma/Platelets Benefit no more than one time per Covered Person, per Accident.]

INPATIENT SURGERY BENEFIT

If a Covered Person undergoes Covered Surgery to treat an Injury while the Covered Person is Confined as an inpatient in a Hospital, We will pay the Inpatient Surgery Benefit, shown in the Schedule, for the type of Covered Surgery the Covered Person undergoes, subject to all of the following:

- The Covered Person must seek treatment for the Injury within [14-180] days after the Accident occurs.
- The Covered Surgery must be performed within [180-365] days after the Accident occurs.
- If a Covered Person has open abdominal and hernia Surgery, or open thoracic and hernia Surgery as a result of the same Accident, the benefit We pay will be based on the abdominal or thoracic Surgery and We will not pay a benefit for the hernia Surgery.
- If a Covered Person has exploratory Surgery at the same time as any other type of Covered Surgery, We will not pay a benefit for the exploratory Surgery.
- We will not pay the Inpatient Surgery Benefit if any of the following Benefits are payable for the same Surgery:
 - [Broken Tooth Benefit;]
 - [Elbow, Hip, Knee or Shoulder Replacement Benefit;
 - Eye Injury Benefit;
 - Ruptured Disc with Surgical Repair Benefit;
 - [Skin Graft Benefit;]
 - Torn Cartilage in Knee Benefit; or
 - Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit.

Covered Surgery means:

- [cranial Surgery;]
- exploratory Surgery;
- hernia repair; or
- thoracic cavity and abdominal pelvic cavity Surgery.

OUTPATIENT AMBULATORY SURGERY BENEFIT

If a Covered Person sustains an Injury and undergoes Surgery required to treat the Injury in an Outpatient Ambulatory Surgery Facility, We will pay the Outpatient Ambulatory Surgery Benefit shown in the Schedule, subject to all of the following:

- The Covered Person must seek treatment for the Injury within [14-180] days after the Accident occurs.
- The Surgery must be performed in an Outpatient Surgery Facility within [180-365] days after the Accident occurs.
- We will pay the Outpatient Ambulatory Surgery Benefit no more than one time, per Covered Person, per Accident.

ACCIDENT - HOSPITAL BENEFITS

Payment of the Accident - Hospital Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

[The benefits included in this section were optional for You when You enrolled for insurance. Your Schedule shows whether these benefits are included in Your insurance.]

[ACCIDENT – HOSPITAL ADMISSION BENEFIT

If a Covered Person is admitted to a Hospital for treatment of an Injury, We will pay the Accident - Hospital Admission Benefit shown in the Schedule that applies to the type of Hospital admission, subject to all of the following:

- In order for the Accident - Hospital Admission Benefit to be payable for a non-ICU Hospital admission, admission must occur within [30-365] days after the Accident occurs.
- In order for the Accident - Hospital Admission Benefit to be payable for an Intensive Care Unit admission, admission to the Intensive Care Unit must occur within [7-180] days after the Accident occurs.
- This benefit does not apply to Emergency Room treatment, outpatient treatment, or a stay of less than 20 hours in an observation area.
- We will only pay one Accident - Hospital Admission Benefit per Covered Person, per Accident. If the Covered Person moves from or to an Intensive Care Unit after initial admission to a Hospital, We will not pay an additional Accident - Hospital Admission Benefit.]

ACCIDENT - HOSPITAL CONFINEMENT BENEFIT

If a Covered Person is Confined in a Hospital for treatment of an Injury, We will pay the Accident - Hospital Confinement Benefit shown in the Schedule that applies to the type of Hospital Confinement for each day the Covered Person is Confined in the Hospital, subject to all of the following:

- In order for the Accident - Hospital Confinement Benefit to be payable for a non-ICU Hospital Confinement, the initial Confinement must begin within [30-365] days after the Accident occurs.
- In order for the Accident - Hospital Confinement Benefit to be payable for an Intensive Care Unit Confinement, the initial Confinement must begin within [7-180] days after the Accident occurs.
- For a non-ICU Hospital Confinement, the Accident - Hospital Confinement Benefit is payable for up to [30-365] days per Covered Person, per Accident, and may be used over a two-year period following the date of the Accident.
- For an Intensive Care Unit Confinement, the Hospital Confinement Benefit is payable for up to [30-365] days per Covered Person, per Accident, and may be used over a two-year period following the date of the Accident.
- We will pay the Accident – Hospital Confinement Benefit for only one Hospital Confinement at a time, even if the Confinement is caused by more than one Accident.
- We will only pay one Accident - Hospital Confinement Benefit per day. If the Covered Person has a non-ICU Hospital Confinement and an Intensive Care Unit Confinement on the same day, We will only pay the Accident - Hospital Confinement Benefit that applies to Intensive Care Unit Confinement.
- If a Covered Person exhausts the Accident – Hospital Confinement Benefit that applies to Confinement in an Intensive Care Unit and remains Confined in an Intensive Care Unit, the Covered Person may still be eligible for the Accident – Hospital Confinement Benefit that applies to a non-ICU Hospital Confinement.

[INPATIENT REHABILITATION BENEFIT

If a Covered Person is transferred to a Rehabilitation Facility immediately after a period of Confinement for treatment of an Injury for which We paid an Accident – Hospital Confinement Benefit, We will pay the Inpatient Rehabilitation Benefit shown in the Schedule, subject to all of the following:

- We will pay the Inpatient Rehabilitation Benefit for each day of the Covered Person's continuous stay as a resident inpatient in a Rehabilitation Facility, up to a maximum stay of [7-30] days per Covered Person, per Accident but not to exceed [14-60] days per calendar year.
- The Covered Person's inpatient stay in the Rehabilitation Facility must start within [30-365] days after the Accident.
- After the Covered Person is discharged from the Rehabilitation Facility, We will not pay the Inpatient Rehabilitation Benefit for a subsequent admission to a Rehabilitation Facility for treatment of the same Injury for which We already paid the Inpatient Rehabilitation Benefit.
- We will not pay the Inpatient Rehabilitation Benefit for any day for which We paid an Accident – Hospital Confinement Benefit.]

SICKNESS - HOSPITAL BENEFITS

Payment of the Sickness - Hospital Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

[The benefits included in this section were optional for You when You enrolled for insurance. Your Schedule shows whether these benefits are included in Your insurance.]

[PREEXISTING CONDITION LIMITATION

We will not pay any benefits under this SICKNESS – HOSPITAL BENEFITS section for Sickness caused by or resulting from a Covered Person's Preexisting Condition if the Sickness occurs during the first [1-12] months that the Covered Person is insured under this Certificate.

Preexisting Condition means a Sickness for which, in the [1-6] months before a Covered Person becomes insured under this Certificate medical advice, treatment or care was sought by the Covered Person, or, was recommended by, prescribed by or received from a Physician..

[WAITING PERIOD

A Covered Person must be Confined for [1-7] days for treatment of a Sickness in order for [benefits under this Sickness – Hospital Benefits section] to be payable. A day of Confinement for a Sickness for which benefits are excluded as set forth in the Sickness – Exclusions provision below will not count toward completion of the waiting period.]

[SICKNESS - HOSPITAL ADMISSION BENEFIT

If a Covered Person is admitted to a Hospital for treatment of a Sickness, [once the waiting period is completed,] We will pay the Sickness - Hospital Admission Benefit shown in the Schedule that applies to the type of the Hospital admission, subject to the all of following:

- [The waiting period must be completed in order for the Sickness – Hospital Admission Benefit to be paid.]
- This benefit does not apply to Emergency Room treatment, outpatient treatment, or a stay of less than 20 hours in an observation unit.
- We will only pay one Sickness – Hospital Admission Benefit per Covered Person, per Sickness. If the Covered Person moves from or to an Intensive Care Unit after initial admission to a Hospital, We will not pay an additional Sickness - Hospital Admission Benefit.
- We will pay the Sickness – Hospital Admission Benefit no more than [1-6] times per Covered Person, per calendar year]

SICKNESS - HOSPITAL CONFINEMENT BENEFIT

If a Covered Person is Confined in a Hospital for treatment of a Sickness, [once the waiting period is completed,] We will pay the Sickness - Hospital Confinement Benefit shown in the Schedule that applies to the type of Hospital Confinement for each day the Covered Person is Confined in the Hospital for treatment of a Sickness, subject to all of the following:

- [The Sickness – Hospital Confinement Benefit is not payable for those days of Confinement that occur during the waiting period.]
- For a non-ICU Hospital Confinement, the Sickness - Hospital Confinement Benefit is payable for up to [30-365] days per Covered Person, per Sickness.
- For an Intensive Care Unit Confinement, the Sickness - Hospital Confinement Benefit is payable for up to [30-365] days per Covered Person, per Sickness.
- We will pay the Sickness – Hospital Confinement Benefit for only one Hospital Confinement at a time, even if the Confinement is caused by more than one Sickness.
- We will only pay one Sickness - Hospital Confinement Benefit per day. If the Covered Person has a non-ICU Hospital Confinement and an Intensive Care Unit Confinement on the same day, We will only pay the Sickness - Hospital Confinement Benefit that applies to Intensive Care Unit Confinement.

