

SERFF Tracking Number: ZURC-128492539 State: Arkansas  
Filing Company: Zurich American Insurance Company State Tracking Number:  
Company Tracking Number: CW AH 34661  
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness  
Limited Benefit  
Product Name: Group Critical Illness Policy  
Project Name/Number: CW AH 34661 Group Critical Illness Policy /CW AH 34661

## Filing at a Glance

Company: Zurich American Insurance Company

Product Name: Group Critical Illness Policy SERFF Tr Num: ZURC-128492539 State: Arkansas

TOI: H07G Group Health - Specified Disease - SERFF Status: Closed-Approved- State Tr Num:

Limited Benefit Closed

Sub-TOI: H07G.001 Critical Illness

Co Tr Num: CW AH 34661

State Status: Approved-Closed

Filing Type: Form

Author: Karen Falbo

Reviewer(s): Rosalind Minor

Date Submitted: 07/03/2012

Disposition Date: 07/12/2012

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: CW AH 34661 Group Critical Illness Policy

Project Number: CW AH 34661

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Other

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 06/18/2012

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Explanation for Other Group Market Type:

Other eligible groups shall include, but is not limited to: creditors; labor unions or similar employee organizations; trusts; associations; credit unions; vendors; schools; religious, charitable, recreational or civic organizations; sports teams; auxiliary police, fire or emergency medical service; and other discretionary groups as allowed by the State.

Filing Status Changed: 07/12/2012

State Status Changed: 07/12/2012

Created By: Karen Falbo

Corresponding Filing Tracking Number:

Overall Rate Impact:

Deemer Date:

Submitted By: Karen Falbo

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**Filing Description:**

This is a Group Critical Illness Insurance Policy, which will be marketed to all size groups, including other eligible groups, ranging from five (5) employees to any size group thereafter. Other eligible groups shall include, but is not limited to: creditors; labor unions or similar employee organizations; trusts; associations; credit unions; vendors; schools; religious, charitable, recreational or civic organizations; sports teams; auxiliary police, fire or emergency medical service; and other discretionary groups as allowed by the State.

This Critical Illness Insurance Policy may be marketed through brokers, consultants, third party administrators and sales employees.

All forms are new and are not intended to replace any other forms currently in use.

State Narrative:

**Company and Contact**

**Filing Contact Information**

Karen Falbo, Product Analyst karen.falbo@zurichna.com  
 1400 American Lane 847-605-7545 [Phone]  
 Schaumburg, IL 60196 847-605-7768 [FAX]

**Filing Company Information**

Zurich American Insurance Company CoCode: 16535 State of Domicile: New York  
 1400 American Lane Group Code: 212 Company Type:  
 Schaumburg, IL 60102 Group Name: State ID Number:  
 (847) 605-6000 ext. [Phone] FEIN Number: 36-4233459

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$300.00  
 Retaliatory? No  
 Fee Explanation: \$50 per form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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Zurich American Insurance Company \$300.00 07/03/2012 60634003

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/12/2012	07/12/2012

### 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	07/03/2012	07/03/2012	Karen Falbo	07/08/2012	07/08/2012



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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document (revised)	Statement of Variables	Approved-Closed	Yes
Supporting Document	Statement of Variables	Replaced	Yes
Supporting Document	Certification	Approved-Closed	Yes
Supporting Document	7-8-12 response - Redlined	Approved-Closed	Yes
Form	Group Critical Illness Insurance Policy	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Form	Group Critical Illness Insurance Certificate	Approved-Closed	Yes
Form (revised)	Enrollment Form	Approved-Closed	Yes
Form	Enrollment Form	Replaced	Yes
Form	Administrative Change Endorsement	Approved-Closed	Yes
Form	Evidence of Insurability Form	Approved-Closed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 07/03/2012  
Submitted Date 07/03/2012

Respond By Date

Dear Karen Falbo,

This will acknowledge receipt of the captioned filing.

Objection 1

- Enrollment Form, U-GCI-103-A CW (05/12) (Form)

Comment:

The Fraud Statement is not in compliance with ACA 23-66-503. We will accept the language that you have in your application.

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

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 07/08/2012  
 Submitted Date 07/08/2012

Dear Rosalind Minor,

### Comments:

Thank you for your recent correspondence.

### Response 1

Comments: We revised the fraud statement in the enrollment form (U-GCI-103-A AR) to match that of the Application (U-GCI-101-A AR). Please also see revised Statement of Variables (U-GCI-1000-A AR).

### Related Objection 1

Applies To:

- Enrollment Form, U-GCI-103-A CW (05/12) (Form)

Comment:

The Fraud Statement is not in compliance with ACA 23-66-503. We will accept the language that you have in your application.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Statement of Variables

Comment:

Satisfied -Name: 7-8-12 response - Redlined

Comment:

#### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Enrollment Form	U-GCI-		Application/Enrollment	Initial		43.000	U-GCI-



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## Form Schedule

### Lead Form Number: U-GCI-100-A

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/12/2012	U-GCI-100-A AR (05/12)	Policy/Contract	Group Critical Illness Insurance Policy Certificate	Initial		50.900	U-GCI-100-A AR (05-12) Critical Illness Policy (0512).pdf
Approved-Closed 07/12/2012	U-GCI-101-A AR (05/12)	Application/Enrollment Form	Application	Initial		35.200	U-GCI-101-A AR Group CI Application-(0512).pdf
Approved-Closed 07/12/2012	U-GCI-102-A AR (05/12)	Certificate	Group Critical Illness Insurance Certificate	Initial		52.000	U-GCI-102-A AR(05-12) Critical Illness Certificate (0512).pdf
Approved-Closed 07/12/2012	U-GCI-103-A AR (05/12)	Application/Enrollment Form	Enrollment Form	Initial		43.000	U-GCI-103-A AR Enrollment Form-(0512)-CLN 07052012.pdf
Approved-Closed 07/12/2012	U-GCI-104-A CW (05/12)	Policy/Contract	Administrative Change Endorsement Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		52.800	U-GCI-104-A CW - Administrative Change Endorsement-(0512).pdf
Approved-	U-GCI-105-A	Other	Evidence of	Initial		45.500	U-GCI-105-A

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Closed A CW Insurability Form  
07/12/2012 (05/12)

CW Evidence  
of Insurability  
Form-  
(0512).pdf

# Group Critical Illness Insurance Policy



**ZURICH AMERICAN INSURANCE COMPANY**

1400 American Lane  
Schaumburg, Illinois 60196

In return for the payment of premium expressed in the Schedule, **We** agree to pay the benefits of this **Policy** to the persons insured hereunder, subject to the terms and conditions which follow. **We** have issued this **Policy** to the **Policyholder**. This **Policy** is executed as of the Policy Inception Date shown in the Schedule which is its date of issue, and from which anniversary dates are measured.

**RENEWAL.** This **Policy** will automatically renew for an additional twelve-month period unless either party expresses its intent not to renew as specified in the Termination of Insurance provisions shown in Section VI.A.

This **Policy** is delivered in, and subject to the laws of the Contract Situs in which it is issued.

**[BENEFITS ARE REDUCED UPON ATTAINMENT OF SPECIFIED AGES.]**

**THIS POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER MEDICAL EXPENSES.**

**This Policy IS NOT A MEDICARE SUPPLEMENT POLICY.**

**We** and the **Policyholder** have agreed to all the terms of this **Policy**.

This is a legal contract between the **Policyholder** and **Us**.

IN WITNESS WHEREOF, this Company has executed and attested these presents and, where required by law, has caused this **Policy** to be countersigned by its duly Authorized Representative(s).

Handwritten signature of Nancy D. Mueller in black ink.

President

Handwritten signature of Dan J. Keating in black ink.

Corporate Secretary

**PLEASE READ THE POLICY CAREFULLY**

NON-PARTICIPATING

[CONTRIBUTORY][NON-CONTRIBUTORY]

**IMPORTANT NOTICE**

The [Insured] [Covered Person] may call [XXX-XXX-XXXX] to present inquiries or to obtain information about coverage or if they need assistance in resolving any complaints. Or, the [Insured] [Covered Person] can write to Zurich American Insurance Company at their administrative offices at [XXXXXX].

Should the [Insured] [Covered Person] wish to contact the Arkansas Insurance Department for assistance, they may do so by calling [1-800-852-5494]. Or, the [Insured] [Covered Person] may send written correspondence to the Arkansas Insurance Department at [1200 West Third Street, Little Rock, AR 72201-1904].

## TABLE OF CONTENTS

SECTION	DESCRIPTION
Section I	SCHEDULE
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Section V	PREMIUMS
Section VI	TERMINATION OF INSURANCE
Section VII	HOW TO FILE A CLAIM
Section VIII	PAYMENT OF CLAIMS
Section IX	GENERAL POLICY CONDITIONS
Section X	COVERAGES
[Section XI	PORTABILITY PRIVILEGE]

SECTION I - SCHEDULE

- I. **POLICYHOLDER:** [John Doe Corporation]  
[123 Main Street]  
[Anywhere, XX 10011]  
[COVERED SUBSIDIARIES OR AFFILIATED COMPANIES: [ABC Company]]
- II. **POLICY NUMBER:** [ABC-1234567]
- III. **POLICY INCEPTION DATE:** [January 1, 2012]
- IV. **POLICY PERIOD:** [Effective Date] to [Expiration Date][Continuous]  
(All Insurance begins and ends at 12:01 a.m. at the **Policyholder's** address)
- V. **CONTRACT SITUS:** [ ]
- VI. **ELIGIBILITY AND CLASSIFICATION OF INSUREDS:**

The following individuals are eligible to become **Insureds** upon [completion of the **[Service][Eligibility] Waiting Period** as indicated below, and] the submission of completed enrollment material, if required:

**Eligible Person** means:

Class I: **[Active]** employees working a minimum of [15-40 hours] per week and includes [salaried employees of the **Policyholder**][hourly employees of the **Policyholder**].

[Class [II]: [Members of the **Policyholder's** Board of Directors]

[Class [III]: **[Active]** members of a labor union employed by the **Policyholder**]

[Class [IV]: **[Spouse [/Domestic Partner]** of Class I [and] [,][Class III] [and Class VI] **Eligible Persons** when such **Spouse[/Domestic Partner]** is under age [65-99]]

[Class [V]: **[Retirees]** of the **Policyholder**]

[Class [VI]: [As defined by the **Policyholder**]

**[Eligible Dependent]** means:

**[Dependent Child(ren)]** of a Class I, [and Class III][,][and][Class IV] [and Class VI] **Eligible Persons** are eligible to become **Covered Persons** if a parent becomes an **Insured**.]

**[Spouse [/Domestic Partner]** of Class I [and Class III and Class VI] **Eligible Persons** are eligible to become **Covered Persons** if the **Eligible Person** becomes an **Insured**. Such **Spouse[/Domestic Partner]** must be under age [65-99].]

**[SERVICE WAITING PERIOD FOR CLASS [I, III, VI]:**

[1-365] days of **[Active]**[continuous] service.]

**[ELIGIBILITY WAITING PERIOD FOR CLASS [II, IV, V, VI]:**

[1-365 days as an **Eligible Person**.]

- VII. **REPORTING AND NOTICE ADDRESSES:**

Claim Reporting:

[Claims Department  
Zurich American Insurance Company,  
[P.O. Box 968041, Schaumburg, IL. 60196]]  
[1-866-841-4771]

- VIII. **COVERAGES: CRITICAL ILLNESS BENEFIT**

SCHEDULE OF BENEFITS

Covered <b>Critical Illnesses</b>	
[1- Heart and Circulatory	[Heart Attack] [Stroke] [Coronary Artery By-Pass Graft][Non-Surgical Procedure for Coronary Artery Disease][Ruptured Aneurysm]]
[2-Cancers/Tumors	[Type 1 Cancer] [Type 2 Cancer] [Skin Cancer] [Benign Brain Tumor]]
[3 – Transplants	[Major Organ Transplant] [Heart Transplant][End Stage Renal Failure]]
[4 – Paralysis and Other Loss of Use	[Paralysis] [Coma] [Blindness Both Eyes] [Blindness One Eye] [Loss of Speech and/or Hearing] [Severe Burns] [Loss of Hands and Feet]]
[5- All Other <b>Critical Illnesses</b>	[Advanced Alzheimer’s] [Amyotrophic Lateral Sclerosis] [Parkinson’s Disease][Addison’s Disease] [Cerebrospinal Meningitis] [Diphtheria] [Encephalitis][Huntington’s Chorea][Legionnaire’s Disease][Malaria][Muscular Dystrophy][Myasthenia Gravis][Necrotizing Fasciitis][Occupational HIV] [Occupational Hepatitis][Osteomyelitis][Poliomyelitis][Rabies][Sickle Cell Anemia][Systemic Lupus Erythematosus][Scleroderma][Tetanus][Tuberculosis][Loss of Ability to Perform Normal Activities of Daily Living]]
[6 –Childhood Illnesses	[Multiple Sclerosis] [Cerebral Palsy] [Cleft Lip or Cleft Palate] [Cystic Fibrosis] [Down Syndrome] [Spina Bifida]]

**Benefit Waiting Period:** [0-30 days]

**Insured** Benefit Amount [including Guaranteed Issue Benefit Amount]: [\$1,000 - \$5,000,000]  
 [Guaranteed Issue Benefit Amount for You: \$0 - \$5,000,000]

[Covered **Spouse** [/Domestic Partner] Benefit Amount [including Guaranteed Issue Benefit Amount]: [[10%-100%] of **Insured’s** Benefit Amount] or [\$0-\$5,000,000]  
 [Guaranteed Issue Benefit Amount for [**Spouse** [/Domestic Partner]: \$0-\$5,000,000]

[Covered **Dependent Child(ren)** Benefit Amount [including Guaranteed Issue Benefit Amount]: [10%-100%] of **Insured’s** Benefit Amount] or [\$1,000-\$5,000,000]  
 [Guaranteed Issue Benefit Amount for Covered **Dependent Child(ren)**: \$0-\$5,000,000]

[Per Category Maximum Payout: For each category of **Critical Illnesses**, we will pay a maximum of [100%-400%] per category]

Per Person Lifetime Benefit Maximum Payout: [100%-500%] of the Benefit Amount for all occurrences combined for all **Critical Illnesses**.

Categories [1, 2, 3, 4, 5 and 6]

Category	Specified <b>Critical Illness</b>	Percent of the Benefit Amount	[Recurrence Benefits Maximum Number and Percent of Benefit	
[1- Heart and Circulatory				
1	[Heart Attack	[0%-300%]	[0, 1, 2]	[0%-300%]]
1	[Stroke	0%-300%]	[0, 1, 2]	[0%-300%]]
1	[Coronary Artery By-Pass Graft	[0%-300%]	[Not applicable]	[Not applicable]]
1	[Non-Surgical Procedure for	[0%-300%]	[Not	[Not applicable]]

	<b>Coronary Artery Disease</b>		applicable]	
1	[Ruptured Aneurysm	[0%-300%]	[0, 1, 2]	[0%-300%]]
2-Cancer				
2	[Type 1 Cancer	[0%-300%]	[0,1, 2]	[0%-300%]]
2	[Type 2 Cancer	[0%-300%]	[0,1, 2]	[0%-300%]]
2	[Skin Cancer	[0%-300%]	[0,1,2]	[0% -300%]]
2	[Benign Brain Tumor	[0%-300%]	[0,1, 2]	[0%-300%]]
[3 - Transplants				
3	[Major Organ Transplant	[0%-300%]	[0,1, 2]	[[0%-300%]]
3	[Heart Transplant	[0%-300%]	[0,1, 2]	[0%-300%]]
3	[End Stage Renal Failure	0%-300%]	[0,1, 2]	[0%-300%]]
[4 – Paralysis and Other Loss of Use				
4	[Paralysis	[0%-300%]	[Not applicable]	[Not applicable]]
4	[Coma	[0%-300%]	[Not applicable]	[Not applicable]]
4	[Blindness Both Eyes	[0%-300%]	[Not applicable]	[Not applicable]]
4	[Blindness One Eye	[0%-300%]	[Not applicable]	[Not applicable]]
4	[Loss of Speech and/or Hearing	[0%-300%]	[Not applicable]	[Not applicable]]
4	[Severe Burns	[0%-300%]	[Not applicable]	[Not applicable]]
4	[Loss of Hands and Feet	[0%-300%]	[Not Applicable]	[Not Applicable]]
If a Category 4 <b>Critical Illness</b> is caused by a covered Category [1, 2, 3, 5, or 6] <b>Critical Illness</b> for which benefits are payable, <b>We</b> will not pay benefits under both categories. <b>We</b> will pay one benefit and that will be the larger benefit.				
[5- All Other <b>Critical Illnesses</b>				
5	[Advanced Alzheimer's	[0%-300%]	[Not applicable]	[Not applicable]]
5	[Amyotrophic Lateral Sclerosis	[0%-300%]	[Not applicable]	[Not applicable]]
5	[Parkinson's Disease	[0%-300%]	[Not applicable]	[Not applicable]]
5	[Addison's Disease	[0%-300%]	[Not applicable]	[Not applicable]]
5	[Cerebrospinal Meningitis	[0%-300%]	[Not applicable]	[Not applicable]]
5	[Diphtheria	[0%-300%]	[0,1, 2]	[0%-300%]]
5	[Encephalitis	[0%-300%]	[0,1, 2]	[0%-300%]]

5	[Huntington's Chorea	[0%-300%]	[Not applicable]	[Not applicable]
5	[Legionnaire's Disease	[0%-300%]	[0, 1, 2]	[0%-300%]
5	[Malaria	[0%-300%]	[0, 1, 2]	[0%-300%]
5	[Muscular Dystrophy	[0%-300%]	[Not applicable]	[Not applicable]
5	[Myasthenia Gravis	[0%-300%]	[Not applicable]	[Not applicable]
5	[Necrotizing Fasciitis	[0%-300%]	[Not applicable]	[Not applicable]
5	[Occupational HIV	[0%-300%]	[Not applicable]	[Not applicable]
5	[Occupational Hepatitis	[0%-300%]	[Not applicable]	[Not applicable]
5	[Osteomyelitis	[0%-300%]	[Not applicable]	[Not applicable]
5	[Poliomyelitis	[0%-300%]	[Not applicable]	[Not applicable]
5	[Rabies	[0%-300%]	[Not applicable]	[Not applicable]
5	[Sickle Cell Anemia	[0%-300%]	[Not applicable]	[Not applicable]
5	[Systemic Lupus Erythematosus	[0%-300%]	[Not applicable]	[Not applicable]
5	[Scleroderma	[0%-300%]	[Not applicable]	[Not applicable]
5	[Tetanus	[0%-300%]	[Not applicable]	[Not applicable]
5	[Tuberculosis	[0%-300%]	[Not applicable]	[Not applicable]
5	[Loss of Ability to Perform Normal Activities of Daily Living	[0%-300%]	[Not applicable]	[Not applicable]
[6 – Childhood Illnesses				
6	[Multiple Sclerosis	[0%-300%]	[Not applicable]	[Not applicable]
6	[Cerebral Palsy	[0%-300%]	[Not applicable]	[Not applicable]
6	[Cleft Lip or Cleft Palate	[0%-300%]	[Not applicable]	[Not applicable]
6	[Cystic Fibrosis	[0%-300%]	[Not applicable]	[Not applicable]
6	[Down Syndrome	[0%-300%]	[Not applicable]	[Not applicable]

6	[Spina Bifida	[0%-300%]	[Not applicable]	[Not applicable]]
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[Reduction in Coverage – Age Reductions

On the premium due date on or next following the date an **Insured** attains age [65-85], his or her Benefit Amount will be reduced. The **Covered Dependent's** Benefit Amount will be reduced on a pro rata basis when an **Insured's** Benefit Amount is reduced. Reductions are based on the original Benefit Amount in effect for the **Insured**.

[Benefit Amount reduces at certain ages by the following percentage:]

[Age at Date Diagnosis Made or Procedure Recommended Percent of Benefit Amount]	[Percent of Benefit Amount]
[[65 - 69]	[[1-99%]
[70 - 74]	[1-99%]
[75 – 79]	[1-99%]
[80 – 84]	[1-99%]
[85 over]]	[1-99%]]

Optional Benefits:

**[Bone Marrow Transplant** Benefit: [0-300%] of Benefit Amount paid for the **Critical Illness.**]

\*Evaluation Benefit: For one evaluation or consultation: [\$500-\$1,000]  
 Additional Benefit if **Evaluation Center** more than 100 miles from the **[Covered Person's][Insured's]** primary residence [\$100-\$500]]

**[Hospital** Cash Benefit: Daily **Hospital Confinement** Benefit: [\$30-\$5000]  
 Maximum Benefit Period: [30-365] days]]

**[Lymphedema** Testing Benefit: [\$50-\$5000] per test with an overall benefit maximum of [\$50-\$5000] per **[Covered Person][Insured]** per **Critical Illness]**

**[Lodging** Benefit: Daily **Lodging** Benefit: [\$60-\$2500]  
 Maximum Benefit Period: [1-180] consecutive days per **Outpatient Treatment Session]]**

\*NCI Cancer Center Benefit: Consultation Benefit [\$500-\$5000]  
 Additional Benefit if **Evaluation Center** is more than 100 miles from the **[Covered Person's][Insured's]** primary residence [\$100-\$500]]

**[Stem Cell Therapy** Indemnity Benefit: [0-300%] of Benefit Amount paid for the **Critical Illness.**]

[Transportation Benefit: The greater of [\$.XX] or the current year's IRS mileage rate per mile for a maximum of [\$1000 - \$2500] per round trip

**Plan** Year Maximum: \$1000-\$10,000]

[Waiver of Premium Benefit: [included] [not included] ]

[Wellness Benefit: [\$50, \$100, \$150] per test with an overall benefit maximum of [\$50-\$5000] per **[Covered Person][Insured]** per **Plan** year.]

