

SERFF Tracking Number: AEGB-128478429 State: Arkansas
Filing Company: Monumental Life Insurance Company State Tracking Number:
Company Tracking Number: MLHI5000GP
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: MLHI5000GP
Project Name/Number: AMA/AGIA HIP PRODUCT/H034-ER

Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: MLHI5000GP SERFF Tr Num: AEGB-128478429 State: Arkansas

TOI: H14G Group Health - Hospital Indemnity SERFF Status: Closed-Approved- State Tr Num:
Closed

Sub-TOI: H14G.000 Health - Hospital Indemnity Co Tr Num: MLHI5000GP State Status: Approved-Closed

Filing Type: Form

Authors: Gillian Wilson, Eliza
Richardson

Reviewer(s): Rosalind Minor
Disposition Date: 07/10/2012

Date Submitted: 07/05/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AMA/AGIA HIP PRODUCT

Project Number: H034-ER

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Association, Trust

Filing Status Changed: 07/10/2012

State Status Changed: 07/10/2012

Created By: Gillian Wilson

Corresponding Filing Tracking Number:

Filing Description:

July 5, 2012

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Eliza Richardson

Jay Bradford, Commissioner

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201

SERFF Tracking Number: AEGB-128478429 State: Arkansas
Filing Company: Monumental Life Insurance Company State Tracking Number:
Company Tracking Number: MLHI5000GP
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: MLHI5000GP
Project Name/Number: AMA/AGIA HIP PRODUCT/H034-ER

NAIC #: 468-66281 FEIN #: 52-0419790

Re: Monumental Life Insurance Company
Group Hospital Indemnity Insurance Policy
Form MLHI5000GP et al.

Dear Commissioner:

The above referenced forms are being filed for your review and approval. These forms are new and do not replace any existing forms. The group policy will be issued direct or marketed through an out of state trust policy located in DC. This product is intended for use by association groups and will be marketed on a direct mail, direct response basis, or through licensed resident agents. This product may also be offered to colleges, universities, vocational and technical schools that would like to offer this product to eligible students and their dependents.

This policy provides a daily benefit for confinement in a hospital.

Also, we wish to use the following riders that were previously submitted and approved under SERFF filing AEGX125096402 on March 7, 2007:

- Form HI1002PRM - AD&D Rider provides a benefit in case of accidental death or dismemberment
- Form HI1008PRM - The Pregnancy Indemnity Benefit Rider provides a benefit for hospital confinement resulting from a normal pregnancy.
- Form HI1011RM - Recuperation Benefit Rider provides benefit for expenses incurred during recuperation.
- Form HI1019RM - The Inpatient Surgical and Anesthesia Benefit Rider provides an additional benefit for inpatient surgery and the expenses for anesthesia.

Enclosed to complete this submission is an Explanation of Variability. This SERFF submission includes all required components.

We trust with the enclosed information, you will be able to review our filing and grant an approval. Thank you in advance for your time and consideration in the review of this filing. If you have any questions, please feel free to contact me.

Sincerely,

Eliza Richardson, ACS, AIAA
Intermediate Filing Analyst
1-800-233-4624, ext. 5361
410-209-5930
Eliza.Richardson@Transamerica.com

SERFF Tracking Number: AEGB-128478429 State: Arkansas
 Filing Company: Monumental Life Insurance Company State Tracking Number:
 Company Tracking Number: MLHI5000GP
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: MLHI5000GP
 Project Name/Number: AMA/AGIA HIP PRODUCT/H034-ER

State Narrative:

Company and Contact

Filing Contact Information

Eliza Richardson, eliza.richardson@transamerica.com
 100 Light Street, Floor B1 410-209-5361 [Phone]
 Baltimore, MD 21202-2559

Filing Company Information

Monumental Life Insurance Company CoCode: 66281 State of Domicile: Iowa
 4333 Edgewood Road NE Group Code: 468 Company Type:
 Cedar Rapids, IA 52499 Group Name: State ID Number:
 (319) 355-7888 ext. [Phone] FEIN Number: 52-0419790

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? Yes
 Fee Explanation: AR filing fee requirement is \$50 per form. The domicile state is Iowa, which is a retaliatory state also.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$150.00	07/05/2012	60669157
Monumental Life Insurance Company	\$50.00	07/10/2012	60756127

SERFF Tracking Number: AEGB-128478429 State: Arkansas
 Filing Company: Monumental Life Insurance Company State Tracking Number:
 Company Tracking Number: MLHI5000GP
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: MLHI5000GP
 Project Name/Number: AMA/AGIA HIP PRODUCT/H034-ER

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/10/2012	07/10/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	07/06/2012	07/06/2012	Eliza Richardson	07/10/2012	07/10/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	NAIC Transmittal	Eliza Richardson	07/05/2012	07/05/2012

SERFF Tracking Number: *AEGB-128478429* *State:* *Arkansas*
Filing Company: *Monumental Life Insurance Company* *State Tracking Number:*
Company Tracking Number: *MLHI5000GP*
TOI: *H14G Group Health - Hospital Indemnity* *Sub-TOI:* *H14G.000 Health - Hospital Indemnity*
Product Name: *MLHI5000GP*
Project Name/Number: *AMA/AGIA HIP PRODUCT/H034-ER*

Disposition

Disposition Date: 07/10/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGB-128478429 State: Arkansas
 Filing Company: Monumental Life Insurance Company State Tracking Number:
 Company Tracking Number: MLHI5000GP
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: MLHI5000GP
 Project Name/Number: AMA/AGIA HIP PRODUCT/H034-ER

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Explanation of Variability	Approved-Closed	Yes
Supporting Document	Previously Approved Riders	Approved-Closed	Yes
Supporting Document (revised)	NAIC Transmittal	Approved-Closed	Yes
Supporting Document	NAIC Transmittal	Replaced	Yes
Form	Group Hospital Indemnity Insurance Policy	Approved-Closed	Yes
Form	Group Hospital Indemnity Insurance Certificate	Approved-Closed	Yes
Form	Enrollment Form	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

SERFF Tracking Number: AEGB-128478429 State: Arkansas
Filing Company: Monumental Life Insurance Company State Tracking Number:
Company Tracking Number: MLHI5000GP
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: MLHI5000GP
Project Name/Number: AMA/AGIA HIP PRODUCT/H034-ER

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/06/2012

Submitted Date 07/06/2012

Respond By Date

Dear Eliza Richardson,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Hospital Indemnity Insurance Certificate, MLHI5000GC (Form)

Comment:

With respect to the continuation for an incapacitated child, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Objection 2

- Group Hospital Indemnity Insurance Certificate, MLHI5000GC (Form)

Comment:

Coverage for newborns must be for at least 90 days as outlined under ACA 23-79-129 and Bulletin 1-84.

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

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: AEGB-128478429 State: Arkansas
 Filing Company: Monumental Life Insurance Company State Tracking Number:
 Company Tracking Number: MLHI5000GP
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: MLHI5000GP
 Project Name/Number: AMA/AGIA HIP PRODUCT/H034-ER

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 07/10/2012
 Submitted Date 07/10/2012

Dear Rosalind Minor,

Comments:

Thank you for your attention to this matter.

Response 1

Comments: We are submitting a new amendment for your review and approval, MLHI5000GAR.AR, to address this objection. In the Amendment, with respect to the continuation of coverage for an incapacitated child, the time limit for furnishing proof of incapacity has been removed. This amendment will be attached to the Certificate when issued in the state of Arkansas.

Related Objection 1

Applies To:

- Group Hospital Indemnity Insurance Certificate, MLHI5000GC (Form)

Comment:

With respect to the continuation for an incapacitated child, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Amendment	MLHI5000 GAR.AR		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement	Initial		53.800	MLHI5000 GAR AR Amendme

SERFF Tracking Number: AEGB-128478429 State: Arkansas
Filing Company: Monumental Life Insurance Company State Tracking Number:
Company Tracking Number: MLHI5000GP
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: MLHI5000GP
Project Name/Number: AMA/AGIA HIP PRODUCT/H034-ER

or Rider

nt.pdf

No Rate/Rule Schedule items changed.

Response 2

Comments: The new amendment we are submitting for review, MLHI5000GAR.AR, addresses this objection by making the coverage for newborns 90 days. This Amendment will be attached to the Certificate when issued in the State of Arkansas.

Related Objection 1

Applies To:

- Group Hospital Indemnity Insurance Certificate, MLHI5000GC (Form)

Comment:

Coverage for newborns must be for at least 90 days as outlined under ACA 23-79-129 and Bulletin 1-84.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

We hope that with the document we have submitted, you will be able to continue your review of this filing and grant us a favorable disposition. Please let us know if we can be of further assistance. We look forward to hearing from you.

Sincerely,

Eliza Richardson, Gillian Wilson

SERFF Tracking Number: AEGB-128478429 State: Arkansas
Filing Company: Monumental Life Insurance Company State Tracking Number:
Company Tracking Number: MLHI5000GP
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: MLHI5000GP
Project Name/Number: AMA/AGIA HIP PRODUCT/H034-ER

Amendment Letter

Submitted Date: 07/05/2012

Comments:

I am submitting a revised transmittal as the initial transmittal was submitted unsigned.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: NAIC Transmittal

Comment: The initial transmittal is being replaced, as it was not signed.
NAIC Transmittal - AR.pdf

SERFF Tracking Number: AEGB-128478429 State: Arkansas
 Filing Company: Monumental Life Insurance Company State Tracking Number:
 Company Tracking Number: MLHI5000GP
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: MLHI5000GP
 Project Name/Number: AMA/AGIA HIP PRODUCT/H034-ER

Form Schedule

Lead Form Number: MLHI5000GP

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/10/2012	MLHI5000 GP	Policy/Cont ract/Fratern al	Group Hospital Indemnity Insurance Policy Certificate	Initial		40.000	MLHI5000GP _Group Hospital Indemnity Insurance Policy.pdf
Approved-Closed 07/10/2012	MLHI5000 GC	Certificate	Group Hospital Indemnity Insurance Certificate	Initial		40.000	MLHI5000GC _Group Hospital Indemnity Insurance Certificate.pdf
Approved-Closed 07/10/2012	MLHI5000 GE	Application/ Enrollment Form	Enrollment Form	Initial		44.500	MLHI5000GE ENROLLMEN T FORM.pdf
Approved-Closed 07/10/2012	MLHI5000 GAR.AR	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Amendment Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53.800	MLHI5000GA R AR Amendment.p df

MONUMENTAL LIFE INSURANCE COMPANY

(Herein, "we," "us," "our" or "the Company")

Home Office: 4333 Edgewood Road N.E. Cedar Rapids, Iowa 52499

[Administrative Office: [100 Light Street, Baltimore, Maryland 21202]]

Policyholder Name: [ABC Association Group]

Policyholder Address: [123 Any Street]
[City, State and Zip]

Place of Delivery: [City and State]

Policy Number: [MZ00000]

Policy Effective Date: [August 1, 2012]

Policy Anniversary: [August 1, 2013][August 1 of each year beginning 2013]

IN WITNESS WHEREOF Monumental Life Insurance Company has caused this Policy to be executed on the Date of Issue to take effect on the Policy Effective Date.

GROUP HOSPITAL INDEMNITY INSURANCE POLICY NONPARTICIPATING



Secretary



President

[Countersigned by]

[Accepted by]

.....
[Licensed Resident Agent]

.....
[Policyholder]

TABLE OF CONTENTS

[SCHEDULE OF BENEFITS {XX}]

POLICY MODIFICATIONS{XX}

PARTICIPATING ORGANIZATIONS.....{XX}

GENERAL DEFINITIONS.....{XX}

CONTRACT PROVISIONS{XX}

INCORPORATION PROVISION{XX}

CERTIFICATE OF INSURANCE.....{XX}

HOSPITAL INDEMNITY LIMITS{XX}

RIDERS (IF ANY){XX}

[SCHEDULE-ELIGIBILITY

[Eligible Persons:

DESCRIPTION OF ELIGIBLE PERSONS

Class 1: All Prior Covered Persons who are under the Policy Age Limit.

Class 2: All active members of a Participating Organization who:
a) are under age 75; and
b) reside in the United States; and
c) are not a full-time member of any country's armed forces.]

[Eligible Member: Eligible Members are described below.

All Prior Insured Persons and their Eligible Dependents who were covered under the Prior Policy on [month/day/year].]

[Prior Covered Person [means a person who was covered under the Prior Policy on [month/day/year].] [includes Spouses and Children covered under the Prior Policy on [month/day/year].]]

[Prior Policy means Policy Number[s] [123][456] issued to the [ABC Association] by [ABC Insurance Company].]

[Account Numbers:

[Account Number [001] applicable to Prior Policy Numbers: [123]]

[Account Number [002] applicable to Prior Policy Numbers: [456]]

[Account Number [003] applicable to Class 2 Insured Persons]]

[Eligible Dependents: Eligible Members may apply for Dependents Coverage. Eligible Dependents are described below.

Description of Eligible Spouse

[An Eligible Person's spouse who:

- a) is under age {75};
- b) resides in the United States; and
- c) is not legally separated or divorced from the Eligible Person; and
- d) is not a full-time member of any country's armed forces.]

[The Eligible Member's Spouse provided the Spouse is not legally separated or divorced from the Eligible Member.]

Description of Eligible Child

The Eligible Member's unmarried child, stepchild, legally adopted child, or child in the process of adoption, who is [at least 13 days old and]:

- a) under age {21}; or
- b) under {24} if a full time student at an accredited school;
provided the child primarily depends on the Eligible Member or Spouse for financial support.]

[Policy Age Limit: [None].]

[Eligibility Restrictions:

[The Eligible Member must enroll for coverage under this Policy in order to enroll for Dependents Coverage. If a husband and wife are both Eligible Members, only one may apply for Insured Persons Coverage with the other covered as a dependent only.]

[Spouses are not eligible for a Daily Benefit greater than the Eligible Member's.]

[Applicable to Class 2 Insured Persons: A Covered Person's Benefits under this Policy and any other Hospital Indemnity policies issued by us or any of our affiliated companies may not exceed [\$400] per day. If a Covered Person's Benefits exceed this amount, then benefits under this Policy will be reduced by the excess amount. All premiums paid for such excess insurance shall be returned to the Covered Person or to his or her estate.]]

[SCHEDULE-BENEFITS AND AMOUNTS

Each Prior Insured will be covered for the same Benefit Amount for which he or she was covered under the Prior Policy on [month/day/year], subject to the provisions and all other terms of this Policy. The Prior Insured Person's Benefit Amount will be shown in his or her schedule.

The Amount of Insurance for a Covered Person who was not covered under the Prior Policy will be as elected from this Schedule. The election must be in accordance with the Eligibility Provisions and all other terms of this Policy. The Amount of Insurance cannot be more than the amount across from the Covered Person's age at the time of election.

**Account [001]
(Applicable to Prior Policies [123].)**

HOSPITAL INDEMNITY BENEFIT

DAILY BENEFIT

BASIC HOSPITAL CONFINEMENT (Sickness)

All Prior Covered Persons* \$10-\$200 in \$5 increments

BASIC HOSPITAL CONFINEMENT (Accident)

All Prior Covered Persons 2 times the Daily Benefit Amount elected for Basic Hospital Confinement.

ACCIDENT CONFINEMENT (Specified Vehicle/Travel Accident)

All Prior Covered Persons 4 times the Daily Benefit Amount elected for Basic Hospital Confinement.

*[In no event shall the [Spouse's][or][Child(ren)'s] benefit exceed {50 - 100%} of the [Member's] [Covered Person's] benefit.]

OPTIONAL BENEFITS

CANCER CONFINEMENT

All Prior Covered Persons \$10-\$200 in \$5 increments

INTENSIVE CARE CONFINEMENT

All Prior Covered Persons \$10-\$200 in \$5 increments

SKILLED NURSING FACILITY

All Prior Covered Persons \$10-\$200 in \$5 increments

For Covered Persons age 65 and over, the Basic Hospital Daily Benefit Amount doubles for the 61st-90th day of Confinement and doubles again for the 91st-365th day of Confinement.

Maximum Benefit Period

For Cancer Confinement 100 days per Benefit Period

For Intensive Care Confinement 100 days per Benefit Period

For Confinement in a Skilled Nursing Facility 100 days per calendar year

For Nervous, Mental, Emotional Disorders 30 days per calendar year

For Any Other Hospital Confinement 730 days per Injury or Sickness

Waiting Period for Sickness (Applicable Only to Insured Person Age 65 and Over): 3 Days Retroactive]

SCHEDULE OF BENEFITS

Member's Name: [Jane Doe] [Member's Age: {35-75}]
[Dependent's Name: [John Doe]] [Dependent's Age: {35-75}]
Effective Date of Coverage: [January 1, 2012] [Group Policy: [MZ00000]]
[Certificate Number: [123456]] [Monthly] Premium: [\$000.00-\$250.00]

Insurance benefits are determined by this Schedule and the terms of the Group Policy.

[YOUR PREMIUM INCLUDES A {\$2.00-\$50.00} [ANNUAL] POLICY FEE FOR [AMA] NON-AMA MEMBERS.]

BASIC HOSPITAL CONFINEMENT BENEFIT

A Daily Benefit amount in multiples of {\$5 - \$250 } from a minimum of {\$5-\$250} to a maximum of {\$100-\$2000} as selected by the Member.