SICKNESS – HOSPITAL BENEFITS (continued)

- If a Covered Person exhausts the Sickness – Hospital Confinement Benefit that applies to Confinement in an Intensive Care Unit and remains Confined in an Intensive Care Unit, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit that applies to a non-ICU Hospital Confinement.
- [If the Covered Person is discharged from the Hospital and, within [30-180] days, is again Confined in a Hospital for the same or a related Sickness, We will treat the subsequent Confinement as a continuation of the first Confinement.]

ADDITIONAL LIMITATION IF THE COVERED PERSON IS CONFINED FOR BOTH INJURY AND SICKNESS

If a Covered Person is Confined for both an Injury and Sickness at the same time, We will only pay benefits for the admission and Confinement under the Accident – Hospital Benefits section, and not this section. In this case, if the Covered Person exhausts the benefits under the Accident – Hospital Benefits section for Hospital Confinement and remains Confined for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit under this section.

SICKNESS - EXCLUSIONS

We will not pay benefits under this Sickness – Hospital Benefits section of the Certificate for any Covered Person's Sickness that is caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a Physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
- dental or plastic Surgery for cosmetic purposes[, except when such Surgery is performed to:
 - treat a Sickness;
 - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
 - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate];
- [the Covered Person's mental illness, or the diagnosis or treatment of such illness;
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the Covered Person's employment for wage or profit;] or
- [routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section].

In addition, We will not pay benefits under this Sickness – Hospital Benefits section of this Certificate for[:

- a Covered Person while incarcerated in any type of penal or detention facility;
- any Hospital admission or Confinement outside the United States, Canada or Mexico; or
- routine nursing or well baby care for a newborn child.]

OTHER BENEFITS

Payment of the Other Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

[There are certain benefits included in this section that were optional for You when You enrolled for insurance. Your Schedule shows which of those benefits are included in Your insurance.]

[The benefits included in this section were optional for You when You enrolled for insurance. Your Schedule shows whether these benefits are included in Your insurance.]

[HEALTH SCREENING BENEFIT

If a Covered Person takes one of the screening/prevention measures listed below while insured under this Certificate, [and after Your insurance has been in effect for at least [1-12] months,] We will pay the Health Screening Benefit shown in the Schedule, subject to both of the following:

- We will only pay the Health Screening Benefit one time per Covered Person, per calendar year.
- We will not pay a Health Screening Benefit for a screening/prevention measure if benefits are paid or payable for that same screening/prevention measure under another section of this Certificate.

The screening/prevention measures for which a Health Screening Benefit may be paid are:

- [annual physical exam;
- biopsies for cancer;
- blood test to determine total cholesterol;
- blood test to determine triglycerides;
- bone marrow testing;
- breast MRI;
- breast ultrasound;
- breast sonogram;
- cancer antigen 15-3 blood test for breast cancer (CA 15-3);
- cancer antigen 125 blood test for ovarian cancer (CA 125);
- carcinoembryonic antigen blood test for colon cancer (CEA);
- carotid doppler;
- chest x-rays;
- clinical testicular exam;
- colonoscopy;
- digital rectal exam (DRE);
- Doppler screening for cancer;
- Doppler screening for peripheral vascular disease;
- echocardiogram;
- electrocardiogram (EKG);
- endoscopy;
- fasting blood glucose test;
- fasting plasma glucose test;
- flexible sigmoidoscopy;
- hemoccult stool specimen;
- hemoglobin A1C;
- human papillomavirus (HPV) vaccination;
- lipid panel;
- mammogram;
- oral cancer screening;
- pap smears or thin prep pap test;
- prostate-specific antigen (PSA) test;
- serum cholesterol test to determine LDL and HDL levels;
- serum protein electrophoresis;
- skin cancer biopsy;
- skin cancer screening;

OTHER BENEFITS (continued)

- skin exam;
- stress test on bicycle or treadmill;
- successful completion of smoking cessation program;
- tests for sexually transmitted infections (STIs);
- thermography;
- two hour post-load plasma glucose test;
- ultrasounds for cancer detection;
- ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; or
- virtual colonoscopy.]]

[LODGING BENEFIT

If a Covered Person is Confined in a Hospital for treatment of an Injury [or Sickness], and a companion who accompanies the Covered Person while the Covered Person is so Confined stays in a Lodging for which a charge is made, We will pay the Lodging Benefit shown in the Schedule subject to all of the following:

- We will pay the Lodging Benefit for each day the companion stays in a Lodging while the Covered Person is Confined in a Hospital for treatment of an Injury [or Sickness], and for the 24 hours following the Hospital Confinement.
- We will pay the Lodging Benefit for up to [7-180] days per calendar year.
- The Lodging Benefit is only payable on account of a Hospital Confinement for which We are paying an Accident - Hospital Confinement Benefit[or a Sickness – Hospital Confinement Benefit].
- You must submit Proof that the companion incurred an expense for staying at a lodging.

Lodging means an establishment licensed under the laws where it is located, such as a motel, hotel, or other facility that provides sleeping accommodations to the general public in exchange for a fee and is located at least [20-50] miles from the Covered Person's Primary Residence.]

[SUPPLEMENTAL CONFINEMENT BENEFIT

We will pay the Supplemental Confinement Benefit shown in the Schedule for each day for which We are paying any of the following benefits because a Covered Person is Confined to a Hospital, Intensive Care Unit or Rehabilitation Facility:

- Accident – Hospital Confinement Benefit[;
- Inpatient Rehabilitation Benefit;]
- [Sickness – Hospital Confinement Benefit].]

[WAIVER OF PREMIUM

If You become Disabled while You are under age 70 and insured under this Certificate, and You remain Disabled continuously for [90-365] days, Proof of Your Disability must be sent to Us in order to submit a claim for Waiver of Premium. Such Proof must be sent to Us during the [90-365] day period that follows the [90th-365th] day of Your continuous Disability or You will not be eligible for Waiver of Premiums. As part of such Proof, We may choose a Physician to examine You to verify that You are Disabled. If We do so, We will pay for such exam.

[Disabled or Disability means that, solely due to an Injury [or Sickness] for which We have paid a benefit under this Certificate:

- while You are unemployed, You become and remain continuously unable to perform two or more Activities of Daily Living; or
- while You are employed, You become and remain continuously unable to perform any work for pay or benefits for which You are or become reasonably fitted by Your education, training or experience.]

OTHER BENEFITS (continued)

[**Activities of Daily Living** means any of the following:

- Bathing: washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- Dressing: putting on and taking off all items of clothing and any required braces, fasteners, or artificial limbs.
- Transferring: moving into or out of a bed, chair or wheelchair,
- Toileting: getting to and from the toilet, getting on and off the toilet, and performing related personal hygiene.
- Contenance: ability to maintain control of bowel and bladder function; or, when not able to maintain control of bowel or bladder function, the ability to perform related personal hygiene (including caring for catheter or colostomy bag).
- Eating: feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.]

When We receive Proof that You are Disabled, We will review the claim and if We approve it, We will waive the premiums due for You and Your Dependents starting with the first premium that becomes due on or after the date You have been Disabled continuously for [90-365] days, subject to the following:

- We will not waive premiums for any period during which You are not under the care of a Physician for the Injury [or Sickness] that causes Your Disability;
- We will not waive premiums if You do not remain insured during the first [90-365] days of continuous Disability either under this Certificate; and
- We will not waive premiums if Your Disability is not solely caused by an Injury [or Sickness] for which We have paid a benefit under this Certificate.

If We waive any premium under this provision that has already been paid to Us, We will return the premium to whomever paid it to Us.

To verify that You continue to be Disabled without interruption after Our initial approval, We may periodically ask You to send Us Proof that You continue to be Disabled.

We will continue to waive premiums under this provision until the earliest of:

- the date You are no longer Disabled;
- Your 70th birthday;
- the date You fail to send Us Proof that You continue to be Disabled as required under this provision;
- [[1-5] years from the date We first began to waive premiums;] or
- the date Your insurance under this Certificate ends.

Important Notice

On the date Your insurance ends, We will not know whether You will be able to satisfy the Disability and Proof requirements specified above. For this reason, We urge You to consider taking the following steps:

Step 1 When Your insurance ends, ask the Group Policyholder if such insurance will be continued with premium payment by the Group Policyholder. If the answer is yes, ask if such continuation will be for at least [90-365] days. If the answer is yes, file a claim for Waiver of Premiums under this section at the end of [90-365] days of continuous Disability.