\* If [a **Covered Person][an Insured]** is covered for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid.]

## SECTION II – ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

### ELIGIBLE PERSON

To be eligible for coverage under the **Policy**, a person must:

1. be an **Eligible Person** as described in the Schedule; and
2. satisfy the [Service][Eligibility] **Waiting Period**, if any.

### [ELIGIBILITY OF INSURED'S DEPENDENTS

To be eligible for coverage under the **Policy**, a **Dependent** must be an **Eligible Dependent** as described in the Schedule. The **Eligible Person** must become an **Insured** under this **Plan** in order for insurance to be available for an **Eligible Dependent**. A **Spouse** [/Domestic Partner] will not be eligible as a **Dependent** if he or she is also a Class I[,] [Class II, Class III, Class V or Class VI] **Eligible Person** and enrolls for insurance under this **Policy**. Only one Class I[,] [Class II, Class III, Class V or Class VI] **Eligible Person** may select a **Plan** covering their mutual **Dependents** if both parents are in such Eligible Class.]

### ENROLLMENT

An **Eligible Person** may enroll for coverage under this **Policy** by making written or electronic application for such coverage on an enrollment form furnished or approved by **Us**. Coverage will not become effective until the **Eligible Person** has enrolled himself or herself [and his or her **Eligible Dependents**], paid the required premium, if any, and provided satisfactory proof of insurability, if required, on a form or electronic application approved by **Us**.

Initial Enrollment: **Eligible Persons** should enroll themselves and their **Eligible Dependents** within [31 days] of the first to occur of:

1. the date first eligible as described in the Schedule; or
2. the date that the [Service][Eligibility] **Waiting Period** is satisfied if applicable to their eligibility Class.]

[Individuals who enroll after this time are considered late entrants.]

[Guaranteed Issue: **Eligible Persons** may enroll for up the Guaranteed Issue Benefit Amount without providing evidence of insurability. If an **Eligible Person** enrolls for a Benefit Amount in excess of the Guaranteed Issue Benefit Amount, he or she must provide satisfactory evidence of insurability using a form or electronic application approved by **Us**.]

[Open Enrollment: **Eligible Persons** may enroll themselves and their eligible **Dependents** during an **Open Enrollment Period**, subject to providing satisfactory evidence of insurability on a form or electronic application approved by **Us**. Other changes including increases, decreases or terminations may also be restricted to **Open Enrollment Periods**.]

[Late Entrants: **Eligible Persons** who do not enroll themselves or their **Eligible Dependents** within their Initial Enrollment Period, may not enroll until the next **Open Enrollment Period** unless there is a Change in Family Status, as described below.]

Change in Family Status: An **Eligible Person** may enroll or an **Insured** may change his or her coverage if a change in family status occurs, provided written or electronic application to enroll is made within [31 days] of the event. A change in family status means any of the following events:

1. marriage [or establishment of a Domestic Partnership];
2. divorce or legal separation;
3. birth or adoption of a child; [or]
4. death of a **Spouse** [/Domestic Partner] or **Dependent Child**[: or] [.]
5. [other changes as permitted by the **Policyholder**].

### [COVERED PERSON'S][INSURED'S] EFFECTIVE DATE

An **Eligible Person's** coverage begins on the later of the following dates, provided that any required premium is paid to **Us**:

For Guaranteed Issue Benefit Amounts, the later of:

1. the **Policyholder's** Inception Date as shown on the Schedule; or
2. the [first of the month following the][date defined under the **Policyholder's** written procedures as on file and approved by **Us**, following the] date the **Eligible Person** meets all eligibility and enrollment requirements.

[The Class I [or Class III] **Eligible Person** must be **Actively At Work** on the date his or her insurance becomes effective. (If the date that insurance was to go into effect is not a normally scheduled work day for him or her, he or she must have been **Actively at Work** on the last scheduled work day prior to the date insurance becomes effective under the **Policy**). If such Employee is not so **Actively at Work**, his or her insurance will be deferred until the date he or she is **Actively at Work**. [The Class II **Eligible Person** must be on the Board of Directors for the **Policyholder** on the date his or her insurance becomes effective.] [The Class IV **Eligible Person** must not be hospital confined on the date his or her insurance would otherwise become effective. If he or she is hospital confined, such insurance will be deferred until the date he or she is no longer hospital confined.]

For Benefits Amounts in excess of the Guaranteed Issue Benefit Amount, the additional coverage will be effective on the [first of the month following the] [date defined under the **Policyholder's** written procedures as on file and approved by **Us**, following the] date **We** approve the **Eligible Person's** evidence of insurability, subject to payment of the premium due.

[For an **Insured's Covered Dependents**:

For Guaranteed Issue Benefit Amounts, the later of:

1. the **Policyholder's** Effective Date, shown on the **Certificate** Schedule; or
2. the [first of the month following the] [date defined under the **Policyholder's** written procedures as on file and approved by **Us**, following the] date an **Insured's** insurance becomes effective, subject to payment of premium when due.

[The **Dependent** must not be hospital confined on the date his or her insurance would otherwise become effective. If he or she is hospital confined, such insurance will be deferred until the date he or she is no longer hospital confined.]

For Benefit Amounts in excess of the Guaranteed Issue Benefit Amount, additional coverage will be effective for a **Covered Dependent** on the [first of the month following the] [date defined under the **Policyholder's** written procedures as on file and approved by **Us**, following the] date **We** approve that person's evidence of insurability, subject to payment of the premium due.

For **Eligible Dependents** acquired after an **Insured's** Effective Date of coverage, by reason of marriage, [Domestic Partnership,] birth or adoption, coverage is effective [[30] days after][on] [the date such **Dependent** was acquired.][the date specified by the **Policyholder**.] Except for newborn children and adopted children, this is subject to **Our** receipt of the required Enrollment and payment of the premium, if any.

Newborn Coverage: A child of an **Insured** born while this **Policy** is in force is covered from the moment of birth for a period of sixty (60) days. After this time, the child will remain covered only if the **Insured** has provided written notice of birth to the **Policyholder** and pays the required premium due, if any.

Adopted Children: A newly adopted child of an **Insured** is covered from the moment of adoption or the date of filing of a petition for adoption, for a period of sixty (60) days. After this time, the child will remain covered only if the **Insured** has provided written notice to the **Policyholder** of the adoption or the date of filing of a petition for adoption, and pays the required premium due, if any.

[Benefit Changes: Once an **Insured** has made his or her benefit elections for a given year, he or she may not change the Benefit Amount until the **Policyholder's** next **Open Enrollment Period**, except for a Change in Family Status.

Increases in the Benefit Amount are effective on the [first of the month following the] [date defined under the **Policyholder's** written procedures as on file and approved by **Us**, following the] date **We** approve the evidence of insurability, provided he or she is **Actively at Work** on the date the increased benefit would otherwise become effective. Decreases in the Benefit Amount are effective on the first day of the month following the date of request.]

### SECTION III – DEFINITIONS

[**Accident** or **Accidental** means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place during the **Policy** term.]

[**Active** and **Actively at Work** describes an employee of the **Policyholder** who is able and available for active performance of all of his or her regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered **Actively at Work** provided the employee is able and available for active performance of all of his or her regular duties and was working the day immediately prior to the

date of his or her absence. [**Active** also includes member of a labor union who is able and available for active performance of all of his or her regular duties with the **Policyholder**.]

[**Addison's Disease** means a rare, chronic endocrine disorder in a [**Covered Person**][**Insured**] where the adrenal gland does not produce sufficient steroid hormones, as **Diagnosed** by a **Physician** who is a board certified endocrinologist. [This does not include adrenal insufficiency resulting from prolonged corticosteroid treatment.]]

[**Advanced Alzheimer's Disease** means the **Diagnosis**, by a **Physician** who is a board certified neurologist, of advanced Alzheimer's Disease. The [**Covered Person**][**Insured**] must exhibit loss of intellectual capacity involving impairment of memory and judgment as measured by clinical evidence and standardized testing that has persisted for a period of at least [90 -180] consecutive days. It must result in significant reduction in mental and social functioning such that the [**Covered Person**][**Insured**] requires **Substantial Assistance** in performing at least [two, three, four] of the six **Normal Activities of Daily Living**. No other dementing brain disorders or psychiatric illnesses shall meet the definition of **Advanced Alzheimer's Disease**, nor will they be considered a **Critical Illness**.]

[**Amyotrophic Lateral Sclerosis** means a neurological disease affecting the nerve cells in the brain and spinal cord of a [**Covered Person**][**Insured**] that control voluntary muscle movement resulting in permanent clinical impairment of motor function as **Diagnosed** by a **Physician** who is a board certified neurologist.]

**Benefit Waiting Period** means the number of consecutive days shown in the Schedule of Benefits immediately following each [**Covered Person's**][**Insured's**] Effective Date of insurance [or request for an increase in coverage].

[**Blindness** means the clinically proven irreversible reduction of sight [due to [an **Accident**] [or] [sickness] to [both eyes][either eye] that has persisted for a period of at least [3-180] consecutive days. Sight must be reduced to a corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (Snellen or E-Chart Acuity) or visual field restriction to 20° or less in [both eyes][either eye].

**Blindness** does not include:

1. partial restoration of sight, if in general medical opinion any **Procedure**, device, or implant could result in partial or total restoration of sight;
2. reduction of sight in any [**Covered Person**][**Insured**] who has not attained age [2,3,4,5] on the Date of **Diagnosis**; or
3. reduction of sight in [a **Covered Person**][an **Insured**] as defined herein if the reduction of sight occurred prior to the Effective Date of the [**Covered Person's**][**Insured's**] coverage.]

[**Benign Brain Tumor** means an intracranial solid neoplasm [of at least [one] centimeter in size] within the brain of a [**Covered Person**][**Insured**] that is non-cancerous. Such **Diagnosis** must be made by a **Physician** who is board certified to make such **Diagnosis**. [**Benign Brain Tumor** [This does not include cysts, granulomas, angiomas, meningiomas, malformations of the intracranial arteries or veins, or tumors of the cranial nerves, pituitary gland or spinal cord.]]

[**Bone Marrow Transplant** means a **Procedure** recommended by a **Physician** who is board certified to replace damaged or destroyed bone marrow with healthy bone marrow stem cells. It must be required due to clinical evidence of the bone marrow's irreversible damage which requires that the damaged or destroyed bone marrow be replaced with bone marrow from a suitable donor. **Bone Marrow Transplant** includes autologous (self to self) and allogeneic (person to person) transplants.]

[**Cerebral Palsy** means a non-progressive, non-contagious motor conditions that cause physical disability in [a **Covered Person's**][an **Insured's**] development, chiefly in the area of body movement as **Diagnosed** by a **Physician** who is board certified to make a **Diagnosis** of **Cerebral Palsy**.]

[**Cerebrospinal Meningitis** means a potentially life-threatening [bacterial][viral] inflammation of the protective membranes covering the brain and spinal cord of a [**Covered Person**][**Insured**] as **Diagnosed** by a **Physician** who is a board certified neurologist. [**Cerebrospinal Meningitis** does not include meningitis resulting from a viral infection or other non-bacterial forms of meningitis.]]

**Certificate(s)** means the Certificate of Insurance issued to each **Insured** summarizing the coverage and benefits of this Group Critical Illness Insurance Policy. **We** will provide the **Policyholder** with a **Certificate**, in either paper or electronic format, for their **Insureds**, where required by state law. The **Policyholder** will either give or make these **Certificates** available to the **Insureds**.

**Cleft Lip and Cleft Palate** means a type of clefting congenital deformity caused by abnormal facial development of a **Covered Person****[Insured]** during gestation. The **Diagnosis** must be made and **Procedure** for correction recommended by a **Physician** who is board certified to make such **Diagnosis** and recommendation.]

**Clinical Diagnosis of Type 1 Cancer** means a **Diagnosis of Type 1 Cancer** based on the study of symptoms and diagnostic test results. **We** will accept a **Clinical Diagnosis of Type 1 Cancer** only if the following conditions are met:

1. a **Pathological Diagnosis** cannot be made because it is medically inappropriate or life threatening;
2. there is medical evidence to support the **Diagnosis**; and
3. a **Physician** is treating the **Covered Person****[Insured]** for **Type 1 Cancer** .]

**Coma** means a profound state of unconsciousness due to **Accident** [or sickness] from which one cannot be aroused to consciousness, even by powerful stimulation, as determined by a **Physician**. [The **Covered Person****[An Insured]** must be confined in a medical facility during a **Coma**, [and] remain in a **Coma** for [7-180] consecutive days, [and require life support measures to sustain life].]

**Contributory** means that the premium payments require that the **Insured** pays all or a portion of the premium.]

**Coronary Artery By-Pass Graft** means a major heart surgery for a **Covered Person****[Insured]** requiring median sternotomy (division of the breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts. The surgery must be recommended by a **Physician** who is a board certified cardiologist. **Coronary Artery Bypass Graft** does not include non-surgical techniques such as balloon angioplasty, laser embolectomy or other non-bypass techniques; minimally invasive endoscopic or keyhole heart surgery, stent **Procedures**, and atherectomy.]

**Covered Dependent** means any **Eligible Dependent** who has insurance under the terms of this **Policy**. It includes the **Insured's** **[Spouse /Domestic Partner** and] **Dependent Child(ren)** if a **Plan** covering the **[Spouse/Domestic Partner and]] Dependent Child(ren)** is selected.]

**Covered Loss** means [a **Diagnosis** is made for a **Critical Illness**,] [a **Procedure** for a **Critical Illness** is recommended,] [a wellness screening test is performed] [or] [another benefit covered under the **Policy**] for which benefits are payable under this **Policy**.

**Covered Person** means any person who has insurance under the terms of this **Policy**. It includes the **Insured**[,] [,and his or her **Spouse/Domestic Partner**] and/or **Dependent Child(ren)** if a **Plan** covering the **Spouse/Domestic Partner** and/or **Dependent Child(ren)** is selected.]

**Critical Illness** means [**Heart Attack**] [**Stroke**] [**Coronary Artery By-Pass Graft**]**[Non-Surgical Procedure for Coronary Artery Disease]****[Ruptured Aneurysm]** [**Type 1 Cancer**] [**Type 2 Cancer**] [**Skin Cancer**] [**Benign Brain Tumor**] [**Major Organ Transplant**] [**Heart Transplant**]**[End Stage Renal Failure]** [**Paralysis**] [**Coma**] [**Blindness Both Eyes**] [**Blindness One Eye**] [**Loss of Speech and/or Hearing**] [**Severe Burns**] [**Loss of Hands and Feet**] [**Advanced Alzheimer's**] [**Amyotrophic Lateral Sclerosis**] [**Parkinson's Disease**]**[Addison's Disease]** [**Cerebrospinal Meningitis**] [**Diphtheria**] [**Encephalitis**]**[Huntington's Chorea]****[Legionnaire's Disease]****[Malaria]****[Muscular Dystrophy]****[Myasthenia Gravis]****[Necrotizing Fasciitis]****[Occupational HIV]** [**Occupational Hepatitis**] [**Osteomyelitis**] [**Poliomyelitis**] [**Rabies**]**[Sickle Cell Anemia]****[Systemic Lupus Erythematosus]****[Scleroderma]****[Tetanus]****[Tuberculosis]****[Loss of Ability to Perform Normal Activities of Daily Living]** [**Multiple Sclerosis**] [**Cerebral Palsy**] [**Cleft Lip or Cleft Palate**] [**Cystic Fibrosis**] [**Down Syndrome**] [**Spina Bifida**].

**Cystic Fibrosis** means a life-threatening multi-system genetic disease that causes severe lung damage and nutritional deficiencies. It must be **Diagnosed** by a **Physician** who is board certified to make such **Diagnosis**.]

**Dependent** means the **Insured's** **[Spouse/Domestic Partner]**] [and **Dependent Child(ren)**].]

**Dependent Child(ren)** means those unmarried child(ren) of the **Insured**, [and] [those unmarried child(ren) of his or her **Spouse /Domestic Partner**] [, and those unmarried child(ren) [as defined under the **Policyholder's** written procedures as on file and approved by **Us**.] [a person who qualifies as a **Dependent Child(ren)** under the law of the state of residence.] [as defined in the **Policyholder's** [medical] plan as on file and approved by **Us**] who rely on the **Insured** for [more than 50% of] their support, and are either: 1) less than [19 (nineteen)] years of age; 2) less than [26 (twenty-six)] years of age and enrolled on a full-time basis in a college, university, or trade school, or who satisfy neither 1) nor 2), but who prior to his or her termination of coverage became incapable of self-sustaining employment by reason of mental or physical handicap. [The **Dependent Child(ren)** will only be **Covered Dependents** if a **Plan** covering **Dependents** is selected.]]

**[Diagnosis or Diagnosed** means the definitive establishment of the **Critical Illness**, as defined herein, using clinical and/or laboratory findings. The **Diagnosis** must be made by a **Physician** who is a board certified specialist and qualified to make the **Diagnosis**. [With respect to **[Major Organ Transplant][Coronary Artery By-Pass Surgery]**, **Diagnosis** requires a **Physician's** recommendation that the **[Covered Person][Insured]** undergoes such **Procedure**. The **Diagnosis** must be made while the **[Covered Person][Insured]** is alive. ]

**[Diphtheria** means an upper respiratory tract illness and an adherent membrane on the tonsils, pharynx, and/or nasal cavity caused by *Corynebacterium Diphtheriaediphtheriae* as **Diagnosed** by a **Physician** who is board certified to make such **Diagnosis**.]

**[Domestic Partner** means [a person who qualifies as a Domestic Partner under the **Policyholder's** written **Procedures** as on file and approved by **Us**.] [a person who qualifies as a Domestic Partner under the law of the state of residence.] [as defined in the **Policyholder's** [medical] plan as on file and approved by **Us**.]

To qualify as a **Domestic Partner**, the following requirements must be met:

1. [the **Insured** and the **Domestic Partner** must have an intimate, committed relationship of mutual caring, and have agreed to be responsible for each other's welfare;]
2. [the **Insured** and the **Domestic Partner** must have lived together in such a relationship for a period of not less than six (6) consecutive months at the same residence address;]
3. [the **Insured** and the **Domestic Partner** must both be at least eighteen (18) years of age;]
4. [neither the **Insured** nor the **Domestic Partner** are legally married;]
5. [the **Insured** and the **Domestic Partner** are not **Related** by blood or adoption;]
6. [the **Insured** and the **Domestic Partner** are each other's sole **Domestic Partner** and intend to remain so indefinitely;] [and]
7. [the **Insured** and the **Domestic Partner** must be of the same sex, and if applicable law permitted, would be married.]

The existence of the relationship between the **Domestic Partner** and the **Insured** must be evidenced by:

1. [the **Domestic Partner** being named as the primary beneficiary in the event of the **Insured's** death under the **Insured's** retirement plan or 401(k) plan, if the **Insured** maintains such a plan;]
2. [at least one of the following:
  - a. designation of the **Domestic Partner** as a primary beneficiary under the **Insured's** will; or
  - b. designation of the **Domestic Partner** as a primary beneficiary for the **Insured's** life insurance;]
3. [at least one of the following:
  - a. joint ownership of real estate (whether by mortgage, lease or deed);
  - b. joint ownership of a motor vehicle; or
  - c. joint ownership of a bank account;] [and]
4. [a completed, active certification of **Domestic Partner** status form on file with the **Policyholder**.]

To be a covered **Domestic Partner**, the **Insured** will not have completed a Termination of **Domestic Partner** status form with respect to the **Domestic Partner** who is to be covered under the **Policy**.]

**[Down syndrome** means a genetic disorder that causes lifelong mental retardation, developmental delays and other problem as **Diagnosed** by a **Physician** who is board certified to make such **Diagnosis**.]

**[Eligibility Waiting Period** means the [continuous] length of time an **Eligible Person** is in an Eligible Class with the **Policyholder** before eligible for coverage.]

**[Encephalitis** means a [bacterial][viral] acute inflammation of the brain resulting in permanent neurological damage, as **Diagnosed** by a **Physician** who is board certified to make such **Diagnosis**. This does not include encephalitis resulting from in the presence of any human immuno-deficiency virus (HIV) infection or other ancillary infections resulting from the HIV infection.]

**[End Stage Renal Failure** means chronic irreversible failure of both kidneys to function, as a result of which either regular renal or peritoneal dialysis is started or scheduled to occur on a weekly or biweekly basis unless the **Covered Person** is too ill to receive dialysis, or renal transplant is performed. The **Diagnosis** must be made by a **Physician** who is a board certified nephrologist.] [The Covered Loss will be deemed to have occurred on the date the **[Covered Person][Insured]** is listed on the United Network for Organ Sharing (UNOS).]]