[In no event shall the [Spouse's][or][Child(ren)'s] benefit exceed {50%-100%} of the [Member's] [Covered Person's] benefit.]

[We will not pay more than [two-four] times the Daily Benefit amount for any one day of Hospital Confinement [due to Confinement for Cancer and Intensive Care].]

[Benefits automatically [double] [triple] if hospitalized over {25-250} miles away from your permanent residence.]

BENEFIT [PROVISIONS]:**AMOUNTS [AND LIMITS]**

	MEMBER	[SPOUSE]	[CHILD(REN)]
Hospital Daily Benefit (Daily Benefit)			
[Accident and Sickness]			
[Days {1 – 60}]	[\$5-\$2000][per day]	[\$5-\$2000][per day]	[\$5-\$2000][per day]
[Days {8– 90}]	[\$5- \$2000][per day]	[\$5-\$2000][per day]	[\$5-\$2000][per day]
[Days {15 – 500}]	[\$5-\$2000][per day]	[\$5-\$2000][per day]	[\$5-\$2000][per day]
[Elimination Period]	{1-730 days}	{1-730 days}	{1-730 days}
[For Covered Persons age {55-65} and over, the Basic Hospital Daily Benefit amount doubles for the [61 st – 90 th] day of Confinement and doubles again for the [91 st – 365 th] day of Confinement.]			
[Maximum Benefit - Per Period of Confinement]	{1-500 days}	{1-500 days}	{1-500 days}
[Maximum Benefit - Under Age {75}]			
[per calendar year]	{1-500 days}	{1-500 days}	{1-500 days}
[for drug abuse]	{1-500 days}	{1-500 days}	{1-500 days}
[for alcohol abuse]	{1-500 days}	{1-500 days}	{1-500 days}
[for Mental/Nervous Disorders]	{1-500 days}	{1-500 days}	{1-500 days}
[Maximum Benefit - Age {75} and Over]	{1-730 days} [per calendar year]	{1-730 days} [per calendar year]	[N/A]

	MEMBER	[SPOUSE]	[CHILD(REN)]
[Sickness]			
[Days 1 – 60]	[[{\$5-\$2000} [per day]	[[{\$5-\$2000} [per day]	[[{\$5-\$2000} [per day]
[Days 61 – 90]	[\$5-\$2000] [per day]	[\$5-\$2000] [per day]	[\$5-\$2000] [per day]
[Days 91 – 365]	[\$5-\$2000] [per day]	[\$5-\$2000] [per day]	[\$5-\$2000] [per day]
[Waiting Period for Age {30-65} and Over]	{1 - 5 days}	{1 - 5 days}	{1 - 5 days}
[Accident]			
[Days 1 – 60]	[[{1-4} times the Basic Hospital Confinement Daily Benefit]	[[{1-4} times the Basic Hospital Confinement Daily Benefit]	[[{1-4} times the Basic Hospital Confinement Daily Benefit]
[Days 61 – 90]	[\$10-\$2000] [per day]	[\$10-\$2000] [per day]	[\$10-\$2000] [per day]
[Days 91 – 365]	[\$10-\$2000] [per day]	[\$10-\$2000] [per day]	[\$10-\$2000] [per day]
[Specified Vehicle/Travel Accident]			
[Days 1 – 60]	[[{1-4} times the Basic Hospital Confinement Daily Benefit]	[[{1-4} times the Basic Hospital Confinement Daily Benefit]	[[{1-4} times the Basic Hospital Confinement Daily Benefit]
[Days 61 – 90]	[\$10-\$2000] [per day]	[\$10-\$2000] [per day]	[\$10-\$2000] [per day]
[Days 91 – 365]	[\$10-\$2000] [per day]	[\$10-\$2000] [per day]	[\$10-\$2000] [per day]
[Maximum Benefit-Period of Confinement]	Per {1-730 days}	{1-730 days}	{1-730 days}
[Outpatient Surgery]	[[{\$10-\$2000} [per day]	[[{\$10-\$2000} [per day]	[[{\$10-\$2000} [per day]
Not more than [1-3] times the Daily Benefit amount will be paid for all procedures performed in any one calendar year, nor more than one Daily Benefit amount paid on any one day.]	{25%-100% of} {1-3 times} the Basic Hospital Confinement Daily Benefit]	{25%-100% of} {1-3times} the Daily Benefit]	{25-100% of} {1-3 times} the Daily Benefit]
[up to {1-15} covered surgeries per calendar year]			
Maximum Benefit – [[{1-15} [covered] surgeries per calendar year]			

	MEMBER	[SPOUSE]	[CHILD(REN)]
[Residential Treatment Facility Confinement Benefit] Confinement for alcoholism and drug abuse and the medical complications resulting from alcohol or drug abuse (excludes coverage for mental/nervous disorders.)	[25%-50%] {one-half-one-fourth} Of the Basic Hospital Confinement Daily Benefit]	[25%-50%] {one-half-one-fourth} Of the Basic Hospital Confinement Daily Benefit]	[25%-50%] {one-half-one-fourth} of the Basic Hospital Confinement Daily Benefit]
[Maximum Benefit - Per Period of Confinement: Drug Abuse Alcohol Abuse]]	[30-100] days] [30-100] days]	[30-100] days] [30-100] days]]	[30-100] days] [30-100] days]
[Medically Necessary Outpatient Surgery Benefit] Not more than {1-4} times the Daily Benefit amount will be paid for all procedures performed on a Covered Person in any one calendar year, nor more than one Daily Benefit amount will be paid on any one x-ray.]	{\$10-\$2000} [per day]	{\$10-\$2000}[per day]	{\$10-\$2000} [per day]
[Cancer Confinement Benefit] [Under Age {50-65}]	[[\$10-\$2000 per day]] [50%-200% of] [1-4 times]] the Basic Hospital Confinement Daily Benefit]	[[\$10-\$2000per day]] [50%-200% of] [1-4 times]] the Basic Hospital Confinement Daily Benefit]	[[\$10-\$2000per day]] [50%-200% of] [1-4 times]] the Basic Hospital Confinement Daily Benefit]
[Maximum Benefit - per calendar year]	[1-365] days]	[1-365] days]	[1-365] days]
[Age {55-70} and Over]	[[\$10-\$1000 per day]] [50%-100% of] [1- 4 times]] the Basic Hospital Confinement] Daily Benefit[[N/A]	[[\$10-\$1000 per day]] [50%-100% of] [1-4 times]] the Basic Hospital Confinement] Daily Benefit[[N/A]	[[\$10-\$1000 per day]] [50%-100% of] [1- 4times]] the Basic Hospital Confinement] Daily Benefit[[N/A]
[Maximum Benefit - per calendar year]	[1-365] days]	[1-365] days]	[1-365] days]
[Intensive Care Unit Confinement Benefit] [Under Age {50-65}]	[[\$10-\$2000 per day]] [50%-200% of] [1-4 times]] the Basic Hospital Confinement Daily Benefit]	[[\$10-\$2000 per day]] [50%-200%of] [1-4 times]] the Basic Hospital Confinement Daily Benefit]	[[\$10-\$2000 per day]] [50%-200%of] [1-4 times]] the Basic Hospital Confinement Daily Benefit]

	MEMBER	[SPOUSE]	[CHILD(REN)]
[Maximum Benefit - per calendar year]	[[{1-365} days]	[[{1-365} days]	[[{1 -365} days]
[Age {55-70} and Over]	[[[{\$10-\$1000 per day}]] [[{50%-200% of}]] [[{1- 4 times}]] the Basic Hospital Confinement Daily Benefit]	[[[{\$10-\$1000 per day}]] [[{50%-200%of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit]	[[[{\$10-\$1000 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit]
[Maximum Benefit - per calendar year]	[[{1-365} days]	[[{1-365} days]	[[{1-365} days]
[Intermediate Intensive Care Unit Confinement Benefit]	[[[{\$10-\$2000 per day}]] [[{50%-200% of}]] [[{1- 4 times}]] the Basic Hospital Confinement Daily Benefit]	[[[{\$10-\$2000per day}]] [[{50%-200% of}]] [[{1- 4 times}]] the Basic Hospital Confinement Daily Benefit]	[[[{\$10-\$2000 per day}]] [[{50%-200% of}]] [[{1- 4 times}]] the Basic Hospital Confinement Daily Benefit]
[Maximum Benefit - Under Age {50-65}] [per calendar year]	[[{1-365} days]	[[{1-365} days]	[[{1-365} days]
[Maximum Benefit - Age {55-70} and Over] [per calendar year]	[[{1-365} days]	[[{1-365} days]	[[{1-365} days]
[Common Accident Confinement Benefit]	[[[{\$10-\$2000 per day}]] [[{50% - 200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit]	[[[{\$10-\$2000 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit]	[[[{\$10-\$2000 per day}]] [[{50% - 200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit]
[SKILLED NURSING FACILITY INDEMNITY BENEFIT]			
[Under Age {55-60}]	[[N/A]	[[N/A]	[[N/A]
[Age {50-60} to 65]	[[[{\$10-\$1000 per day}]] [[{50%-200%}]] [[{one-fourth-one-half }]] [[of] the Basic Hospital Confinement Daily Benefit]	[[[{\$10-\$1000 per day}]] [[{50%-200%}]] [[{one-fourth-one half}]] [[of] the Basic Hospital Confinement Daily Benefit]	[[[{\$10-\$1000 per day}]] [[{50%-200%}]] [[{one-fourth-one-half}]] [[of Basic Hospital Confinement Daily Benefit]
[Waiting Period]	{0 - 30 days}	{0 - 30 days}	{0 - 30 days}
Days Commencing within discharge	{5-30 days}	{5-30 days}	{5-30 days}
Continuous Inpatient Stay Days	{5-30} days	{5-30} days	{5-30}days
[Calendar Year]			

	MEMBER	[SPOUSE]	[CHILD(REN)]
Maximum]	{5-30} days	{5-30} days	{5-30} days
[Maximum - Per Period of Confinement for: Mental or Nervous Disorders	[[{1- 365} days]	[[{1-365} days]	[[{1-365} days]
All Other Skilled Nursing Facility Confinements]	[[{5-30} days]	[[{5-30} days]	[[{5-30} days]

No benefit will be paid for a Skilled Nursing Facility after the Covered Person attains age 65.]

[HOME CONVALESCENT BENEFIT

[Under Age {50-65}]	[[N/A]	[N/A]	N/A
[Age {55-60} to 65]	[[{ \$10- \$2000 per day}]{50%-200%}] [[one-fourth-one-half}] [of] the Basic Hospital Confinement Daily Benefit.	[[{ \$10- \$2000 per day}]{50%-200%}] [[one-fourth-one-half}] [of] the Basic Hospital Confinement Daily Benefit.	N/A
Continuous Inpatient Stay Days	{5-30} days	{5-30} days	
[Calendar Year Maximum]	[[{30- 365} days]]	[[{30-365} days]]	

Coverage for dependent children is not provided by this benefit.]

[OBSERVATION CARE BENEFIT]	[[{ \$10- \$2000}]{50%-200%}] [[one -four times}] the Basic Hospital Confinement Daily Benefit.]	[[{ \$10-\$2000}]{50%-200%}] [[one-four times}] the Basic Hospital Confinement Daily Benefit.]	[[{ \$10- \$2000}]{50%-200%}] [[one-four times}] the Basic Hospital Confinement Daily Benefit.]
[Maximum Benefit]	[[{1-20} Observations] [per calendar year]	[[{1-20} Observations] [per calendar year]	[[{1-20} Observations] [per calendar year]
[[EMERGENCY] [ACCIDENT] [OUTPATIENT SERVICES] BENEFIT]	[[{ \$10- \$2000 per day}]{50%-200% of}]] [[{1- 4 times}] the Basic Hospital Confinement Daily Benefit.]	[[{50%-200% of}]{1-4 times}] the Basic Hospital Confinement Daily Benefit.]	[[{50%-200% of}]{1- 4 times}] the Basic Hospital Confinement Daily Benefit.]
[Outpatient Procedures] Surgical			
[Outpatient Facility] Surgical	[[{ \$10 - \$2000 per day}]{50%- 200% of}]] [[{1-4 times}] the Basic Hospital Confinement Daily	[[{ \$10-\$2000 per day}]{50%-200% of}]] [[{1-4 times}]	[[{ \$10-\$2000 per day}]{50%-200% of}]] [[{1-4 times}]

	MEMBER	[SPOUSE]	[CHILD(REN)]
	Benefit.]	the Basic Hospital Confinement Daily Benefit.]	the Basic Hospital Confinement Daily Benefit.]
[Outpatient Diagnostic X-Rays]	[[{\$10-\$2000 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$2000 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$2000 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit.]
[Outpatient Diagnostic Laboratory Tests]	[[{\$10-\$2000 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$2000 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$2000 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit.]
[Emergency] [Physician Visits][Wellness]	[[{\$10-\$2000 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$2000 per day}]] [[{50%-200% of}]] [1-4 times] the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$2000 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit.]
[Emergency Room] [Maximum Amount of [\$1,000-\$2,000]]	[[{\$10-\$2000 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$2000 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$2000 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit.]
[[Emergency] Ambulance Services:] [For Sickness] [Maximum Amount of [\$500-\$1000]]	[[{\$10-\$1000 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$1000 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$1000 per day}]] [[{50%-200% of}]] [1-4 times] the Basic Hospital Confinement Daily Benefit.]
[For Injury] [Maximum Amount of [\$500-\$1000]]	[[{\$10-\$1000 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$1000 per day}]] [[{50%-200% of}]] [1-4 times] the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$1000 per day}]] [[{50%-200% of}]] [1-4 times] the Basic Hospital Confinement Daily Benefit.]
[Physical Therapy Services] [Maximum Amount of [\$100-\$500]]	[[{\$10-\$500 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$500 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$500 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit.]
[Mental and Nervous Disorder]	[[{\$10-\$1000 per day}]]	[[{\$10-\$1000 per day}]]	[[{\$10-\$1000 per day}]]

	MEMBER	[SPOUSE]	[CHILD(REN)]
Benefit	[{{50%-200% of}}] [{{1-4 times}}] the Basic Hospital Confinement Daily Benefit.]	[{{50%-200% of}}] [{{1-4 times}}] the Basic Hospital Confinement Daily Benefit.]	[{{50%-200% of}}] [{{1-4 times}}] the Basic Hospital Confinement Daily Benefit.]
Maximum Benefit – Per Period of confinement:	{1- 365} days]	[{{1- 365}} days]	[{{1- 365}} days]]

SCHEDULE-PREMIUMS

Individual Premiums: Premiums for each Covered Person are stated below [and on the next page].

Premiums are based on:

- a) the Covered Person's attained age on his or her effective date and on each premium renewal date; and
- b) the Benefit Amount elected.

[The premiums stated in this section are for [monthly] periods of coverage for the {\$5} Daily Benefit Amount.]

Semi-annual premiums are six times those stated and annual premiums are twelve times those stated. If a premium becomes due for a different period of time, it will be determined pro rata.

(RATE TABLE(S) INSERTED HERE)

Policy Premium: The premium for this Policy is the sum of Individual Premiums for each Covered Person.

Policy Premium Due Dates: The Policy Premium is payable on:

- a) this Policy Effective Date; and
- b) the {1st} day of each month thereafter, with respect to each Covered Person whose premium becomes due on such date, subject to the Individual Grace Period provision.

Each Policy Premium is due on or in advance of the date it becomes payable. This Policy terminates on the last day of the period for which premium is paid.

Policy Payment: The Policy Premiums are to be paid to us by the Policyholder. However, they may be paid to us by any other person according to a mutual agreement among the other person, the Policyholder and us.

Change of Policy Premiums: We have the right on each Premium Due Date to change the rate at which further premiums will be calculated. This includes the right to change premium rates for a benefit that applies to all individuals of the same class, sex, and age.

Rates may be changed based on the claims experience of this Policy. We will give the Policyholder notice of any change at least 45 days before the Due Date on which it is to become effective.

GENERAL DEFINITIONS

Age means the Covered Person's attained age on any Premium Due Date.

[Ambulatory Surgical Center means a Center which is approved and licensed by the state in which it operates. If the state does not have licensing requirements, it must:

- a) have outpatient facilities for diagnosis or treatment of an injury or surgery;
- b) be supervised by a staff of physicians;
- c) provide nursing services by registered graduate nurses;
- d) maintain medical records on all patients;
- e) have emergency equipment and supplies with medical personnel trained in the use of the equipment; and
- f) have a contract with a Hospital for admission in the case of an emergency.]

Complication of Pregnancy means a condition requiring Hospital Confinement (when pregnancy is not terminated), whose diagnosis is distinct from pregnancy but adversely affected or caused by pregnancy, such as:

- a) acute nephritis or nephrosis;
- b) cardiac decompensation;
- c) missed abortion;
- d) pre-eclampsia;
- e) hyperemesis gravidarum; and
- f) similar medical and surgical conditions of comparable severity.

Complication of Pregnancy will also include:

- a) non-elective cesarean section;
- b) termination of ectopic pregnancy; and
- c) spontaneous termination of pregnancy, occurring during a period of gestation in which a viable birth is not possible.