If the Group Policyholder will not continue insurance as described in Step 1, proceed to Step 2.

Step 2. Read the Continuation Of Insurance With Premium Payment section of this Certificate. You may have the option to continue Your insurance under the Group Policy [or under another policy issued by Us for people exercising their portability option].

If the Group Policyholder does not continue Your insurance as described in Step 1 and You do not continue Your insurance as described in Step 2 You will not be eligible for Waiver of Premiums because You will not have been continuously insured during the first [90-365] days of Disability.]

BENEFIT REDUCTION DUE TO AGE

A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person's Attained Age.

Attained Age means the Covered Person's age[:]

- on the date of an Accident, for all benefits that become payable because of the Accident[:]; and
- on the date of Confinement, for all benefits that become payable under the Sickness – Hospital Benefits section.]

Attained Age	Reduction Amount
65 to 69	Any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 65 to 69. For example, a \$100 benefit, as listed in the Schedule, will be paid at \$75 if the Covered Person's Attained Age is 67.
70 or older	Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 70 or older. For example, a \$100 benefit, as listed on the Schedule, will be paid at \$50 if the Covered Person's Attained Age is 72.

]

[The Benefit Reduction Due to Age does not apply to benefits payable for the Health Screening Benefit.]

ACCIDENT – EXCLUSIONS

The exclusions set forth in this section apply to the benefits described in the following sections of this Certificate:

- [ACCIDENTAL DEATH BENEFITS
- ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS
- ACCIDENTAL INJURY BENEFITS
- ACCIDENT – MEDICAL TREATMENT & SERVICES BENEFITS
- ACCIDENT – HOSPITAL BENEFITS]

We will not pay benefits for any loss for a Covered Person caused by the Covered Person's Sickness, or the diagnosis or treatment of such Sickness, except for the Covered Person's use of:

- any drug, medication or sedative that is taken or used as prescribed by a Physician; or
- an "over the counter" drug, medication or sedative taken as directed.

We will not pay benefits for any loss for a Covered Person caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a Physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the Covered Person's infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic Surgery for cosmetic purposes[, except when such Surgery is performed to:
 - treat an Injury;
 - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under this Certificate];
- [the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a Physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person's employment for wage or profit; or]
- [the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.]

ACCIDENT – EXCLUSIONS (continued)

In addition, We will not pay benefits for:

- a Covered Person while incarcerated in any type of penal or detention facility; [or
- any of the following outside of the United States, Canada or Mexico:
 - medical treatment;
 - Hospital admission or Confinement, or
 - inpatient stay in a Rehabilitation Facility.]

WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS

Your insurance will end on the earliest of:

- [the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends [for any reason other than Your retirement]].

[DATE DEPENDENT INSURANCE ENDS

A Dependent's insurance will end on the earliest of:

- [the date Your insurance under this Certificate ends;
- the date Dependent Insurance ends under the Group Policy for all employees or for Your class;
- the date the person ceases to be a Dependent;
- the date the Dependent is no longer eligible as described in the Eligible Classes for Dependent Insurance provision;
- [the date You retire in accordance with the Group Policyholder's retirement plan;] or
- the end of the period for which the last full premium has been paid for the Dependent.]]

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

[Please refer to the provision entitled *Waiver of Premiums* for information concerning continuation of Your insurance if Your insurance ends while You are Disabled.]

[In certain cases insurance may be continued as stated in the Continuation Of Insurance With Premium Payment section of this Certificate. Please see that section for details.]

SPECIAL RULES FOR COVERED PERSONS PREVIOUSLY INSURED UNDER ANOTHER INSURANCE POLICY ISSUED TO THE GROUP POLICYHOLDER

The Group Policy is replacing another policy of group insurance, providing similar benefits, that was issued to the Group Policyholder. This section explains how the replacement of that other group insurance policy will affect people who were covered under that policy.

In this section, the terms listed below will have the meanings listed below.

New Policy means the Group Policy under which this Certificate is issued.

Old Policy means the policy of group insurance that was replaced by the New Policy.

Replacement Date means the effective date of the New Policy.

If You were insured under the Old Policy on the date it ended, and disregarding any requirement that You be Actively at Work You are eligible for insurance under the New Policy, You will be:

- insured under the New Policy on the Replacement Date; and
- credited for the time You were continuously insured under the Old Policy on the date it ended in determining how long You have been insured under this Certificate.

If You become insured under the New Policy on the Replacement Date but You are not Actively at Work on that date, unless You return to Active Work:

- benefits payable under the New Policy for You will be the lesser of the benefits payable under the terms of this Certificate and the benefits payable under the terms of the Old Policy;
- We will reduce any amounts paid under this Certificate by any amount payable under any extension of benefits provision of the Old Policy; and
- Your insurance under the New Policy will end on the earlier of the date benefits would have ended under the Old Policy and the date coverage ends under the When Insurance Ends section of this Certificate.

[If You were insured under the Old Policy on the date it ended and You become insured under the New Policy on the Replacement Date, each of Your Dependents who was insured under the Old Policy on the date it ended will:

- become covered under the New Policy on the Replacement Date; and
- credited for the time such Dependent was continuously insured under the Old Policy on the date it ended in determining how long such Dependent has been insured under this Certificate.]

[The form that was used to enroll a Covered Person for insurance under the Old Policy will be used as the enrollment form for such Covered Person under the New Policy.]

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT

[FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN

Insurance for a Dependent Child may be continued past the age limit if that child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within [31] days after the date the Dependent Child attains the age limit and at reasonable intervals after such date.

Except as stated in the Date Dependent Insurance Ends provision of the When Insurance Ends section of this Certificate, insurance will continue while such Dependent Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Dependent Child, except for the age limit.]

[FOR FAMILY AND MEDICAL LEAVE

Certain leaves of absence may qualify under the Family and Medical Leave Act of 1993 (FMLA) or similar state laws for continuation of insurance. Please contact the Group Policyholder for information regarding the FMLA or any similar state law.]

[AT THE GROUP POLICYHOLDER'S OPTION

The Group Policyholder has elected to continue insurance by paying premiums for employees who cease Active Work in an eligible class for any of the reasons specified below. This election applies to Class 1 employees as defined in the Eligibility Provisions: Insurance For You section of this Certificate. [If Your insurance is continued, You may also continue Dependent Insurance.]

Insurance will continue for the following periods:

- for the period You cease Active Work in an eligible class due to medical reasons, up to [1 – 60] months;
- for the period You cease Active Work in an eligible class due to part-time work, layoff or strike, up to [1 – 60] months;
- for the period You cease Active Work in an eligible class due to any other Group Policyholder approved leave of absence, up to [1 – 60] months.

At the end of any of the continuation periods listed above, Your insurance will be affected as follows:

- if You resume Active Work in an eligible class at that time, You will continue to be insured under the Group Policy;
- if You do not resume Active Work in an eligible class at that time, Your employment will be considered to end and Your insurance will end in accordance with the Date Your Insurance Ends provision of When Insurance Ends section of this Certificate.]

[If Your insurance ends, Your Dependent Insurance will also end in accordance with the Date Dependent Insurance Ends provision of the When Insurance Ends section of this Certificate.]

[AT YOUR OPTION: CONTINUATION WITH PREMIUM PAYMENT

Insurance provided under this Certificate may be continued with premium payment in certain situations, as described in this provision. This is referred to in this provision as "Continued Insurance". Evidence of insurability will not be required to obtain Continued Insurance. [If You obtain Continued Insurance under this provision, You may also continue Dependent Insurance.] For purposes of this provision, insurance in effect under the Group Policy for which the Group Policyholder remits premium is referred to in this provision as "Group Billed Insurance".

You may obtain Continued Insurance for You [and for Your Dependents] by making a request in Writing during the Request Period specified below if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- [Your Group Billed insurance ends due to Your failure to make a required Contribution; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the Group Policyholder.]

Request Period

To obtain Continued Insurance, We must receive Your completed Written request on a form approved by Us within the Request Period which begins on the date Your Group Billed Insurance ends, and ends 31 days later. If You do not request Continued Insurance within the Request Period, You cannot obtain Continued Insurance.

Premiums for Continued Insurance

The premium that You must pay for Continued Insurance may include the amount, if any, that You contributed for Your Group Billed Insurance before it ended, plus any amount the Employer paid. Premium rates for Continued Insurance will be the same as premium rates charged for Group Billed Insurance. Premiums rate increases or decreases that apply to Group Billed Insurance will apply to Continued Insurance as well. When You make a request to obtain Continued Insurance, You must pay the first premium during the Request Period. All premium payments must be made directly to Us. When We approve Your request for Continued Insurance, We will also provide a schedule of premiums and payment instructions.