**First Occurrence** means, subject to any **Pre-existing Condition** limitation period, the first time that a **Diagnosis** is made or a **Procedure** is recommended for a **Critical Illness** [in [a **Covered Person's**][an **Insured's**] lifetime] [while [the

**Covered Person**[[an **Insured**] is covered under the **Policy**]. A **Diagnosis** made or **Procedure** recommended for a **Critical Illness** after satisfaction of the **Pre-existing Condition** limitation period is considered a **First Occurrence**.

**[Heart Attack (Myocardial Infarction)** means ischemic death of a portion of the heart muscle due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. This does not include a **Heart Attack** that occurs during a [heart related] medical procedure. The **Diagnosis** must be made by a **Physician**, who is a board certified cardiologist, based on both:

1. new clinical presentation and electrocardiographic changes consistent with an evolving **Heart Attack**; and
2. serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a **Diagnosis of Heart Attack**.]

**[Heart Transplant** means the transplantation of the heart from a patient who has died and whose heart was intact and capable of functioning in the recipient [the **Covered Person**][an **Insured**]. The transplanted heart must come from a human. The **Heart Transplant** must be required due to clinical evidence of the heart's irreversible failure which requires that the malfunctioning heart of [the **Covered Person**][an **Insured**] be replaced with a heart from a suitable human donor. [The Covered Loss will be deemed to have occurred on the date the **[Covered Person]**[**Insured**] is listed on the United Network for Organ Sharing (UNOS) .]]

**[Huntington's Disease** means a neurodegenerative genetic disease that affects muscle coordination and leads to cognitive decline and dementia as **Diagnosed** by a **Physician** who is a board certified neurologist.]

**Insured** means a Class I, [Class II, Class III, Class IV, Class V, [or][and] Class VI] individual who is eligible for coverage under this **Policy** as provided in the Eligibility and Classification of **Insureds** part of the Schedule of Benefits, and who completes the enrollment material, if required.

**[Legionnaire's Disease** means a lung infection (pneumonia) caused by Legionella bacteria, and is **Diagnosed** through the discovery of such bacteria in the **[Covered Person's]**[**Insured's**] body. The **Diagnosis** must be made by a **Physician** qualified to make such **Diagnoses**, and must be supported by specialized laboratory tests searching for the Legionella bacteria, involving culture of the **[Covered Person's]**[**Insured's**] sputum, lung biopsy specimen, or respiratory secretions; and/or detecting the organism in urine. In order to make a claim, a finding of both pneumonia and the Legionella bacteria must be made by the **Physician** and there must be a community outbreak of Legionnaire's disease for [2-10] unrelated persons as verified by the Centers for Disease Control for that local geographical area.]

**Loss of Hands and Feet** means that due to an **Accident** [or sickness] a **[Covered Person]**[**Insured**] sustains permanent physical severance of any combination of two or more limbs at or proximal to (above) the wrist or ankle joints. The loss of two or more limbs does not have to occur at the same time or due to the same cause, but the loss of each limb must occur while the person is a **Covered Person**.]

**[Loss of Speech and/or Hearing** means that due to an **Accident** [or sickness] a **[Covered Person]**[**Insured**] is **Diagnosed** by a **Physician** to have suffered a total and irreversible loss of speech and/or total and permanent loss of hearing, in both ears with an auditory threshold of more than ninety (90) decibels in each ear, for a minimum of [12 - 36] months. **Loss of Speech and/or Hearing** may not be the result of another covered **Critical Illness** or other Benefit.]

**[Loss of Ability to Perform Normal Activities of Daily Living** means that a **[Covered Person]**[**Insured**] is unable due to a sickness or injury to perform at least [two, three] **Normal Activities of Daily Living**. Such inability must be confirmed by a **Physician** qualified to make this determination] **[Loss of Ability to Perform Normal Activities of Daily Living** may not be the result of another covered **Critical Illness** or other Benefit.].]

**[Lymphedema** means a condition, also known as lymphatic obstruction, of localized fluid retention and tissue swelling caused by a compromised lymphatic system that is **Diagnosed** as such by a **Physician** who is board certified to make this **Diagnosis**.]

**[Major Organ Transplant** means human to human organ transplant from a donor to [the **Covered Person**][an **Insured**] of transplant of an entire [liver][.] [lung][.][small intestine][.][kidney] [or] [pancreas] that is required due to clinical evidence of a major organ's irreversible failure which requires that the malfunctioning organ or tissue of the **[Covered Person]**[**Insured**] be replaced with an organ or tissue from a suitable human donor, excluding the **[Covered Person]**[**Insured**]. [The **Covered Loss** will be deemed to have occurred on the date the **[Covered Person]**[**Insured**] is listed on the United Network for Organ Sharing (UNOS).]

**[Major Organ Transplant** does not include an organ transplant involving organs other than an entire kidney, liver, small intestine, lung, or pancreas;

1. involving transplants of parts of organs, tissues or cells;
2. involving organs transplanted from the same [**Covered Person**][**Insured**];
3. involving organs received from non-human donors;
4. involving implantation of mechanical devices or mechanical organs; or
5. involving islet cell transplant.

[**Malaria** means a mosquito-borne infectious disease resulting from infection from one of the five species of the genus Plasmodium; [falciparum,] [knowlesi] [malariae] [vivax,] [ovale] and **Diagnosed** as such by a **Physician** who is board certified to make such **Diagnosis**.]

[**Multiple Sclerosis** means an inflammatory disease that persists for a minimum of six (6) months in which the fatty myelin sheaths around the axons of the brain and spinal cord are damaged, leading to inability of nerve cells in the brain and spinal cord to communicate with each other effectively as **Diagnosed**, by a **Physician** who is a board certified neurologist.]

[**Muscular Dystrophy** means a group of hereditary and non-hereditary muscle diseases that weaken the musculoskeletal system and hamper locomotion confirmed by electromyography and muscle biopsy and **Diagnosed** by a **Physician** who is board certified to make such **Diagnosis**.]

[**Myasthenia Gravis** means an autoimmune neuromuscular disease leading to fluctuating muscle weakness and fatigability that is treated with medication and **Diagnosed** as such by a **Physician** board certified to make such **Diagnosis**.]

[**Necrotizing Fasciitis** means a rare, quickly progressing infection of the deeper layers of the skin and subcutaneous tissues commonly known as flesh-eating disease or Flesh-eating bacteria syndrome requiring a surgical procedure to be performed. Such disease must be **Diagnosed** by a **Physician** board certified to make such **Diagnosis** and a surgical procedure must be performed.]

[**Non-Surgical Procedure for Coronary Artery Disease** means a non-surgical technique is recommended by a **Physician**, who is a board certified cardiologist, due to coronary artery disease that occurs when the arteries that supply blood and oxygen to the heart become damaged and narrowed. **Procedures** for which the Critical Illness Benefit is payable include the non-surgical techniques of balloon angioplasty, laser embolectomy or other non-bypass techniques; minimally invasive endoscopic or keyhole heart surgery, stent **Procedures**, and atherectomy.]

[**Non-Contributory** means that the premium payments require no contribution from the **Insured**.]

[**Normal Activity(ies) of Daily Living (ADLs)** means certain basic daily tasks necessary to maintain [the **Covered Person's**][an **Insured's**] health and safety. In this **Policy**, **ADLs** refer to the activities described below. The loss of ability must be due to a **Critical Illness** that has persisted for a period of at least [90 -180] consecutive days:

1. Transfer and mobility - The ability to move into or out of a bed, chair or wheelchair or to move from place to place, either via walking, a wheelchair, cane, crutches, walker or other equipment;
2. Continence - The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter, urostomy, or colostomy bag);
3. Dressing - Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs;
4. Toileting - Getting to and from the toilet, transferring on and off the toilet and performing associated personal hygiene;
5. Eating - Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously; or
6. Bathing - Washing oneself by sponge bath; or in either a tub or a shower, including the task of getting into or out of the tub or shower.]

[**Occupational Hepatitis** means the **Diagnosis** of occupational Hepatitis resulting from an **Accident** which exposed the [the **Covered Person**][an **Insured**] to Hepatitis [A,] B[,] and C. The **Accidental** injury must occur during the normal course of duties for the occupation in which [the **Covered Person**][an **Insured**] is regularly engaged and for which remuneration is earned. The incident must be reported to the [**Policyholder**][[**Covered Person's**] [**Insured's**] employer]] within forty-eight (48) hours of the **Accident** and [the **Covered Person**][an **Insured**] must seek immediate medical attention.] **Occupational Hepatitis** does not include Infection as a result of drug use, sexual transmission, or other hepatitis infection determined to not be **Accidental**.]

**[Occupational Human Immunodeficiency Virus (Occupational HIV)** means the **Diagnosis** of Human Immunodeficiency Virus (HIV) infection resulting from an **Accident** which exposed [the **Covered Person**][an **Insured**] to HIV-contaminated body fluids. The **Accidental** injury must occur during the normal course of duties for the occupation in which [the **Covered Person**][an **Insured**] is regularly engaged and for which remuneration is earned. The incident must be reported to the [**Policyholder**][**Covered Person's**][**Insured's**] employer]] within forty-eight (48) hours of the incident, [the **Covered Person**][an **Insured**] must seek immediate medical attention and submit to a blood test for HIV and/or AIDS and/or related complex (ARC). The blood test results must be sent directly to **Us**. **Occupational HIV** does not include HIV Infection as a result of drug use, sexual transmission, or HIV infection determined to not to be **Accidental**.]

**[Open Enrollment Period** means a period of time agreed to by the **Policyholder** and **Us** during which an eligible **Active Employee** may enroll for insurance under the **Policy** if he or she did not enroll when initially eligible[,] [increase his or her insurance, decrease his or her insurance or terminate his or her insurance].]

**[Osteomyelitis** means an infection of the bone or bone marrow requiring a surgical procedure. Such **Diagnosis** must be made by a **Physician** who is board certified to make such **Diagnosis**.]

**[Paralysis** means that due to an **Accident** [or sickness] a [**Covered Person**][**Insured**] sustains the complete and permanent loss of function of [one, two] or more limbs as **Diagnosed** by a **Physician** who is board certified. This does not include **Paralysis** that occurs as a result of a **Stroke** [or other medical procedure].]

**[Parkinson's Disease** means a degenerative disorder of the central nervous system which is the result of the loss of dopamine-producing brain cells and permanent clinical impairment of motor function with associated tremor, rigidity of movements, and postural instability as **Diagnosed** by a **Physician** who is a board certified neurologist.]

**[Pathological Diagnosis** means a **Diagnosis** of **Type 1 Cancer** based on a microscopic study of fixed tissue or preparations from the blood systems. This type of **Diagnosis** must be done by a **Physician** who is a board certified pathologist and whose **Diagnosis** of malignancy conforms to the standards set by the American College of Pathology.]

**Physician** means a person who is:

1. a doctor of medicine, osteopathy, psychology or other legally qualified practitioner of a healing art that **We** recognize or are required by law to recognize;
2. licensed to practice in the jurisdiction where care is being given;
3. practicing within the scope of that license; and
4. not **Related** to **You** by blood or marriage.

**Plan** means the coverages or benefits selected in the Schedule.

**Policy** means this Group Critical Illness Insurance Policy.

**Policyholder** means the group named in the Schedule.

**[Poliomyelitis** means a contagious viral illness resulting from poliovirus type 1, 2, or 3 that in its most severe form causes paralysis, difficulty breathing and sometimes death. Such **Diagnosis** must be made by a **Physician** who is board certified to make such **Diagnosis**.]

**[Pre-existing Condition** means a disease or physical condition for which:

1. symptoms existed within the [3, 6] month period prior to the effective date of [a **Covered Person's**][an **Insured's**] coverage under this **Policy** that would cause a person to seek medical advice or treatment; or
2. medical advice or treatment was recommended or received from a member of the medical profession within the [3, 6] month period prior to the Effective Date of [a **Covered Person's**][an **Insured's**] coverage under this **Policy**.]

**[Prior Plan** means the Critical Illness Policy that was in effect with the **Policyholder** for a different insurance company on the date immediately preceding the Effective Date under this **Policy**.]

**[Procedure** means a medical procedure involving an incision with instruments performed to repair damage or arrest disease related to a **Critical Illness** in a [**Covered Person**][**Insured**].]

**[Rabies** means an acute viral disease of the central nervous system caused by a virus in the Lyssavirus family that is transmitted through saliva from the bite of an infected animal. For this benefit to apply, it is required that clinical confirmation through isolation of the associated antibodies and/or presence of specific symptoms be obtained prior to payment. Such **Diagnosis** must be made by a **Physician** who is board certified to make such **Diagnosis**.]

**Related** means [a **Covered Person's Spouse** [/Domestic Partner] or other adult living with the **Insured**][the **Insured's Spouse** [/Domestic Partner] or other adult living with the **Insured**], sibling, parent, step-parent, grandparent, aunt, uncle, niece, nephew, son, daughter, or grandchild or similar relationship in law.

**[Retiree** means a former employee of the **Policyholder**:

1. [whose age plus years of service equals at least [60-70];]
2. [who has attained the normal retirement age;]
3. [who has completed at least [1-10] years of active full-time or part-time service with the **Policyholder**;]
4. [who is participating in a **Policyholder**-sponsored pension plan;][or]
5. [who retired from the **Policyholder** immediately after the last day as an **Active** employee.]

**[Ruptured Aneurysm** means a ruptured Cerebral, Carotid or Aortic Aneurysm. The **Diagnosis** of a **Ruptured Aneurysm** must be supported by medical records, including radiographically specific diagnostic studies to objectively support the **Diagnosis** as established by [the American Academy of Radiologists.]

**[Sclerosis** (also **Scleroderma**) means a connective tissue disease that involves changes in the skin, blood vessels, muscles, and internal organs. Such **Diagnosis** must be confirmed with a biopsy and made by a **Physician** who is board certified to make such **Diagnosis**.]

**[Service Waiting Period** means the [continuous] length of time an **Eligible Person** is required to be [in **Active** employment] with the **Policyholder** before being eligible for coverage.]

**[Severe Burn or Severely Burned** means a cosmetic disfigurement of the surface of at least [25%-75%] of the body area due to an **Accidental** injury that is a full-thickness or third-degree burn, as determined by a **Physician**. (A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation).]

**[Skin Cancer** means squamous cell carcinoma as **Diagnosed** by a **Physician** who is a board certified dermatologist or **Physician** as defined above. **Skin Cancer** does not include any cancer **Diagnosed** as **Type 1 Cancer** or **Type 2 Cancer**.]

**[Sickle Cell Anemia** means is a disorder of the blood caused by inherited abnormal hemoglobin, which produces distorted (sickled) red blood cells. The irregular sickled cells can block blood vessels causing tissue and organ damage and pain. **Sickle Cell Anemia** does not include Sickle cell trait (or sickleemia), which is a condition in which a person has one gene for the disease, but does not display the severe symptoms of the disease. Such **Diagnosis** must be made by a **Physician** who is board certified to make such **Diagnosis**.]

**[Spina Bifida** means a developmental congenital disorder, where some vertebrae overlying the spinal cord are not fully formed and remain unfused and open. as **Diagnosed** by a **Physician** who is board certified to make such **Diagnosis**.]

**[Spouse** means the **Eligible Person's** legally married **Spouse** [under age 65-99]. [A **Spouse** will only be a covered **Spouse** if a **Plan** covering the **Eligible Person's Spouse** is selected.]

**[Stem Cell Therapy** means a type of intervention strategy that introduces new cells into damaged tissue in order to treat a **Critical Illness**.]

**[Stroke** means the death of brain tissue due to an acute cerebrovascular event. All of the following criteria must be satisfied:

1. clinical evidence of infarction or brain tissue, or intracranial or subarachnoid hemorrhage;
2. clear evidence on a CT, MRI or similar imaging technique that a **Stroke** has occurred; and
3. permanent neurologic deficit measured [96 hours - three months] or more after the event that results in a score of two or higher on the Modified Rankin Scale for stroke outcome.

**Stroke** does not include symptoms due to:

- a) transient Ischemic Attack (TIA),
- b) migraine;
- c) Hypoxia;
- d) traumatic injury to brain tissue or blood vessels;
- e) chronic cerebrovascular insufficiency and reversible deficits; or
- f) vascular disease affecting the eye, optic nerve, or vestibular functions.]

The **Diagnosis** must be made by a **Physician** who is a board certified neurologist.]

[**Substantial Assistance** means **Hands-on Assistance** and **Stand-by Assistance** as described below. For the purposes of the **Policy**, **Stand-by Assistance** will be used to determine that **Substantial Assistance** by another person is required by the [Covered Person][Insured] to perform the **Normal Activity of Daily Living**.

1. **Hands-on Assistance** means the physical assistance of another person without which a [Covered Person][Insured] would be unable to perform the **Normal Activity of Daily Living**.
2. **Stand-by Assistance** means the presence of another person within a [Covered Person's][Insured's] arm's reach to prevent by physical intervention injury to the [Covered Person][Insured] while he or she performs a **Normal Activity of Daily Living** (such as being ready to catch him or her if he or she falls while getting into or out of the bathtub or shower as part of bathing, or being ready to remove food from the [Covered Person's][Insured's] throat if he or she chokes while eating).]

[**Systemic Lupus Erythematosus** means a systemic autoimmune disease where the immune system attacks the body's cells and tissue, resulting in inflammation, and tissue damage [and is confirmed by permanent neurological damage and/or permanent impairment of kidney function]. Such **Diagnosis** must be made by a **Physician** who is board certified to make such **Diagnosis**.]

[**Tetanus** (commonly known as Lockjaw) means a potentially life-threatening bacterial disease resulting from toxin secreting clostridium tetani that affects the nervous system, leading to painful muscle contractions, particularly of the jaw and neck muscles, and which can interfere with the ability to breathe. Such **Diagnosis** must be made by a **Physician** who is board-certified to make such **Diagnosis**.]

[**TNM Classification** means the classification standards for **Type 1 Cancer**, **Skin Cancer**, and **Type 2 Cancer** as developed by the American Joint Committee on Cancer.]

[**Tuberculosis (TB)** is a potentially serious infectious disease that primarily affects the lungs. The **Diagnosis** must be made by a **Physician**, based on skin tests, chest X-rays, sputum analysis (smear and culture), and polymerase chain reaction tests to detect the genetic material of the causative bacteria.]

[**Type 1 Cancer** means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemia, Hodgkin's disease, carcinoma, sarcoma, malignant tumor and lymphomas are included. **Type 1 Cancer** does not include:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
  - any papillary tumor of the bladder classified as Ta under **TNM Classification**;
  - any tumor of the prostate classified as T1N0M0 under **TNM Classification**;
  - any papillary tumor of the thyroid that is classified as T1N0M0 or less under **TNM Classification** and is one centimeter or less in diameter;
  - any tumor in the presence of human immuno-deficiency virus;
  - any **Skin Cancers**, unless there is metastasis and the tumor is a malignant melanoma of greater than 1.0 millimeters maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method;
- Type 2 Cancer**; and  
chronic Lymphocytic Leukemia (CLL), less than or equal to Stage I, as defined by RAI classification.

**Type 1 Cancer** must be **Diagnosed** according to a **Pathological Diagnosis** or **Clinical Diagnosis of Type 1 Cancer**.]

[**Type 2 Cancer** means a **Diagnosis** of cancer where the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. It also includes:

1. any malignant melanoma less than or equal to 1.0 millimeters maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method;
2. any melanoma not invading the dermis classified as T1N0M0 under **TNM Classification**;
3. any tumor of the prostate classified as T1N0M0 under **TNM Classification**;
4. any papillary tumor of the bladder classified as Ta under **TNM Classification**;
5. any papillary tumor of the thyroid that is classified as T1N0M0 or less under **TNM Classification** and is one centimeter or less in diameter;
6. chronic Lymphocytic Leukemia (CLL), less than or equal to Stage I, as defined by RAI classification.

**Type 2 Cancer** does not include:

1. any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
2. any tumor in the presence of human immuno-deficiency virus;
3. any non-melanoma **Skin Cancer**;
4. any melanoma in situ classified as TisN0M0 under **TNM Classification**
5. other skin malignancies; and
6. any carcinoid tumor.