However, the term Complication of Pregnancy will not include:

- a) false labor, occasional spotting, or morning sickness;
- b) physician prescribed rest;

or any similar condition associated with the management of a difficult pregnancy not consisting of a nosologically distinct Complication of Pregnancy.

Confined or Confinement means being an Inpatient in either or, due to Sickness or Injury,

- a) a Hospital
- b) [a Skilled Nursing Facility with respect to the Skilled Nursing Facility Benefit [or]
- c) [a Residential Treatment Facility with respect to the Residential Treatment Facility Benefit.]

Covered Person means the Eligible Member [and Eligible spouse or Dependent[s]], while covered by the Policy.

Day of Confinement means a period of 24 hours as an Inpatient confined in:

- a) a Hospital; or
- b) for which a daily room and board charge is made for a full day of Confinement.
- c) [a Skilled Nursing Facility with respect to the Skilled Nursing Facility Benefit.]
- d) [a Residential Treatment Facility with respect to the Residential Treatment Facility Benefit.]

[Eligible Member means [an active member [of [ABC] Association].] [a person for whom an application has been received and the required premium has been paid]].

[Eligible Member means:

- (1) any active member or physician who is eligible for membership in the American Medical Association "AMA" (as defined in the AMA Constitution and Bylaws as amended from time to time) Such member must be engaged as next defined. (a) Actively Engaged Full-Time in: the practice of medicine; medical research; administration of medical facilities or services; programs of internship or residence; or a combination of those activities. (b) A student engaged full-time in the curriculum of a medical school; conducting a program of medical training; and as approved by the Council on Medical Education of the AMA. (c) Actively Engaged Full-Time as a: faculty member of a medical school; and holder of the degree of Doctor of Medicine or a Bachelor of Medicine.
- (2) any active, full-time employee who is regularly scheduled to work at least 20 hours per week as next defined. Such work shall be on the staff of: (a) the AMA constituent or state associations or component societies (as these terms are defined in the AMA Constitution and Bylaws as amended from time to time); or (b) the AMA affiliated organizations; or (c) those national medical specialty societies recognized by the AMA for purposes of representation in the AMA House of Delegates; and as listed in the AMA's published Directory of Officials and Staff;
- (3) any active member of the American Medical Association Alliance, Inc;
- (4) any retired member or physician eligible for membership in the AMA;
- (5) any employee as defined in item 2 who retires and while insured under the Policy.]

A member must be under age 80 to be eligible to become insured.

However, a Member may only be insured under one of the above-classes of Members.

Hospital means an institution which:

- a) operates pursuant to law;
- b) primarily and continuously provides medical care and treatment of sick and injured persons on an Inpatient basis;
- c) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified physicians; and
- d) provides 24 hour a day nursing service by or under the supervision of registered graduate nurses.

[Hospital will also mean a Sanatoria operated by or certified by the First Church of Christ, Scientist, Boston, Massachusetts.]

Hospital does not mean any institution or part thereof which is used primarily as:

- a) a nursing home, convalescent home, or skilled nursing facility;
- b) a place for rest, custodial care, or for the aged;
- c) a clinic;
- d) [a place for the treatment of mental illness, alcoholism, or drug addiction.]

[However, a place for the treatment of Mental, Nervous or Emotional Disorders other than a Residential Treatment Facility will be regarded as a Hospital if:

- a) it is part of an institution that meets the above requirements; and
- b) it is listed in the American Hospital Association Guide as a general hospital; or
- c) it is an institution operated principally for the treatment of mental, nervous or emotional disorders.]

Injury means bodily Injury of a person resulting directly and independently of all other causes from an accident. However, Injury that occurred prior to a Covered Person's effective date of coverage will be subject to the Policy's Pre-existing Condition Limitation.

Inpatient means confinement in:

- a) a Hospital, for which a room and board charge is made;
- b) [a Skilled Nursing Facility with respect to the Skilled Nursing Facility Benefit, for which a room and board charge is made.] [or]

- c) [a Residential Treatment Facility with respect to the Residential Treatment Facility Benefit, for which a room and board charge is made.]

Medically Necessary means:

- a) recommended by a legally qualified physician acting within the scope of his or her license;
- b) consistent with currently accepted medical practice; and
- c) generally considered by United States physicians to be appropriate for a given medical condition.

A Hospital Confinement will not be deemed Medically Necessary if we determine that any service, supply or treatment in connection with that confinement is experimental in nature.

A service, supply or treatment will be considered experimental if it:

- a) is in the research or experimental stage;
- b) involves the use of a drug or substance that has not been approved by the United States Food and Drug Administration, by issuance of a New Drug Application or other formal approval;
- c) is not in general use by qualified physicians;
- d) is not of demonstrated value for the diagnosis or treatment of Sickness or Injury.

[Mental and Nervous Disorders means any neurosis, psychoneurosis, psychopathy, or psychosis, mental or emotional disease or disorder of any kind:

- a) including bodily malfunction caused by underlying organic disease if symptoms result in a dysfunction of the mind; and
- b) including but not limited to schizophrenia, bi-polar personality disorder or autism.

However, with respect to underlying organic disease, the disorder will be regarded as a Mental or Nervous Disorder only to the extent it requires psychiatric or psychological treatment.]

Period of Confinement means an interval of time during which a Covered Person is Confined as an Inpatient in a Hospital. A Period of Confinement begins on the date the Covered Person is admitted to the Hospital. Successive Confinements:

- a) due to the same or related causes; and
- b) separated by less than 90 days;

are part of the same Period of Confinement.

A new Period of Confinement begins when the Covered Person is readmitted to a Hospital:

- a) for a new Sickness or Injury unrelated to the causes of a prior Confinement; or
- b) after he or she has been free of Hospital Confinement for 90 days or more.

Policyholder means the [ABC Association Group].

[Prior Plan means group Policy [123456] issued by the prior carrier [ABC Insurance Company] which terminated on [XX]].

[Residential Treatment Facility means a licensed facility that provides care 24 hours daily to one or more patients, including but not limited to, the following services: room and board; medical, nursing and dietary services; patient diagnosis, assessment and treatment; individual, family and group counseling; and educational and support services. A Residential Treatment Facility is not a Hospital, as defined. The care provided in a Residential Treatment Facility is not the acute level of care generally associated with hospital inpatients.

When a Covered Person is confined in a Residential Treatment Facility, the Policy will cover only confinement for alcoholism and drug abuse and the medical complications which result from alcohol or drug abuse. The extent and amount of such coverage is specified in the Hospital Indemnity Benefit section. The Policy does not cover care and treatment for Mental and Nervous Disorders when provided in a Residential Treatment Facility.]

Request means a written request made on the form we furnish for making the request.

Sickness means a person's sickness, disease or Complication of Pregnancy, as defined. However, Sickness first manifested prior to a Covered Person's effective date will be subject to the Policy's Pre-existing Condition Limitation.

We, us or **our** means the insurance company named in this Policy.

You or **your** means the Member named in the Schedule.

CONTRACT PROVISIONS

Entire Contract: The entire contract between the Policyholder and us consists of this Policy and any forms made a part of this Policy at issue. All statements made by the Policyholder or the Covered Person will be deemed representations and not warranties. No statement made to effect this insurance will:

- a) void the insurance; or
- b) reduce benefits;

unless it is in writing and signed by the Policyholder or the Insured Person.

Changes: We reserve the right to make changes in this Policy. We will give the Policyholder 30 days advance written notice of any change.

No agent has authority to change or waive any part of this Policy. To be valid, any change or waiver must be in writing, approved by one of our officers and made a part of this Policy.

Time Periods: All periods begin and end at 12:01 A.M., Standard Time at the place where this Policy is delivered.

Certificates: We will give individual certificates to:

- a) the Policyholder; or
- b) any other person according to a mutual agreement among the other person, the Policyholder and us; for delivery to insured persons.

The certificates will describe the features of this Policy which are important to Insured Persons.

30 Day Right to Examine Certificate: The Insured Person has a 30 day right to examine his or her certificate. If the Insured Person is not satisfied, he or she may return it to us within 30 days of his or her effective date. In that event, we will consider it void from the certificate effective date and any premium paid will be refunded. Any claims paid during the initial 30 day period will be deducted from the refund.

Data Furnished by Policyholder: The Policyholder, or any other person designated by the Policyholder, may keep the important insurance records on all Covered Persons. The Policyholder or its designee must give us information, when and in the manner we ask, to administer the insurance provided by this Policy.

The Policyholder or designee will, upon our request, give us:

- a) the names of all persons initially eligible;
- b) the name of all additional persons who become eligible;
- c) the names of all persons whose benefit is to be changed;
- d) the names of all persons whose insurance is terminated; and
- e) any data necessary to calculate premiums.

The Policyholder's failure to report a person's termination of insurance does not continue the coverage beyond the date of termination.

The Policyholder's insurance records will be open for our inspection at any reasonable time.

Clerical Error: Clerical error (whether by the Policyholder, the Plan Administrator, or us) in keeping the records having to do with this Policy, or delays in making entries on the records, will not void the insurance of any person if that insurance would otherwise have been in effect. Such clerical error will not extend the insurance of any person if that insurance would otherwise have ended or been reduced as provided by this Policy.

When a clerical error is found, premiums and benefits will be adjusted based on the true facts and this Policy.

CONTRACT PROVISIONS (Continued)

Misstatement of Age: If the age of the Covered Person has been incorrectly stated, the premium rates will be adjusted to the correct age of the person. If the change in age affects the Covered Person's benefits, the benefits will be corrected accordingly and the premium adjustment will take this correction into account.

Policy Cancellation: This Policy may be cancelled at any time by written notice mailed or delivered by us to the Policyholder or by the Policyholder to us. If we cancel, we will mail or deliver the notice to the Policyholder at its last address shown in our records.

If we cancel, it becomes effective on the later of:

- a) the date stated in the notice; or
- b) the {31st}day after we mail or deliver the notice.

If the Policyholder cancels, it becomes effective on the later of:

- a) the date we receive the notice; or
- b) the date stated in the notice.

In either event:

- a) we will promptly return any unearned premium paid; or
- b) the Policyholder will promptly pay any earned premium which has not been paid.

Any earned or unearned premium will be determined on a pro rata basis.

Cancellation will be without prejudice to any claim which originated prior to the effective date of the cancellation.

Reinstatement of Insurance: If we terminate insurance for nonpayment of premium, the Covered person may reinstate coverage within {30 - 90} days following the last unpaid premium due date. He must pay all overdue premium. The reinstated policy will not cover a loss which occurred during the lapsed period.

Not in Lieu of Worker's Compensation: This Policy does not satisfy any requirement for worker's compensation insurance.

Conformity with Law: If any provision of this Policy is contrary to the law of the jurisdiction in which it is delivered, such provision is hereby amended to conform to that law.

[PARTICIPATING ORGANIZATIONS]

The Policyholder means [ABC Association Group].

Participating Organization means any organization that has become a member of the [Trustee of the ABC Association Group Trust].

We or the Policyholder (by written request), may add to or delete from the list of Participating Organizations in this Policy at any time.

Any change we agree to will become effective on a date which is mutually agreeable to the Policyholder and us.

Name of Participating Organization	Effective Date
[ABC Group 1]	[August 1, 2012]
[ABC Group 2]	[August 1, 2012]
[ABC Group 3]	[August 1, 2012]
[ABC Group 4]	[August 1, 2012]

The Policyholder will act for and on behalf of each Participating Organization in all matters concerning this Policy.

Every:

- a) act of the Policyholder;
- b) agreement made between the Policyholder and us;
- c) notice given by us to, or to us by, the Policyholder;

is binding on each Participating Organization.

Each reference in this Policy to a relationship between the Policyholder and its Eligible Persons includes the same relationship between each Participating Organization and its Eligible Persons, except where this Policy describes specific differences.

Individual Effective Date: A person associated with a Participating Organization will not:

- a) become an Eligible Person before the Organization qualifies; or
- b) continue as an Eligible Person after the Organization ceases to qualify;

as a Participating Organization.

Premium: A Participating Organization's premiums will be calculated based on:

- a) the coverage requested; and
- b) the date given to us by the Organization.]

[PARTICIPATING ORGANIZATIONS

Data Given By Participating Organization: The Participating Organization, with our approval, may keep the important insurance records on all Covered Persons who are members of the Organization.

The insurance records of the Policyholder and/or the Participating Organization will be open for our inspection at any reasonable time.

The Participating Organization will give us the names of:

- a) all persons initially eligible;
 - b) all new persons who become eligible; and
 - c) all Covered Persons whose insurance is terminated; and
- any data necessary to calculate premiums.

The Participating Organization's failure to:

- a) give us the name of any Covered Person will not invalidate such person's insurance;
- b) report a person's termination of insurance will not continue coverage beyond the date of termination.

Upon termination of coverage, any unearned premium will be determined on a pro-rata basis. We will promptly return any unearned premium paid upon the request of the Covered Person.

Participating Organization Termination Date: A Participating Organization will cease to be covered on the first to occur of:

- a) the date the Participating Organization ceases to be a member of the Policyholder;
- b) the date requested by the Participating Organization but not prior to our receipt of the request; or
- c) the termination date of this Policy.]

MONUMENTAL LIFE INSURANCE COMPANY

(Herein, "we," "us," "our" or "the Company")

Home Office: 4333 Edgewood Road N.E. Cedar Rapids, Iowa 52499

[Administrative Office: [100 Light Street, Baltimore, Maryland 21202]]

CERTIFICATE OF INSURANCE

Policyholder: [ABC Association Group]

Policy Number: [MZ00000]

We have issued a Policy to the Policyholder. Our name, the Policyholder name and the Policy Number are shown above. The provisions of the Policy which are important to you are summarized in this certificate; consisting of this form, the Schedule with the most recent Effective Date and any additional forms which have been made a part of this certificate. This certificate replaces all certificates which may have been given to you earlier for the Policy. The Policy alone is the only contract under which payment will be made. Any difference between the Policy and this certificate will be settled according to the provisions of the Policy. The Policy may be inspected at the office of the Policyholder.

[GROUP HOSPITAL INDEMNITY INSURANCE CERTIFICATE NONPARTICIPATING]



Secretary



President

READ YOUR CERTIFICATE CAREFULLY

30 Day Right to Examine Certificate: We urge you to examine this certificate closely. If you are not satisfied, return it to us within 30 days of your Original Insurance Effective Date. In that event, we will consider it void from the certificate effective date and any premium paid will be refunded. Any claims paid during the initial 30 day period will be deducted from the refund.

TABLE OF CONTENTS

[SCHEDULE OF BENEFITS {XX}]

GENERAL DEFINITIONS{XX}

INSURED PERSON PERIOD OF COVERAGE{XX}

COVERED DEPENDENT PERIOD OF COVERAGE{XX}

HOSPITAL INDEMNITY BENEFIT.....{XX}

BASIC HOSPITAL CONFINEMENT{XX}

HOSPITAL INDEMNITY LIMITS{XX}

PRE-EXISTING CONDITION LIMITATION.....{XX}

EXCLUSIONS.....{XX}

CLAIM PROVISIONS{XX}

SCHEDULE OF BENEFITS

Member's Name: [Jane Doe]	[Member's Age: {35-75}]
[Dependent's Name: [John Doe]]	[Dependent's Age: {35-75}]
Effective Date of Coverage: [June 1, 2012]	[Group Policy: [MZ00000]]
[Certificate Number: [123456]]	[Monthly] Premium: [\\$000.00-\$250.00]

Insurance benefits are determined by this Schedule and the terms of the Group Policy.

[YOUR PREMIUM INCLUDES A {\$2.00-\$50.00} [ANNUAL] POLICY FEE FOR [AMA] NON-AMA MEMBERS.]

BASIC HOSPITAL CONFINEMENT BENEFIT

A Daily Benefit amount in multiples of {\$5 - \$250 } from a minimum of {\$5-\$250} to a maximum of {\$100-\$2000} as selected by the Member.

[In no event shall the [Spouse's][or][Child(ren)'s] benefit exceed {50%-100%} of the [Member's] [Covered Person's] benefit.]

[We will not pay more than [two-four] times the Daily Benefit amount for any one day of Hospital Confinement [due to Confinement for Cancer and Intensive Care].]

[Benefits automatically [double] [triple] if hospitalized over {25-250} miles away from your permanent residence.]