End of Continued Insurance

Continued Insurance will end on the earliest of the following dates:

- the date You die;
- if You do not pay a premium that is required for Continued Insurance, the last day of the period for which a required premium payment was made;
- if the Group Policy ends, the date You become eligible for insurance under another policy providing similar coverage issued to or provided through the Group Policyholder[;
- with respect to Dependent Insurance, the date Continued Insurance for You ends for any reason; [or]
- with respect to Dependent Insurance, the date the Dependent no longer meets the definition of a Dependent;
- with respect to Dependent Insurance, the date the Dependent is no longer eligible as described in the Eligibility for Dependent Insurance section of this Certificate.]

[If Your insurance ends, Your Dependent Insurance will also end in accordance with the Date Dependent Insurance Ends provision of the When Insurance Ends section of this Certificate.]

[If You are Disabled on the Date Your Employment Ends

If You are Disabled on the date Your employment ends and You elect to continue Your insurance under this Continuation Of Insurance With Premium Payment section, You may at a later date become approved to have Your premiums waived under the Waiver of Premium provision of the Other Benefits section of this Certificate. If You are so approved, all insurance continued under this Continuation Of Insurance With Premium Payment section will end and We will return any premiums paid to whomever paid them for such insurance.]

CLAIMS

NOTICE OF CLAIM

You must give Us notice of a claim under this Certificate by Writing to Us or calling Us at the toll free number shown on the face page of this Certificate within 30 days of the date of the loss.

CLAIM FORM

When We receive notice of a claim under this Certificate, We will provide You or the claimant (for a death claim) with a claim form. If We do not provide the claim form within 15 days from the date We received notice of claim, Our claim form requirements will be satisfied if We are provided with the required Proof in support of the claim.

PROOF OF LOSS

Proof must be provided to Us not later than 90 days after the date of the loss. If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible, but in no event, other than in the absence of the legal capacity of the claimant, later than 12 months from the date of the loss.

PAYMENT OF BENEFITS

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this Certificate and the Group Policy.

[Unless You have assigned this insurance, a]ll benefits to be paid under this Certificate will be paid to You[, except as follows:

- Any benefit to be paid under the Accidental Death Benefits section of this Certificate due to Your death will be paid in accordance with the Your Beneficiary provision below.
- Any benefit to be paid under the Accidental Death Benefits section of this Certificate due to the death of Your Spouse or Domestic Partner will be paid in accordance with the Beneficiary for Your Spouse's or Domestic Partner's Accidental Death Benefit provision below].

If You are living when benefits are to be paid to You, but You are not legally competent to claim or receive the benefits[, or if you are not alive when benefits are to be paid], We may pay up to [\$1,000 - 5,000] to anyone related to You by blood or marriage who We believe is entitled to payment of the benefits. If We make such a payment in good faith, We will not be liable to anyone for the amount We pay. Any remaining benefits will be paid to Your legal representative if You are alive[, or to Your estate if You are not alive].

[If You are not alive to receive benefits that are payable to You, We will pay any benefits in accordance with the provision below titled Your Beneficiary.]

[YOUR BENEFICIARY

A beneficiary may be named by You to receive:

- a benefit payable due to Your death under the Accidental Death Benefits section of this Certificate[; and
- any other benefit that becomes payable to You under this Certificate that You are not alive to receive.

You may request to change Your beneficiary at any time. A beneficiary change request must be made to [to Us] in Writing. Once the request is recorded, the change will take effect as of the date You sign the request, whether or not You are living when [We] receive the request. The change will be subject to any legal restrictions. It will also be subject to any payment We made or action We took before [We] recorded the change. If You designated two or more beneficiaries and their shares are not specified, they will share the benefit payable equally.

YOUR BENEFICIARY (continued)

If there is no beneficiary designated or no surviving beneficiary at Your death, We will determine the beneficiary according to the following order:

1. Your [S]pouse [or Domestic Partner], if alive;
2. Your child(ren), if there is no surviving [S]pouse [or Domestic Partner];
3. Your parent(s), if there is no surviving child;
4. Your sibling(s), if there is no surviving parent; or
5. Your estate, if there is no surviving sibling.

Instead of making payment in the order above, We may pay Your estate. Any payment made in good faith will discharge our liability to the extent of such payment. If a beneficiary or a Payee is a minor or incompetent to receive payment, We will pay that person's guardian.]

[BENEFICIARY FOR YOUR SPOUSE'S OR DOMESTIC PARTNER'S ACCIDENTAL DEATH BENEFIT

You may name a beneficiary to receive a benefit payable due to the death of Your Spouse or Domestic Partner under the Accidental Death Benefits section of this Certificate. If no beneficiary is named to receive the benefit, or if there is no surviving named beneficiary at the time of Your Spouse's or Domestic Partner's death, We will pay the benefit to You.

You may request to change the beneficiary at any time. A beneficiary change request must be made to [to Us] in Writing. Once the request is recorded, the change will take effect as of the date the request was signed, whether or Your Spouse or Domestic Partner is living when [We] receive the request. The change will be subject to any legal restrictions. It will also be subject to any payment We made or action We took before [We] recorded the change. If You designated two or more beneficiaries and the beneficiaries' shares are not specified, they will share the benefit payable equally.]

[HOW WE WILL PAY ACCIDENTAL DEATH BENEFITS

A benefit due under the Accidental Death Benefits section of this Certificate will be paid in one sum [by check] to the Payee. [Unless the Payee requests payment by check, when this Certificate states that We will pay benefits in "one sum", We may pay the full benefit amount:

- by check;
- by establishing an account that earns interest and provides the Payee with immediate access to the full benefit amount; or
- by any other method that provides the Payee with immediate access to the full benefit amount.

Other modes of payment may be available upon request.]

Payee means a person to be paid a benefit under the Accidental Death Benefits section of this Certificate as determined in accordance with this Payment of Benefits provision.]

AUTHORIZATIONS

We may require that You provide authorization for Us to obtain medical information and any other information pertinent to Your claim.

EXAMINATIONS

At Our expense, as often as is reasonably necessary, We may require a Covered Person to have an independent examination by a Physician of Our choice.

At Our expense, as often as is reasonably necessary, We may have Our representatives conduct telephone or in-person interviews with You regarding Your claim.

AUTOPSY

At Our expense, We have the right to make a reasonable request for an autopsy and/or exhumation where permitted by law. Any such request will set forth the reasons We are requesting the autopsy or exhumation.

TIME LIMIT ON LEGAL ACTIONS

A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends three years after the date such Proof is required to be filed.

GENERAL PROVISIONS

ENTIRE CONTRACT

Your insurance is provided under a contract of group insurance with the Group Policyholder. The entire contract with the Group Policyholder is made up of the following:

- the Group Policy and its Exhibits, which include the Certificate(s);
- [Your enrollment form;]
- the Group Policyholder's application; and
- any amendments and/or endorsements to the Group Policy.

[INCONTESTABILITY: STATEMENTS MADE BY YOU

Any statement made by You will be considered a representation and not a warranty. We will not use such a statement to void insurance, reduce benefits or defend a claim unless the following requirements are met:

- the statement is in an enrollment form that is in Writing;
- You have Signed the enrollment form; and
- a copy of the enrollment form has been given to You or Your beneficiary.

We will not use Your statements which relate to insurability to contest this insurance after it has been in force for 2 years, unless the statement is fraudulent. In addition, We will not use such statements to contest a benefit increase after the benefit increase has been in force for 2 years, unless such statement is fraudulent.]

MISSTATEMENTS

If Your [or Your Dependent's] age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or contributions.

ASSIGNMENT

The benefits under the Group Policy are [not assignable except as required by law].

CONFORMITY WITH LAW

If the terms and provision of this Certificate do not conform to any applicable law, this Certificate shall be interpreted to so conform.

STANDARD OF TIME

All insurance becomes effective and terminates at 12:01 A.M. [Eastern Standard Time, or at 12:01 A.M. Eastern Daylight Time if Daylight Savings Time is then being observed].

[ACCESS TO DISCOUNTS FOR SERVICES

You will receive access to discounts for certain services, where available.]

MetLife®

Metropolitan Life Insurance Company
New York, New York

Metropolitan Life Insurance Company ("MetLife"), a stock company, will pay the benefits specified in the Exhibits of this policy subject to the terms and provisions of this policy. The Schedule of Exhibits lists each Exhibit to this policy, to whom it applies and its effective date.

Policyholder: [Any Company]

Group Policy No.: [XXXXX]

EFFECTIVE DATE

This policy will take effect on [January 1, 2014. This policy replaces Group Policy Number YYYYYY which was issued by MetLife and took effect on January 1, 2013.]

POLICY ANNIVERSARIES

Policy anniversaries will be [January 1, 2015 and each subsequent January1.]

PREMIUM PAYMENTS

This policy is issued in return for the payment of required Premiums. Premiums are payable at the home office of MetLife or to its authorized agent. The first Premium is due on this policy's effective date. Any later Premiums are due [monthly on the [15th] day of each Policy Month]. These dates are the Premium Due Dates.