**Type 2 Cancer** must be **Diagnosed** pursuant to a **Pathological Diagnosis** or **Clinical Diagnosis**.]

**We, Us,** and **Our** refers to Zurich American Insurance Company.

#### SECTION IV – GENERAL EXCLUSIONS

Benefits will not be provided for a **Critical Illness** if it is caused by, contributed to or results from:

1. [suicide or attempted suicide while sane [or insane] or from intentionally self-inflicted injury.]
2. [from a **Pre-existing Condition**.]
3. [war or any act of war, whether declared or undeclared.]
4. [involvement in any type of active military service [Reserve or National Guard active duty training is not excluded, unless it extends beyond [thirty-one (31) consecutive days].];[For purposes of this exclusion, orders to active military service for [sixty (60) days] or less will not be considered involvement in active military service.][This exclusion does not apply to the first [sixty (60) consecutive days] of active military service.]
5. [participation in the commission or attempted commission of [any crime,] [any felony,] [an assault,] [insurrection] [or] [riot].]
6. [engaging in an illegal occupation.]
7. [being intoxicated while operating a motor vehicle.][being intoxicated.]
  - a) [a **Covered Person**][an **Insured**] will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the **Accident** occurred, to be intoxicated, if operating a motor vehicle.
  - b) an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the [**Covered Person's**][**Insured's**] intoxication.]
8. [being under the influence of any prescription drug, controlled substance, or hallucinogen, unless such prescription drug, controlled substance, or hallucinogen was prescribed by a **Physician** and taken in accordance with the prescribed dosage.]
9. [a **Diagnosis** for which proof is submitted by a **Physician** that is **Related** to the [**Covered Person**][**Insured**].]
10. [refusing certain types of recommended medical treatment, as follows:
  - a) [a **Physician** has recommended treatment with angioplasty or **Coronary Artery By-Pass Graft** for coronary artery disease, the **Insured** refuses this treatment, and the [**Covered Person**][**Insured**] suffers a **Heart Attack**; or] [.]
  - b) [a **Physician** has recommended treatment for a brain aneurysm or carotid artery stenosis, the **Insured** refuses treatment, and the [**Covered Person**][**Insured**] suffers a **Stroke**; or] [.]
  - c) [a **Physician** has recommended a diagnostic biopsy or diagnostic/therapeutic excision of a mass or lesion suspected of being cancer the [**Covered Person**][**Insured**] refuses, and the [**Covered Person**][**Insured**] develops **Type 1 Cancer**, **Skin Cancer**, or **Type 2 Cancer** .]

#### [Pre-existing Condition Limitation

No benefits are payable for a **Pre-existing Condition**. Once a **Critical Illness** is no longer considered a **Pre-existing Condition** as defined herein due to satisfaction of the time period below, the exclusion for that **Critical Illness** as a **Pre-existing Condition** no longer applies.

A condition will no longer be considered a **Pre-existing Condition** after the [Covered Person's][Insured's] coverage under the **Policy** has been in effect for [6, 12] consecutive months.]

[If the **Policy** replaces a **Prior Plan**, **We** will pay for a **Pre-existing Condition** if the [Covered Person][Insured] is insured under the **Policy** on its Effective Date and was covered under the **Prior Plan** on the date the **Prior Plan** terminated as follows:

1. the [Covered Person][Insured] must satisfy the **Pre-existing Condition** provision under the **Policy**; or
2. the [Covered Person][Insured] must have satisfied the **Pre-existing Conditions** provision under the **Prior Plan**, if benefits would otherwise have been paid had the **Prior Plan** remained in force, if earlier.]]

## SECTION V – PREMIUMS

- A. **Premiums.** Premiums are due and payable to **Us** at the rates and in the manner described in the [Schedule][Policyholder Application]. All rates are expressed and all premiums are payable in United States currency. If, at any time, it is determined that additional premium or a premium credit is due, the **Policyholder** will pay the additional premium or apply the premium credit at the next premium due date. Except in the case of fraud, premium adjustments will be made only for the current Policy Period and the prior Policy Period.
- B. **Grace Period.** Premiums are due for this **Policy** on or before the premium due date or renewal date, whichever applies. If the **Policyholder** does not pay a renewal premium when it is due, there is a [thirty-one (31)] day Grace Period to pay. During the Grace Period, the **Policy** will stay in force. The **Policyholder** will not have a Grace Period if **We** have given notice, at least [thirty (30)] days in advance, that **We** are going to terminate this **Policy**.
- C. **Change in Premium.** **We** may change the premium as a condition of any renewal of this **Policy** by giving [at least [31] days] written notice to the **Policyholder**. **We** may also change premium at any time when any change, agreed upon in writing, between the **Policyholder** and **Us** is made that affects coverage or if it is discovered that there was a material misrepresentation in the information relied upon in establishing the premiums.

## SECTION VI - TERMINATION OF INSURANCE

- A. **Policy Renewal and Termination.**

**Renewal.** This **Policy** will automatically renew for an additional twelve-month period unless either party expresses its intent to terminate as specified herein.

**Termination by Policyholder.** The **Policyholder** may terminate this **Policy** on the first renewal date or at any time after that date by delivering to **Us** a written notice to end this **Policy** at least [thirty (30)] days in advance of such termination. **We** will calculate and return the unearned premium, if any, using a standard short rate table. The **Policyholder** will send **Us** any additional amounts owed, if any, between the **Policy's** paid to date and the official date of termination.

**Termination by Us.** **We** may terminate this **Policy** by giving the **Policyholder** at least [thirty (30)] days notice of **Our** intent to terminate. Such notice will state the exact date the **Policy** will terminate. **We** may also end this **Policy** for non-payment of premium on any premium due date if the payment is not received prior to the end of the Grace Period. **We** will mail a notice of such termination to the **Policyholder's** last address shown in **Our** records.

**We** may also, at any time, end this **Policy** for non-payment of premium on any premium due date if the payment is not received prior to the end of the Grace Period. **We** will mail a notice of such termination to the **Policyholder's** last address shown in **Our** records. Termination will be without prejudice to any claim which commenced prior to the effective date of termination.

- B. **Termination of Covered Person's Insurance.**

**[Insured.** Insurance terminates at the end of the [month][date] for which premium has been paid and during which any of the following occurs:

1. [the **Policy** is terminated [unless coverage for the [Covered Person][Insured] continues according to SECTION XI, PORTABILITY PRIVILEGE];]
2. the **Insured** ceases to be eligible for insurance;
3. the **Insured** fails to pay the required premium, if the **Insured** is so required; [or]

4. [the **Insured** reaches age [65-99]; or]
5. the Per Person Lifetime Benefit Maximum Payout is paid to the **Insured**[: or][.]
6. [the **Insured** retires.]

[**Covered Person** other than the **Insured**. Insurance terminates on the earliest of:

1. the date the insurance of the **Insured** terminates;
2. the Per Person Lifetime Benefit Maximum Payout is paid to the **Covered Person**;
3. the first premium due date after the person no longer qualifies as a **Covered Person**[: or][.]
4. [for the covered **Spouse** [/Domestic Partner], the date the covered **Spouse** [/Domestic Partner] reaches age [65-99].]

#### SECTION VII - HOW TO FILE A CLAIM

- A. Notice. The [**Covered Person**][**Insured**] or the beneficiary, or someone on their behalf, must give **Us** written notice of the **Covered Loss** within [ninety (90)] days of such **Covered Loss**, or as soon thereafter as reasonably possible. The notice must name the [**Covered Person**][,][**Insured**] and the Policy Number. To request a claim form, the [**Covered Person**][**Insured**] or the beneficiary, or someone on their behalf may contact **Us** at [1-866-841-4771]. The notice must be sent to the address shown on the Schedule, or any of **Our** agents. Notice to **Our** agents is considered notice to **Us**.
- B. Claim Forms. **We** will send the claimant Proof of Covered Loss forms within [fifteen (15)] days after **We** receive notice. If the claimant does not receive the Proof of Covered Loss form in [fifteen (15)] days after submitting notice, he or she can send **Us** a detailed written report of the claim and the extent of the **Covered Loss**. **We** will accept this report as a Proof of Covered Loss if sent within the time fixed below for filing a Proof of Covered Loss.
- C. Proof of Covered Loss. Written Proof of a **Covered Loss**, acceptable to **Us**, must be sent within [ninety (90)] days of the **Covered Loss**. Failure to furnish Proof of a **Covered Loss** acceptable to **Us** within such time will neither invalidate nor reduce any claim if it was not reasonably possible to furnish the Proof of a **Covered Loss**, and the proof was provided as soon as reasonably possible.

#### SECTION VIII - PAYMENT OF CLAIMS

- A. Time of Payment. **We** will pay claims for all **Covered Losses** immediately upon receipt of written proof of loss that is acceptable to **Us**.
- B. Who We Will Pay. Benefits are to be paid to the **Insured**, if alive. If the **Insured** is not alive, benefits are payable to his or her estate. The **Insured** may assign his or her interest in the **Policy** by giving **Our** agent or **Us** written notice at **Our** Administrative Office at [Claims Department, Zurich American Insurance Company, [P.O. Box 968041, Schaumburg, IL. 60196].] [1-866-841-4771]. The change or assignment will not be effective until **We** receive the written notice. **We** assume no responsibility for the validity of any assignment. Any payment **We** make will fully discharge **Us** to the extent of the payment.

#### SECTION IX - GENERAL POLICY CONDITIONS

- A. Change or Waiver. A change or waiver of any terms or conditions of this **Policy** must be issued by **Us** in writing and signed by one of **Our** executive officers. No agent has authority to change or waive **Policy** terms or conditions. A failure to exercise any of **Our** rights under this **Policy** will not be deemed as a waiver of such rights in the same or future situations.
- B. Clerical Error. A clerical error or omission will not increase or continue [a **Covered Person's**] [an **Insured's**] coverage, which otherwise would not be in force. If an **Insured** applies for insurance for which he or she is not eligible, **We** will only be liable for any premiums paid to **Us**.
- C. Conformity with Statute. Terms of this **Policy** that conflict with the laws of the state where it is delivered are amended to conform to such laws.
- D. Entire Contract. This **Policy**, the **Policyholder** application, **Insured** enrollment materials[,][Benefit Riders,] and any other attachments represent the entire insurance contract between the **Policyholder** and **Us**.

- E. Insured Certificates. **We** will give to the **Policyholder** a **Certificate**, in either paper or electronic format, for their **Insureds**, where required by state law. The **Policyholder** will either give or make these **Certificates** available to the **Insureds**. Such **Certificate** will contain a summary of terms that affect benefits.
- F. Suit Against **Us**. No action on this **Policy** may be brought until sixty (60) days after written Proof of Covered Loss has been sent to **Us**. Any action must commence within six (6) years of the date the written Proof of Covered Loss was required to be submitted.
- G. Physical Examination and Autopsy. **We** have the right to examine [a **Covered Person**][an **Insured**] when and as often as **We** may reasonably request while the claim is pending. Such examination will be at **Our** expense. **We** may have an autopsy performed unless forbidden by law.
- H. **Policyholder** Records. The **Policyholder** will keep a record of the coverage, premium and other pertinent administrative information for each **Insured**, which, if acceptable to **Us** will be deemed to be a part of the **Policy**. **We** may examine these records at reasonable times while the **Policy** is in force and for six (6) years after the termination of the **Policy**. The **Policyholder** will report to **Us** within a reasonable time all changes in information regarding an **Insured**. [The **Policyholder** will indemnify **Us** for any Benefits or other payments that are caused in whole or in part by the **Policyholder's** negligence or error in performing the record keeping function.]
- I. Time Limit on Certain Defenses. In the absence of fraud, statements made by the **Policyholder** or [an **Insured**][a **Covered Person**] are deemed representations and not warranties. No such statement will cause **Us** to deny or reduce the Benefits due under this **Policy** or be used as a defense of a claim, unless it is contained in a signed written application signed by the **Policyholder** or the [**Insured**] [**Covered Person**], a copy of which has been furnished to the **Policyholder** or to the person or his or her beneficiary. After two (2) years from the date coverage starts no such statement (except age) will cause this **Policy** to be contested.
- J. **Diagnosis** Made Outside of the United States. As a requirement for payment, a **Diagnosis** that is made outside the United States must be confirmed by a **Physician** in the United States who is qualified to make the **Diagnosis** based on the criteria in the **Critical Illness** coverage as defined. In that case, the **Critical Illness** will be deemed to occur on the date the **Diagnosis** was made outside the United States.
- K. **Procedure** Performed Outside of the United States. As a requirement of payment, a **Procedure** cannot be performed outside the United States unless approved by **Us**.
- L. **[ERISA Claims Fiduciary]**. The **Policyholder** agrees that the **Policy** constitutes the plan and plan document under the Employee Retirement Income Security Act of 1974 as amended (ERISA). The **Policyholder** designates **Us** as the claims fiduciary of this plan and gives **Us** or **Our** representatives or agents the discretionary authority to determine eligibility for benefits and to construe the terms of the plan. The **Policyholder** agrees to comply with the disclosure and reporting requirements of ERISA regarding the plan and **Our** designation and authority as the claims fiduciary.]
- M. New Entrants. Newly **Eligible Person(s)** may be added periodically in accordance with the terms of this **Policy**.

## SECTION X – COVERAGES

Benefit: Critical Illness Plan

[Critical Illness Benefit: **We** will pay benefits for:

1. A **Diagnosis** of a **Critical Illness** that is first made after the **Benefit Waiting Period**, subject to the **Pre-existing Condition** provision; or
2. A **Procedure** for a **Critical Illness** that is first recommended after the **Benefit Waiting Period**, subject to the **Pre-existing Condition** provision.

**We** will pay the Percent of the Benefit Amount shown in the Schedule of Benefits for each and every covered **Critical Illness** [up to the Per Category Maximum Payout] up to the overall Per Person Lifetime Benefit Maximum Payout if the following conditions are met:

1. With respect to [**Heart Attack**] [**Stroke**] [**Coronary Artery By-Pass Graft**][**Non-Surgical Procedure for Coronary Artery Disease**][**Ruptured Aneurysm**] [**Type 1 Cancer**] [**Type 2 Cancer**] [**Skin Cancer**] [**Benign Brain Tumor**] [**Major Organ Transplant**] [**Heart Transplant**][**End Stage Renal Failure**] [**Paralysis**] [**Coma**] [**Blindness Both Eyes**] [**Blindness One Eye**] [**Loss of Speech and/or Hearing**] [**Severe Burns**] [**Loss of**

Hands and Feet] [Advanced Alzheimer's] [Amyotrophic Lateral Sclerosis] [Parkinson's Disease][Addison's Disease] [Cerebrospinal Meningitis] [Diphtheria] [Encephalitis][Huntington's Chorea][Legionnaire's Disease][Malaria][Muscular Dystrophy][Myasthenia Gravis][Necrotizing Fasciitis][Occupational HIV] [Occupational Hepatitis] [Osteomyelitis][Poliomyelitis][Rabies][Sickle Cell Anemia][Systemic Lupus Erythematosus][Scleroderma][Tetanus][Tuberculosis][Loss of Ability to Perform Normal Activities of Daily Living] [Multiple Sclerosis] [Cerebral Palsy] [Cleft Lip or Cleft Palate] [Cystic Fibrosis] [Down Syndrome] [Spina Bifida] and subject to the **Pre-existing Conditions** provision, the **First Occurrence** [in [a **Covered Person's**][an **Insured's**] lifetime] [during the time the [**Covered Person**][**Insured**] is covered under the **Policy**] that he or she experiences such **Critical Illness** and he or she is **Diagnosed** with such **Critical Illness**.

2. [With respect to **Coronary Artery Bypass Graft** and subject to the **Pre-existing Conditions** provision, the **First Occurrence** [in [a **Covered Person's**][an **Insured's**] lifetime] [during the time the [**Covered Person**][**Insured**] is covered under the **Policy**] that he or she undergoes such **Procedure**.]
3. [With respect to [**Major Organ Transplant**][**Heart Transplant**] and subject to the **Pre-existing Conditions** provision, the **First Occurrence** [in [a **Covered Person's**][an **Insured's**] lifetime] [during the time the [**Covered Person**][**Insured**] is covered under the **Policy**]] that he or she undergoes a [**Major Organ Transplant**][**Heart Transplant**].]
4. [With respect to **Loss of Ability to Perform Normal Activities of Daily Living** and subject to the **Pre-existing Conditions** provision, the **First Occurrence** [in [a **Covered Person's**][an **Insured's**] lifetime] [during the time the [**Covered Person**][**Insured**] is covered under the **Policy**] that he or she has suffered such loss for [30-180] consecutive days. If the loss is due to a **Critical Illness**, this benefit will [be additional] [not be additional] to other benefits payable under the [a **Covered Person's**][an **Insured's**] **Plan**. [If payable under two **Critical Illness** benefits, only the larger of the benefits will be provided]

Benefits are paid [one] time for each category of **Critical Illness** [except as paid under the Recurrence Benefit option].

If the date of **Diagnosis** for two or more specified **Critical Illnesses** is the same day, **We** will pay for only one specified Critical Illness Benefit. **We** will pay the larger benefit.

**[Benefit Waiting Period:** Benefits will not be paid for a **Critical Illness**:

1. if the **Diagnosis** is made or the **Procedure** is recommended during the **Benefit Waiting Period**; or
2. for which [a **Covered Person**][an **Insured**] exhibits symptoms that would cause a prudent person to seek medical treatment by a **Physician** of a covered **Critical Illness** during the **Benefit Waiting Period**.

[If :

1. the date an **Insured's Diagnosis** is made or the **Procedure** is recommended for a covered **Critical Illness** occurs during the **Benefit Waiting Period**; and
2. the **Policy** is a new program for the **Policyholder** and there is no **Prior Plan**,

the **Insured** may return the certificate for a full premium refund and the coverage will be terminated.]

[If :

1. the date of a **Covered Person's** (other than the **Insured's**) **Diagnosis** is made or the **Procedure** is recommended for a covered **Critical Illness** occurs during the **Benefit Waiting Period**; and
2. the **Policy** is a new program for the **Policyholder** and there is no **Prior Plan**,

the **Insured** may terminate the **Covered Person's** coverage under the **Policy** for a premium refund of that **Covered Person's** cost and his or her coverage will be terminated. The **Insured** must notify **Us** in writing.]

[Additional Critical Illness Benefit: If [a **Covered Person**][an **Insured**] received benefits under the Critical Illness Benefit for a **Critical Illness**, he or she will receive benefits for a **Diagnosis** made or **Procedure** recommended for a different **Critical Illness** as long as the date of **Diagnosis** or **Procedure** for each **Critical Illness** is separated by at least:

[[6,12,18,24] months for Category 1]

[6,12,18,24] months for Category 2]

[[6,12,18,24] months for Category 3]

[[6,12,18,24] months for Category 4]

[[6,12,18,24] months for Category 5]

[[6,12,18,24] months for Category 6]

consecutive months. **We** will pay the percent of the Benefit Amount shown in the Schedule of Benefits.]

[Recurrence Benefit: If a benefit is paid for a **Critical Illness** and [a **Covered Person**][an **Insured**] has not exhibited symptoms or received care and treatment for that same **Critical Illness** for at least:

[[6, 12, 18, 24] months for Category 1]

[[6,12,18,24] months for Category 2]

[[6,12,18,24] months for Category 3]

[[6,12,18,24] months for Category 4]

[[6,12,18,24] months for Category 5]

[[6,12,18,24] months for Category 6]

consecutive months since the benefit payment and [the **Covered Person** [the **Insured**] is re-diagnosed for the same **Critical Illness**, **We** will pay a Recurrence Benefit as follows:

1. With respect to [**Heart Attack**][**End Stage Renal Failure**][**Stroke**][**Paralysis**], the second [and third] time in [a **Covered Person's**][an **Insured's**] lifetime that: (a) he or she experiences such **Critical Illness**; and (b) he or she is **Diagnosed** with such **Critical Illness**.
2. With respect to [**Major Organ Transplant**][**Heart Transplant**], the second [and third] time in [a **Covered Person's**][an **Insured's**] lifetime that he or she or she undergoes a [**Major Organ Transplant**][**Heart Transplant**].

The Recurrence Benefit is shown in the Schedule of Benefits. Benefits are not payable for any recurrence of a **Critical Illness** not shown in the Recurrence Benefit.]

[Per Category Maximum Payout: Within each category, the most **We** will pay for the Critical Illness Benefit[,] [and] [all Additional Critical Illness Benefits][,] [and all Recurrence Benefits] combined is the Per Category Maximum Payout shown in the Schedule of Benefits.]

Per Person Lifetime Benefit Maximum Payout: The Per Person Lifetime Benefit Maximum Payout is shown in the Schedule of Benefits. Once the Lifetime Benefit Maximum Payout is met for [a **Covered Person**][an **Insured**], no additional benefits are payable for that [a **Covered Person**][an **Insured**] and coverage terminates. If the **Insured** reaches the Per Person Lifetime Benefit Maximum Payout, coverage will terminate for him or her and his or her **Covered Dependents**.

Additional Benefits:

[Bone Marrow Transplant Indemnity Benefit: If a **Procedure** or **Diagnosis** of a covered **Critical Illness** for which a Benefit Amount is paid under the **Policy** requires a **Bone Marrow Transplant**, **We** will pay an additional lump sum benefit. The benefit is shown in the Schedule of Benefits as a percentage of the Benefit Amount paid for the **Critical Illness**.]

[Evaluation Benefit: This benefit is available after the **Insured's** coverage has been in force under the **Policy** for [1-12] consecutive months.]

If [a **Covered Person**][an **Insured**] is **Diagnosed** with a **Critical Illness** or has a **Procedure** for a **Critical Illness** recommended for which benefits are payable, **We** will pay the Evaluation Benefit shown in the Schedule of Benefits. The purpose of the Evaluation Benefit is to provide [a **Covered Person**][an **Insured**] with options for treatment of the **Critical Illness**. Benefits are provided for an evaluation at an **Evaluation Center** following payment for a **First Occurrence** Benefit [or a Recurrence Benefit]. The Evaluation Benefit is limited to one payment for each **First Occurrence** [or a Recurrence] of a **Critical Illness**.

This benefit is payable in addition to any other benefit payable under the **Policy** [with the exception of the NCI Cancer Center Benefit. If a [**Covered Person**][**Insured**] is covered for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid. The [**Covered Person's**][**Insured's**] insurance must be in effect on the date the evaluation is provided for benefits to be payable under the **Policy**.