BENEFIT [PROVISIONS]:

AMOUNTS [AND LIMITS]

	MEMBER	[SPOUSE]	[CHILD(REN)]
Hospital Daily Benefit (Daily Benefit)			
[Accident and Sickness]			
[Days {1 – 60}]	{\$5-\$2000}[per day]	[{\$5-\$2000}]per day]	[{\$5-\$2000}]per day]
[Days {8– 90}]	{\$5- \$2000 }[per day]	{\$5-\$2000 }[per day]	{\$5-\$2000}[per day]
[Days {15 – 500}]	{\$5-\$2000 }[per day]	{\$5-\$2000 }[per day]	{\$5-\$2000}[per day]
[Elimination Period]	{1-730 days}	{1-730 days}	{1-730 days}]
[For Covered Persons age {55-65} and over, the Basic Hospital Daily Benefit amount doubles for the [61 st – 90 th] day of Confinement and doubles again for the [91 st – 365 th] day of Confinement.]			
[Maximum Benefit - Per Period of Confinement]	{1-500 days}	{1-500 days}	{1-500 days}]
[Maximum Benefit - Under Age {75}]			
[per calendar year]			
[for drug abuse]	{1-500 days}	{1-500 days}	{1-500 days}
[for alcohol abuse]	{1-500 days}	{1-500 days}	{1-500 days}
[for Mental/Nervous Disorders]	{1-500 days}	{1-500 days}	{1-500 days}]
[Maximum Benefit - Age {75} and Over]	{1-730 days}	{1-730 days}	
	[per calendar year]	[per calendar year]	[N/A]]

	MEMBER	[SPOUSE]	[CHILD(REN)]
[[Sickness]			
[Days 1 – 60]	[{\$5-\$2000} [per day]	[{\$5-\$2000} [per day]	[{\$5-\$2000} [per day]
[Days 61 – 90]	[{\$5-\$2000} [per day]	[{\$5-\$2000} [per day]	[{\$5-\$2000} [per day]
[Days 91 – 365]	[{\$5-\$2000} [per day]	[{\$5-\$2000} [per day]	[{\$5-\$2000} [per day]
[Waiting Period for Age {30-65} and Over]	{1 - 5 days}	{1 - 5 days}	{1 - 5 days}
[Accident]			
[Days 1 – 60]	[{{1-4} times the Basic Hospital Confinement Daily Benefit]	[{{1-4} times the Basic Hospital Confinement Daily Benefit]	[{{1-4} times the Basic Hospital Confinement Daily Benefit]
[Days 61 – 90]	[{\$10-\$2000} [per day]	[{\$10-\$2000} [per day]	[{\$10-\$2000} [per day]
[Days 91 – 365]	[{\$10-\$2000} [per day]	[{\$10-\$2000} [per day]	[{\$10-\$2000} [per day]
[Specified Vehicle/Travel Accident]			
[Days 1 – 60]	[{{1-4} times the Basic Hospital Confinement Daily Benefit]	[{{1-4} times the Basic Hospital Confinement Daily Benefit]	[{{1-4} times the Basic Hospital Confinement Daily Benefit]
[Days 61 – 90]	[{\$10-\$2000} [per day]	[{\$10-\$2000} [per day]	[{\$10-\$2000} [per day]
[Days 91 – 365]	[{\$10-\$2000} [per day]	[{\$10-\$2000} [per day]	[{\$10-\$2000} [per day]
[Maximum Benefit- Period of Confinement]	{1-730 days}	{1-730 days}	{1-730 days}
[Outpatient Surgery]			
Not more than [1-3] times the Daily Benefit amount will be paid for all procedures performed in any one calendar year, nor more than one Daily Benefit amount paid on any one day.]	[{\$10-\$2000} [per day] {25%-100% of} {1-3 times} the Basic Hospital Confinement Daily Benefit]	[{\$10-\$2000} [per day] {25%-100% of} {1-3times} the Daily Benefit]	[{\$10-\$2000} [per day] {25-100% of} {1-3 times} the Daily Benefit]
[up to {1-15} covered surgeries per calendar year]			
Maximum Benefit – [{{1- 15} [covered] surgeries per calendar year]			
[Residential Treatment Facility Confinement Benefit]			
Confinement for alcoholism and drug abuse and the medical complications resulting from alcohol or drug abuse (excludes coverage for mental/nervous disorders.)	[{{25%-50%} {one-half-one-fourth} Of the Basic Hospital Confinement Daily Benefit]	[{{25%-50%} {one-half-one-fourth} Of the Basic Hospital Confinement Daily Benefit]	[{{25%-50%} {one-half-one-fourth} of the Basic Hospital Confinement Daily Benefit]
[Maximum Benefit - Per Period of Confinement:			
Drug Abuse	[{{30-100} days]	[{{30-100} days]	[{{30-100} days]
Alcohol Abuse]]	[{{30-100} days]	[{{30-100} days]]	[{{30-100} days]]

	MEMBER	[SPOUSE]	[CHILD(REN)]
[Medically Necessary Outpatient Surgery Benefit]	[\$10-\$2000] [per day]	[\$10-\$2000][per day]	[\$10-\$2000] [per day]
Not more than {1-4} times the Daily Benefit amount will be paid for all procedures performed on a Covered Person in any one calendar year, nor more than one Daily Benefit amount will be paid on any one day.]			
[Cancer Confinement Benefit]			
[Under Age {50-65}]	[[{\$10-\$2000 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit]	[[{\$10-\$2000per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit]	[[{\$10-\$2000per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit]
[Maximum Benefit - per calendar year]	[[{1-365} days]	[[{1-365} days]	[[{1-365} days]
[Age {55-70} and Over]	[[{\$10-\$1000 per day}]] [[{50%-100% of}]] [[{1- 4 times}]] the Basic Hospital Confinement] Daily Benefit[[N/A]	[[{\$10-\$1000 per day}]] [[{50%-100% of}]] [[{1-4 times}]] the Basic Hospital Confinement] Daily Benefit[[N/A]	[[{\$10-\$1000 per day}]] [[{50%-100% of}]] [[{1- 4times}]] the Basic Hospital Confinement] Daily Benefit[[N/A]
[Maximum Benefit - per calendar year]	[[{1-365} days]	[[{1-365} days]	[[{1-365} days]]
[Intensive Care Unit Confinement Benefit]			
[Under Age {50-65}]	[[{\$10-\$2000 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit]	[[{\$10-\$2000 per day}]] [[{50%-200%of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit]	[[{\$10-\$2000 per day}]] [[{50%-200%of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit]
[Maximum Benefit - per calendar year]	[[{1-365} days]	[[{1-365} days]	[[{1 -365} days]
[Age {55-70} and Over]	[[{\$10-\$1000 per day}]] [[{50%-200% of}]] [[{1- 4 times}]] the Basic Hospital Confinement Daily Benefit]	[[{\$10-\$1000 per day}]] [[{50%-200%of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit]	[[{\$10-\$1000 per day}]] [[{50%-200% of}]] [[{1-4 times}]] the Basic Hospital Confinement Daily Benefit]
[Maximum Benefit - per calendar year]	[[{1-365} days]	[[{1-365} days]	[[{1-365} days]

	MEMBER	[SPOUSE]	[CHILD(REN)]
[Intermediate Intensive Care Unit Confinement Benefit]	[[{\$10-\$2000 per day}][{50%-200% of}][{1- 4 times} the Basic Hospital Confinement Daily Benefit]	[[{\$10-\$2000per day}][{50%-200% of}][{1- 4 times} the Basic Hospital Confinement Daily Benefit]	[[{\$10-\$2000 per day}][{50%-200% of}][{1- 4 times} the Basic Hospital Confinement Daily Benefit]
[Maximum Benefit - Under Age {50-65}] [per calendar year]	[[{1-365} days]	[[{1-365} days]	[[{1-365} days]
[Maximum Benefit - Age {55-70} and Over] [per calendar year]	[[{1-365} days]	[[{1-365} days]	[[{1-365} days]
[Common Accident Confinement Benefit]	[[{\$10-\$2000 per day}][{50% - 200% of}][{1-4 times} the Basic Hospital Confinement Daily Benefit]	[[{\$10-\$2000 per day}][{50%-200% of}][{1-4 times} the Basic Hospital Confinement Daily Benefit]	[[{\$10-\$2000 per day}][{50% - 200% of}][{1-4 times} the Basic Hospital Confinement Daily Benefit]
[SKILLED NURSING FACILITY INDEMNITY BENEFIT			
[Under Age {55-60}]	[[N/A]	[[N/A]	[[N/A]
[Age {50-60} to 65]	[[{\$10-\$1000 per day}][{50%-200%}][{one-fourth-one-half } of] the Basic Hospital Confinement Daily Benefit]	[[{\$10-\$1000 per day}][{50%-200%}][{one-fourth-one half } of] the Basic Hospital Confinement Daily Benefit]	[[{\$10-\$1000 per day}][{50%-200%}][{one-fourth-one-half } of] the Basic Hospital Confinement Daily Benefit]
[Waiting Period]	{0 - 30 days}	{0 - 30 days}	{0 - 30 days}
Days Commencing within discharge	{5-30 days}	{5-30 days}	{5-30 days}
Continuous Inpatient Stay Days	{5-30} days	{5-30} days	{5-30}days
[Calendar Year Maximum]	{5-30} days	{5-30} days	{5-30} days
[Maximum - Per Period of Confinement for: Mental or Nervous Disorders	[[{1- 365} days]	[[{1-365} days]	[[{1-365} days]
All Other Skilled Nursing Facility Confinements]	[[{5-30} days]	[[{5-30} days]	[[{5-30} days]

No benefit will be paid for a Skilled Nursing Facility after the Covered Person attains age 65.]

	MEMBER	[SPOUSE]	[CHILD(REN)]
[HOME CONVALESCENT BENEFIT]			
[Under Age {50-65}]	[[N/A]]	[N/A]	N/A
[Age {55-60} to 65]	[[{\$10- \$2000 per day}]{50%-200%}]{one-fourth-one-half} [of] the Basic Hospital Confinement Daily Benefit.	[[{\$10- \$2000 per day}]{50%-200%}]{one-fourth-one-half} [of] the Basic Hospital Confinement Daily Benefit.	N/A
Continuous Inpatient Stay Days	{5-30} days	{5-30} days	
[Calendar Year Maximum]	[[{30- 365} days]]	[[{30-365} days]]	
Coverage for dependent children is not provided by this benefit.]			
[OBSERVATION CARE BENEFIT]			
	[[{\$10- \$2000}]{50%-200%}]{one -four times} the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$2000}]{50%-200%}]{one-four times} the Basic Hospital Confinement Daily Benefit.]	[[{\$10- \$2000}]{50%-200%}]{one-four times} the Basic Hospital Confinement Daily Benefit.]
[Maximum Benefit]	[[{1-20} Observations] [per calendar year]	[[{1-20} Observations] [per calendar year]	[[{1-20} Observations] [per calendar year]
[[EMERGENCY] [ACCIDENT] [OUTPATIENT SERVICES] BENEFIT]			
[Outpatient Surgical Procedures]	[[{\$10- \$2000 per day}]{50%-200% of}]{1- 4 times} the Basic Hospital Confinement Daily Benefit.]	[[{50%-200% of}]{1-4 times} the Basic Hospital Confinement Daily Benefit.]	[[{50%-200% of}]{1 -4 times} the Basic Hospital Confinement Daily Benefit.]
[Outpatient Surgical Facility]	[[{\$10 -\$2000 per day}]{50%- 200% of}]{1-4 times} the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$2000 per day}]{50%-200% of}]{1-4 times} the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$2000 per day}]{50%-200% of}]{1-4 times} the Basic Hospital Confinement Daily Benefit.]
[Outpatient Diagnostic X-Rays]	[[{\$10 -\$2000 per day}]{50%-200% of}]{1-4 times} the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$2000 per day}]{50%-200% of}]{1-4 times} the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$2000 per day}]{50%-200% of}]{1-4 times} the Basic Hospital Confinement Daily Benefit.]
[Outpatient Diagnostic Laboratory Tests]	[[{\$10-\$2000 per day}]{50%-200% of}]{1-4 times} the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$2000 per day}]{50%-200% of}]{1-4 times} the Basic Hospital Confinement Daily Benefit.]	[[{\$10-\$2000 per day}]{50%-200% of}]{1-4 times} the Basic Hospital Confinement Daily Benefit.]
	[[{\$10-\$2000 per day}]]		

	MEMBER	[SPOUSE]	[CHILD(REN)]
[Emergency] [Physician Visits][Wellness]	<p>[[{50%-200% of}][{1-4 times}] the Basic Hospital Confinement Daily Benefit.]</p>	<p>[[{10-\$2000 per day}][{50%-200% of}][1-4 times] the Basic Hospital Confinement Daily Benefit.]</p>	<p>[[{10-\$2000 per day}][{50%-200% of}][{1-4 times}] the Basic Hospital Confinement Daily Benefit.]</p>
[Emergency Room] [Maximum Amount of \$1,000-\$2,000]	<p>[[{10-\$2000 per day}][{50%-200% of}][{1-4 times}] the Basic Hospital Confinement Daily Benefit.]</p>	<p>[[{10-\$2000 per day}][{50%-200% of}][{1-4 times}] the Basic Hospital Confinement Daily Benefit.]</p>	<p>[[{10-\$2000 per day}][{50%-200% of}][{1-4 times}] the Basic Hospital Confinement Daily Benefit.]</p>
[[Emergency] Ambulance Services:] [For Sickness] [Maximum Amount of \$500-\$1000]]	<p>[[{10-\$1000 per day}][{50%-200% of}][{1-4 times}] the Basic Hospital Confinement Daily Benefit.]</p>	<p>[[{10-\$1000 per day}][{50%-200% of}][{1-4 times}] the Basic Hospital Confinement Daily Benefit.]</p>	<p>[[{10-\$1000 per day}][{50%-200% of}][1-4 times] the Basic Hospital Confinement Daily Benefit.]</p>
[For Injury] [Maximum Amount of \$500-\$1000]]	<p>[[{10-\$1000 per day}][{50%-200% of}][{1-4 times}] the Basic Hospital Confinement Daily Benefit.]</p>	<p>[[{10-\$1000 per day}][{50%-200% of}][1-4 times] the Basic Hospital Confinement Daily Benefit.]</p>	<p>[[{10-\$1000 per day}][{50%-200% of}][1-4 times] the Basic Hospital Confinement Daily Benefit.]</p>
[Physical Therapy Services] [Maximum Amount of \$100-\$500]]	<p>[[{10-\$500 per day}][{50%-200% of}][{1-4 times}] the Basic Hospital Confinement Daily Benefit.]</p>	<p>[[{10-\$500 per day}][{50%-200% of}][1-4 times] the Basic Hospital Confinement Daily Benefit.]</p>	<p>[[{10-\$500 per day}][{50%-200% of}][1-4 times] the Basic Hospital Confinement Daily Benefit.]</p>
[Mental and Nervous Disorder Benefit]	<p>[[{10-\$1000 per day}][{50%-200% of}][{1-4 times}] the Basic Hospital Confinement Daily Benefit.]</p>	<p>[[{10-\$1000 per day}][{50%-200% of}][{1-4 times}] the Basic Hospital Confinement Daily Benefit.]</p>	<p>[[{10-\$1000 per day}][{50%-200% of}][{1-4 times}] the Basic Hospital Confinement Daily Benefit.]</p>
Maximum Benefit – Per Period of confinement:	{1- 365} days]	[[{1- 365} days]	[[{1- 365} days]]

GENERAL DEFINITIONS

Age means the Covered Person's attained age on any Premium Due Date.

[Ambulatory Surgical Center means a Center which is approved and licensed by the state in which it operates. If the state does not have licensing requirements, it must:

- a) have outpatient facilities for diagnosis or treatment of an injury or surgery;
- b) be supervised by a staff of physicians;
- c) provide nursing services by registered graduate nurses;
- d) maintain medical records on all patients;
- e) have emergency equipment and supplies with medical personnel trained in the use of the equipment; and
- f) have a contract with a Hospital for admission in the case of an emergency.]

Complication of Pregnancy means a condition requiring Hospital Confinement (when pregnancy is not terminated), whose diagnosis is distinct from pregnancy but adversely affected or caused by pregnancy, such as:

- a) acute nephritis or nephrosis;
- b) cardiac decompensation;
- c) missed abortion;
- d) pre-eclampsia;
- e) hyperemesis gravidarum; and
- f) similar medical and surgical conditions of comparable severity.

Complication of Pregnancy will also include:

- a) non-elective cesarean section;
- b) termination of ectopic pregnancy; and
- c) spontaneous termination of pregnancy, occurring during a period of gestation in which a viable birth is not possible.

However, the term Complication of Pregnancy will not include:

- a) false labor, occasional spotting, or morning sickness;
- b) physician prescribed rest;

or any similar condition associated with the management of a difficult pregnancy not consisting of a nosologically distinct Complication of Pregnancy.

Confined or Confinement means being an Inpatient in either or, due to Sickness or Injury,:

- a) a Hospital
- b) [a Skilled Nursing Facility with respect to the Skilled Nursing Facility Benefit,[or]
- c) [a Residential Treatment Facility with respect to the Residential Treatment Facility Benefit.]

Covered Person means the Eligible Member [and Eligible spouse or Dependent[s]], while covered by the Policy.

Day of Confinement means a period of 24 hours as an Inpatient confined in:

- a) a Hospital; or
- b) for which a daily room and board charge is made for a full day of Confinement.
- c) [a Skilled Nursing Facility with respect to the Skilled Nursing Facility Benefit.]
- d) [a Residential Treatment Facility with respect to the Residential Treatment Facility Benefit.]

Hospital means an institution which:

- a) operates pursuant to law;
- b) primarily and continuously provides medical care and treatment of sick and injured persons on an Inpatient basis;
- c) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified physicians; and
- d) provides 24 hour a day nursing service by or under the supervision of registered graduate nurses.

[Hospital will also mean a Sanatoria operated by or certified by the First Church of Christ, Scientist, Boston, Massachusetts.]