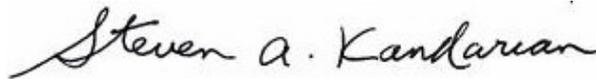
POLICY SITUS

This policy is issued for delivery in and governed by the laws of [Jurisdiction].

Signed as of this policy's effective date at MetLife's home office in New York, New York.



[Christine M. De Biase
Vice-President and Secretary]



[Steven A. Kandarian
Chairman, President & CEO]

Signed by _____
(A licensed MetLife agent or resident agent if required by law.)

GROUP ACCIDENT AND HOSPITAL INDEMNITY POLICY NON-DIVIDEND PAYING

GPNP12-AX
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TABLE OF CONTENTS

Section	Page
[POLICY FACE PAGE	
Effective Date	1
Policy Anniversaries	1
Premium Payments	1
Policy Situs	1
DEFINITIONS	3
SCHEDULE OF INSURANCE	4
ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE	4
CONTRIBUTIONS	4
PREMIUM RATE(S)	
Initial Rate(s)	4
Frequency of Premium Payment	4
Computation of Premium	4
Premiums for Changes in Insurance	4
Right to Change Premium Rates	5
Retrospective Rate Changes	6
GRACE PERIOD	7
END OF INSURANCE PROVIDED BY THIS POLICY	8
GENERAL PROVISIONS	
Entire Contract	9
Policy Changes or Waivers	9
Incontestability: Statements Made by the Policyholder	9
Incontestability: Statements Made by Covered Persons	9
Certificates	9
Assignment	9
Data Needed	10
Misstatement of Age	10
Non-Dividend Paying	10
Conformity with Law	10
SCHEDULE OF EXHIBITS.....	SCH/EXHIBITS
EXHIBIT 1: Schedule of Premium Rates	EXHIBIT1
EXHIBIT 2: Certificate Forms	EXHIBIT2
EXHIBIT 3: List of Policyholder Subsidiaries, Affiliates and Divisions	EXHIBIT3]

DEFINITIONS

As used in this policy, the terms listed below will have the meanings defined below. When defined terms are used in this policy, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

[Dependent means an individual who is eligible for insurance as provided in the certificates attached as Exhibits to this policy.]

[Employee means an individual who is eligible for insurance as an Employee as set forth in the certificates attached as Exhibits to this policy.]

[Employer means the Policyholder shown on page 1 and any subsidiaries, affiliates, divisions, branches or other similar entities of such Policyholder as specified in Exhibit 3.]

[Covered Person means an Employee and/or a Dependent as set forth in the certificates attached as Exhibits to this policy.]

Policy Anniversary is defined on page 1.

[Policy Month. The first Policy Month will begin on the effective date shown on page 1. Subsequent Policy Months will begin on the same day of each subsequent calendar month.]

[Policy Period means:

- as used in the Retrospective Experience Rating Reduction subsection on page 6, a period which begins on October 1, 2010 and ends on September 30, 2011;
- as used in the Retrospective Experience Rating Increase subsection on page 6, a period which begins on October 1, 2010 and ends on March 31, 2012; and
- as used in the Performance Guarantees subsection on page 6, a period which begins on October 1, 2010 and ends on December 31, 2011.

A subsequent Policy Period may be agreed to by MetLife and the Policyholder.]

Premium means the amount that must be paid to MetLife for all the insurance provided under this policy.

Premium Due Date is defined on page 1.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record, and which is on or transmitted by paper or electronic media, and which is consistent with applicable law.

Written or **Writing** means a record which is on or transmitted by paper or electronic media, and that is consistent with applicable law.

SCHEDULE OF INSURANCE

The Schedules of Insurance which apply under this policy are set forth in the certificates attached as Exhibits to this policy.

ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

The Eligibility and Effective Dates of Insurance provisions that apply under this policy are set forth in the certificates that are attached as Exhibits to this policy.

CONTRIBUTIONS

[The Policyholder will not require [an Employee] to contribute to the cost of Insurance.

The maximum amount that [an Employee] may be required to contribute to the cost of Insurance will not exceed the Premium charged for the amounts of such insurance.]

PREMIUM RATE(S)

Initial Rate(s)

The initial Premium rate(s) are shown in Exhibit 1.

Frequency of Premium Payment

Premiums for this policy will be paid as shown on page 1. MetLife and the Policyholder may agree that payment be made [in advance every 3, 6 or 12 months].

Computation of Premium

The Premium due on any Premium Due Date is determined by the total amount of insurance provided by this policy on such Premium Due Date, multiplied by the appropriate Premium rate(s) which are then in effect subject to any Premium adjustments, if applicable.

MetLife may use any reasonable method to compute Premiums due under this policy.

Premiums for Changes in Insurance

[For insurance that takes effect after the first day of a Policy Month, Premium will be charged from the first day of the next Policy Month. However, if a policy amendment or evidence of good health is required for such insurance, Premium will be charged as of the date such insurance takes effect. If insurance ends, Premium will be charged to the date insurance ends.]

PREMIUM RATES (Continued)

Right to Change Premium Rates

MetLife may change Premium rates for changes which materially affect the risk assumed for the insurance provided by this policy, as follows:

1. when this policy is amended or endorsed;
2. when a class of eligible persons is added to or deleted from this policy for any reason including corporate restructuring, acquisition, spin-off or similar situations;
3. when a Policyholder's [subsidiary,] affiliate, division, branch or other similar entity is added to or deleted from this policy for any reason [including corporate restructuring, acquisition, spin-off or similar situations];
4. when there is a significant change in the geographic distribution of insured [Employees];
5. when applicable law requires a change in:
 - a. the insurance provided by this policy; and/or
 - b. the class of persons eligible for insurance under this policy; or
6. when a Premium Due Date coincides with or next follows:
 - a. a change greater than **[5% - 25%]** in the number of Covered Persons since the later of the policy Effective Date and the last date Premium rates were changed; or
 - b. a change greater than **[5% - 25%]** in the amount of insurance provided by this policy since the later of the policy Effective Date and the last date Premium rates were changed.

In addition, MetLife may change Premium rates:

1. after the expiration of any rate guarantee period as may be stated in Exhibit 1, on any date on or after the first Policy Anniversary; this will be done no more frequently than every **[6 - 18]** months and only if MetLife notifies the Policyholder, in Writing, at least **[31 - 180]** days before such change; and
2. on any other date agreed to by MetLife and the Policyholder.

The new Premium rates will apply only to Premiums due on or after the date the rate change takes effect.

PREMIUM RATES (Continued)

[Retrospective Rate Changes

Retrospective Experience Rating Reduction. MetLife may retrospectively reduce the Policyholder's Premium for a Policy Period based upon policy experience during such Policy Period. The reduction, if any, will be based upon MetLife's retrospective experience rating formula. If a retrospective experience rating reduction is applicable, a refund of Premium will be paid to the Policyholder in a manner determined by MetLife. That part of a refund greater than the Policyholder's share of the total cost must be used to benefit the employees. [This policy and policy no. ZZZZZ will be treated as one policy to determine the retrospective experience rating refund, if any.]

Retrospective Experience Rating Increase. MetLife may retrospectively increase the Policyholder's Premium for a Policy Period to offset any Deficit for such Policy Period[, plus Deficits from prior Policy Periods, if any]. Any such increase will not exceed [X% of earned Premiums] during such Policy Period(s). If an increase in Premium is applicable, the Policyholder will pay to MetLife the amount of the increase within [31-120] days after MetLife sends notice of the amount due to the Policyholder. MetLife will assess interest on payments received after such date. [This policy and policy no. ZZZZZ will be treated as one policy to determine the retrospective experience rating increase, if any.]

For the purpose of the Retrospective Experience Rating Increase subsection above, the terms Charges and Deficit will have the meanings defined below.

[Charges will include items such as claims paid from MetLife's funds (plus interest), open and unreported claim reserves, approved claim reserves, state plan assessments, taxes, excess risk pool charges, expenses, cash flow and risk charges.]

Deficit means the excess of Charges, as determined by MetLife, against the policy(ies) over earned Premiums.]

Rate Reduction For Failure to Provide Service Levels (Performance Guarantee). At the end of a Policy Period, MetLife may reduce the Policyholder's Premium for such Policy Period as the result of its failure to provide the service levels agreed to in Writing by an officer of MetLife and the Policyholder. The Premium will be reduced by an amount not to exceed [.1% - 3%] of the Premium paid during the Policy Period. [This policy and policy no. ZZZZZ will be treated as one policy to determine the rate reduction, if any.]]