For purposes of this benefit only, **Evaluation Center** means a facility that is:

1. licensed or certified under the laws where it is located to provide diagnostic services for the **Critical Illness** for which evaluation is sought; and
2. which has been recognized by the **Policyholder** in writing as an evaluation center for purposes of the Evaluation Benefit.]

[Hospital Cash Benefit: **We** will pay the Daily Hospital Confinement Benefit shown in the Schedule of Benefits if [a **Covered Person**][an **Insured**] is **Hospital Confined** due to treatment following the **Diagnosis** of a **Critical Illness** or due to a **Procedure** recommended for a **Critical Illness**.

Benefit payments will end on the first of the following dates:

1. the date the **Hospital** stay ends;
2. the date the [**Covered Person**][**Insured**] dies;
3. the date the Maximum Benefit Period for this benefit ends per Plan Year; [or]
4. [the date [a **Covered Person**][an **Insured**] attains age [65 – 99]; or]
5. the date insurance under the **Policy** ends.]

Termination will not prejudice an existing claim. This benefit is paid in addition to any other benefit paid under the **Policy**.

For purposes of this benefit only, the following additional definitions apply:

**Confined** and **Confinement** means:

1. being admitted to a **Hospital** for receiving inpatient hospital services; and
2. the [**Covered Person**][**Insured**] is charged for at least one day's room and board by the **Hospital** each time he or she is admitted.

A period of **Confinement** consists of consecutive days of **Confinement** following the date the **Covered Person** is admitted to the **Hospital** as an inpatient.

**Hospital** means an institution which:

1. operates pursuant to law;
2. primarily and continuously provides medical care and treatment of sick and injured persons on an inpatient basis; operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified **Physicians**; and
3. provides twenty-four (24) hour a day nursing service by or under the supervision of registered graduate nurses (R.N.).

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

1. a nursing home, convalescent home, or skilled nursing facility;
2. a place for drug addicts or alcoholics; or
3. a place for rest, custodial care, or for the aged.]

[Lodging Benefit: This benefit is available after the [**Covered Person's**][**Insured's**] coverage has been in force under the **Policy** for [1-12] consecutive months.

If [a **Covered Person**][an **Insured**] is **Diagnosed** with a **Critical Illness** or has a **Procedure** relating to a **Critical Illness** recommended and requires an **Outpatient Treatment Session** for the **Critical Illness**, **We** will pay the benefit shown in the Schedule of Benefits. Benefits are payable for each day **Lodging** is required while the [**Covered Person**][**Insured**] is receiving the treatment during an **Outpatient Treatment Session**. This benefit is subject to the following:

1. the treatment facility must be at least [100-1,000] miles from the [**Covered Person's**][**Insured's**] primary residence;
2. benefits will only be provided for twenty-four (24) hours prior to the [**Covered Person's**][**Insured's**] receipt of treatment, during an **Outpatient Treatment Session**, and for twenty-four (24) hours following receipt of treatment;
3. the **Insured** must provide written proof that the treatment was received; and
4. the **Insured** must provide written proof that **Lodging** was required and an expense was incurred for such **Lodging**.

This benefit is payable in addition to any other benefit payable under the **Policy**. The [**Covered Person's**][**Insured's**] insurance must be in effect on the date **Lodging** is required for benefits to be payable under the **Policy**

For purposes of this benefit only, the following additional definitions apply:

**Lodging** means an establishment licensed under the laws where it is located, such as a motel, hotel, inn, or other facility that provides sleeping accommodations to the general public in exchange for a fee.

**[Outpatient Treatment Session]** means a stated session where services and supplies are provided by a **Physician** to [a **Covered Person**][an **Insured**] for treatment of a covered **Critical Illness** at an appropriately licensed outpatient treatment facility.]

**[Lymphedema Testing]:** If a **Physician** recommends that [a **Covered Person**][an **Insured**] who, during the course of treatment for a **Critical Illness** where such treatment might cause the onset of **Lymphedema**, receive a **Lymphedema** test, we will pay the benefit shown in the Schedule of Benefits.]

**[NCI Cancer Center Benefit]:** [This benefit is available after the **Insured's** coverage has been in force under the **Policy** for [1-12] consecutive months.]

If [a **Covered Person**][an **Insured**] is **Diagnosed** with a **[Type 1 Cancer ]**[**Type 2 Cancer**][**Skin Cancer**] and receives an evaluation at an **NCI Cancer Center** while insured under the **Policy**, **We** will pay the benefit shown in the Schedule of Benefits. The benefit is subject to the following:

1. the benefit is limited to one payment for each Benefit Amount paid for the **First Occurrence** and received by [a **Covered Person**][an **Insured**] for **[Type 1 Cancer ]**[**Type 2 Cancer**][**Skin Cancer**] and only if an **NCI Cancer Center** evaluation is received by [a **Covered Person**][an **Insured**];
2. **We** will only pay this benefit if **We** have already paid a Benefit Amount for the **First Occurrence** of **[Type 1 Cancer ]**[**Type 2 Cancer**][**Skin Cancer**]; and
3. the **Insured** submits proof that the evaluation was received.

This benefit is payable in addition to any other benefit payable under the **Policy** [with the exception of the Evaluation Benefit]. [If a **[Covered Person]****[Insured]** is covered for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid.] The **[Covered Person's]****[Insured's]** insurance must be in effect on the date of the evaluation for benefits to be payable under the **Policy**

For purposes of this benefit only, the following additional definitions apply:

**NCI Cancer Center** means any facility designated by the National Cancer Institute as an "NCI Designated Cancer Center".]

**[Stem Cell Indemnity Benefit]:** If a **Procedure** or **Diagnosis** of a covered **Critical Illness** for which a Benefit Amount is paid under the **Policy** requires **Stem Cell Therapy**, **We** will pay an additional lump sum benefit. The benefit is shown in the Schedule of Benefits as a percentage of the Benefit Amount paid for the **Critical Illness**.]

**[Supplemental Benefit for High Deductible Health Plan]:** If [a **Covered Person**][an **Insured**] is covered under a **High Deductible Health Plan** and receives medical treatment for a **Critical Illness** for which benefits are otherwise payable under the **Policy**, **We** will pay the benefit shown in the Schedule of Benefits. This benefit is payable in addition to any other benefits payable under the **Policy**.

For purposes of this benefit only, **High Deductible Health Plan** means a health plan that satisfies the requirements of Section 223 of the Internal Revenue Code with regard to minimum deductibles and out-of-pocket costs and issued in conjunction with a Health Savings Account.]

**[Transportation Benefit]:** This benefit is available after the **Insured's** coverage has been in force under the **Policy** for [1-12] consecutive months. If [a **Covered Person**][an **Insured**] is **Diagnosed** with a **Critical Illness** or has a **Procedure** for a **Critical Illness** recommended and requires treatment for the **Critical Illness** at an appropriately licensed treatment facility, **We** will pay the benefit shown in the Schedule of Benefits. This benefit is subject to the following:

1. the treatment facility must be at least [100-1,000] miles from the **[Covered Person's]****[Insured's]** primary residence. Mileage is measured from the **[Covered Person's]****[Insured's]** primary residence to the appropriately licensed treatment facility;
2. the **Insured** must provide written proof that the treatment was received; and
3. the **Insured** must provide written proof that he or she drove to the treatment facility in a personal or borrowed vehicle.

This benefit is payable in addition to any other benefit payable under the **Policy**. The **[Covered Person's]****[Insured's]** insurance must be in effect on the date transportation is provided for benefits to be payable under the **Policy**.]

[Waiver of Premium for **Total Disability**:

Subject to all of the terms and conditions of the **Policy**, if:

1. a Class I [or Class III] **Insured** becomes **Totally Disabled** while he or she is insured under the **Policy** prior to [the **Insured's** 50<sup>th</sup>-99<sup>th</sup> birthday][reaching **Insured's** Social Security Normal Retirement Age (SSNRA)]; and
2. **Total Disability** continues for [3,6,9,12] continuous months while the **Insured** is covered under the **Policy**,

**We** will waive the premium requirements and no premium payment will be due for the **Insured's** insurance to continue if he or she satisfies both of these requirements.

[The Benefit Amount will be the Benefit Amount in effect as of the date an **Insured** became **Totally Disabled**, subject to any age reductions listed Schedule of Benefits.]

Premiums for **Dependents'** insurance coverage will not be waived. Once an **Insured** is no longer considered **Totally Disabled**, he or she must pay the premium when due.

Premium for the **Insured** will be waived until the first to occur of:

1. the date the **Insured** is no longer **Totally Disabled**;
2. when premiums have been waived for [1 - 5] consecutive years; or
3. the date the **Insured** attains age 65.

Once the Waiver of Premium period has expired, premium for the **Insured** is due if the **Insured** is an **Eligible Person** and the **Policy** is in effect. If coverage would otherwise terminate for an **Insured** under Section VI.B. Termination of Covered Person's Insurance, if an **Insured** is on Waiver of Premium, such provision will not act to terminate his or her insurance except as described above.

For purposes of this benefit only, the following additional definitions apply:

**Injury** means bodily injury directly caused by **Accidental** means which is independent of all other causes, results from an **Accident**, occurs while the **Insured** is insured under this **Policy**, and results in **Total Disability**.

**Material and Substantial Duties** means job duties that:

1. are normally required for the performance of an **Insured's** own or any occupation; and
2. cannot be reasonably omitted or modified.

**Regular Care** means that an **Insured** is:

1. under the continuing care of and personally visits a **Physician** as frequently as is medically required according to standard medical practice, to effectively diagnose, manage and treat the **Disability**; and
2. receiving appropriate treatment and care for the disabling condition(s) which conforms with standard medical practice by a **Physician** whose specialty and clinical experience is appropriate for the disabling condition(s) according to standard medical practice.

**Sickness** means sickness or disease:

1. diagnosed or treated while the **Plan** is in force;
2. resulting in **Total Disability** commencing while the **Policy** is in force; and
3. not a **Pre-existing Condition**.

**Totally Disabled and Total Disability** means an **Insured**, during a [3, 6, 9, 12] month period and thereafter because of a **Sickness** or **Injury**:

1. is unable to perform the **Material and Substantial Duties** of any occupation for which he or she is or may become reasonably qualified by education, training, or experience; and
2. is receiving **Regular Care** from a **Physician** for that **Sickness** or **Injury**.

The loss of a professional license, occupational license or certification does not in itself mean an **Insured** is **Totally Disabled**. Loss of an **Insured's** occupation due to economic factors such as, but not limited to, recession, job elimination, pay cuts and job-sharing will not be considered a **Total Disability**.]

[Wellness Benefit

**We** will pay this benefit if an **Insured** [or the **Insured's [Spouse]/[Domestic Partner]** has one or more of the following screening tests performed [after the **Benefit Waiting Period** and] while coverage under this **Policy** is in force. [**We** will pay the amount shown in the Schedule of Benefits [for each of the following screening tests] [once in a **Plan** year].] Payment of this benefit will not reduce the Benefit Amount payable for a **Critical Illness**. This benefit is subject to the benefit maximum shown in the Schedule of Benefits for all covered tests for an **Insured** [or the **Insured's [Spouse]/[Domestic Partner]** in a **Plan** year.

Screening tests include:

[Preventative services [as defined by the Patient Protection Affordable Care Act as amended]]

Biopsies for cancer

Blood test to determine total cholesterol

Blood test for triglycerides

Bone marrow testing

Breast MRI

Breast ultrasound

Breast sonogram

CA 15-3 (cancer antigen 15-3 - blood test for breast cancer)

CA125 (cancer antigen 125 - blood test for ovarian cancer)

CEA (carcinoembryonic antigen - blood test for colon cancer)

Carotid doppler

Chest X-ray

Clinical testicular exam

Colonoscopy

Digital rectal exam

Doppler screening for cancer

Doppler screening for peripheral vascular disease

Echocardiogram

Electrocardiogram (EKG)

Endoscopy

Fasting blood glucose test

Fasting plasma glucose test

Flexible sigmoidoscopy

Hemoccult stool analysis

Hemoglobin A1C

Human papillomavirus vaccination (HPV)

Lipid panel

Mammography

Oral cancer screenings

Pap smear

PSA (blood test for prostate cancer)

Serum cholesterol test to determine level of HDL and LDL

Serum Protein Electrophoresis (blood test for myeloma)

Skin cancer biopsy

Skin cancer screening

Skin exam

Successful completion of smoking cessation program as confirmed by a **Physician**

Stress test on a bicycle or treadmill

Test for sexually transmitted infections (STI's)

Thermography

ThinPrep Pap Test

Two hour post-load plasma glucose test

Ultrasound for cancer detection

Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms

Virtual Colonoscopy]

[SECTION XI – PORTABILITY PRIVILEGE

## PORTABILITY

If an **Insured's** coverage under the **Policy** terminates for any of the reasons described below, he or she may continue (hereinafter "port") the insurance provided under this **Policy**. The **Insured** must have been insured under the **Policy** [or the one it replaces] for group **Critical Illness** insurance coverage for at least [[3-12] consecutive months] prior to the date his or her coverage under the **Policy** ends.

[The amount of insurance an **Insured** can port is [subject to any Benefit Amount reductions based on his or her age; and] reduced by the amount of any Benefit Amount paid by this **Policy**.]

[The amount of insurance an **Insured** can port for each **Covered Dependent** is [subject to any Benefit Amount reductions based on his or her age; and] reduced by the amount of any Benefit Amount paid by this **Policy** on behalf of each such **Dependent**.]

An **Insured** may port his or her group **Critical Illness** insurance coverage [and **Dependent** group **Critical Illness** insurance coverage,] if coverage under the **Policy** ends because he or she is no longer in an Eligible Class.

An **Insured** may port:

1. his or her coverage only;
2. [his or her coverage and coverage of his or her **Spouse** [/**Domestic Partner**];]
3. his or her coverage and coverage of all of his or her **Covered Dependents**; or
4. if he or she is a single parent, his or her coverage and coverage for all of his or her Covered **Dependent Child(ren)**.

An **Insured** may not port his or her coverage [or coverage for any of his or her **Covered Dependents**] if:

1. coverage ends due to failure to pay any required premiums; or
2. he or she has reached age [65-99] on or before the date his or her coverage under the **Policy** ends;
3. if he or she reached the Per Person Lifetime Benefit Maximum Payout under the Group Critical Illness Policy; or
4. the **Policy** ends.

[An **Insured** may not port coverage for any of his or her **Covered Dependents** who received a benefit under the Group Critical Illness Policy.]

No other combinations will be allowed. To be eligible to port, a **Dependent** must be covered under the **Policy** on the day the **Insured's** coverage under the **Policy** ends.

The **Insured** must notify **Us** in writing of his or her request to continue coverage within [30-90] days of the date insurance would otherwise terminate and provide **Us** with a billing address. **We** will verify the **Insured's** eligibility for ported coverage based on the reason for the termination with the **Policyholder**. After confirming the **Insured's** eligibility to continue coverage, **We** will direct bill the **Insured** for the premium due on a [monthly, quarterly, semiannually, annually] basis.

The premium will be based on: (a) the **Insured's** [and/or **Dependent's**] rate class under this portability provision and (b) the **Insured's** [or surviving **Spouse's** [or **Domestic Partner's**]] age bracket. The premium due will be shown in the Group Critical Illness Portability Coverage Premium Notice.

### Termination of Portability Coverage

Insurance terminates for all **Covered Persons** at the end of the month on the last to occur of:

1. [the **Policy** is terminated;]
2. the date that the **Insured's** coverage has been in effect for [3, 6, 9, 12, 18, 24, 36, 60, 120] consecutive months;
3. the **Insured** fails to pay the required premium due, subject to the Grace Period;
4. the **Insured** reaches age [65-99]; or
5. the Per Person Lifetime Benefit Maximum Payout is paid to the **Insured**.

In addition, for a **Covered Person** other than the **Insured**, his or her insurance terminates on the earliest of:

1. the date Per Person Lifetime Benefit Maximum Payout is paid to the **Covered Person**; [or]

2. the first premium due date after the person no longer qualifies as a **Covered Person**[: or][.]
3. [for the covered **Spouse** [/Domestic Partner], the date the covered **Spouse** [/Domestic Partner] reaches age [65-99].]



ZURICH®

# Application

## Group Critical Illness Insurance Policy

Zurich American Insurance Company

1400 American Lane  
Schaumburg, Illinois 60196

### APPLICANT INFORMATION

Applicant's Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Are Subsidiaries/Affiliates to be covered?  Yes  No If Yes, please provide a list of complete names and addresses of all to be covered.

Requested Policy Inception Date: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Enrollment Method: \_\_\_ Electronic (Self-Service) \_\_\_ Call Center \_\_\_ Face-to-Face Counselor \_\_\_ Paper

Group Policyholder Billing Address (If separate organization please state): \_\_\_\_\_

Multiple Billing Locations: \_\_\_ No \_\_\_ Yes (Attach Contact List)

Pay Periods Per Year: \_\_\_\_\_ Payroll Deductions Per Year: \_\_\_\_\_

First Payroll Deduction Date: \_\_\_\_\_ First Bill Due Date: \_\_\_\_\_

Payments will be remitted: \_\_\_ After Each Deduction \_\_\_ Monthly \_\_\_ Other

Premium on bill should reflect \_\_\_\_\_ Level over 12 months \_\_\_\_\_ Actual amount deducted each month

Preferred billing sequence \_\_\_ Alphabetical \_\_\_ Social Security Number \_\_\_ Employee/Member ID \_\_\_ Other

Preferred Billing Method: \_\_\_ Paper \_\_\_ Electronic (via website) \_\_\_ Self-Bill

### INSURANCE REQUESTED

#### A. POLICY TERM

Proposed Policy Effective Date: \_\_\_\_\_ Proposed Policy Expiration Date: \_\_\_\_\_

#### B. ELIGIBILITY AND CLASSIFICATION OF INSUREDS

##### Class Description

Class I: \_\_\_\_\_

[Class II: \_\_\_\_\_

[Class III: \_\_\_\_\_

[Class IV: \_\_\_\_\_

[Class V: \_\_\_\_\_

[Class VI: \_\_\_\_\_

Spouse/Domestic Partner  Dependent Children

Select Eligibility Waiting Period: \_\_\_\_\_

Select Service Waiting Period: \_\_\_\_\_

**Participation:** Depending on group size and coverage elected, specific participation requirements may apply. Participation must be

met before the insurance can be effective and must be maintained continuously while insurance is in force to prevent cancellation of coverage.

# Employees: \_\_\_\_\_ # Eligible Employees: \_\_\_\_\_ # of Employees with Dependents: \_\_\_\_\_

Participation Requirements: \_\_\_\_\_

**C. COVERAGE**

Select Categories and **Critical Illnesses** to be covered

Category 1 - [Heart Attack] [Stroke] [Coronary Artery By-Pass Graft][Non-Surgical Procedure for Coronary Artery Disease][Ruptured Aneurysm]

Category 2 – [Type 1 Cancer] [Type 2 Cancer] [Skin Cancer] [Benign Brain Tumor]

Category 3 - [Major Organ Transplant] [Heart Transplant][End Stage Renal Failure]

Category 4 - [Paralysis] [Coma] [Blindness Both Eyes] [Blindness One Eye] [Loss of Speech and/or Hearing] [Severe Burns] [Loss of Hands and Feet]

Category 5 - [Advanced Alzheimer’s] [Amyotrophic Lateral Sclerosis] [Parkinson’s Disease][Addison’s Disease] [Cerebrospinal Meningitis] [Diphtheria] [Encephalitis][Huntington’s Chorea][Legionnaire’s Disease][Malaria][Muscular Dystrophy][Myasthenia Gravis][Necrotizing Fasciitis][Occupational HIV] [Occupational Hepatitis] [Osteomyelitis] [Poliomyelitis] [Rabies][Sickle Cell Anemia][Systemic Lupus Erythematosus][Scleroderma][Tetanus][Tuberculosis][Loss of Ability to Perform Normal Activities of Daily Living]

Category 6 - [Multiple Sclerosis] [Cerebral Palsy] [Cleft Lip or Cleft Palate] [Cystic Fibrosis] [Down Syndrome] [Spina Bifida]

Select Occurrence Type:  First Ever  First After

Pre-Existing Condition Limitation:  6/12  3/12  Other \_\_\_\_\_

Select Benefit Amount Options:

Guaranteed Issue Amount Selected for:

Employee: [ \$0 - \$5,000,000 in \$1,000 increments]

Spouse/Domestic Partner: [10%-100%] of Employee’s Benefit Amount] or [0-\$5,000,000] in \$1,000 increments]

Dependent Child(ren): [10%-100%] of Employee’s Benefit Amount] or [0-\$5,000,000] in \$1,000 increments]

Benefit Amount Selected (including Guaranteed Issue Benefit Amount):

Employee: [1,000 - \$5,000,000] in \$1,000 increments]

Spouse/Domestic Partner: [10%-100%] of Employee’s Benefit Amount] or [0-\$5,000,000] in \$1,000 increments]

Dependent Child(ren): [10%-100%] of Employee’s Benefit Amount] or [0-\$5,000,000] in \$1,000 ]increments

Category Maximum:  Yes  No If Yes, Category Maximum: [100%-400%]

Select Per Person Lifetime Benefit Maximum: [100%- 500%] of Benefit Amount

Additional Benefit:  Yes  No If Yes,

Category 1 [6,12,18,24] months;  Category 2 [6,12,18,24] months;  Category 3 [6,12,18,24] months;

Category 4 [6,12,18,24] months;  Category 5 [6,12,18,24] months;  Category 6 [6,12,18,24] months

Recurrence Benefit:  Yes  No If Yes,

Category 1 [6,12,18,24] months;  Category 2 [6,12,18,24] months;  Category 3 [6,12,18,24] months;

Category 4 [6,12,18,24] months;  Category 5 [6,12,18,24] months;  Category 6 [6,12,18,24] months

**D. OPTIONAL BENEFITS**

Please indicate any other Optional Benefits requested along with the Benefit Amounts and Limits:

- Bone Marrow Transplant Benefit: \_\_\_\_\_
- Evaluation Benefit: \_\_\_\_\_
- Hospital Cash Benefit: \_\_\_\_\_
- Lymphedema Testing Benefit: \_\_\_\_\_
- Lodging Benefit: \_\_\_\_\_
- NCI Cancer Center Benefit: \_\_\_\_\_
- Stem Cell Therapy Indemnity Benefit: \_\_\_\_\_
- Transportation Benefit: \_\_\_\_\_
- Waiver of Premium Benefit: \_\_\_\_\_
- Wellness Benefit: \_\_\_\_\_

**E. PREMIUM**

Offering: \_\_\_ \*Base Only \_\_\_ Voluntary Only \_\_\_ \*Base & Voluntary \_\_\_ Contributory

If, contributory what is the employer/organization's contribution? \_\_\_\_\_ percentage/dollar

\*Base plan is 100% employer paid; 100% participation.