Hospital does not mean any institution or part thereof which is used primarily as:

- a) a nursing home, convalescent home, or skilled nursing facility;
- b) a place for rest, custodial care, or for the aged;
- c) a clinic;
- d) [a place for the treatment of mental illness, alcoholism, or drug addiction.]

[However, a place for the treatment of Mental, Nervous or Emotional Disorders other than a Residential Treatment Facility will be regarded as a Hospital if:

- a) it is part of an institution that meets the above requirements; and
- b) it is listed in the American Hospital Association Guide as a general hospital; or
- c) it is an institution operated principally for the treatment of mental, nervous or emotional disorders.]

Injury means bodily Injury of a person resulting directly and independently of all other causes from an accident. However, Injury that occurred prior to a Covered Person's effective date of coverage will be subject to the Policy's Pre-existing Condition Limitation.

Inpatient means confinement in:

- a) a Hospital, for which a room and board charge is made;
- b) [a Skilled Nursing Facility with respect to the Skilled Nursing Facility Benefit, for which a room and board charge is made.][or]
- c) [a Residential Treatment Facility with respect to the Residential Treatment Facility Benefit, for which a room and board charge is made.]

Medically Necessary means:

- a) recommended by a legally qualified physician acting within the scope of his or her license;
- b) consistent with currently accepted medical practice; and
- c) generally considered by United States physicians to be appropriate for a given medical condition.

[A Hospital Confinement will not be deemed Medically Necessary if we determine that any service, supply or treatment in connection with that confinement is experimental in nature.

A service, supply or treatment will be considered experimental if it:

- a) is in the research or experimental stage;
- b) involves the use of a drug or substance that has not been approved by the United States Food and Drug Administration, by issuance of a New Drug Application or other formal approval;
- c) is not in general use by qualified physicians;
- d) is not of demonstrated value for the diagnosis or treatment of Sickness or Injury.]

[Mental and Nervous Disorders means any neurosis, psychoneurosis, psychopathy, or psychosis, mental or emotional disease or disorder of any kind:

- a) including bodily malfunction caused by underlying organic disease if symptoms result in a dysfunction of the mind; and
- b) including but not limited to schizophrenia, bi-polar personality disorder or autism.

However, with respect to underlying organic disease, the disorder will be regarded as a Mental or Nervous Disorder only to the extent it requires psychiatric or psychological treatment.]

Period of Confinement means an interval of time during which a Covered Person is Confined as an Inpatient in a Hospital. A Period of Confinement begins on the date the Covered Person is admitted to the Hospital.

Successive Confinements:

- a) due to the same or related causes; and
- b) separated by less than 90 days;

are part of the same Period of Confinement.

A new Period of Confinement begins when the Covered Person is readmitted to a Hospital:

- a) for a new Sickness or Injury unrelated to the causes of a prior Confinement; or
- b) after he or she has been free of Hospital Confinement for 90 days or more.

Policyholder means the [ABC Association Group].

[Prior Plan means group Policy [123456] issued by the prior carrier [ABC Insurance Company] which terminated on [XX]].

[Residential Treatment Facility means a licensed facility that provides care 24 hours daily to one or more patients, including but not limited to, the following services: room and board; medical, nursing and dietary services; patient diagnosis, assessment and treatment; individual, family and group counseling; and educational and support services. A Residential Treatment Facility is not a Hospital, as defined. The care provided in a Residential Treatment Facility is not the acute level of care generally associated with hospital inpatients.

When a Covered Person is confined in a Residential Treatment Facility, the Policy will cover only confinement for alcoholism and drug abuse and the medical complications which result from alcohol or drug abuse. The extent and amount of such coverage is specified in the Hospital Indemnity Benefit section. [The Policy does not cover care and treatment for Mental and Nervous Disorders when provided in a Residential Treatment Facility.]]

Request means a written request made on the form we furnish for making the request.

Sickness means a person's sickness, disease or Complication of Pregnancy, as defined. However, Sickness first manifested prior to a Covered Person's effective date will be subject to the Policy's Pre-existing Condition Limitation.

We, us or **our** means the insurance company named in this certificate.

You or **your** means the Member named in the Schedule.

[INSURED PERSON PERIOD OF COVERAGE

Insured Person Effective Date: An Eligible Member will become covered by the Policy on the Effective Date of the Schedule that first shows coverage for such Eligible Member, subject to [(a)] payment of the required premium [and (b) the Deferred Effective Date provision.]

If You are an Eligible Member who is not Gainfully Employed Full-Time on the date Your coverage would have become effective, Your Effective Date will be the date You first become Gainfully Employed Full-Time. This does not apply to retired members.

If You are an Eligible Member and You are not Gainfully Employed and regularly scheduled to work at least {20-30} hours per week on the date Your coverage would have become effective, Your Effective Date will be the date You become Gainfully Employed and are regularly scheduled to work at least {20-30} hours per week.

[If You are hospitalized on the date Your coverage would have become effective, Your Effective Date will be the day after the date of Your discharge from the Hospital. This also applies to retired members.]

[Deferred Effective Date: If on the date You are to become covered under the Policy or covered for increased benefits under the Policy, you are Hospital Confined due to Injury or Sickness, Your coverage will not become effective until 31 days after Your Hospital Confinement has ended.]

[Coverage is shown in the Schedule by a Daily Benefit amount.] [Coverage is shown for You by a Daily Benefit amount stated across from "Insured Person" in the Schedule. If "NONE" is shown across from "Insured Person", You are not covered under the Policy.]

[Eligible Member means [an active member [of [ABC] Association].] [a person for whom an application has been received and the required premium has been paid]].

[Eligible Member means:

- (1) any active member or physician who is eligible for membership in the American Medical Association "AMA" (as defined in the AMA Constitution and Bylaws as amended from time to time) Such member must be engaged as next defined. (a) Actively Engaged Full-Time in: the practice of medicine;

medical research; administration of medical facilities or services; programs of internship or residence; or a combination of those activities. (b) A student engaged full-time in the curriculum of a medical school; conducting a program of medical training; and as approved by the Council on Medical Education of the AMA. (c) Actively Engaged Full-Time as a: faculty member of a medical school; and holder of the degree of Doctor of Medicine or a Bachelor of Medicine.

- (2) any active, full-time employee who is regularly scheduled to work at least {20-30} hours per week as next defined. Such work shall be on the staff of: (a) the AMA constituent or state associations or component societies (as these terms are defined in the AMA Constitution and Bylaws as amended from time to time); or (b) the AMA affiliated organizations; or (c) those national medical specialty societies recognized by the AMA for purposes of representation in the AMA House of Delegates; and as listed in the AMA's published Directory of Officials and Staff;
- (3) any active member of the American Medical Association Alliance, Inc;
- (4) any retired member or physician eligible for membership in the AMA;
- (5) any employee as defined in item 2 who retires and while insured under the Policy.]

A member must be under age 80 to be eligible to become insured.

However, a Member may only be insured under one of the above-classes of Members.

Actively Engaged Full-Time, as it qualifies the eligibility of a Member is defined as follows. It means actively performing the full-time duties of the Member's occupation considering: the nature of the occupation; and, the time those engaged in a like occupation within the community normally devote to it. Members who satisfy either of the conditions which follow shall also be deemed to be Actively Engaged Full-Time in the performance of their occupation.

- (1) The Member regularly devotes a lesser period of time to performing duties of the occupation than do others engaged in a like occupation within the community; and for reasons other than Injury or Sickness.
- (2) The Member, for reasons other than Injury or Sickness, is temporarily: unemployed; or absent from the full-time duties of the occupation.]

[Request for Change in Insured Person's Coverage: If You request to make a change in Your coverage, the change will become effective [on the first day of the month after] [on the day] We receive the Request provided:

- a) You are eligible for the change requested; and
- b) the required premium is paid.

If the Request increases Your coverage, the amount of the increase will be subject to the "Pre-existing Condition Limitation" provision.]

Insured Person Termination: Your coverage under the Policy will cease on the first to occur of:

- a) the date the Policy is cancelled; or
- b) the Premium Due Date that the required premium for Your coverage is not paid, subject to the Grace Period provision[.]; or]
- c) [the date You move your legal residence outside of the United States.]
- d) [The Premium Due Date on or next following the date he or she attains the Policy Age Limit.]
- e)

[Individual Grace Period: No Grace Period is allowed for the first premium which is due on the original certificate Effective Date. A Grace Period of 31 days is allowed for payment of each premium due after the first premium. We will continue the insurance during the Grace Period. If a Covered Person incurs a covered loss during the Grace Period, You will be liable to us for payment of any premium accruing during the period we continued the coverage in force under this provision.

The Grace Period will not continue coverage beyond a date stated in a Termination Provision.]

[Extension of Benefits: If You are Totally Disabled due to an Injury or Sickness on the date Your coverage terminates, We will continue coverage for that Injury or Sickness:

- a) only while such total disability continues; and

- b) no longer than 12 months after Your coverage terminates.

With respect to Extension of Benefits, Totally Disabled means:

- a) to You if You are retired or if You are a member of the American Medical Association Alliance and Your dependents, the inability due to Injury or Sickness to engage in substantially all of the normal activities of a person in good health of like age and sex;
- b) with respect to You, if not as described above, the inability to perform Your regular or customary occupational duties due to Injury or Sickness.

However, if Your coverage would terminate for any other reason, coverage may be continued if You provide Us with a written request and pay the initial premium within {28-45 days} after ceasing to be covered under the Policy.

All coverage continued under the Policy will be at the rates then applicable to continuation as stated in the Policy.]

[COVERED DEPENDENT PERIOD OF COVERAGE

You must apply for coverage for yourself in order to apply for Dependents coverage. If You and Your Spouse are both eligible persons, only one of you may apply for coverage as a member of the Policyholder with the other covered as a Spouse.

Eligible Dependents: Eligible Dependents are defined as follows:

[Spouse means Your Spouse, who is under age 80, provided You and Your Spouse are not legally separated or divorced.]

[Child means your unmarried child, stepchild, legally adopted child, child placed for the purpose of adoption, or any other child related to You by blood or marriage who is:

- a) not yet age {18-19}; or
- b) not yet age {21-24} if a full time student as determined by an accredited school and continuously enrolled as a full-time student;

provided the child resides with You in a regular parent-child relationship and primarily depends on You or Your Spouse for financial support.

In the case of a child related to You by blood or marriage, a regular parent-child relationship does not exist if either of the child's parents also reside with You.]

[Dependent Effective Date: Your Eligible Dependent will become covered by the Policy on:

- a) the Policy Effective Date if We receive Your request for Dependent's Coverage on or prior to the Policy Effective Date; or
- b) the date We receive Your request for Dependent's Coverage if it is received at any other time, provided the required premium is paid.
- c) [the Effective Date of the Schedule that first shows coverage for him or her.]]

[Dependents Coverage is shown in the Schedule by a Daily Benefit amount stated across from the Class of Person (Spouse or Child) that applies to the dependent. If the word "NONE" is stated across from his or her Class, then he or she is not covered under the Policy.]

[With respect to Extension of Benefits, Totally Disabled means:

- a) with respect to You if You are retired or if You are a member of the American Medical Association Alliance and Your dependents, the inability due to Injury or Sickness to engage in substantially all of the normal activities of a person in good health of like age and sex;
- b) with respect to You, if not as described above, the inability to perform Your regular or customary occupational duties due to Injury or Sickness.

However, in no event will Your Dependent become covered under the Policy

- a) before the date he or she qualifies as an Eligible Dependent; or
- b) before Your Effective Date of coverage.

If Your Eligible Dependent is to become covered under the Policy and he or she is hospitalized on the date, coverage will take effect on the day after the date of discharge from the Hospital.

Dependents Coverage is the same amount as elected by You, shown in the Schedule by a Daily Benefit amount.】

[Request for Change in Dependent's Coverage: If You request to make a change in Your coverage, the change will become effective [on the first day of the month after] [on the day] We receive the Request provided:

- a) the dependent is eligible for the change requested; and
- b) the required premium is paid.

If the Request increases coverage, the amount of the increase will be subject to the Pre-existing Condition Limitation provision.】

[Newborn Child: If a child is born to you or your Covered Spouse, the child will become covered by the Policy from the moment of birth. The child will be covered for Injury or Sickness (including congenital defects and birth abnormalities).

The Child will be covered for a Basic Hospital Confinement Daily Benefit amount equal to:

- a) the same amount that applies to your other children, if you have other children covered under the Policy; or if not
- b) {one-half-one-fourth} your Basic Hospital Confinement Daily Benefit amount if you are covered under the Policy; or if not
- c) {one-half-one-fourth} your Covered Spouse's Basic Hospital Confinement Daily Benefit amount.

The child's coverage will cease on the later of:

- a) the premium due date; or
- b) the 31st day;

next following the child's birth.

However, the child's coverage will not cease on that date if:

- a) we have received a Request and required premium to continue coverage for the child before that date; or
- b) your other child(ren) are covered by the Policy on that date.】

Dependent Termination: Your dependent's coverage under the Policy will cease on the first to occur of:

- a) the date the Policy is cancelled;
- b) the Premium Due Date that the required premium for the dependent's coverage is not paid, subject to the Grace Period provision;
- c) [in the case of a Covered Spouse, the date the Spouse is legally separated or divorced from You;]
- d) [in the case of a Covered Child, the date the child no longer qualifies as an Eligible Child unless continued under the Incapacitated Child Continuation provision;]
- e) [in the case of a Child, where adoption proceedings are discontinued, coverage ends on that date if such proceedings do not result in finalization of the adoption and the Child is no longer in Your custody.】
- f) The date We or the Policyholder cancel coverage for a class of persons to which he or she belongs;
- g) The Premium Due Date on or next following the date he or she attains the Policy Age Limit;
- h) The date You are no longer covered by the Policy.

However, if dependent's coverage would terminate because of the above, except for items a), b), [e),] and f), coverage may be continued if We are provided a written request and the initial premium is paid within {28-45 days} after ceasing to be covered under the Policy.

[Also, refer to the Continuation Provision.]

[All coverage continued under the Policy will be at the rates then applicable to continuation as stated in the Policy.]

[Incapacitated Child Continuation: If, on the date a child reaches the limiting age, he or she is:

- a) covered under the Policy; and
- b) an Incapacitated Child, as defined;

his or her coverage will not terminate solely due to age. But, you must give us notice of the incapacity within 31 days of the termination date.

Incapacitated Child means Your or Your Covered Spouse's child who is:

- a) mentally retarded or physically handicapped and incapable of earning his or her own living; and
- b) unmarried and primarily dependent on you [or Other Care Providers] for support and maintenance.

The child's coverage will continue as long as:

- a) the child qualifies as an Incapacitated Child; and
- b) the required premium is paid.

We may, from time to time, require proof of continued incapacity and dependency. After the first two years, we cannot require proof more than once each year.]

[Other Care Providers means:

- a) a community integrated living arrangement
- b) a group home;
- c) a supervised apartment; or
- d) other residential services which are licensed or certified by:
 - i) the Department of Mental Health and Development Disabilities;
 - ii) the Department of Public Health; or
 - iii) the Department of Public Aid.]

[Continuation:

If you die while your Spouse is covered under the Policy, Your Spouse may continue:

- a) his or her coverage; and
- b) coverage of any children who are dependents who were covered by the Policy on the date of your death.

We must receive your Spouse's Request and required premium to continue the coverage within 31 days of the premium due date next following your death.

Solely for the purpose of continuing the coverage, your Spouse will be considered an Insured Person. However, this will not continue your Spouse's coverage beyond a date the coverage would normally cease under the Dependent Termination provision. [Any coverage continued by this Continuation provision will terminate on the premium due date on or next following the date the Spouse remarries.]]

[If You die while Your Dependent Children are covered under the Policy and there is no Spouse, We will continue coverage on Dependent Children covered at the time of Your death. However, this will not continue the Dependent's coverage beyond a date the coverage would normally cease under the Dependent Termination provision. During such period of continued coverage, payment of premiums will be waived]

If Your spouse's coverage ends due to divorce or annulment of marriage, he or she may continue coverage under the Policy. Upon receipt of notice that coverage may be continued, the former spouse must make the election to continue coverage and return the forms within 31 days. The total premium must be paid by the former spouse when due. However, this will not continue the former spouse's coverage beyond a date the coverage would normally cease under the Dependent Termination provision. [The coverage will terminate on the Premium Due Date on or next following the date the Spouse remarries.]

[When your child reaches age {19-23} or {21-24} if a full time student, marries or ceases to be an Eligible Dependent, he or she will automatically become the Insured and receive his or her Certificate which will provide the same benefits at the premium rate in effect for his or her attained age. Evidence of Insurability will not be required and the Effective Date of such coverage will be the date that the dependent was first insured under this policy.]

[Also refer to the Dependent Termination Provision.]]

HOSPITAL INDEMNITY BENEFIT

Basic Hospital Confinement: We will pay the Daily Benefit amount for each Day of Confinement of a Covered Person's Period of Injury or Sickness in a Hospital. [As as shown on the Schedule of Benefits,] [We will pay [{one-half - one-fourth} of the Daily Benefit amount] for each Day of Confinement of a Covered Person's Period of Injury or Sickness in a Residential Treatment Facility for the treatment of alcohol or drug abuse.] The Period of Injury or Sickness must:

- a) be Medically Necessary; and
- b) be due to Injury or Sickness; and
- c) begin while the person is covered under the Policy.