GRACE PERIOD

Each Premium due [after the effective date of this policy] may be paid up to [31 – 120] days after its Premium Due Date. This period is the grace period. The insurance provided by this policy will stay in effect during this period. MetLife will notify the Policyholder in Writing that, if the Premium is not paid by the end of the grace period, this policy will end at the end of the last day of the grace period. If MetLife fails to give Written notice to the Policyholder, this policy will continue in effect until the date such notice is given.

Policyholder's intent to end this policy during the grace period. The Policyholder may notify MetLife in Writing prior to the end of the grace period of its intent to end this policy before the end of the grace period. In this case, this policy will end on the later of:

1. the date stated in the notice; or
2. the date MetLife receives the notice.

If the Policyholder replaces this policy with another group insurance policy but does not give MetLife notice of intent to end this policy, the grace period provisions will apply.

Grace period extensions. MetLife may extend the grace period by giving Written notice to the Policyholder. Such notice will state the date this policy will end if the Premium remains unpaid.

Premiums must be paid for a grace period, any extension of such period and any period insurance under this policy was in effect for which Premium was not paid.

END OF INSURANCE PROVIDED BY THIS POLICY

The Policyholder can end this policy by giving [31- 60] days advance Written notice to MetLife. The policy will end on the later of:

1. the date stated in the notice; or
2. the date MetLife receives the notice.

MetLife can end this policy as follows:

1. on the date Premium is not paid when due, subject to the Grace Period provisions;
2. on any Premium Due Date, by giving the Policyholder [31 - 120] days advance Written notice, if less than:
 - a. [.1% - 75%] of persons eligible under this policy are insured for Contributory Insurance;
 - b. 100% of persons eligible under this policy are insured for Noncontributory Insurance; or
 - c. [2 – 100] [Employees] are insured by this policy; [or]
3. on any Premium Due Date, by giving the Policyholder [60 - 120] days advance Written notice, if the Policyholder fails to provide information on a timely basis or perform any obligations required by this policy or any applicable law[; or
4. on any Policy Anniversary, except during a Rate Guarantee Period as may be provided in Exhibit 1, by giving the Policyholder [31 - 120] days advance Written notice.]

[Under circumstances described in the certificates that are attached as Exhibits to this policy, [Employees] may be entitled to elect to continue their insurance if this policy ends. If on or after the date the policy would otherwise end there are certificates in effect under which one or more [Employees] have elected to continue their insurance in accordance with the terms and conditions specified in their certificates, this policy will be deemed to continue in effect but only with respect to those [Employees].]

This policy will end on the date on which the last certificate in effect under this policy ends.

If this policy ends, all Premiums due must be paid. If MetLife accepts Premium after the date this policy ends, such acceptance will not act to reinstate the policy. MetLife will refund any unearned Premium.

GENERAL PROVISIONS

Entire Contract. The entire contract is made up of the following:

1. this policy, including its Exhibits, which include the certificates attached as Exhibits to this policy;
2. [the enrollment forms, if any, of those [Employees] who are Covered Persons;]
3. the Policyholder's application; and
4. the amendments and endorsements to this policy, if any.

Policy Changes or Waivers. The terms and provisions of this policy may be changed, at any time, without the consent of the Covered Persons or anyone else with a beneficial interest in it. MetLife will issue amendments or endorsements to effect such changes. MetLife will only make changes that are consistent with applicable law. An amendment or endorsement will not affect the insurance provided under certificates issued before the effective date of the change, unless retroactivity is consistent with applicable law.

An officer of MetLife must approve in Writing any change or waiver of the terms and provisions of this policy. A sales representative, or other MetLife employee, who is not an officer of MetLife does not have MetLife's authority to approve such changes or waivers. A change or waiver will be evidenced by an amendment Signed by an officer of MetLife and the Policyholder or an endorsement Signed by an officer of MetLife. A copy of the amendment or endorsement will be provided to the Policyholder for attachment to this policy.

Incontestability: Statements Made by the Policyholder. Any statement made by the Policyholder will be considered a representation and not a warranty. MetLife will not use such statement to avoid insurance, reduce benefits or defend a claim unless it is contained in a Written application. MetLife will not use such statement to contest insurance after it has been in force for 2 years from its effective date, or date of last reinstatement, unless the statement is fraudulent.

[Incontestability: Statements Made by Covered Persons. Any statement made by a Covered Person will be considered a representation and not a warranty. MetLife will not use such statement to avoid insurance, reduce benefits or defend a claim unless the following requirements are met:

1. the statement is in a Written application or enrollment form;
2. the Covered Person has Signed the application or enrollment form; and
3. a copy of the application or enrollment form has been given to the Covered Person or his beneficiary.

MetLife will not use a Covered Person's statements which relate to insurability to contest insurance after it has been in force for 2 years, unless the statement is fraudulent. In addition, MetLife will not use such statements to contest an increase or benefit addition to such insurance after the increase or benefit has been in force for 2 years, unless such statement is fraudulent.]

Certificates. MetLife will issue certificates to the Policyholder, for delivery to each [Employee] covered under the policy, a certificate that has been prepared for each such [Employee] so as to describe the [Employee's] benefits and rights under this policy. If requested by the Policyholder and agreed to by MetLife, MetLife may deliver such certificates to such [Employees] on behalf of the Policyholder.

Assignment. [The rights and benefits under this policy are not assignable, except as required by law or as permitted by MetLife.]

GENERAL PROVISIONS (Continued)

Data Needed. The Policyholder will provide MetLife with all the data needed to compute Premiums and carry out the terms of this policy. MetLife may examine such data at any reasonable time. If MetLife or the Policyholder make a clerical error in keeping the data, the Premium and/or benefits will be adjusted according to the correct data. An error will not end insurance validly in effect, nor will it continue insurance validly ended.

Misstatement of Age. If a Covered Person's age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, adjust the Premium and/or benefits.

Non-Dividend Paying. This policy does not pay dividends.

Conformity with Law. If the terms and provisions of this policy do not conform to any applicable law, this policy shall be interpreted to so conform.

SCHEDULE OF EXHIBITS

Exhibit Number	Exhibit Type	Applies To	Effective Date
[1	Schedule of Premium Rates	All Covered Persons	January 1, 2014
2	Certificate Forms	All Employees	January 1, 2014
3	List of Policyholder's Subsidiaries, Affiliates, Divisions, Branches and Other Similar Entities	All Covered Persons	January 1, 2014]

EXHIBIT 1

SCHEDULE OF PREMIUM RATES

[The initial monthly Premium rates for the insurance provided by this policy are as follows:

To be supplied]

Rate Guarantee Period

Subject to the Right to Change Premium Rates provision on page 5, these Premium rates will be in effect from October 1, 2014 to September 30, 2017.]

EXHIBIT 2

CERTIFICATE FORMS

[Certificate Number	Certificate Form	Applies To	Effective Date
1	XXXXXXX	All Employees of AnyCompany	January 1, 2014
2	YYYYYYY	All Employees of AnySubsidiary	January 1, 2014
3	<u>ZZZZZZZ</u>	All Employees of AnyAffiliate	January 1, 2014]

[EXHIBIT 3

LIST OF POLICYHOLDER SUBSIDIARIES, AFFILIATES, DIVISIONS, BRANCHES AND OTHER SIMILAR ENTITIES

The subsidiaries, affiliates, divisions, branches and other similar entities listed below are included for insurance under this policy as of the effective dates shown below. The Policyholder acts for all listed subsidiaries, affiliates, divisions, branches and other similar entities in all matters of this policy. Such actions bind all listed subsidiaries, affiliates, divisions, branches and other similar entities.

MetLife and the Policyholder must agree to any change to this list. If change is needed, a policy amendment will be issued and attached to this policy to reflect the change to this Exhibit.

Name/Address of Subsidiary, Affiliate, Division, Branch and Other Similar Entity	Effective Date
AnySubsidiary 123 Any Street Any City, Any Jurisdiction 12345	October 1, 2014
AnyAffiliate 456 Any Street Any City, Any Jurisdiction 12346]	October 1, 2014



Metropolitan Life Insurance Company
New York, New York

APPLICATION FOR GROUP ACCIDENT INSURANCE

The applicant named below is applying for a Group Policy to provide group accident insurance for the persons specified below.

APPLICANT DATA

1. Full legal name of Applicant: Any Company (the "Policyholder")
2. Address: 123 Any Street City Any City State * Zip 10000
*Your Jurisdiction

POLICY EFFECTIVE DATE

The Group Policy's effective date will be January 1, 2013, subject to MetLife's acceptance of this application and the Applicant's payment of the Premium due on or before such date.

POLICY SITUS

The Group Policy will be issued for delivery in and governed by the laws of [Your Jurisdiction]

COVERAGE DATA

[Employees / Members]
Only

[Employees / Members]
and Dependents

[Group Accident Insurance

]

PREMIUM DATA

Premiums will be paid: monthly quarterly annually other: _____

Attached is an advance payment of: \$ 1,500.00.