Rate Type: \_\_\_ Composite \_\_\_ Age Rated \_\_\_ Smoker/Non-Smoker \_\_\_ Male/Female \_\_\_ Unisex

Rate(s): [Insert Appropriate Rate(s)]

Section 125 Pre-Tax:  Yes  No

Rate Guarantee: [1, 2, 3] years

**F. PORTABILITY:**  Yes  No

**NOTICES**

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You hereby authorize Zurich American Insurance Company, to offer each of your **Eligible Persons** the opportunity to purchase insurance coverage as described in this form. The authorization is based upon the following agreement:

You, your authorized agent or enroller will conduct an annual enrollment, and ongoing enrollments if appropriate, for your eligible employees. Eligible employees may enroll for coverage under the Group Policy by making electronic [or written] application for such coverage on an enrollment form approved by us. Enrollment data will be forwarded electronically based on a mutually agreed upon schedule and file format.

[If Zurich American Insurance Company or authorized representative conducts the annual enrollment, you will provide us with electronic census data for us to determine proper enrollment eligibility.]

The initial enrollment shall take place from \_\_\_\_\_ to \_\_\_\_\_. You will provide us direct access to your employees through you, your authorized agent, or enroller to properly communicate the coverage through means mutually agreed upon between you and us.

Unless otherwise agreed upon by you and us, you will collect premium contributions from participating employees, and forward to us when due. Self-bill or electronic bill via website are the customary billing options and premium is forward to us within thirty –one (31) days of the premium due date. You will maintain records of premium contributions from your employees while this agreement remains in force and for [two] years after it terminates. These records will be open to inspection and audit by us during the normal business hours during this time.

The **Company** declares that the statements set forth herein are true. The signing of this application does not bind the **Company**, the **Policyholder** or its **Eligible Persons** to effect insurance. The undersigned agrees that this application, its attachments and any materials submitted therewith are true, complete and accurate as of the date thereof. These representations shall be the basis of the contract should a policy be issued and shall be deemed attached to and shall form part of the policy. The application, its attachments and any materials submitted therewith are considered physically attached to the policy and will be deemed incorporated therein. The Underwriter is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

The undersigned, on behalf of the **Company** and all **Eligible Persons**, agrees that if the representations contained in this application and its attachments materially changes between the date of this application and the inception of the proposed coverage, the undersigned will immediately report in writing to the **Company** such change, and the **Company** may withdraw or modify any outstanding quotations or agreements to bind coverage. The undersigned acknowledges and agrees that the **Company's** receipt of such written report, prior to inception of the proposed coverage, is a condition precedent to coverage.

**INSURANCE FRAUD WARNING**

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

This Application shall be made part of the **Policy**, if issued.

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_

<b>PRODUCER INFORMATION</b>			
Agent or Broker Name: _____	Name of Firm: _____		
Address: _____	City: _____	State: _____	Zip Code: _____
Telephone: _____	Facsimile: _____	Email: _____	
Producer Number: _____	Commission: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, _____% requested		

**NOTICE OF DISCLOSURE FOR AGENT & BROKER COMPENSATION**

If you want to learn more about the compensation Zurich pays agents and brokers visit:

<http://www.zurichproducercompensation.com>

or call the following toll-free number: (866) 903-1192.

This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.

# Group Critical Illness Insurance Certificate



**ZURICH AMERICAN INSURANCE COMPANY**

1400 American Lane  
Schaumburg, Illinois 60196

This is a summary of the insurance **We** provide on behalf of the **Policyholder** to **You** if **You** are within a class of **Eligible Persons** described in Section I - Schedule of Benefits and Coverages and if the required premiums are paid when due.

**[BENEFITS ARE REDUCED UPON ATTAINMENT OF SPECIFIED AGES.]**

**THE POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER MEDICAL EXPENSES.**

**THIS IS A SUMMARY OF COVERAGE ONLY WHICH SUMMARIZES AND EXPLAINS THE PARTS OF THE POLICY WHICH APPLY TO YOU.**

**FOR ALL TERMS AND CONDITIONS OF COVERAGE, PLEASE REVIEW THE POLICY ISSUED TO THE POLICYHOLDER AND ON FILE WITH THEM AT THEIR PLACE OF BUSINESS. YOU CAN OBTAIN A COPY OF THE POLICY FROM THE POLICYHOLDER.**

**THIS CERTIFICATE IS NOT AN INSURANCE POLICY. IN THE EVENT OF A CONFLICT OF PROVISIONS BETWEEN THE POLICY AND THIS CERTIFICATE, THE PROVISIONS OF THE POLICY WILL GOVERN.**

**The Policy IS NOT A MEDICARE SUPPLEMENT POLICY.**

**PLEASE READ THIS CERTIFICATE CAREFULLY**

**CONSUMER INFORMATION NOTICE**

**IMPORTANT NOTICE**

The [Insured] [Covered Person] may call [XXX-XXX-XXXX] to present inquiries or to obtain information about coverage or if they need assistance in resolving any complaints. Or, the [Insured] [Covered Person] can write to Zurich American Insurance Company at their administrative offices at [XXXXXX].

Should the [Insured] [Covered Person] wish to contact the Arkansas Insurance Department for assistance, they may do so by calling [1-800-852-5494]. Or, the [Insured] [Covered Person] may send written correspondence to the Arkansas Insurance Department at [1200 West Third Street, Little Rock, AR 72201-1904].

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Section V	PREMIUMS
Section VI	TERMINATION OF INSURANCE
Section VII	HOW TO FILE A CLAIM
Section VIII	PAYMENT OF CLAIMS
Section IX	GENERAL POLICY CONDITIONS
Section X	COVERAGES
[Section XI	PORTABILITY PRIVILEGE]

SECTION I - SCHEDULE

- I. **POLICYHOLDER:** [John Doe Corporation]  
[123 Main Street]  
[Anywhere, XX 10011]  
[COVERED SUBSIDIARIES OR AFFILIATED COMPANIES: [ABC Company]]
- II. **POLICY NUMBER:** [ABC-1234567]
- III. **POLICY INCEPTION DATE:** [January 1, 2012]
- IV. **POLICY PERIOD:** [Effective Date] to [Expiration Date][Continuous]  
(All Insurance begins and ends at 12:01 a.m. at the **Policyholder's** address)
- V. **INSURED:** [Insured's Name]  
[Street Address]  
[City, State Zip]
- VI. **CERTIFICATE NUMBER:** [XXXXXXX-XX]
- VII. **COVERED DEPENDENTS:** [**Spouse's/Domestic Partner's** Name]  
[**Dependent Child(ren)'s** Name(s)]
- VIII. **PREMIUMS** [\$00.00] Payable [Monthly]

[IX. **ELIGIBILITY AND CLASSIFICATION OF INSUREDS:**

The following individuals are eligible to become **Insureds** upon [completion of the [**Service**][**Eligibility**] **Waiting Period** as indicated below, and] the submission of completed enrollment material, if required:

**Eligible Person** means:

Class I: [**Active** employees working a minimum of [15-40 hours] per week and includes [salaried employees of the **Policyholder**][hourly employees of the **Policyholder**]].

[Class[II]: [Members of the **Policyholder's** Board of Directors]

[Class[III]: [**Active** members of a labor union employed by the **Policyholder**]

[Class [IV]: [**Spouse /Domestic Partner**] of Class I [and][,]Class III] [and Class VI] **Eligible Persons** when such **Spouse/Domestic Partner** is under age [65-99]]

[Class[ V]: [**Retirees** of the **Policyholder**]

[Class [VI]: [As defined by the **Policyholder**]

**[Eligible Dependent** means:

[**Dependent Child(ren)** of a Class I, [and Class III][,][and][Class IV] [and Class VI] **Eligible Persons** are eligible to become **Covered Persons** if a parent becomes an **Insured**.]

[**Spouse /Domestic Partner**] of Class I [and Class III and Class VI] **Eligible Persons** are eligible to become **Covered Persons** if the **Eligible Person** becomes an **Insured**. Such **Spouse/Domestic Partner** must be under age [65-99].]

**[SERVICE WAITING PERIOD FOR CLASS [[I, III, VI]:**

[1-365] days of [**Active**][continuous] service.]

**[ELIGIBILITY WAITING PERIOD FOR CLASS [[II, IV, V, VI]]**

[1-365 days as an **Eligible Person**.]

X. **REPORTING AND NOTICE ADDRESSES:**

Claim Reporting:

[Claims Department  
Zurich American Insurance Company,  
[P.O. Box 968041, Schaumburg, IL. 60196]]  
[1-866-841-4771]

XI. COVERAGES: CRITICAL ILLNESS BENEFIT

SCHEDULE OF BENEFITS

Covered <b>Critical Illnesses</b>	
[1- Heart and Circulatory	[Heart Attack] [Stroke] [Coronary Artery By-Pass Graft][Non-Surgical Procedure for Coronary Artery Disease][Ruptured Aneurysm]]
[2-Cancers/Tumors	[Type 1 Cancer] [Type 2 Cancer] [Skin Cancer] [Benign Brain Tumor]]
[3 – Transplants	[Major Organ Transplant] [Heart Transplant][End Stage Renal Failure]]
[4 – Paralysis and Other Loss of Use	[Paralysis] [Coma] [Blindness Both Eyes] [Blindness One Eye] [Loss of Speech and/or Hearing] [Severe Burns] [Loss of Hands and Feet]]
[5- All Other <b>Critical Illnesses</b>	[Advanced Alzheimer’s] [Amyotrophic Lateral Sclerosis] [Parkinson’s Disease][Addison’s Disease] [Cerebrospinal Meningitis] [Diphtheria] [Encephalitis][Huntington’s Chorea][Legionnaire’s Disease][Malaria][Muscular Dystrophy][Myasthenia Gravis][Necrotizing Fasciitis][Occupational HIV] [Occupational Hepatitis][Osteomyelitis][Poliomyelitis][Rabies][Sickle Cell Anemia][Systemic Lupus Erythematosus][Scleroderma][Tetanus][Tuberculosis][Loss of Ability to Perform Normal Activities of Daily Living]]
[6 –Childhood Illnesses	[Multiple Sclerosis] [Cerebral Palsy] [Cleft Lip or Cleft Palate] [Cystic Fibrosis] [Down Syndrome] [Spina Bifida]]

**[Benefit Waiting Period:** [0-30 days]

**Your** Benefit Amount [including Guaranteed Issue Benefit Amount]: [\$1,000 - \$5,000,000]  
 [Guaranteed Issue Benefit Amount for **You**: \$0 - \$5,000,000]

[Covered **Spouse** [/Domestic Partner] Benefit Amount [including Guaranteed Issue Benefit Amount]: [[10%-100%] of **Your** Benefit Amount] or [\$0-\$5,000,000]  
 [Guaranteed Issue Benefit Amount for [**Spouse** [/Domestic Partner]: \$0-\$5,000,000]

[Covered **Dependent Child(ren)** Benefit Amount [including Guaranteed Issue Benefit Amount]: [10%-100%] of **Your** Benefit Amount] or [\$1,000-\$5,000,000]  
 [Guaranteed Issue Benefit Amount for Covered **Dependent Child(ren)**: \$0-\$5,000,000]

[Per Category Maximum Payout: For each category of **Critical Illnesses**, **We** will pay a maximum of [100%-400%] per category]

Per Person Lifetime Benefit Maximum Payout: [100%-500%] of the Benefit Amount for all occurrences combined for all **Critical Illnesses**.

Categories [1, 2, 3, 4, 5 and 6]

Category	Specified <b>Critical Illness</b>	Percent of the Benefit Amount	[Recurrence Benefits Maximum Number and Percent of Benefit	
[1- Heart and Circulatory				
1	[Heart Attack	[0%-300%]	[0, 1, 2]	[0%-300%]]
1	[Stroke	0%-300%]	[0, 1, 2]	[0%-300%]]
1	[Coronary Artery By-Pass Graft	[0%-300%]	[Not applicable]	[Not applicable]]
1	[Non-Surgical Procedure for Coronary Artery Disease	[0%-300%]	[Not applicable]	[Not applicable]]]

[1	[Ruptured Aneurysm	[0%-300%]	[0, 1, 2]	[0%-300%]]
2 -Cancer				
2	[Type 1 Cancer	[0%-300%]	[0,1, 2]	[0%-300%]]
2	[Type 2 Cancer	[0%-300%]	[0,1, 2]	[0%-300%]]
2	[Skin Cancer	[0%-300%]	[0,1, 2]	[0%-300%]]
2	[Benign Brain Tumor	[0%-300%]	[0,1, 2]	[0%-300%]]
[3 - Transplants				
3	[Major Organ Transplant	[0%-300%]	[0,1, 2]	[[0%-300%]]
3	[Heart Transplant	[0%-300%]	[0,1, 2]	[0%-300%]]
3	[End Stage Renal Failure	0%-300%	[0,1, 2]	[0%-300%]]
[4 – Paralysis and Other Loss of Use				
4	[Paralysis	[0%-300%]	[Not applicable]	[Not applicable]]
4	[Coma	[0%-300%]	[Not applicable]	[Not applicable]]
4	[Blindness Both Eyes	[0%-300%]	[Not applicable]	[Not applicable]]
4	[Blindness One Eye	[0%-300%]	[Not applicable]	[Not applicable]]
4	[Loss of Speech and/or Hearing	[0%-300%]	[Not applicable]	[Not applicable]]
4	[Severe Burns	[0%-300%]	[Not applicable]	[Not applicable]]
4	[Loss of Hands and Feet	[0%-300%]	[Not applicable]	[Not applicable]]
If a Category 4 <b>Critical Illness</b> is caused by a covered Category [ 1, 2, 3, 5, or 6] <b>Critical Illness</b> for which benefits are payable, <b>We</b> will not pay benefits under both categories. <b>We</b> will pay one benefit and that will be the larger benefit.				
[5- All Other <b>Critical Illnesses</b>				
5	[Advanced Alzheimer’s	[0%-300%]	[Not applicable]	[Not applicable]]
5	[Amyotrophic Lateral Sclerosis	[0%-300%]	[Not applicable]	[Not applicable]]
5	[Parkinson’s Disease	[0%-300%]	[Not applicable]	[Not applicable]]
5	[Addison’s Disease	[0%-300%]	[Not applicable]	[Not applicable]]
5	[Cerebrospinal Meningitis	[0%-300%]	[Not applicable]	[Not applicable]]
5	[Diphtheria	[0%-300%]	[0,1, 2]	[0%-300%]]
5	[Encephalitis	[0%-300%]	[0,1, 2]	[0%-300%]]
5	[Huntington’s Chorea	[0%-300%]	[Not applicable]	[Not applicable]]

5	<b>[Legionnaire's Disease</b>	[0%-300%]	[0, 1, 2]	[0%-300%]]
5	<b>[Malaria</b>	[0%-300%]	[0, 1, 2]	[0%-300%]]
5	<b>[Muscular Dystrophy</b>	[0%-300%]	[Not applicable]	[Not applicable]]
5	<b>[Myasthenia Gravis</b>	[0%-300%]	[Not applicable]	[Not applicable]]
5	<b>[Necrotizing Fasciitis</b>	[0%-300%]	[Not applicable]	[Not applicable]]
5	<b>[Occupational HIV</b>	[0%-300%]	[Not applicable]	[Not applicable]]
5	<b>[Occupational Hepatitis</b>	[0%-300%]	[Not applicable]	[Not applicable]]
5	<b>[Osteomyelitis</b>	[0%-300%]	[Not applicable]	[Not applicable]]
5	<b>[Poliomyelitis</b>	[0%-300%]	[Not applicable]	[Not applicable]]
5	<b>[Rabies</b>	[0%-300%]	[Not applicable]	[Not applicable]]
5	<b>[Sickle Cell Anemia</b>	[0%-300%]	[Not applicable]	[Not applicable]]
5	<b>[Systemic Lupus Erythematosus</b>	[0%-300%]	[Not applicable]	[Not applicable]]
5	<b>[Scleroderma</b>	[0%-300%]	[Not applicable]	[Not applicable]]
5	<b>[Tetanus</b>	[0%-300%]	[Not applicable]	[Not applicable]]
5	<b>[Tuberculosis</b>	[0%-300%]	[Not applicable]	[Not applicable]]
5	<b>[Loss of Ability to Perform Normal Activities of Daily Living</b>	[0%-300%]	[Not applicable]	[Not applicable]]]
[6 – Childhood Illnesses				
6	<b>[Multiple Sclerosis</b>	[0%-300%]	[Not applicable]	[Not applicable]]
6	<b>[Cerebral Palsy</b>	[0%-300%]	[Not applicable]	[Not applicable]]
6	<b>[Cleft Lip or Cleft Palate</b>	[0%-300%]	[Not applicable]	[Not applicable]]
6	<b>[Cystic Fibrosis</b>	[0%-300%]	[Not applicable]	[Not applicable]]
6	<b>[Down Syndrome</b>	[0%-300%]	[Not applicable]	[Not applicable]]
6	<b>[Spina Bifida</b>	[0%-300%]	[Not applicable]	[Not applicable]]]

[Reduction in Coverage – Age Reductions

On the premium due date on or next following the date **You** attain age [65-85], his or her Benefit Amount will be reduced. The **Covered Dependent's** Benefit Amount will be reduced on a pro rata basis when **Your** Benefit Amount is reduced. Reductions are based on **Your** original Benefit Amount in effect.

[Benefit Amount reduces at certain ages by the following percentage:]

[Age at Date Diagnosis Made or Procedure Recommended Percent of Benefit Amount]	[Percent of Benefit Amount]
[[65 - 69]	[[1-99%
[70 - 74]	[1-99%
[75 – 79]	[1-99%
[80 – 84]	[1-99%
[85 over]]	[1-99%]]

Optional Benefits:

**[Bone Marrow Transplant** Benefit: [0-300%] of Benefit Amount paid for the **Critical Illness.**]

[\*Evaluation Benefit: For one evaluation or consultation: [\$500-\$1,000]  
Additional Benefit if **Evaluation Center** more than 100 miles from [the **Covered Person's**][**Your**] primary residence [\$100-\$500]]

**[Hospital** Cash Benefit: Daily **Hospital Confinement** Benefit: [\$30-\$5000]  
Maximum Benefit Period: [30-365] days]]

**[Lymphedema** Testing Benefit: [\$50-\$5000] per test with an overall benefit maximum of [\$50-\$5000] per [**Covered Person**][**Insured**] per **Critical Illness**]

**[Lodging** Benefit: Daily **Lodging** Benefit: [\$60-\$2500]  
Maximum Benefit Period: [1-180] consecutive days per **Outpatient Treatment Session**]]

[\*NCI Cancer Center Benefit: Consultation Benefit [\$500-\$5000]  
Additional Benefit if **Evaluation Center** is more than 100 miles from [the **Covered Person's**][**Your**] primary residence [\$100-\$500]]

**[Stem Cell Therapy** Indemnity Benefit: [0-300%] of Benefit Amount paid for the **Critical Illness.**]

[Transportation Benefit: The greater of [\$.XX] or the current year's IRS mileage rate per mile for a maximum of [\$1000 - \$2500] per round trip

**Plan** Year Maximum: \$1000-\$10,000]

[Waiver of Premium Benefit: [included] [not included] ]

[Wellness Benefit: [\$50, \$100, \$150] per test with an overall benefit maximum of [\$50-\$5000] per [**Covered Person**][**Insured**] per **Plan** year.]

[\* If [a **Covered Person** is][**You** are] covered for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid.]