The Daily Benefit amount is [the amount elected by the Eligible Member from the Schedule at the time of enrollment] [shown on the Schedule].

[If such Confinement is required for the treatment of alcoholism or the medical complications which result from alcohol or drug abuse, We will pay {one-half - one-fourth} the Daily Benefit amount for each Day of Confinement in a licensed Residential Treatment Facility for any one Injury or Sickness up to the maximum period. [Coverage for Confinement in a licensed Residential Treatment Facility excludes coverage for Confinement for Mental and Nervous Disorders as defined.] [Otherwise,] [T]the Daily Benefit amount is payable for Confinements required for treatment of alcoholism or medical complications in a Hospital.]

[We will also pay [{ one - four times} the Daily Benefit amount for a Covered Person's Medically Necessary Outpatient Surgery for Injury or Sickness performed by a physician at a Hospital or Ambulatory Surgical Center, as defined.

Covered Outpatient Surgery means an operative procedure which involves the puncture or incision of the skin or the insertion of an instrument or foreign material into the body to diagnose Sickness, to repair damage or to restore health. Covered Outpatient Surgery does not include cosmetic surgery, surgery in connection with the fitting or wearing of dentures; or any operation on the teeth or the supporting tissues of the teeth (impacted or otherwise) except for:

- a) removal of tumors; or
- b) surgeries to treat an injury to sound natural teeth, other than by eating or chewing, due to an accident which occurs while this Policy is in force.

However, not more than {1-3} times the Daily Benefit amount will be paid for all procedures performed on a Covered Person in any one calendar year, nor more than one Daily Benefit amount will be paid on any one day.]

Accident Confinement:

- a) **Basic Hospital Confinement for Accident** – Benefit will be payable for Hospital Confinement provided the Confinement is required as the result of covered accidents sustained while driving or riding in a car, taxi, bus, camper, motor home, non motorized bicycle, or adult tricycle, or a motorized golf cart;
- b) **[Specified Vehicle/Travel Accident:** Benefit will be payable from the first day of Hospital Confinement provided the Confinement is required as the result of covered accidents sustained while traveling as a fare paying or pass-holding passenger on an airplane; and an elevated railway, an electric inter-urban railway, a subway or steamship.]

[Confinement for Cancer: Provided the Confinement has been continuous and without interruption, and such Confinement is due to Cancer which is diagnosed before or during the Confinement, We will pay {one -four times} the Daily Benefit amount for each Day of Confinement. However, this double benefit for Cancer will not be paid if Cancer is diagnosed after the Covered Person has been discharged from the Hospital. The payment of the Confinement for Cancer for Covered Persons Age 65 and over will be {one-four} times the Daily Benefit amount for each Day of Confinement, even if the Maximum Payment Period has not been reached.

Cancer means a malignant neoplastic disorder commonly known as cancerous, including leukemia, lymphoma, Hodgkins Disease, and mixed tumors of the parotid gland.]

[Intensive Care Unit Confinement: For Covered Persons under age 65, We will pay {one - four times} the Daily Benefit amount for each day a Covered Person is required to be in an Intensive Care Unit during such Confinement.

The most that will be paid for any one Day of Confinement under the Hospital Indemnity Benefit is {50%-200%} of the Daily Benefit amount.

This double benefit for Intensive Care Unit Confinement Benefit will not be paid for any Day of Confinement caused by Cancer, if increased benefits are payable under the Confinement for Cancer provision.

The payment for Intensive Care Unit Confinement Benefit for Covered Persons age 65 and over, will be {one- - four} times the Daily Benefit amount for each Day of Confinement, even if the Maximum Payment Period has not been reached.

Intensive Care Unit means only that specifically designated facility of a Hospital that provides the highest level of medical care. It is restricted to patients who are critically ill or injured. The facilities must be apart from the surgical recovery room and from private or semi-private rooms. The Intensive Care Unit must be permanently equipped with special life-saving equipment for the care of the critically ill or injured. The patients must be under constant and continuous care of nurses assigned just to the Intensive Care Unit. These units must be listed therein. This guide lists three types of facilities that meet this definition:

- a) Intensive Care Unit;
- b) Coronary Intensive Care Unit; and
- c) Infant (neonatal) Intensive Care Unit.

These do not include surgical recovery rooms, progressive care, ICU/CCU or other intermediate care, private monitored rooms, observation units, telemetry units, post ICU/CCU rooms, step-down rooms, or other facilities which do not meet the standards for a Hospital Intensive Care Unit as defined.]

[Intermediate Intensive Care Unit Confinement: We will pay {one - four times} the Daily Benefit amount for each day a Covered Person is required to be in an Intermediate Intensive Care Unit during such Confinement.

This benefit will not be paid for any Day of Confinement caused by Cancer, if increased benefits are payable under the Confinement for Cancer provision. The most that will be paid for any one Day of Confinement under the Hospital Indemnity Benefit is {50%-200%} of the Daily Benefit amount.

Intermediate Intensive Care Unit means specifically designated facilities of a Hospital including surgical recovery rooms, progressive care rooms, ICU/CCU or other intermediate care, private monitored rooms, observation units, telemetry units, post ICU/CCU rooms, step-down rooms, or other facilities which do not meet the standards for a Hospital Intensive Care Unit as defined or standard private or semi-private rooms.]

[Common Accident Confinement:

- a) is required as the result of Your and Your Covered Spouse's Injury in a Common Accident; and
- b) Your and Your covered Spouse are simultaneously confined;

We will pay {one - four times} the Daily Benefit amount for each day of Confinement, for You and Your covered Spouse.

The most that will be paid for any one Day of Confinement under the Hospital Indemnity Benefit is {50%-200%} of the Daily Benefit amount.]

[SKILLED NURSING FACILITY INDEMNITY BENEFIT

Skilled Nursing Facility Benefit following Hospital Confinement: We will pay the Skilled Nursing Facility Daily Benefit amount for each day the Covered Person is Confined in a Skilled Nursing Facility if Confinement in the Skilled Nursing Facility commences within {5-30} days of his or her discharge from a Qualifying Hospital Confinement. The Skilled Nursing Facility Benefit Amount equals {one-fourth - one-half} the Basic Hospital Confinement Daily Benefit payable for the Qualifying Hospital Confinement. No benefit will be paid for a Skilled Nursing Facility after the Covered Person attains age 65.

This benefit will be paid for the lesser of:

- a) the number of days You or Your covered Spouse are Confined in the Skilled Nursing Facility; or
- b) the Maximum Payment Period.

Qualifying Hospital Confinement means Your or Your covered Spouse's Inpatient stay in the Hospital for which benefits are payable under the Hospital Indemnity Benefit for at least {5-30} continuous days.

Skilled Nursing Facility means an institution which:

- a) operates pursuant to law;
- b) primarily and continuously provides skilled nursing care and related services to persons recuperating from Injury or Sickness on an Inpatient basis for which a charge is made;
- c) maintains a daily medical record of each patient;
- d) has established policies developed and executed by a professional group including at least one legally;
- e) qualified physician and at least one registered professional nurse;
- f) provides adequate procedures for the administration of drugs;
- g) provides each patient with a planned program of medial care by or under the supervision of a physician; and
- h) has a qualified physician available to furnish medial care in case of emergency.

Skilled Nursing Facility does not mean any institution or part thereof used primarily as:

- a) a rest home, a home for the aged, or a place for custodial care; or
- b) a place for the care of drug addiction, alcohol abuse, or mental illness.]

[HOME CONVALESCENT BENEFIT

Home Convalescent Benefit following Hospital Confinement: We will pay the Home Convalescent Daily Benefit amount for each day You or Your covered Spouse are Totally Disabled immediately following a Qualifying Hospital Confinement.

The Home Convalescent Daily Benefit amount equals {one-fourth - one-half} the Basic Hospital Confinement Daily Benefit payable for the Qualifying Hospital Confinement.

Subject to a calendar year maximum of {30-365} days, this benefit will be paid for the lesser of:

- a) the number of days You or Your covered Spouse received benefits under the Policy for Qualifying Hospital Confinement; or
- b) the number of days that You or Your covered Spouse remains Totally Disabled immediately following a Qualifying Hospital Confinement.

Coverage for dependent children is not provided by this benefit.

Qualifying Hospital Confinement means You or Your covered Spouse's Inpatient stay in the Hospital for which benefits are payable under the Hospital Indemnity Benefit for at least {5-30} continuous days.

With respect to the Home Convalescent Benefit, **Total Disability** means:

- a) a disability which wholly and continuously prevents a person from performing the material and substantial duties of his or her regular occupation, if Gainfully Employed Full-Time; or
- b) a disability which the Covered Person's physician certifies wholly and continuously prevents him or her from engaging in substantially all of the normal activities of a person of like age and sex in good health, if not Gainfully Employed Full-Time.

The Total Disability must be due to the same or related medical condition as that which caused the Qualifying Hospital Confinement.

Gainfully Employed Full-Time means employed in an occupation for remuneration or profit on a regular basis for at least {25-30} hours per week.]

[OBSERVATION CARE BENEFIT

Observation Care Benefit: We will pay the Observation Care Daily Benefit Amount for each day You, Your covered Spouse or Child require Observation Care in an Observation Care Unit.

The Observation Care Daily Benefit amount equals [{{one four times}}] the Basic Hospital Confinement Daily Benefit amount for each day a Covered Person requires Observation Care.

Observation Care means those services furnished by a Hospital on the Hospital's premises, including use of a bed and at least periodic monitoring by a Hospital's nursing or other staff which are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an Inpatient. Observation care is payable for Outpatient care that extends beyond the usual emergency department visit and provides coverage for up to {24-48} hours. The services provided must be specific to the individual, and not part of the facility's standard operating procedures or protocol for a given diagnosis.

With respect to the Observation Care Benefit, care is medically necessary when an individual is not medically stable to safely permit discharge and any one of the following conditions is met:

- a) a medical condition requires careful monitoring and evaluation or treatment to confirm or refute a diagnosis in order to determine whether Inpatient admission is necessary; or
- b) the individual is undergoing treatment for a diagnosed condition and continued monitoring of the clinical response to therapy may prevent an Inpatient admission; or
- c) the individual has a significant adverse response to Therapeutic Services, Invasive Diagnostic Testing or Outpatient Surgery requiring careful short-term monitoring and evaluation.

Outpatient means an individual who receives diagnosis or treatment in a Hospital or associated facility without being Hospital Confined.

Therapeutic Services are often provided to individuals as a result of a diagnosed medical condition. During therapeutic services, a period of time is often required to evaluate the person's response. This period of time is considered a component of the therapeutic service and is not considered an Observation Care service. In the event the individual has a significant adverse reaction to the service provided, Observation Care may be medically necessary. For these circumstances, Observation Care begins at the point in time when the determination is made that the individual needs continued patient-monitoring and evaluation and ends when the covered person is stable.

Invasive Diagnostic Testing does not include coverage for routine outpatient diagnostic testing, the routine preparation prior to the tests or routine recovery post-procedure. In the event a person has a significant adverse reaction to routine care that requires further monitoring, Observation Care may be medically necessary. For these circumstances, Observation Care begins at the point in time when the adverse reaction occurred and ends when the covered person is stable.

Outpatient Surgery means Observation Care provided in situations where an individual exhibits an uncommon or unusual reaction to a surgical procedure that requires monitoring or treatment beyond that customarily provided in the immediate post-operative period. For these circumstances, Observation Care begins at the point in time when the determination is made that the individual needs continued patient-monitoring and evaluation and ends when the covered person is stable. Routine pre-operative preparation and recovery room services are not considered Observation Care

Observation Care Unit means:

- a) An emergency department observation/treatment unit: a designated area within and under the direction of the emergency department for individuals who require further treatment or evaluation.
- b) A holding unit: a designated area in the outpatient setting that may or may not be under the control of the emergency department in which an individual is held pending prearranged actions such as admission or transfer.
- c) An observation status bed: a bed located in the inpatient area of the hospital in which a person may be evaluated or treated for up to 24 hours before a decision regarding disposition is needed.]

[[EMERGENCY] [ACCIDENT][OUTPATIENT SERVICES] BENEFIT

We will pay an amount, as shown on the Schedule of Benefits, for a Covered Person's outpatient medical treatment [if required because of an Injury,] as defined.

The medical treatment must be:

- a) received in a Hospital on an outpatient basis;
- b) [received within {24-48} hours of an accident causing Injury which requires treatment on an emergency basis; and]
- c) received prior to the date the Covered Person attains age 65.

[The total amount that We will pay under this benefit for all treatment resulting from any one accident will not exceed an amount equal to one day's Basic Hospital Confinement Daily Benefit amount.]

Outpatient medical treatment includes the following outpatient services: Outpatient Surgical Procedures, an Outpatient Surgical Facility, outpatient diagnostic X-rays and laboratory tests, Emergency physician visits, Emergency Room, Emergency Ambulance services and physical therapy services.

Emergency means the sudden onset of an Injury or Sickness that, without immediate medical or surgical care, would significantly worsen or become more severe or would result in death.

[Outpatient means Medically Necessary treatment, services and supplies administered to a Covered Person for an Outpatient Surgical Procedure in a Surgical Facility.

Outpatient Surgical Procedure means a surgical procedure which can be performed on an Outpatient basis.

Surgical Facility means a surgical or medical center which:

- a) has permanent facilities for surgery;
- b) operates pursuant to the law; and
- c) operates under the supervision of a staff of legally qualified Physicians and registered graduate nurses (R.N.).]

Emergency Physician Visits are payable only for the visit which occurs on the same day that Emergency Ambulance, Diagnostic X-rays, or Diagnostic Laboratory Tests are paid.]

[Outpatient means medically necessary treatment, services and supplies administered to a Covered Person for the following Outpatient Procedures:

Emergency Room means a treatment received for a loss caused by Injury where such treatment is received in a Hospital emergency room.

Ambulance means transportation in an ambulance from the scene of an accident to the nearest Hospital equipped to furnish the necessary Emergency Room treatment.]]

[PRE-EXISTING CONDITION LIMITATION

Pre-Existing Condition Defined:

Pre-Existing Condition, as used in this limitation, means any Injury or sickness, diagnosed or undiagnosed, for which Medical Care is received by a Covered Person:

- a) within the {6-12} month period prior to the Covered Person's effective date of insurance; or
- b) with respect to the limitation for increase in coverage, within the {12-24} month period prior to the effective date of the Covered Person's increase in coverage.

For the purposes of this limitation, we will consider:

- a) Medical Care received when:
 - 1) a Physician is consulted or medical advice is given; or
 - 2) Treatment is recommended or prescribed by, or received from a Physician.
- b) Treatment to include, but not be limited to, any:
 - 1) medical examination, test, attendance, or observation;
 - 2) medical services, supplies, or equipment, including their prescription or use; or
 - 3) prescribed drugs or medicines, including their prescription or use.

All manifestations, symptoms, or findings which result:

- a) from the same or related Injury or Sickness; or
- b) from any aggravations of Injury or Sickness;

are considered to be the same Injury or Sickness for the purpose of determining a Pre-Existing Condition.

The Pre-Existing Condition as defined applies to Pregnancy. This provision does not apply to Complications of Pregnancy as defined.

Conditions Prior to Effective Date: During the first {two-three} year[s] of a Covered Person's insurance, losses incurred for pre-existing conditions are not covered. This will not apply to loss that the Covered Person incurs after being free of Medical Care for the condition for a one year period (ending any time on or after his or her effective date).

Conditions Prior to Effective Date of Increase in Coverage: During the first {two-three} year[s] following the date a Covered Person makes a change in coverage that increases his or her benefits, the increase will not be paid for pre-existing conditions. This will not apply to loss that the Covered Person incurs after being free of Medical Care for the condition for a one year period (ending any time on or after the effective date of increase).]

EXCLUSIONS

No benefit shall be paid for Injury or Sickness that is caused by, results from or contributed to by:

1. [an intentionally self-inflicted Injury, suicide, or any attempt at suicide, while sane or insane (while sane in Missouri and Colorado);]
2. any active participation in a riot, insurrection or war, either declared or undeclared;
3. [the Covered Person's taking or using any narcotic, barbiturate or any other drug or medication, unless taken or used as prescribed by a Physician;]
4. [the Covered Person's blood alcohol level being {.06-.08} percent weight by volume or higher;]
5. [the Covered Person operating or riding in any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight;]
6. [the Covered Person committing or attempting to commit a felony or an assault or being engaged in an illegal activity;]
7. [Confinement in a Residential Treatment Facility for any reason other than treatment for alcoholism or drug abuse [except for Mental or Nervous Disorders covered under the Policy]];
8. [voluntary gas inhalation or poison voluntarily taken, administered or inhaled;]
9. [taking alcohol in combination with any drug, medication or sedative;]
10. [military or combat activities while serving in the armed forces, National Guard or organized reserve corps in any state, country or international authority.]
11. Pre-Existing Conditions as defined.
12. [a natural disaster such as an earthquake.]
13. [Confinement in a Veterans Administration or any other National Government owned or operated Hospital for which no charge is made that the Covered Person must pay;]

- 14. [Pregnancy or childbirth, except Complications of Pregnancy;]
- 15. [Services incurred outside of the United States]

Upon request, we will refund the pro-rata portion of any premium paid for the period a Covered Person is in the armed forces.