AGREEMENT

The Applicant signing below agrees to accept the terms and provisions of the Group Policy, including its Exhibits, amendments and endorsements, if any.

Fraud Warning. [Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

Signature
(Signature of Applicant's Legal Representative)

EDWARD BARRET, PRESIDENT
(Print Name and Title of Legal Representative)

Signed at: Any City Your Jurisdiction
(City) (State)

Date: September 15, 2012

[Signature]
(Signature of Witness)

JOHN DAVID
(Print Name of Witness)

Signature
(Signature of Licensed Agent or Resident Agent if required by law)

X234567
(Agent's State License No.)

CAROLYN ROTH]
(Print Name of Agent)



Metropolitan Life Insurance Company
New York, New York

POLICY AMENDMENT

Group Policy No.: [XXXXXX]

Policyholder: [AnyCompany]

Effective Date: [April 1, 2014]

Metropolitan Life Insurance Company ("MetLife"), a stock company, issues this amendment to change the following:

[The following subsidiary is added to Exhibit 3 of the Group Policy :

NewSub
123 Any Street
Any City, Any Jurisdiction 12345]

This amendment is to be attached to and made a part of the policy. This amendment is subject to the terms and provisions of the policy.

To be completed by the Policyholder:

Signed at: _____
(City) (State)

Date: _____

(Signature of Policyholder's Legal Representative)

(Print Name and Title of Legal Representative)

(Signature of Witness)

(Print Name of Witness)

To be completed by Metropolitan Life Insurance Company:

Signed at: _____
(City) (State)

Date: _____

(Signature of Authorized MetLife Representative)

Steven A. Kandarian
Chairman, President & CEO



Metropolitan Life Insurance Company
New York, New York

POLICY ENDORSEMENT

Group Policy No.: [XXXXXX]

Policyholder: [AnyCompany]

Effective Date: [June 1, 2013]

Metropolitan Life Insurance Company ("MetLife"), a stock company, issues this amendment to change the following:

[The length of the Grace Period is hereby increased to 60 days.]

This endorsement is to be attached to and made a part of the policy. This endorsement is subject to the terms and provisions of the policy.

To be completed by Metropolitan Life Insurance Company:

Signed at: _____
(City) (State)

Date: _____

(Signature of Authorized MetLife Representative)

Steven A. Kandarian
Chairman, President & CEO



Metropolitan Life Insurance Company
New York, New York

Certificate Rider

Group Policy No.: [XXXXXX]
Policyholder: [AnyCompany]
Rider Effective Date: [April 1, 2014]

Your certificate is changed as follows:

[The attached Schedule is hereby made a part of Your Certificate. It supersedes any Schedule previously issued to You. This affects the benefits payable under the Certificate as follows:

- Benefits that become payable because of an Accident will be determined according to the Schedule that was in effect on the date such Accident occurred.
- Benefits payable on account of a Confinement for Sickness will be determined according to the Schedule that was in effect on the date such Confinement began.
- Benefits that become payable for a screening/prevention measure under the Health Screening Benefit will be determined according to the Schedule that was in effect on the date that the screening/prevention measure was taken.

This Certificate Rider is part of Your Certificate. Please keep it with Your Certificate.]

This Certificate Rider is to be attached to and made a part of the Certificate.

SERFF Tracking Number: META-128506541
Filing Company: Metropolitan Life Insurance Company
Company Tracking Number: NY12-83 (RR)
TOI: H02G Group Health - Accident Only
Product Name: Group Accident & Health Insurance
Project Name/Number: GCERT12-AX/NY12-83

State: Arkansas
State Tracking Number:
Sub-TOI: H02G.000 Health - Accident Only

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Compliance Certification Attachment: ARCERTREG19.pdf	Approved-Closed	06/28/2012
Bypassed - Item: Application Bypass Reason: Not Applicable. Comments:	Approved-Closed	06/28/2012
Satisfied - Item: L-A&H NAIC Transmittal Comments: L-A&H NAIC Transmittal Attachment: L-A&H NAIC Transmittal - AR.pdf	Approved-Closed	06/28/2012
Satisfied - Item: Transmittal Letter-AR [NY12-83] Comments: Transmittal Letter-AR [NY12-83] Attachment: Transmittal Letter-AR [NY12-83].pdf	Approved-Closed	06/28/2012



Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS CERTIFICATION
Rule and Regulation 19
Unfair Sex Discrimination in the Sale of Insurance

I certify that this submission meets the provisions of Rule and Regulation 19, and all applicable requirements of the Arkansas Department of Insurance.

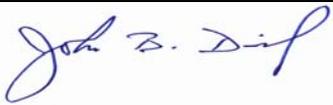
A handwritten signature in black ink, reading "Howard Koransky". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

Howard Koransky
Vice President

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	ARKANSAS					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Metropolitan Life Insurance Company Institutional Contracts MSC# 39.087 1095 Avenue of the Americas New York, NY 10036-6796	NY		241	65978	13-5581829	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	John B. David Institutional Contracts 1095 Avenue of the Americas New York, NY 10036-6796	212-578-5954	212-578-3874	jddavid1@metlife.com			
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	NY12-83					
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____				
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input checked="" type="checkbox"/> Other: Labor Unions and Other Groups Pursuant to the Interlocal Cooperation Act					
9.	Type of Insurance (TOI)	H02G – Group Health – Accident Only					
10.	Sub-Type of Insurance (Sub-TOI)	H02G.000 – Health – Accident Only					
11.	Submitted Documents	<input checked="" type="checkbox"/> FORMS <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input checked="" type="checkbox"/> Certificate <input checked="" type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input checked="" type="checkbox"/> Other Policy Amendment Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____					

12.	Filing Submission Date	June 8, 2012	
13	Filing Fee (If required)	Amount <u>\$300.00</u>	Check Date <u>EFT</u>
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval		
15.	Filing Description:		
<p>Please see cover letter.</p>			

16.	Certification (If required)		
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of ARKANSAS.</p>			
Print Name <u>John B. David</u>		Title <u>Manager</u>	
 Signature _____		Date: <u>June 28, 2012</u>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		NY12-83
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Group Policy Face Page	GPNP12-AX-fp	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Policy Insert Form			
02	Group Policy Table of Contents	GPNP12-AX-toc	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Policy Insert Form			
03	Group Policy Definitions	GPNP12-AX-def	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Policy Insert Page			
04	Group Policy Premium Provisions	GPNP12-AX-prem	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Policy Insert Form			
05	Group Policy Termination Provisions	GPNP12-AX-term	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Policy Insert Form			
06	Group Policy General Provisions	GPNP12-AX-gen pro	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Policy Insert Form			
07	Group Policy Exhibits	GPNP12-AX-exhibit	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Policy Insert Form			
08	Certificate face page	GCERT12-AX-fp	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
09	Certificate notices page	GCERT12-AX-notice	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
10	Certificate table of contents	GCERT12-AX-toc	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
11	Certificate specifications	GCERT12-AX-cps	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
12	Certificate definitions	GCERT12-AX-def	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			

13	Eligibility	GCERT12-AX-elig-ee	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
14	Dependent eligibility	GCERT12-AX-elig-dep	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
15	Accidental Death Benefits	GCERT12-AX-ad	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
16	Accidental Dismemberment Benefits	GCERT12-AX-add	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
17	Accidental Injury Benefits	GCERT12-AX-ai	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
18	Accident Medical Treatment Benefits	GCERT12-AX-amt	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
19	Accident Hospital Benefits	GCERT12-AX-hosp-a	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
20	Sickness Hospital Benefits	GCERT12-AX-hosp-s	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
21	Other Benefits	GCERT12-AX-ob	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
22	Benefit Reduction Due to Age	GCERT12-AX-age	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
23	Accident Exclusions	GCERT12-AX-excl-a	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
24	Termination of Coverage	GCERT12-AX-term	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			

25	Discontinuance & Replacement	GCERT12-AX-dr	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
26	Continuation of coverage	GCERT12-AX-coi	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
27	Claim Provisions	GCERT12-AX-claim	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
28	Certificate general provisions	GCERT12-AX-gpro	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Insert Form			
29	Group Application	GAPP12-AX	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Application			
30	Group policy amendment	GPA12-AX	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Policy Amendment Form			
31	Group policy endorsement	GPEND-12-AX	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Policy Endorsement Form			
32	Certificate Rider	GCR12-AX	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Certificate Rider Form			
			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		NY12-83		
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name Description	Affected Form Numbers		Previous State Filing Number
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1

The Metropolitan Life Insurance Company
Institutional Products Contracts **MSC39.042**,
1095 Avenue of the Americas
New York, NY 10036
Tel 212-578-5954 Fax 212-578-3874
j david1@metlife.com

MetLife[®]

John B. David
Manager, Contract Filing
Group, Voluntary and Worksite Benefits Contracts

June 28, 2012

Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: Group Accident & Health Insurance (GCERT12-AX-fp, et.al.)
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose for filing, final printed copies of the group accident and health insurance forms described below. These forms are new and do not replace any forms previously filed with the Department. These forms will provide group accident coverage with a component for hospital indemnity coverage for sickness, as described below. Coverage is provided according to scheduled amounts and is not based on expenses incurred.