## SECTION II – ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

### [ELIGIBILITY OF YOUR DEPENDENTS

To be eligible for coverage under the **Policy**, a **Dependent** must be an **Eligible Dependent** as described in the Schedule. The **Eligible Person** must become an **Insured** under this **Plan** in order for insurance to be available for an **Eligible Dependent**. A **Spouse** [/Domestic Partner] will not be eligible as a **Dependent** if he or she is also a Class I[,] [Class II, Class III, Class V or Class VI] **Eligible Person** and enrolls for insurance under the **Policy**. Only one Class I[,] [Class II, Class III, Class V or Class VI] **Eligible Person** may select a **Plan** covering their mutual **Dependents** if both parents are in such Eligible Class.]

### ENROLLMENT

An **Eligible Person** may enroll for coverage under the **Policy** by making written or electronic application for such coverage on an enrollment form furnished or approved by **Us**. Coverage will not become effective until the **Eligible Person** has enrolled himself or herself [and his or her **Eligible Dependents**], paid the required premium, if any, and provided satisfactory proof of insurability, if required, on a form or electronic application approved by **Us**.

Initial Enrollment: **Eligible Persons** should enroll themselves and their **Eligible Dependents** within [31 days] of the first to occur of:

1. the date first eligible as described in the Schedule; or
2. the date that the [Service][Eligibility] **Waiting Period** is satisfied if applicable to their eligibility Class.]

[Individuals who enroll after this time are considered late entrants.]

[Guaranteed Issue: **Eligible Persons** may enroll for up the Guaranteed Issue Benefit Amount without providing evidence of insurability. If an **Eligible Person** enrolls for a Benefit Amount in excess of the Guaranteed Issue Benefit Amount, he or she must provide satisfactory evidence of insurability using a form or electronic application approved by **Us**.]

[Open Enrollment: **Eligible Persons** may enroll themselves and their eligible **Dependents** during an **Open Enrollment Period**, subject to providing satisfactory evidence of insurability on a form or electronic application approved by **Us**. Other changes including increases, decreases or terminations may also be restricted to **Open Enrollment Periods**.]

[Late Entrants: **Eligible Persons** who do not enroll themselves or their **Eligible Dependents** within their Initial Enrollment Period, may not enroll until the next **Open Enrollment Period** unless there is a Change in Family Status, as described below.]

Change in Family Status: An **Eligible Person** may enroll or **You** may change **Your** coverage if a change in family status occurs, provided written or electronic application to enroll is made within [31 days] of the event. A change in family status means any of the following events:

1. marriage [or establishment of a Domestic Partnership];
2. divorce or legal separation;
3. birth or adoption of a child; [or]
4. death of a **Spouse** [/Domestic Partner] or **Dependent Child**; [;or][.]
5. [other changes as permitted by the **Policyholder**].

### YOUR EFFECTIVE DATE

**Your** coverage begins on the later of the following dates, provided that any required premium is paid to **Us**:

For Guaranteed Issue Benefit Amounts, the later of:

1. the **Policyholder's** Inception Date as shown on the Schedule; or
2. the [first of the month following the][date defined under the **Policyholder's** written procedures as on file and approved by **Us**, following the] date the **Eligible Person** meets all eligibility and enrollment requirements.

[For Class I [or Class III] **Eligible Persons**, **You** must be **Actively At Work** on the date **Your** insurance becomes effective. (If the date that insurance was to go into effect is not a normally scheduled work day for **You**, **You** must have been **Actively at Work** on the last scheduled work day prior to the date insurance becomes effective under the **Policy**). If **You** are not so **Actively at Work**, **Your** insurance will be deferred until the date **You** are **Actively at Work**. [For a Class II **Eligible Person**, **You** must be on the Board of Directors for the **Policyholder** on the date **Your** insurance becomes effective.] [For a Class IV **Eligible Person**, **You** must not be hospital confined on the date **Your** insurance would otherwise become effective. If **You** are hospital confined, such insurance will be deferred until the date **You** are no longer hospital confined.]

For Benefits Amounts in excess of the Guaranteed Issue Benefit Amount, the additional coverage will be effective on the [first of the month following the] [date defined under the **Policyholder's** written procedures as on file and approved by **Us**, following the] date **We** approve the **Eligible Person's** evidence of insurability, subject to payment of the premium due.

#### ELIGIBLE DEPENDENTS EFFECTIVE DATE

For **Your Covered Dependents**:

For Guaranteed Issue Benefit Amounts, the later of:

1. the **Policyholder's** Effective Date, shown on the **Certificate** Schedule; or
2. the [first of the month following the] [date defined under the **Policyholder's** written procedures as on file and approved by **Us**, following the] date **Your** insurance becomes effective, subject to payment of premium when due.

[The **Dependent** must not be hospital confined on the date his or her insurance would otherwise become effective. If he or she is hospital confined, such insurance will be deferred until the date he or she is no longer hospital confined.]

For Benefit Amounts in excess of the Guaranteed Issue Benefit Amount, additional coverage will be effective for a **Covered Dependent** on the [first of the month following the] [date defined under the **Policyholder's** written procedures as on file and approved by **Us**, following the] date **We** approve that person's evidence of insurability, subject to payment of the premium due.

For **Eligible Dependents** acquired after **Your** Effective Date of coverage, by reason of marriage, [Domestic Partnership,] birth or adoption, coverage is effective [[30] days after][on] [the date such **Dependent** was acquired.][the date specified by the **Policyholder**.] Except for newborn children and adopted children, this is subject to **Our** receipt of the required Enrollment and payment of the premium, if any.

**Newborn Coverage:** A child of **Yours** born while the **Policy** is in force is covered from the moment of birth for a period of sixty (60) days. After this time, the child will remain covered only if **You** have provided written notice of birth to the **Policyholder** and pays the required premium due, if any.

**Adopted Children:** A newly adopted child of **Yours** is covered from the moment of adoption or the date of filing of a petition for adoption, for a period of sixty (60) days. After this time, the child will remain covered only if **You** have provided written notice to the **Policyholder** of the adoption or the date of filing of a petition for adoption, and pays the required premium due, if any.

[Benefit Changes: Once an **You** have made **Your** benefit elections for a given year, **You** may not change the Benefit Amount until the **Policyholder's** next **Open Enrollment Period**, except for a Change in Family Status.

Increases in the Benefit Amount are effective on the [first of the month following the] [date defined under the **Policyholder's** written procedures as on file and approved by **Us**, following the] date **We** approve the evidence of insurability, provided he or she is **Actively at Work** on the date the increased benefit would otherwise become effective. Decreases in the Benefit Amount are effective on the first day of the month following the date of request.]

#### SECTION III – DEFINITIONS

[**Accident** or **Accidental** means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place during the **Policy** term.]

[**Active** and **Actively at Work** describes an employee of the **Policyholder** who is able and available for active performance of all of his or her regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered **Actively at Work** provided the employee is able and available for active performance of all of his or her regular duties and was working the day immediately prior to the date of his or her absence. [**Active** also includes member of a labor union who is able and available for active performance of all of his or her regular duties with the **Policyholder**.]

[**Addison's Disease** means a rare, chronic endocrine disorder in [a **Covered Person**][**You**] where the adrenal gland does not produce sufficient steroid hormones, as **Diagnosed** by a **Physician** who is a board certified endocrinologist. [This does not include adrenal insufficiency resulting from prolonged corticosteroid treatment.]

**[Advanced Alzheimer's Disease** means the **Diagnosis**, by a **Physician** who is a board certified neurologist, of advanced Alzheimer's Disease. [The **Covered Person**][**You**] must exhibit loss of intellectual capacity involving impairment of memory and judgment as measured by clinical evidence and standardized testing that has persisted for a period of at least [90 -180] consecutive days. It must result in significant reduction in mental and social functioning such that [the **Covered Person**][**You**] requires **Substantial Assistance** in performing at least [two, three, four] of the six **Normal Activities of Daily Living**. No other dementing brain disorders or psychiatric illnesses shall meet the definition of **Advanced Alzheimer's Disease**, nor will they be considered a **Critical Illness**.]

**[Amyotrophic Lateral Sclerosis** means a neurological disease affecting the nerve cells in the brain and spinal cord of a **[Covered Person]****[You]** that control voluntary muscle movement resulting in permanent clinical impairment of motor function as **Diagnosed** by a **Physician** who is a board certified neurologist.]

**[Benefit Waiting Period** means the number of consecutive days shown in the Schedule of Benefits immediately following each **[Covered Person's]****[Your]** Effective Date of insurance [or request for an increase in coverage].

**[Blindness** means the clinically proven irreversible reduction of sight [due to [an **Accident**] [or] [sickness] to [both eyes][either eye] that has persisted for a period of at least [3-180] consecutive days. Sight must be reduced to a corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (Snellen or E-Chart Acuity) or visual field restriction to 20° or less in [both eyes][either eye].

**Blindness** does not include:

1. partial restoration of sight, if in general medical opinion any **Procedure**, device, or implant could result in partial or total restoration of sight;
2. reduction of sight in [any **Covered Person**][**You**] who has not attained age [2,3,4,5] on the Date of **Diagnosis**;
3. reduction of sight in [a **Covered Person**][ **You**] as defined herein if the reduction of sight occurred prior to the Effective Date of [the **Covered Person's**][**Your**] coverage.]

**[Benign Brain Tumor** means an intracranial solid neoplasm [of at least one (1) centimeter in size] within the brain or the central spinal canal of [a **Covered Person**][**Yours**] that is non-cancerous. Such **Diagnosis** must be made by a **Physician** who is board certified to make such **Diagnosis**. **[Benign Brain Tumor** [This does not include cysts, granulomas, angiomas, meningiomas, malformations of the intracranial arteries or veins, or tumors of the cranial nerves, pituitary gland or spinal cord.]]

**[Bone Marrow Transplant** means a **Procedure** recommended by a **Physician** who is board certified to replace damaged or destroyed bone marrow with healthy bone marrow stem cells. It must be required due to clinical evidence of the bone marrow's irreversible damage which requires that the damaged or destroyed bone marrow be replaced with bone marrow from a suitable donor. **Bone Marrow Transplant** includes autologous (self to self) and allogeneic (person to person) transplants.]

**[Cerebral Palsy** means a non-progressive, non-contagious motor conditions that cause physical disability in [a **Covered Person's**][**Your**] development, chiefly in the area of body movement as **Diagnosed** by a **Physician** who is board certified to make a **Diagnosis** of **Cerebral Palsy**.]

**[Cerebrospinal Meningitis** means a potentially life-threatening [bacterial][viral] inflammation of the protective membranes covering the brain and spinal cord of [a **Covered Person**][**Yours**] as **Diagnosed** by a **Physician** who is a board certified neurologist. **[Cerebrospinal Meningitis** does not include meningitis resulting from a viral infection or other non-bacterial forms of meningitis.])

**Certificate** means this Group Critical Illness Insurance Certificate.

**[Cleft Lip and Cleft Palate** means a type of clefting congenital deformity caused by abnormal facial development of [a **Covered Person**][**Yours**] during gestation. The **Diagnosis** must be made and **Procedure** for correction recommended by a **Physician** who is board certified to make such **Diagnosis** and recommendation.]

**[Clinical Diagnosis of Type 1 Cancer** means a **Diagnosis** of **Type 1 Cancer** based on the study of symptoms and diagnostic test results. **We** will accept a **Clinical Diagnosis of Type 1 Cancer** only if the following conditions are met:

1. a **Pathological Diagnosis** cannot be made because it is medically inappropriate or life threatening;
2. there is medical evidence to support the **Diagnosis**; and
3. a **Physician** is treating [the **Covered Person**][**You**] for **Type 1 Cancer**.]

**[Coma** means a profound state of unconsciousness due to **Accident** [or sickness] from which one cannot be aroused to consciousness, even by powerful stimulation, as determined by a **Physician**. [The **Covered Person**][**You**] must be

confined in a medical facility during a **Coma**, [and] remain in a **Coma** for [7-180] consecutive days, [and require life support measures to sustain life].]

[**Contributory** means that the premium payments require that **You** pay all or a portion of the premium.]

[**Coronary Artery By-Pass Graft** means a major heart surgery for [a **Covered Person**][**You**] requiring median sternotomy (division of the breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts. The surgery must be recommended by a **Physician** who is a board certified cardiologist. **Coronary Artery Bypass Graft** does not include non-surgical techniques such as balloon angioplasty, laser embolectomy or other non-bypass techniques; minimally invasive endoscopic or keyhole heart surgery, stent **Procedures**, and atherectomy.]

[**Covered Dependent** means any **Eligible Dependent** who has insurance under the terms of the **Policy**. It includes the **Your** [**Spouse** [**Domestic Partner** and] **Dependent Child(ren)** if a **Plan** covering the [**Spouse**/**Domestic Partner** and]] **Dependent Child(ren)** is selected.]

**Covered Loss** means [a **Diagnosis** is made for a **Critical Illness**,] [a **Procedure** for a **Critical Illness** is recommended,] [a wellness screening test is performed] [or] [another benefit covered under the **Policy**] for which benefits are payable under the **Policy**.

**Covered Person** means any person who has insurance under the terms of the **Policy**. It includes **You** [, and **Your Spouse**/**Domestic Partner**] and/or **Dependent Child(ren)** if a **Plan** covering the **Spouse**/**Domestic Partner**] and/or **Dependent Child(ren)** is selected.]

**Critical Illness** means [**Heart Attack**][**Stroke**][**Coronary Artery By-Pass Graft**][**Non-Surgical Procedure for Coronary Artery Disease**][**Ruptured Aneurysm**] [**Type 1 Cancer**] [**Type 2 Cancer**] [**Skin Cancer**] [**Benign Brain Tumor**] [**Major Organ Transplant**] [**Heart Transplant**][**End Stage Renal Failure**] [**Paralysis**] [**Coma**][**Blindness Both Eyes**] [**Blindness One Eye**][**Loss of Speech and/or Hearing**] [**Severe Burns**] [**Loss of Hands and Feet**] [**Advanced Alzheimer's**] [**Amyotrophic Lateral Sclerosis**] [**Parkinson's Disease**] [**Addison's Disease**][**Cerebrospinal Meningitis**][**Diphtheria**][**Encephalitis**][**Huntington's Chorea**][**Legionnaire's Disease**][**Malaria**][**Muscular Dystrophy**][**Myasthenia Gravis**][**Necrotizing Fasciitis**][**Occupational HIV**] [**Occupational Hepatitis**] [**Osteomyelitis**][**Poliomyelitis**][**Rabies**][**Sickle Cell Anemia**][**Systemic Lupus Erythematosus**][**Scleroderma**][**Tetanus**][**Tuberculosis**][**Loss of Ability to Perform Normal Activities of Daily Living**] [**Multiple Sclerosis**][**Cerebral Palsy**][**Cleft Lip or Cleft Palate**] [**Cystic Fibrosis**][**Down Syndrome**][**Spina Bifida**].

[**Cystic Fibrosis** means a life-threatening multi-system genetic disease that causes severe lung damage and nutritional deficiencies. It must be **Diagnosed** by a **Physician** who is board certified to make such **Diagnosis**.]

[**Dependent** means **Your** [**Spouse**/**Domestic Partner**]] [and **Dependent Child(ren)**].]

[**Dependent Child(ren)** means those unmarried child(ren) of **Yours**, [and] [those unmarried child(ren) of **Your Spouse** [**Domestic Partner**]] [, and those unmarried child(ren) [as defined under the **Policyholder's** written procedures as on file and approved by **Us**.] [a person who qualifies as a **Dependent Child(ren)** under the law of the state of residence.] [as defined in the **Policyholder's** [medical] plan as on file and approved by **Us**] who rely on **You** for [more than 50% of] their support, and are either: 1) less than [19 (nineteen)] years of age; 2) less than [26 (twenty-six)] years of age and enrolled on a full-time basis in a college, university, or trade school, or who satisfy neither 1) nor 2), but who prior to his or her termination of coverage became incapable of self-sustaining employment by reason of mental or physical handicap. [The **Dependent Child(ren)** will only be **Covered Dependents** if a **Plan** covering **Dependents** is selected.]]

[**Diagnosis** or **Diagnosed** means the definitive establishment of the **Critical Illness**, as defined herein, using clinical and/or laboratory findings. [The **Diagnosis** must be made by a **Physician** who is a board certified specialist and qualified to make the **Diagnosis**.] [With respect to [**Major Organ Transplant**][**Coronary Artery By-Pass Surgery**], **Diagnosis** requires a **Physician's** recommendation that [the **Covered Person** undergoes ] [an **You** undergo] such **Procedure**. The **Diagnosis** must be made while [ the **Covered Person** is][**You** are] alive.]

[**Diphtheria** means an upper respiratory tract illness and an adherent membrane on the tonsils, pharynx, and/or nasal cavity caused by *Corynebacterium Diphtheriaediphtheriae* as **Diagnosed** by a **Physician** who is board certified to make such **Diagnosis**.]

[**Domestic Partner** means [a person who qualifies as a Domestic Partner under the **Policyholder's** written **Procedures** as on file and approved by **Us**.] [a person who qualifies as a Domestic Partner under the law of the state of residence.] [as defined in the **Policyholder's** [medical] plan as on file and approved by **Us**.]

To qualify as a **Domestic Partner**, the following requirements must be met:

1. [You and the **Domestic Partner** must have an intimate, committed relationship of mutual caring, and have agreed to be responsible for each other's welfare;]
2. [You and the **Domestic Partner** must have lived together in such a relationship for a period of not less than six (6) consecutive months at the same residence address;]
3. [You and the **Domestic Partner** must both be at least eighteen (18) years of age;]
4. [neither the You nor the **Domestic Partner** are legally married;]
5. [You and the **Domestic Partner** are not **Related** by blood or adoption;]
6. [You and the **Domestic Partner** are each other's sole **Domestic Partner** and intend to remain so indefinitely;]  
[and]
7. [You and the **Domestic Partner** must be of the same sex, and if applicable law permitted, would be married.]

The existence of the relationship between the **Domestic Partner** and **You** must be evidenced by:

1. [the **Domestic Partner** being named as the primary beneficiary in the event of **Your** death under **Your** retirement plan or 401(k) plan, if **You** maintain such a plan;]
2. [at least one of the following:
  - a. designation of the **Domestic Partner** as a primary beneficiary under **Your** will; or
  - b. designation of the **Domestic Partner** as a primary beneficiary for **Your** life insurance;]
3. [at least one of the following:
  - a. joint ownership of real estate (whether by mortgage, lease or deed);
  - b. joint ownership of a motor vehicle; or
  - c. joint ownership of a bank account;] [and]
4. [a completed, active certification of **Domestic Partner** status form on file with the **Policyholder**.]

To be a covered **Domestic Partner**, **You** will not have completed a Termination of **Domestic Partner** status form with respect to the **Domestic Partner** who is to be covered under the **Policy**.]

[**Down syndrome** means a genetic disorder that causes lifelong mental retardation, developmental delays and other problem as **Diagnosed** by a **Physician** who is board certified to make such **Diagnosis**.]

[**Eligibility Waiting Period** means the [continuous] length of time an **Eligible Person** is in an Eligible Class with the **Policyholder** before eligible for coverage.]

[**Encephalitis** means a [bacterial][viral] acute inflammation of the brain, resulting in permanent neurological damage as **Diagnosed** by a **Physician** who is board certified to make such **Diagnosis**. This does not include encephalitis resulting from in the presence of any human immuno-deficiency virus (HIV) infection or other ancillary infections resulting from the HIV infection.]

[**End Stage Renal Failure** means chronic irreversible failure of both kidneys to function, as a result of which either regular renal or peritoneal dialysis is started and scheduled to occur on a weekly or biweekly basis unless the **Covered Person** is too ill to receive dialysis, or renal transplant is performed. The **Diagnosis** must be made by a **Physician** who is a board certified nephrologist.] [The Covered Loss will be deemed to have occurred on the date the [Covered Person][Insured] is listed on the United Network for Organ Sharing (UNOS).]]

**First Occurrence** means, subject to any **Pre-existing Condition** limitation period, the first time that a **Diagnosis** is made or a **Procedure** is recommended for a **Critical Illness** [in [a **Covered Person's**][an **Insured's**] lifetime] [while [the **Covered Person** is][ **You** are] covered under the **Policy**. A **Diagnosis** made or **Procedure** recommended for a **Critical Illness** after satisfaction of the **Pre-existing Condition** limitation period is considered a **First Occurrence**.

[**Heart Attack (Myocardial Infarction** means ischemic death of a portion of the heart muscle due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. This does not include a **Heart Attack** that occurs during a [heart related] medical procedure. The **Diagnosis** must be made by a **Physician**, who is a board certified cardiologist, based on both:

1. new clinical presentation and electrocardiographic changes consistent with an evolving **Heart Attack**; and
2. serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a **Diagnosis** of **Heart Attack**.]

[**Heart Transplant** means the transplantation of the heart from a patient who has died and whose heart was intact and capable of functioning in [the **Covered Person** recipient] [**You** as the recipient.] The transplanted heart must come from a human. The **Heart Transplant** must be required due to clinical evidence of the heart's irreversible failure which requires that the malfunctioning heart of [the **Covered Person**][**Yours**] be replaced with a heart from a suitable human donor. The Covered Loss will be deemed to have occurred on the date the [Covered Person][Insured] is listed on the United

Network for Organ Sharing (UNOS) for payment under this benefit.]

**[Huntington's Disease** means a neurodegenerative genetic disease that affects muscle coordination and leads to cognitive decline and dementia as **Diagnosed** by a **Physician** who is a board certified neurologist.]