CLAIM PROVISIONS

Notice of Claim: The person who has the right to claim benefits must give Us written notice of a claim within 20 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible. The notice should include Your name and the Policy number. Send it to Our Administrative Office or give it to Our agent.

Claim Forms: When we receive the notice of claim, we will send You forms for giving Us proof of loss. The forms will be sent within 15 days after We receive the notice of claim. If the forms are not received, You will satisfy the proof of loss requirement if written proof of the occurrence, character and extent of the loss are sent to Us.

Proof of Loss: Proof of loss must be sent to Us in writing within 90 days after:

- a) the end of each month of Our liability for periodic payment claims; or
- b) the date of the loss for all other claims.

If the claimant is not able to send it within that time, it may be sent as soon as reasonably possible without affecting the claim. The additional time allowed cannot exceed one year unless the claimant is legally incapacitated.

Time of Claim Payment: We will pay any daily, weekly or monthly benefit due:

- a) on a monthly basis, after We receive the proof of loss, while the loss and Our liability continue; or
- b) immediately after We receive the proof of loss following the end of Our liability.

We will pay any other benefit due immediately after We receive the proof of loss.

Payment of Claims: We will pay any benefits due and not assigned, to You, if living. Otherwise, We will pay:

- a) any benefits due for a loss which occurred prior to Your death to Your estate;
- b) any benefits due to a Covered Person's loss which occurred after Your death to:
 - 1) Your Spouse if the Spouse is covered under the Policy; or, if not
 - 2) the person whose loss is the basis of the claim.

If a benefit due is payable to a minor, it will be paid to his or her guardian. If a benefit due is payable to Your dependent and he or she dies, it will be paid to the dependent's estate. If a benefit due is payable to:

- a) a Covered Person's estate;
- b) to a minor; or
- c) to a person not competent to give valid release for payment;

we may pay up to \$1,000 of the benefit due to some other person.

The other person will be someone related to you by blood or marriage who we believe is entitled to the payment. We will be relieved of further responsibility to the extent of any payment made in good faith.

If you provide Us with a Written Release to do so, We may, at our option, pay benefits directly to the institution or person rendering:

- a) Hospital services; or
- b) nursing, medical, or surgical services;

unless You or the person to whom the benefit is payable requests otherwise in writing no later than the time the proof of loss is filed with Us.

Written Release means any written direction from You to pay benefits to the institution or person rendering the service. We will not require that the services be rendered by a particular institution or person.

Assignment: You may assign the benefits of the Policy to the institution or person rendering service as allowed in the Payment of Claims Provision. You may not assign the Policy in any other way or to any other person.

Physical Examinations: While a claim is pending We have the right at Our expense to have the person who has a loss examined by a physician when and as often as We feel is necessary.

Legal Actions: Legal action cannot be taken against Us:

- a) before 60 days following the date proof of loss is sent to Us;
- b) after {2-3} years following the date proof of loss is due.

Misstatement of Age: If the age of the Covered Person has been incorrectly stated, the premium rates will be adjusted to the correct age of the person. If the change in age affects the Covered Person's benefits, the benefits will be corrected accordingly and the premium adjustment will take this correction into account.

Extension of Benefits: Termination of a Covered Person's coverage under the Policy will not affect a claim for any Period of Confinement that commenced prior to the termination.

[Fill in coverage you desire:] **Coverage Selection:**

Daily Hospital Indemnity Benefit Desired: [\$_____] [increments of \$5] [to a maximum of \$2000]]

Plan Selection (check one): [_____] Member[Employee] [Retiree] Only [_____] Member[Employee] [Retiree] & Spouse] [_____] Member[Employee] [Retiree], Spouse & Children*]]

[If applying for dependent child coverage, please provide the following information for each child to be insured.

Name	Date of Birth	Sex

PAYMENT OPTIONS

Premium Mode: [_____] Monthly [(ACH only)] [_____] Quarterly [_____] Semiannual [_____] Annual]]

[Please check payment desired: _____ Monthly _____ Quarterly _____ Semi-annually _____ Annually]

[Premium Enclosed \$_____]

[*Children's benefit is {50% -100%}of the Applicant's selected benefit]

[Method of Payment:Please Complete]

[Payment Options: Check one and complete all information]{Please note that a [billing][administrative] [fee] [charge] of {\$2} will be charged [per bill]

[I prefer to charge it! I authorize monthly payments through my: _____ Visa _____ MasterCard _____ Expires _____ [Credit Card Account number]

Signature of Cardholder:_____]

[_____] [Automatic Bank Draft][ACH][Automatic Deduction Authorization][By signing this form, I authorize you to deduct the [monthly] cost of coverage from the account indicated below.]) [Yes, I would like the insurance premiums automatically withdrawn from my [bank] [credit union] account each month.] [_____] Checking] [_____] Savings]

Name of [Bank] [institution] [credit union]:_____

ABA Routing Number:_____

Account Number:_____

[Please make my deduction on the _____ [(1st - [28th])]day of each month.

[IMPORTANT]

[Please include a voided blank check (write "VOID" across a blank check) or a deposit slip.]

[To:_____ [You are][I] hereby authorize[d] [you] to [deduct from my pay, _____ [(Employer)]

beginning _____, and transmit] [electronically charge my account for premium debits] it to Monumental Life Insurance Company, Baltimore, MD [in payment of the premium due]. [I understand that my account will be charged according to the deduction date that I have chosen.] [If I do not choose a specific date,] [T][t]he deduction will be made on the first of each month. I agree that this electronic payment shall be regarded the same as if it were a check written by me and drawn on my account.] [This authorization is to remain in effect until revoked by me in writing. [Such decisions are to continue until:

1. Termination of my [employment][membership];
2. Written notice by me to you of cancellation of this authorization; or]
3. Termination of the payroll deduction plan by either you or Monumental Life Insurance Company.]]

[I understand that credit for the payment is conditioned upon the order being honored when presented. I understand that this authorization may be terminated: (1) at the option of Monumental Life Insurance Company if any debit is not honored when presented for payment, or (2) upon thirty (30) days written notice given by Monumental Life Insurance Company, the [bank][credit union] or me.

Signature of Account Holder:_____ Date:_____]

[Do you have any other Hospital Indemnity insurance coverage presently in force? ___Yes ___NO
If yes, please list companies_____]

[PLEASE NOTE: In order to be eligible to apply for this coverage, you must be a member of the Association under age[70.] Your lawful spouse, under age [70][(in CA under age [65])], and dependent children from [birth to 19 years (25 years if a full-time student, 26 in Utah) are eligible if you elect to cover them.]]

[I, as a full-time Member of the Association, hereby enroll [in the Group Hospital Indemnity Insurance Plan] under Group Policy Form Number [HI1000GPM] [(MZ0000000H0000A)] provided by [Monumental] Life Insurance Company].]

I hereby enroll for Hospital Indemnity [SCS Protection Plus Plan][coverage] as provided [in group policy number [mz0000000H0000A] [provided] [issued] by [Monumental] Life Insurance Company [to the Insurance Trust for Christian Scientists]. I understand that my insurance coverage will be effective on the first day of the month following receipt of my [enrollment][activation] form and initial premium. [I also understand that conditions for which I have been medically treated or advised during the [12] month [(6 month in CA)] period immediately prior to the effective date of my insurance are not covered until [12] months [(6 months in CA)] have elapsed without treatment or I have been insured [24] months [(12 months in SC)][(not applicable in CA)], whichever is less]. [I acknowledge I have received, read and understand the disclosures [on the reverse side of this form][below].]

[APPLICANT][Member][Employee] [Retiree]SIGNATURE

DATE

[SPOUSE SIGNATURE]

[DATE]

[Signature of proposed insured]

[Signature of proposed insured's spouse]

[_____
[William B. Staton D027328]
Licensed Resident Agent]

AMENDMENT

This Amendment is a part of the [Policy][Certificate] to which it is attached. The [Policy][Certificate] is amended as follows for residents of the State of **Arkansas**.

The **Newborn Child** provision found under the **COVERED DEPENDENT PERIOD OF COVERAGE** section of the [Policy][Certificate], has been deleted in its entirety and replaced by the following:

[Newborn Child: If a child is born to you or your Covered Spouse, the child will become covered by the Policy from the moment of birth. The child will be covered for Injury or Sickness (including congenital defects and birth abnormalities).

The Child will be covered for a Basic Hospital Confinement Daily Benefit amount equal to:

- a) the same amount that applies to your other children, if you have other children covered under the Policy; or if not
- b) {one-half-one-fourth} your Basic Hospital Confinement Daily Benefit amount if you are covered under the Policy; or if not
- c) {one-half-one-fourth} your Covered Spouse's Basic Hospital Confinement Daily Benefit amount.

The child's coverage will cease on the later of:

- a) the premium due date; or
- b) the 91st day;

next following the child's birth.

However, the child's coverage will not cease on that date if:

- a) we have received a Request and required premium to continue coverage for the child before that date; or
- b) your other child(ren) are covered by the Policy on that date.]

The **Incapacitated Child Continuation** provision found under the **COVERED DEPENDENT PERIOD OF COVERAGE** section of the [Policy][Certificate], has been deleted in its entirety and replaced by the following:

[Incapacitated Child Continuation: If, on the date a child reaches the limiting age, he or she is:

- a) covered under the Policy; and
- b) an Incapacitated Child, as defined;

his or her coverage will not terminate solely due to age.]

This Amendment does not waive, alter or extend any conditions or provisions of the Policy except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Policy to which it is attached.

MONUMENTAL LIFE INSURANCE COMPANY Cedar Rapids, Iowa



Secretary



President

SERFF Tracking Number: AEGB-128478429 State: Arkansas
 Filing Company: Monumental Life Insurance Company State Tracking Number:
 Company Tracking Number: MLHI5000GP
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: MLHI5000GP
 Project Name/Number: AMA/AGIA HIP PRODUCT/H034-ER

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments:</p> <p>Attachments: AR Flesch Certification.pdf AR Regulation 19 Certification.pdf AR Regulation 49 Certification.pdf</p>	Approved-Closed	07/10/2012
<p>Satisfied - Item: Application</p> <p>Comments: A new application is being used and is attached under the Form Schedule tab.</p>	Approved-Closed	07/10/2012
<p>Satisfied - Item: Explanation of Variability</p> <p>Comments:</p> <p>Attachment: MLHI5000GP_Explanation of Variability.pdf</p>	Approved-Closed	07/10/2012
<p>Satisfied - Item: Previously Approved Riders</p> <p>Comments:</p> <p>Attachments: HI1002PRM AD&D RIDER.pdf HI1008PRM_ PREGNANCY INDEMNITY RIDER.pdf HI1011RM RECUPERATION BENEFIT RIDER.pdf HI1019RM Inpatient Surg. Anesthesia Rider - SERFF.pdf</p>	Approved-Closed	07/10/2012

SERFF Tracking Number: AEGB-128478429 State: Arkansas
Filing Company: Monumental Life Insurance Company State Tracking Number:
Company Tracking Number: MLHI5000GP
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: MLHI5000GP
Project Name/Number: AMA/AGIA HIP PRODUCT/H034-ER

Item Status:

Status

Date:

Satisfied - Item: NAIC Transmittal

Approved-Closed

07/10/2012

Comments:

The initial transmittal is being replaced, as it was not signed.

Attachment:

NAIC Transmittal - AR.pdf

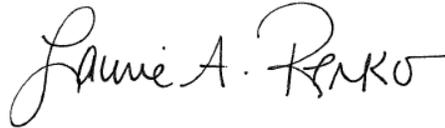
READABILITY CERTIFICATION

Name of Company: Monumental Life Insurance Company
Re: MLHI5000GP

This will certify that the submission meets readability requirements and complies with the Life and Health Policy Language Simplification Act. The Flesch Reading Ease Score for this form is shown below.

FORM NUMBER	FLESCH SCORE
MLHI5000GP	40
MLHI5000GC	40
MLHI5000GE	44.5

7/03/2012



Laurie A. Renko
Vice President

MONUMENTAL LIFE INSURANCE COMPANY
Home Office: Cedar Rapids, Iowa

REGULATION 19 CERTIFICATION

Form MLHI5000GC

We certify that, to the best of our knowledge and belief, this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Insurance Division of the State of Arkansas.



Laurie A. Renko
Vice President

07/05/2012
Date

MONUMENTAL LIFE INSURANCE COMPANY
Home Office: Cedar Rapids, Iowa

REGULATION 49 CERTIFICATION

Form MLHI5000GC

We certify that, for coverage issued in Arkansas on the above-referenced form number, we will deliver the Life and Health Guaranty Fund Notice required by Regulation 49.



Laurie A. Renko
Vice President

07/05/2012
Date

Explanation of Variability

Hospital Indemnity Insurance Policy FORMS MLHI5000GP, MLHI5000GC

[] = included or excluded

Benefits and provisions enclosed in square brackets [] are optional. Unless a bracketed benefit and/or provision is addressed in this Explanation of Variability, it will be included or excluded. Where a bracketed benefit and/or provision is addressed on this Explanation of Variability, the conditions under which it will be included or excluded are described herein.

{ } = a range

Benefits and provisions enclosed in parentheses { } are variable. These benefits and/or provisions will always be included, and the information contained within the parentheses defines the range of variability that is permitted under the policy. Where no range is set forth (e.g., dates), up-to-date information will be included.

GROUP POLICY FORM MLHI5000GP

Face Page of Policy

- 1) Administrative Office may change, based on administrative office location.
- 2) Policyholder Name, Policyholder Address, Place of Delivery, Policy Number, Policy Effective Date, Policy Anniversary will change case by case to reflect Policyholder specific data.

Eligible Persons: Description of Eligible Persons

- 3) **Eligible Persons** -
 - a) Class 1 or class 2 will be referenced based on the class of persons being covered.
- 4) **Eligible Member**: The section will be tailored to include information for the specific eligible member that is being covered as selected by the Policyholder.
- 5) **Prior Covered Person**: The section will be included if coverage is being provided for a prior Insured person.
- 6) **Prior Policy**: The section will be included if coverage is being provide for a prior Insured person.
- 7) **Account Numbers**: The applicable account number will be listed
- 8) **Eligible Dependent**: Reference to a dependent child's coverage under more than one Policy will be included if such is selected by the Policyholder
 - a) Reference to a spouse who is an Eligible Person may be covered as a dependent will be included if such is the administrative preference by the Policyholder
 - b) Reference to a dependent child will be included if such is selected by the Policyholder.
- 9) **Policy Age Limit**: None
- 10) **Eligibility Restrictions**: The specific restriction will be based on the Policyholder's selection of coverage.
- 11) **SCHEDULE-BENEFIT AND AMOUNTS** – This schedule section will be included or excluded depending on whether or not coverage is provided for covered persons under a prior coverage.

- 12) **SCHEDULE BENEFITS AND AMOUNTS** – This schedule will be used for new business. The individual benefits and amounts will be included as requested by the Policyholder.
- 13) **SCHEDULE-PREMIUM** –
 - a) Individual Premium: - the phrase [and on the next page] will be included if premium information is carried to another page.
 - b) “The premium stated in....” sentence will be included if selected by the Policyholder.
- 14) **RATE TABLES INSERTED HERE** – Rate table may be inserted in this section.
- 15) **GENERAL DEFINITIONS:**
 - a) Ambulatory Surgical Center Section will be included if this benefit is selected by the Policyholder.
 - b) **Confined or Confinement** – The appropriate facility will be included.
 - c) **Day of Confinement** - The appropriate facility will be included.
 - d) **Eligible Member** - Reference to eligible member will be included if such is selected by the Policyholder.
 - e) **Hospital** – References to “*hospital will also mean a Sanatoria...*” and “*...a place for the treatment of mental...*” will be included if applicable.
 - f) **Inpatient** – Options b and/or c will be included if selected by Policyholder.
 - g) **Mental and nervous disorders** - Entire section will be included or not included depending on whether or not the Policyholder selects such coverage.
 - h) **Policyholder** - Information will change case by case to reflect Policyholder specific data.
 - i) **Prior Plan** - information will change case by case to reflect Policyholder specific data for policy number and carrier.
 - j) **Residential Treatment facility** – definition will be included if coverage is selected by Policyholder.
- 16) Participating Organizations:
 - a) **Policyholder** - Information will change case by case to reflect Policyholder specific data.
 - b) **Participating Organization** - Information will change case by case to reflect the specific organization.
 - c) **Name of Participating Organization/Effective date:** Information will change case by case to reflect the specific organization and effective date.

GROUP CERTIFICATE FORM MLHI5000GC

Face Page of Certificate

- 1) Administrative Office may change, based on administrative office location.
- 2) Policyholder Name and Policy Number will change case by case to reflect Policyholder specific data.
- 3) **Schedule of Benefits:**
 - a) Member’s name, dependent’s name, Effective Date, certificate number, Member’s age, Dependent age, Group Policy, Premium will change case by case to reflect specific data.
 - b) All items that are bracketed including covered percentages, maximum benefits, maximum amounts, elimination periods, and waiting periods are as selected by the policyholder.
 - c) Reference to annual fee will be included if such fee is applicable.
 - d) Benefits appearing in brackets will be included if selected by policyholder.
- 4) **GENEAL DEFINITIONS:** Same as Policy. See explanations provided above for Policy.
- 5) **INSURED PERSON PERIOD OF COVERAGE:**
 - a) **Insured Person Effective Date:** Item [(a)] payment of the required premium will be included; Item (b) will be included if “Deferred Effective Date” provision is selected by the Policyholder.
 - b) **Deferred Effective Date:** Reference will be included if applicable.
 - c) **Eligible Member** – The applicable definition will be included depending on the policyholder that is being covered.