Group Policy

The group policy is composed of a series of policy insert forms, each of which is described below. Each of the form numbers starts with the letters GPNP12-AX followed by additional letters to distinguish the insert form. Together, these forms are referred to as the GPNP12-AX policy series. The GPNP12-AX policy series is a base policy that will be issued with at least one certificate form attached as an exhibit. The benefits provided under the policy will be the benefits described in the certificate. The certificate also specifies eligibility, termination of coverage and claim submission requirements. The certificate forms will be issued on the GCERT12-AX certificate series, also included in this filing.

The insert forms for group policy GPNP12-AX are listed below. All of the insert pages will normally be included when the group policy is issued.

GPNP12-AX-fp is the policy face page.

GPNP12-AX-toc is the table of contents.

GPNP12-AX-def contains policy definitions.

GPNP12-AX-prem contains the premium provisions. Coverage may be contributory or non-contributory. This page also specifies that the schedule of insurance and eligibility provisions will be specified in the Exhibits (which is where the certificate is attached).

GPNP12-AX-term contains the policy termination provisions, including the grace period.

GPNP12-AX-gen pro contains general provisions.

GPNP12-AX-exhibit contains the policy exhibits, consisting of the premium rates, a list of the certificates attached and any additional policyholder information such as subsidiaries or affiliates to be included for coverage.

NY12-83

Group Certificate

The group certificate is composed of a series of certificate insert forms, each of which is described below. Each of the form numbers starts with the letters GCERT12-AX followed by additional letters to distinguish the insert form. Together, these forms are referred to as the GCERT12-AX certificate series. Benefits are set forth in separate sections for accidental death, accidental dismemberment and functional loss, accidental injuries, medical treatment of accidental injuries, hospital indemnity benefits for treatment of accidental injuries, hospital indemnity benefits for sickness, and other related benefits. The group policyholder will choose those benefit sections to be included in the certificate, and within the benefit sections themselves there are certain benefits that are optional to the group policyholder. Any of the benefit sections may be omitted. However, there will always be at least one accident benefit section included in the certificate; we will not issue stand alone hospital indemnity coverage for sickness under this certificate.

The insert forms for group certificate GCERT12-AX are listed below. If a certificate insert form is optional, this is indicated in the description of the form below. Forms that are not indicated as optional will always be included in the certificate.

GCERT12-AX-fp is the certificate face page.

GCERT12-AX-notice is a page used to provide any state required notices.

GCERT12-AX-toc is the table of contents for the certificate.

GCERT12-AX-cps is a page used to personalize the certificate. In certain cases, such as a noncontributory case, where all certificateholders will have the same coverage, this page may be omitted from the certificate.

GCERT12-AX-sched is the schedule of benefits. Note that the schedule of benefits is fully variable so that we may reflect the actual plan of benefits that applies under the group policyholder's plan.

GCERT12-AX-def is the definitions section of the certificate.

GCERT12-AX-elig-ee provides employee eligibility provisions.

GCERT12-AX-elig-dep provides dependent eligibility provisions. This is an optional page that will be used only when coverage for dependents is provided under the group policy.

GCERT12-AX-ad provides benefits for accidental death. This is an optional insert page that will be used only when coverage for accidental death is selected by the group policyholder. Additionally, some of the benefits on this page will only be included if requested by the group policyholder.

GCERT12-AX-add provides benefits for accidental dismemberment, functional loss due to an accident (loss of hearing, speech or sight), and paralysis due to an accident. This is an optional insert page that will be used only when these benefits are selected by the group policyholder. Additionally, some of the benefits on this page will only be included if requested by the group policyholder.

GCERT12-AX-ai provides benefits for accidental injuries. This is an optional insert page that will be used only when these benefits are selected by the group policyholder. Additionally, some of the benefits on this page will only be included if requested by the group policyholder.

GCERT12-AC-amt provides benefits for medical treatment of accidental injuries. This is an optional insert page that will be used only when these benefits are selected by the group policyholder. Additionally, some of the benefits on this page will only be included if requested by the group policyholder.

GCERT12-AC-hosp-a provides a hospital indemnity benefit for treatment of accidental injuries. This is an optional insert page that will be used only when these benefits are selected by the group policyholder. Additionally, some of the benefits on this page will only be included if requested by the group policyholder.

GCERT12-AX-hosp-s provides a hospital indemnity benefit for sickness. This is an optional insert page that will be used only when these benefits are selected by the group policyholder. Additionally, some of the benefits on this page will only be included if requested by the group policyholder.

GCERT12-AX-ob provides certain miscellaneous benefits related to the other benefits provided in the certificate. Each of the benefits on this page is optional and will only be included when selected by the group policyholder. If none of the benefits are selected then this insert page will not be included in the certificate.

GCERT12-AX-age contains an age based benefit reduction. This is an optional insert page that will be used based on our underwriting requirements.

GCERT12-AX-excl-a contains the exclusions for the accident benefits.

GCERT12-AX-term explains when coverage under the certificate will end.

GCERT12-AX-dr is used to explain the rules that will apply when the group policy is replacing another policy of group accident insurance. This is an optional insert page that will be used only we are issuing a new group policy to replace a prior group policy for a group policyholder.

GCERT12-AX-coi contains provisions under which coverage may be continued in various situations as described in the form. If there is no applicable situation where coverage may be continued, then this insert page will not be included in the certificate.

GCERT12-AX-claim contains the claim provisions, including information on how to submit a claim and rules governing payment of claims.

GCERT12-AX-gpro contains the general provisions that are applicable to the certificate.

Related Forms Being Submitted

GAPP12-AX is the group policy application that will be used with the GPNP12-AX policy series.

GPA12-AX is an amendment form that will be used with the GPNP12-AX policy series. This form will be used to make changes to the variable areas of the policy. The bracketed information in the body of the form is illustrative and will vary to set forth the particulars that apply to the amendment.

GPEND-12-AX is an endorsement form that will be used with the GPNP12-AX policy series. This form will be used to make changes to the variable areas of the policy. The bracketed information in the body of the form is illustrative and will vary to set forth the particulars that apply to the endorsement.

GCR12-AX is a certificate rider that will be used with the GCERT12-AX certificate series. This form will be used to make changes to the variable areas of the certificate pages. The bracketed information in the body of the form is illustrative and will vary to set forth the particulars that apply to the rider.

Extension of Use of Previously Approved Forms

We intend to use previously approved enrollment forms to enroll certificate holders under the GCERT12-AX certificate series. The enrollment forms are: GEF02 - approved on September 12, 2002; GEF09 - approved on August 18, 2009 (SERFF Tracking No. META-126266267); GEF07-CI - approved on February 8, 2007 (SERFF Tracking No. META-25078788); and GEF09-CI - approved on October 8, 2010 (SERFF Tracking Number META-126840677).

In addition to group policy form GPNP12-AX, included in this filing, we may issue the GCERT12-AX certificate series with any previously approved group policy form approved for use by your department.

Filing Fee

We enclose the required filing fee.

Variable Material

Variable Material is indicated by brackets.

Marketing Information

The principal market for the forms in this submission is employer groups. Some employers may create single employer trusts to act as policyholder. We may also market these forms to unions, associations, trusts, groups in connection with the Interlocal Cooperation Act and any other eligible groups recognized in your state.

Foreign Translations

The enclosed certificate forms may be translated into a language other than English. Any such translation will be performed by a professional translation service, and we will obtain certification from such service that the forms, as translated, are an accurate representation of the English language versions. The non-English version of the certificate form will include a disclosure in the foreign language indicating that the non-English version is a translation of an English language form, and that in any conflict that may arise between the English and translated versions, the English language version of the form will control.

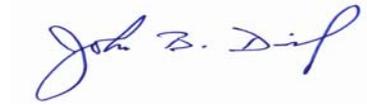
Readability Certification

The officer signing below certifies that the enclosed forms achieve a Flesch Reading Ease Score of:

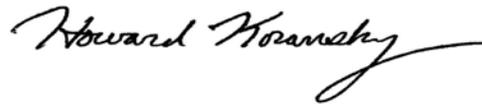
Form No.	Readability Score
GPNP12-AX series	51
GCERT12-AX series	53
GAPP12-AX	51
GPA12-AX	50
GPEND12-AX	55
GCR12-AX	50

If you have any questions or comments that you feel could best be handled by contacting me, please feel free to do so via telephone, fax or e-mail (see upper left-hand corner of page 1 of this letter).

Very truly yours,



John B. David
Manager



Howard Koransky
Vice-President