- d) **Request for Change in Insured Person's coverage** - This provision will be included if selected by the Policyholder. Either reference to "on the first day of the month after" or "on the day" will be included if such is the administrative preference of the Policyholder.
 - e) **Insured Person Termination** – Bracket information will be included if Insured Person's legal residence is moved outside of the United States.
 - f) **Individual Grace Period** - This provision will be included if selected by the Policyholder.
 - g) **Extension of Benefits** – This provision is included as agreed upon by the Policyholder and company.
- 6) **COVERED DEPENDENT PERIOD OF COVERAGE:**
- a) **Eligible Dependents** - Reference to a spouse who is an Eligible Person may be covered as a dependent will be included if such is the administrative preference by the Policyholder.
 - b) **Child** – Reference to a child who is an Eligible Person may be covered as a dependent will be included if such is the administrative preference by the Policyholder.
 - c) **Dependent Effective Date** - The applicable provision will be included depending on the policyholder that is being covered.
 - d) **Request for Change in Dependent's Coverage** – This provision will be included if selected by the Policyholder. Either reference to "on the first day of the month after" or "on the day" will be included if such is the administrative preference of the Policyholder.
 - e) **Newborn Child** – Provision will be included if Dependent coverage is selected by the Policyholder.
 - f) **Dependent Termination** - Provision will be included if Dependent coverage is selected by the Policyholder.
 - g) **Incapacitated Child** - Provision will be included if Dependent coverage is selected by the Policyholder. Reference to [or other Care Provider] will be included if applicable.
 - h) **Other care Provider** – This definition will be included if applicable.
 - i) **Continuation** – This provision will be included if Dependent coverage is selected by the Policyholder.
- 7) **HOSPITAL INDEMNITY BENEFIT:**
- a) **Basic Hospital Confinement**
 - i) References to confinement for treatment of alcohol or drug abuse will be included if benefit is selected by Policyholder.
 - ii) Reference to payment of daily benefit amount for outpatient surgery will be included if Outpatient Surgery is covered.
 - b) **Accident Confinement:**
 - i) **Specified Vehicle/travel Accident** – Item b) will be included if benefit is selected by the Policyholder.
 - c) **Confinement for Cancer** - This provision will be included if such coverage is selected by the Policyholder.
 - d) **Intermediate Intensive Care Unit Confinement** - This provision will be included if such coverage is selected by the Policyholder.
 - e) **Common Accident Confinement** - This benefit will be included if selected by the Policyholder.
- 8) **SKILLED NURSING FACILITY INDEMNITY BENEFIT** - This benefit will be included if selected by the Policyholder.
- 9) **HOME CONVALESCENT BENEFIT** - This benefit will be included if selected by the Policyholder.
- 10) **OBSERVATION CARE BENEFIT** - This benefit will be included if selected by the Policyholder.

11) **EMERGENCY [ACCIDENT] [OUTPATIENT SERVICES] BENEFIT:**

- a) This benefit will be included or excluded based on selection of the Policyholder.
- b) The title of this benefit may be EMERGENCY ACCIDENT OUTPATIENT SERVICES BENEFIT; EMERGENCY OUTPATIENT SERVICES BENEFIT; EMERGENCY ACCIDENT BENEFIT; OR EMERGENCY BENEFIT.
- c) Reference to "Outpatient" services will be included or excluded depending on the benefit being offered.

12) **PRE-EXISTING CONDITION LIMITATION** – Provision will be included if Pre-existing condition is imposed.

13) **EXCLUSIONS** - Individual exclusions will be included as selected by the Policyholder.

ACCIDENTAL DEATH [AND DISMEMBERMENT] RIDER

This Accidental Death [and Dismemberment] Rider is a part of the Policy to which it is attached. It is issued in consideration of the application and the continued payment of any premium.

We will pay the Accidental Death Benefit shown on the schedule when we receive proof that the Covered Person died as a result of an Injury, provided death occurred within 365 days of the Injury.

We will pay a Dismemberment benefit when we receive proof that the Covered Person suffered a Covered Loss as a result of an Injury. The benefit will be the percentage shown in the table below based on the Accidental Death benefit, shown in the Schedule.

The Accidental Death or Dismemberment must occur while the Policy and this Rider are in force.

<u>Covered Loss</u>	<u>Percentage of Benefit</u>
Loss of both hands	100%
Loss of both feet	100%
Loss of the sight of both eyes	100%
Loss of one hand and one foot	100%
Loss of one hand and the sight of one eye	100%
Loss of one foot and the sight of one eye	100%
Loss of one hand	50%
Loss of one foot	50%
Loss of the sight of one eye	50%
Loss of thumb and index finger of either hand	50%

The Loss must occur within 365 days of the Injury. If the Covered Person sustains more than one Loss from one accident, we will pay for the Loss that has the greatest benefit. If the Covered Person has sustained the Loss of one hand, one foot, or the sight of one eye prior to his Effective Date of Insurance, we will pay any future benefit without reference to the prior Loss. If the Covered Person has sustained the Loss of one hand, one foot, or the sight of one eye while covered under this Rider, and later sustains an additional Loss from a separate accident, we will pay the later benefit without reference to the prior Loss.

EXPOSURE AND DISAPPEARANCE

We will pay a benefit when a Covered Person suffers a Covered Loss due to an Injury from unavoidable exposure to the elements.

We will presume an accidental death and pay a benefit if a Covered Person is not found within one year after the disappearance, sinking or wrecking of a conveyance in which the Covered Person was a passenger.

COVERED LOSS means:

- (1) with respect to hands or feet, complete severance at or above the wrist or ankle joints respectively; and
- (2) with respect to eyes, total and irrecoverable loss of sight;
- (3) with respect to thumb and index finger, complete severance at or above the metacarpophalangeal joint.

ADDITIONAL EXCLUSIONS

The following exclusions are in addition to any exclusions found in the Policy. We will not pay a benefit under this Rider for a loss caused by, resulting from or contributed to:

- (1) declared or undeclared war or any act of war;
- (2) Sickness or its medical or surgical treatment, including diagnosis;
- (3) bacterial infection, except through a wound accidentally sustained;
- (4) participating in a riot; or committing an assault or felony;
- (5) alcohol intoxication, as defined in the state where the accident occurred;
- (6) taking of any drug, medication, narcotic or hallucinogen, except as prescribed by a Physician;
- (7) operating or riding in any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight;
- (8) taking of alcohol in combination with any drug, medication or sedative;
- (9) voluntary gas inhalation or poison voluntarily taken, administered or inhaled.

This benefit will be paid in addition to any other benefits payable under the Policy.

Benefits are subject to all the terms of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

This Rider takes effect and expires concurrently with the Policy to which it is attached.

Monumental Life Insurance Company

N Stacey Boyer

Secretary

Suzanne Clancy

President

RECUPERATION BENEFIT RIDER

This Recuperation Benefit Rider is a part of the Policy [and] [Certificate] to which it is attached. It is issued in consideration of the application and the continued payment of the required premium.

We will pay the Recuperation Benefit shown on the schedule when we receive proof that, as a result of an Injury or a Sickness, the Covered Person has been Confined in a Hospital and was discharged from the Hospital, provided the Hospital Confinement began and ended while the Covered Person is insured under this Policy and Rider.

This Benefit will be paid for the same number of days the Covered Person received Hospital Indemnity Daily Benefits, subject to the Amounts and Limits stated in the schedule.

Successive periods of Hospital Confinement will be considered as separate periods for determining this Benefit, unless:

- (1) the new period of Hospital Confinement is due to the same cause or causes as the prior one; and
- (2) the new period of Hospital Confinement starts less than {six months} after the prior one stopped.

This benefit will be paid in addition to any other benefits payable under the Policy.

Benefits are subject to all terms and conditions of the Policy [including any coinsurance requirements]. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

[This Rider takes effect and ends concurrently with the Policy and any Certificate to which it is attached, as long as premiums are paid.]

Monumental Life Insurance Company



Secretary



President

[INPATIENT] SURGICAL AND ANESTHESIA BENEFIT RIDER

This Surgical and Anesthesia Rider is a part of the [Policy][Certificate] to which it is attached. It is issued in consideration of the application and the continued payment of the required premium.

Upon receipt of due proof that a surgical procedure is performed on a Covered Person [while he is Hospital Confined,] we will pay Expenses for the procedure. This benefit will pay the amount shown on the schedule for each Operative Session not to exceed the calendar year maximum. The benefit is subject to the Lifetime Maximum amount for this benefit.

Upon receipt of due proof that a Covered Person incurred expenses for the services of an Anesthesiologist during an Operative Session, we will pay Expenses for an Anesthesiologist who is not employed by the Hospital. The benefit payable will not exceed the Maximum Benefit shown on the schedule for each Operative Session.

Anesthesiologist means a Physician who specializes in anesthesiology.

Operative Session means the continuous period of time during which surgical procedures are performed, regardless of the number of procedures or the number of surgical incisions.

This benefit will be paid in addition to but will not duplicate any other benefits payable under the Group Policy.

Benefits are subject to all other terms and conditions of the Group Policy. This Rider does not waive, alter or extend any provisions or limitations of the Group Policy except to the extent shown above.

[This Rider takes effect and ends concurrently with the [Policy][Certificate] to which it is attached.]

Monumental Life Insurance Company



Secretary



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 #
	Monumental Life Insurance Company 4333 Edgewood Road, NE Cedar Rapids, Iowa 52499	Iowa	A&H	468	66281	52-0419790	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Eliza Richardson, ACS, AIAA 100 Light Street, Floor B1 Baltimore, Maryland 21202	1-800-233-4624, ext. 5361	410-209-5910	eliza.richardson@transamerica.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	MLHI5000GP
-----------	--------------------------------	------------

7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
-----------	--	-----------------------

8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise Group: <input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Other: _____
-----------	---------------	---

9.	Type of Insurance	H14G Group Health-Hospital Indemnity
-----------	--------------------------	--------------------------------------

10.	Product Coding Matrix Filing Code	H14G.000 Health-Hospital Indemnity
------------	--	------------------------------------

11.	Submitted Documents	<p><input checked="" type="checkbox"/> FORMS</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input checked="" type="checkbox"/> Certificate</td> </tr> <tr> <td><input checked="" type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Rates</p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate	<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input checked="" type="checkbox"/> Certificate	<input checked="" type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input checked="" type="checkbox"/> Certificate										
<input checked="" type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising										
<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other											
		<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____										
		<p>SUPPORTING DOCUMENTATION</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input checked="" type="checkbox"/> Statement of Variability</td> <td><input checked="" type="checkbox"/> Certifications</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization	<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements	<input checked="" type="checkbox"/> Statement of Variability	<input checked="" type="checkbox"/> Certifications	<input type="checkbox"/> Actuarial Memorandum		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization											
<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements											
<input checked="" type="checkbox"/> Statement of Variability	<input checked="" type="checkbox"/> Certifications											
<input type="checkbox"/> Actuarial Memorandum												
<input type="checkbox"/> Other _____												

12.	Filing Submission Date	07/05/2012	
13	Filing Fee (If required)	Amount	\$150
		Check Date	EFT VIA SERFF
		Retalutory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Check Number	EFT VIA SERFF
14.	Date of Domiciliary Approval		
15.	Filing Description:		
<p>The above referenced forms are being filed for your review and approval. These forms are new and do not replace any existing forms. The group policy will be issued direct or marketed through an out of state trust policy located in DC. This product is intended for use by association groups and will be marketed on a direct mail, direct response basis, or through licensed resident agents. This product may also be offered to colleges, universities, vocational and technical schools that would like to offer this product to eligible students and their dependents. This policy provides a daily benefit for confinement in a hospital.</p> <p>Also, we wish to use the following riders that were previously submitted and approved under SERFF filing AEGX125096402 on March 7, 2007:</p> <ul style="list-style-type: none"> • Form HI1002PRM - AD&D Rider provides a benefit in case of accidental death or dismemberment • Form HI1008PRM - The Pregnancy Indemnity Benefit Rider provides a benefit for hospital confinement resulting from a normal pregnancy. • Form HI1011RM - Recuperation Benefit Rider provides benefit for expenses incurred during recuperation. • Form HI1019RM - The Inpatient Surgical and Anesthesia Benefit Rider provides an additional benefit for inpatient surgery and the expenses for anesthesia. 			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> View Complete Filing Description </div>			

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 <u>Arkansas</u>.</p>	
Print Name	<u>Eliza Richardson</u> Title <u>Intermediate State Filing Analyst</u>
Signature	<u>Eliza Richardson</u> Date: <u>7/5/2012</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		MLHI5000GP
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Group Hospital Indemnity Insurance Policy	MLHI5000GP	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Group Hospital Indemnity Insurance Certificate	MLHI5000GC	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	Enrollment Form	MLHI5000GE	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number		MLHI5000GP		
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
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

SERFF Tracking Number: AEGB-128478429 State: Arkansas
 Filing Company: Monumental Life Insurance Company State Tracking Number:
 Company Tracking Number: MLHI5000GP
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: MLHI5000GP
 Project Name/Number: AMA/AGIA HIP PRODUCT/H034-ER

Superseded Schedule Items

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

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/05/2012		Supporting NAIC Transmittal Document	07/05/2012	NAIC Transmittal - AR.pdf (Superseded)

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 #
	Monumental Life Insurance Company 4333 Edgewood Road, NE Cedar Rapids, Iowa 52499	Iowa	A&H	468	66281	52-0419790	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Eliza Richardson, ACS, AIAA 100 Light Street, Floor B1 Baltimore, Maryland 21202	1-800-233-4624, ext. 5361	410-209-5910	eliza.richardson@transamerica.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	MLHI5000GP
-----------	--------------------------------	------------

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 checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large
		Group	<input type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9.	Type of Insurance	H14G Group Health-Hospital Indemnity
-----------	--------------------------	--------------------------------------

10.	Product Coding Matrix Filing Code	H14G.000 Health-Hospital Indemnity
------------	--	------------------------------------

11.	Submitted Documents	<p><input checked="" type="checkbox"/> FORMS</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input checked="" type="checkbox"/> Certificate</td> </tr> <tr> <td><input checked="" type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Rates</p> <p><input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate</p> <p><input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____</p> <p>SUPPORTING DOCUMENTATION</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input checked="" type="checkbox"/> Statement of Variability</td> <td><input checked="" type="checkbox"/> Certifications</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input checked="" type="checkbox"/> Certificate	<input checked="" type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other		<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization	<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements	<input checked="" type="checkbox"/> Statement of Variability	<input checked="" type="checkbox"/> Certifications	<input type="checkbox"/> Actuarial Memorandum		<input type="checkbox"/> Other _____	
<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input checked="" type="checkbox"/> Certificate																			
<input checked="" type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising																			
<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other																				
<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization																				
<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements																				
<input checked="" type="checkbox"/> Statement of Variability	<input checked="" type="checkbox"/> Certifications																				
<input type="checkbox"/> Actuarial Memorandum																					
<input type="checkbox"/> Other _____																					

12.	Filing Submission Date	07/05/2012	
13.	Filing Fee (If required)	Amount <u> </u> \$150 Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Date <u> </u> EFT VIA SERFF Check Number <u> </u> EFT VIA SERFF
14.	Date of Domiciliary Approval		
15.	Filing Description:		
<p>The above referenced forms are being filed for your review and approval. These forms are new and do not replace any existing forms. The group policy will be issued direct or marketed through an out of state trust policy located in DC. This product is intended for use by association groups and will be marketed on a direct mail, direct response basis, or through licensed resident agents. This product may also be offered to colleges, universities, vocational and technical schools that would like to offer this product to eligible students and their dependents. This policy provides a daily benefit for confinement in a hospital.</p> <p>Also, we wish to use the following riders that were previously submitted and approved under SERFF filing AEGX125096402 on March 7, 2007:</p> <ul style="list-style-type: none"> • Form HI1002PRM - AD&D Rider provides a benefit in case of accidental death or dismemberment • Form HI1008PRM - The Pregnancy Indemnity Benefit Rider provides a benefit for hospital confinement resulting from a normal pregnancy. • Form HI1011RM - Recuperation Benefit Rider provides benefit for expenses incurred during recuperation. • Form HI1019RM - The Inpatient Surgical and Anesthesia Benefit Rider provides an additional benefit for inpatient surgery and the expenses for anesthesia. <div style="text-align: center; margin-top: 20px;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;">View Complete Filing Description</div> </div>			

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 _____.</p>			
Print Name _____		Title _____	
Signature _____		Date: _____	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		MLHI5000GP
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Group Hospital Indemnity Insurance Policy	MLHI5000GP	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Group Hospital Indemnity Insurance Certificate	MLHI5000GC	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	Enrollment Form	MLHI5000GE	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number		MLHI5000GP		
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
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