**Insured** means a Class I, [Class II, Class III, Class IV, Class V, [or][and] Class VI] individual who is eligible for coverage under the **Policy** as provided in the Eligibility and Classification of **Insureds** part of the Schedule, and who completes the enrollment material, if required.

**[Legionnaire's Disease** means a lung infection (pneumonia) caused by Legionella bacteria, and is **Diagnosed** through the discovery of such bacteria in [the **Covered Person's**][**Your**] body. The **Diagnosis** must be made by a **Physician** qualified to make such **Diagnoses**, and must be supported by specialized laboratory tests searching for the Legionella bacteria, involving culture of [the **Covered Person's**][**Your**] sputum, lung biopsy specimen, or respiratory secretions; and/or detecting the organism in urine. In order to make a claim, a finding of both pneumonia and the Legionella bacteria must be made by the **Physician** and there must be a community outbreak of Legionnaire's disease for [2-10] unrelated persons as verified by the Centers for Disease Control for that local geographical area.]

**Loss of Hands and Feet** means that due to an **Accident** [or sickness] [a **Covered Person** sustains][**You** sustain] permanent physical severance of any combination of two or more limbs at or proximal to (above) the wrist or ankle joints. The loss of two or more limbs does not have to occur at the same time or due to the same cause, but the loss of each limb must occur while the person is a **Covered Person**.]

**[Loss of Speech and/or Hearing** means that due to an **Accident** [or sickness] [a **Covered Person** is][**You** are] **Diagnosed** by a **Physician** to have suffered a total and irreversible loss of speech and/or total and permanent loss of hearing in both ears with an auditory threshold of more than ninety (90) decibels in each ear, for a minimum of [12 - 36] months. **Loss of Speech and/or Hearing** may not be the result of another covered **Critical Illness** or other Benefit.]

**[Loss of Ability to Perform Normal Activities of Daily Living** means that a [**Covered Person** is][**You** are] unable due to a sickness or injury to perform at least [two, three] **Normal Activities of Daily Living**. Such inability must be confirmed by a **Physician** qualified to make this determination. In the event this benefit is triggered by another covered benefit, **We** will only pay this benefit only once.]

**[Lymphedema** means a condition, also known as lymphatic obstruction, of localized fluid retention and tissue swelling caused by a compromised lymphatic system that is **Diagnosed** as such by a **Physician** who is board certified to make this **Diagnosis**.]

**[Major Organ Transplant** means human to human organ transplant from a donor to [the **Covered Person**][**You**] of transplant of an entire [liver][,] [lung][,][small intestine][,][kidney] or [pancreas] that is required due to clinical evidence of a major organ's irreversible failure which requires that the malfunctioning organ or tissue of [the **Covered Person**][**Yours**] be replaced with an organ or tissue from a suitable human donor, excluding [the **Covered Person**][**You**] The **Covered Loss** will be deemed to have occurred on the date the [**Covered Person** is][**You** are] listed on the United Network for Organ Sharing (UNOS)]

**[Major Organ Transplant** does not include an organ transplant involving organs other than an entire kidney, liver, small intestine, lung, or pancreas;

1. involving transplants of parts of organs, tissues or cells;
2. involving organs transplanted from [**You**] [ the same **Covered Person**];
3. involving organs received from non-human donors;
4. involving implantation of mechanical devices or mechanical organs; or
5. involving islet cell transplant.]

**[Malaria** means a mosquito-borne infectious disease resulting from infection from one of the five species of the genus Plasmodium; [falciparum,] [knowlesi] [malariae] [vivax,] [ovale] and **Diagnosed** as such by a **Physician** who is board certified to make such **Diagnosis**.]

**[Multiple Sclerosis** means an inflammatory disease that persists for a minimum of six (6) months in which the fatty myelin sheaths around the axons of the brain and spinal cord are damaged, leading to inability of nerve cells in the brain and spinal cord to communicate with each other effectively as **Diagnosed**, by a **Physician** who is a board certified neurologist.]

**[Muscular Dystrophy** means a group of hereditary and non-hereditary muscle diseases that weaken the musculoskeletal system and hamper locomotion confirmed by electromyography and muscle biopsy and **Diagnosed** by a **Physician** who is board certified to make such **Diagnosis**..]

**[Myasthenia Gravis** means an autoimmune neuromuscular disease leading to fluctuating muscle weakness and fatigability that is treated with medication and **Diagnosed** as such by a **Physician** board certified to make such **Diagnosis**..]

**[Necrotizing Fasciitis** means a rare quickly progressing infection of the deeper layers of the skin and subcutaneous tissues commonly known as flesh-eating disease or Flesh-eating bacteria syndrome requiring a surgical procedure to be performed. Such disease must be **Diagnosed** as such by a **Physician** board certified to make such **Diagnosis** and a surgical procedure must be performed.]

**[Non-Surgical Procedure for Coronary Artery Disease** means a non-surgical technique is recommended by a **Physician**, who is a board certified cardiologist, due to coronary artery disease that occurs when the arteries that supply blood and oxygen to the heart become damaged and narrowed. **Procedures** for which the Critical Illness Benefit is payable include the non-surgical techniques of balloon angioplasty, laser embolectomy or other non-bypass techniques; minimally invasive endoscopic or keyhole heart surgery, stent **Procedures**, and atherectomy.]

**[Non-Contributory** means that the premium payments require no contribution from **You**.]

**[Normal Activity(ies) of Daily Living (ADLs)** means certain basic daily tasks necessary to maintain [the **Covered Person's**][**Your**] health and safety. In the **Policy**, **ADLs** refer to the activities described below. The loss of ability must be due to a **Critical Illness** that has persisted for a period of at least [90 -180] consecutive days:

1. Transfer and mobility - The ability to move into or out of a bed, chair or wheelchair or to move from place to place, either via walking, a wheelchair, cane, crutches, walker or other equipment;
2. Continence - The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter, urostomy, or colostomy bag);
3. Dressing - Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs;
4. Toileting - Getting to and from the toilet, transferring on and off the toilet and performing associated personal hygiene;
5. Eating - Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously; or
6. Bathing - Washing oneself by sponge bath; or in either a tub or a shower, including the task of getting into or out of the tub or shower.]

**[Occupational Hepatitis** means the **Diagnosis** of occupational Hepatitis resulting from an **Accident** which exposed [the **Covered Person**][**You**] to Hepatitis [A,] B[,] and C. The **Accidental** injury must occur during the normal course of duties for the occupation in which [the **Covered Person** is][ **You** are]regularly engaged and for which remuneration is earned. The incident must be reported to the [**Policyholder**][[**Covered Person's**] [**Your**] employer]] within forty-eight (48) hours of the **Accident** and [the **Covered Person**][ **You** ] must seek immediate medical attention. ] **Occupational Hepatitis** does not include Infection as a result of drug use, sexual transmission, or other hepatitis infection determined to not to be **Accidental**..]

**[Occupational Human Immunodeficiency Virus (Occupational HIV)** means the **Diagnosis** of Human Immunodeficiency Virus (HIV) infection resulting from an **Accident** which exposed [the **Covered Person**][**You**] to HIV-contaminated body fluids. The **Accidental** injury must occur during the normal course of duties for the occupation in which [the **Covered Person** is][ **You** are] regularly engaged and for which remuneration is earned. The incident must be reported to the [**Policyholder**][[**Covered Person's**][ **Your**] employer]] within forty-eight (48) hours of the incident and [the **Covered Person**][ **You** ] must seek immediate medical attention and submit to a blood test for HIV and/or AIDS and/or related complex (ARC). The blood test results must be sent directly to **Us**. **Occupational HIV** does not include HIV Infection as a result of drug use, sexual transmission, or HIV infection determined to not to be **Accidental**..]

**[Open Enrollment Period** means a period of time agreed to by the **Policyholder** and **Us** during **You** increase **Your** insurance, decrease **Your** insurance or terminate **Your** insurance.]

**[Osteomyelitis** means an infection of the bone or bone marrow requiring a surgical procedure. Such **Diagnosis** must be made by a **Physician** who is board certified to make such **Diagnosis**..]

**[Paralysis** means that due to an **Accident** [or sickness] a [**Covered Person**][**Insured**] sustains the complete and permanent loss of function of [one, two] or more limbs as **Diagnosed** by a **Physician** who is board certified. This does not

include **Paralysis** that occurs as a result of a **Stroke**. [or other medical procedure.]

**Parkinson's Disease** means a degenerative disorder of the central nervous system which is the result of the loss of dopamine-producing brain cells and permanent clinical impairment of motor function with associated tremor, rigidity of movements, and postural instability as **Diagnosed** by a **Physician** who is a board certified neurologist.]

**Pathological Diagnosis** means a **Diagnosis** of **Type 1 Cancer** based on a microscopic study of fixed tissue or preparations from the blood systems. This type of **Diagnosis** must be done by a **Physician** who is a board certified pathologist and whose **Diagnosis** of malignancy conforms to the standards set by the American College of Pathology.]

**Physician** means a person who is:

1. a doctor of medicine, osteopathy, psychology or other legally qualified practitioner of a healing art that **We** recognize or are required by law to recognize;
2. licensed to practice in the jurisdiction where care is being given;
3. practicing within the scope of that license; and
4. not **Related** to **You** by blood or marriage.

**Plan** means the coverages or benefits selected in the Schedule.

**Policy** means this Group Critical Illness Insurance Policy.

**Policyholder** means the group named in the Schedule.

**Poliomyelitis** means a contagious viral illness resulting from poliovirus type 1, 2, or 3 that in its most severe form causes paralysis, difficulty breathing and sometimes death. Such **Diagnosis** must be made by a **Physician** who is board certified to make such **Diagnosis**.]

**Pre-existing Condition** means a disease or physical condition for which:

1. symptoms existed within the [3, 6] month period prior to the effective date of [a **Covered Person's**][ **Your**] coverage under the **Policy** that would cause a person to seek medical advice or treatment; or
2. medical advice or treatment was recommended or received from a member of the medical profession within the [3, 6] month period prior to the Effective Date of [a **Covered Person's**][ **Your**] coverage under the **Policy**.]

**Prior Plan** means the Critical Illness Policy that was in effect with the **Policyholder** for a different insurance company on the date immediately preceding the Effective Date under the **Policy**.]

**Procedure** means a medical procedure involving an incision with instruments performed to repair damage or arrest disease related to a **Critical Illness** in [a **Covered Person**][**You**].]

**Rabies** means an acute viral disease of the central nervous system caused by a virus in the Lyssavirus family that is transmitted through saliva from the bite of an infected animal. For this benefit to apply, it is required that clinical confirmation through isolation of the associated antibodies and/or presence of specific symptoms be obtained prior to payment. Such **Diagnosis** must be made by a **Physician** who is board certified to make such **Diagnosis**.]

**Related** means [a **Covered Person's Spouse** [/Domestic Partner] or other adult living with **You**][**Your Spouse** [/Domestic Partner] or other adult living with **You**], sibling, parent, step-parent, grandparent, aunt, uncle, niece, nephew, son, daughter, or grandchild or similar relationship in law.

**Retiree** means a former employee of the **Policyholder**:

1. [whose age plus years of service equals at least [60-70];]
2. [who has attained the normal retirement age;]
3. [who has completed at least [1-10] years of active full-time or part-time service with the **Policyholder**;]
4. [who is participating in a **Policyholder**-sponsored pension plan;][or]
5. [who retired from the **Policyholder** immediately after the last day as an **Active** employee.]

**Ruptured Aneurysm** means a ruptured Cerebral, Carotid or Aortic Aneurysm. The **Diagnosis** of a **Ruptured Aneurysm** must be supported by medical records, including radiographically specific diagnostic studies to objectively support the **Diagnosis** as established by [the American Academy of Radiologists.]

**Sclerosis** (also **Scleroderma**) means a connective tissue disease that involves changes in the skin, blood vessels, muscles, and internal organs. Such **Diagnosis** must be confirmed with a biopsy and made by a **Physician** who is board certified to make such **Diagnosis**.]

[**Service Waiting Period** means the [continuous] length of time an **Eligible Person** is required to be [in **Active** employment] with the **Policyholder** before being eligible for coverage.]

[**Severe Burn** or **Severely Burned** means a cosmetic disfigurement of the surface of at least [25%-75%] of the body area due to an **Accidental** injury that is a full-thickness or third-degree burn, as determined by a **Physician**. (A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation).]

[**Skin Cancer** means squamous cell carcinoma as **Diagnosed** by a **Physician** who is a board certified dermatologist or **Physician** as defined above. **Skin Cancer** does not include any cancer **Diagnosed** as **Type 1 Cancer** or **Type 2 Cancer**.]

[**Sickle Cell Anemia** means is a disorder of the blood caused by inherited abnormal hemoglobin, which produces distorted (sickled) red blood cells. The irregular sickled cells can block blood vessels causing tissue and organ damage and pain. **Sickle Cell Anemia** does not include Sickle cell trait (or sicklemia), which is a condition in which a person has one gene for the disease, but does not display the severe symptoms of the disease. Such **Diagnosis** must be made by a **Physician** who is board certified to make such **Diagnosis**.]

[**Spina Bifida** means a developmental congenital disorder, where some vertebrae overlying the spinal cord are not fully formed and remain unfused and open. as **Diagnosed** by a **Physician** who is board certified to make such **Diagnosis**.]

[**Spouse** means the **Eligible Person's** legally married **Spouse** [under age 65-99]. [A **Spouse** will only be a covered **Spouse** if a **Plan** covering the **Eligible Person's Spouse** is selected.]

[**Stem Cell Therapy** means a type of intervention strategy that introduces new cells into damaged tissue in order to treat a **Critical Illness**.]

[**Stroke** means the death of brain tissue due to an acute cerebrovascular event. All of the following criteria must be satisfied:

1. clinical evidence of infarction or brain tissue, or intracranial or subarachnoid hemorrhage;
2. clear evidence on a CT, MRI or similar imaging technique that a **Stroke** has occurred; and
3. permanent neurologic deficit measured [96 hours - three months] or more after the event that results in a score of two or higher on the Modified Rankin Scale for stroke outcome.

**Stroke** does not include symptoms due to:

- a) transient Ischemic Attack (TIA),
- b) migraine;
- c) Hypoxia;
- d) traumatic injury to brain tissue or blood vessels;
- e) chronic cerebrovascular insufficiency and reversible deficits; or
- f) vascular disease affecting the eye, optic nerve, or vestibular functions.]

The **Diagnosis** must be made by a **Physician** who is a board certified neurologist.]

[**Substantial Assistance** means **Hands-on Assistance** and **Stand-by Assistance** as described below. For the purposes of the **Policy**, **Stand-by Assistance** will be used to determine that **Substantial Assistance** by another person is required by [the **Covered Person**][**You**] to perform the **Normal Activity of Daily Living**.

1. **Hands-on Assistance** means the physical assistance of another person without which [a **Covered Person**][**You**] would be unable to perform the **Normal Activity of Daily Living**.
2. **Stand-by Assistance** means the presence of another person within [a **Covered Person's** **Your**] arm's reach to prevent by physical intervention injury to [the **Covered Person**][**You**] while[ he or she performs][ **You perform**] a **Normal Activity of Daily Living** (such as being ready to catch him or her if he or she falls while getting into or out of the bathtub or shower as part of bathing, or being ready to remove food from [the **Covered Person's**][**Your**] throat if he or she chokes while eating).]

[**Systemic Lupus Erythematosus** means a systemic autoimmune disease where the immune system attacks the body's cells and tissue, resulting in inflammation and tissue damage and is confirmed by permanent neurological damage and/or permanent impairment of kidney function.] Such **Diagnosis** must be made by a **Physician** who is board certified to make such **Diagnosis**.]

[**Tetanus** (commonly known as Lockjaw) means a potentially life-threatening bacterial disease resulting from toxin secreting clostridium tetani that affects the nervous system, leading to painful muscle contractions, particularly of the jaw and neck muscles, and which can interfere with the ability to breathe. Such **Diagnosis** must be made by a **Physician** who is board-certified to make such **Diagnosis**.]

[**TNM Classification** means the classification standards for **Type 1 Cancer**, **Skin Cancer**, and **Type 2 Cancer** as developed by the American Joint Committee on Cancer.]

[**Tuberculosis (TB)** is a potentially serious infectious disease that primarily affects the lungs. The **Diagnosis** must be made by a **Physician**, based on skin tests, chest X-rays, sputum analysis (smear and culture), and polymerase chain reaction tests to detect the genetic material of the causative bacteria.]

[**Type 1 Cancer** means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemia, Hodgkin's disease, carcinoma, sarcoma, malignant tumor and lymphomas are included. **Type 1 Cancer** does not include:

1. any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
2. any papillary tumor of the bladder classified as Ta under **TNM Classification**;
3. any tumor of the prostate classified as T1N0M0 under **TNM Classification**;
4. any papillary tumor of the thyroid that is classified as T1N0M0 or less under **TNM Classification** and is one centimeter or less in diameter;
5. any tumor in the presence of human immuno-deficiency virus;
6. any **Skin Cancers**, unless there is metastasis and the tumor is a malignant melanoma of greater than 1.0 millimeters maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method;
7. **Type 2 Cancer**; and
8. chronic Lymphocytic Leukemia (CLL), less than or equal to Stage I, as defined by RAI classification.

**Type 1 Cancer** must be **Diagnosed** according to a **Pathological Diagnosis** or **Clinical Diagnosis of Type 1 Cancer**.]

[**Type 2 Cancer** means a **Diagnosis** of cancer where the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. It also includes:

1. any malignant melanoma less than or equal to 1.0 millimeters maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method;
2. any melanoma not invading the dermis classified as T1N0M0 under **TNM Classification**;
3. any tumor of the prostate classified as T1N0M0 under **TNM Classification**;
4. any papillary tumor of the bladder classified as Ta under **TNM Classification**;
5. any papillary tumor of the thyroid that is classified as T1N0M0 or less under **TNM Classification** and is one centimeter or less in diameter;
6. chronic Lymphocytic Leukemia (CLL), less than or equal to Stage I, as defined by RAI classification.

**Type 2 Cancer** does not include:

1. any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
2. any tumor in the presence of human immuno-deficiency virus;
3. any non-melanoma **Skin Cancer**;
4. any melanoma in situ classified as TisN0M0 under **TNM Classification**
5. other skin malignancies; and
6. any carcinoid tumor.

**Type 2 Cancer** must be **Diagnosed** pursuant to a **Pathological Diagnosis** or **Clinical Diagnosis**.]

**We, Us, and Our** refers to Zurich American Insurance Company.

**You, Your and Yours** means the **Insured** to whom a **Certificate** is issued.

#### SECTION IV – GENERAL EXCLUSIONS

Benefits will not be provided for a **Critical Illness** if it is caused by, contributed to or results from:

1. [suicide or attempted suicide while sane [or insane] or from intentionally self-inflicted injury.]
2. [from a **Pre-existing Condition**.]
3. [war or any act of war, whether declared or undeclared.]
4. [involvement in any type of active military service [Reserve or National Guard active duty training is not excluded, unless it extends beyond [thirty-one (31) consecutive days].];][For purposes of this exclusion, orders to active military service for [sixty (60) days] or less will not be considered involvement in active military service.][This exclusion does not apply to the first [sixty (60) consecutive days] of active military service.]
5. [participation in the commission or attempted commission of [any crime,] [any felony,] [an assault,] [insurrection] [or] [riot].]
6. [engaging in an illegal occupation.]
7. [being intoxicated while operating a motor vehicle.][being intoxicated.]
  - a) [a **Covered Person**][ **You**] will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the **Accident** occurred, to be intoxicated, if operating a motor vehicle.
  - b) an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of [the **Covered Person's**][ **Your**] intoxication.]
8. [being under the influence of any prescription drug, controlled substance, or hallucinogen, unless such prescription drug, controlled substance, or hallucinogen was prescribed by a **Physician** and taken in accordance with the prescribed dosage.]
9. [a **Diagnosis** for which proof is submitted by a **Physician** that is **Related** to the [**Covered Person**][**Insured**].]
10. [refusing certain types of recommended medical treatment, as follows:
  - a) [a **Physician** has recommended treatment with angioplasty or **Coronary Artery By-Pass Graft** for coronary artery disease, [the **Covered Person** refuses][ **You** refuse] this treatment, and [the **Covered Person** suffers] **You** suffer] a **Heart Attack**; or] [.]
  - b) [a **Physician** has recommended treatment for a brain aneurysm or carotid artery stenosis, [the **Covered Person** refuses][ **You** refuse] treatment, and [the **Covered Person** suffers][ **You** suffer] a **Stroke**; or] [.]
  - c) [a **Physician** has recommended a diagnostic biopsy or diagnostic/therapeutic excision of a mass or lesion suspected of being cancer [the **Covered Person** refuses][ **You** refuse], and [the **Covered Person** develops][**You** develop] **Type 1 Cancer, Skin Cancer, or Type 2 Cancer**.]

#### **[Pre-existing Condition** Limitation

No benefits are payable for a **Pre-existing Condition**. Once a **Critical Illness** is no longer considered a **Pre-existing Condition** as defined herein due to satisfaction of the time period below, the exclusion for that **Critical Illness** as a **Pre-existing Condition** no longer applies.

A condition will no longer be considered a **Pre-existing Condition** after [the **Covered Person's**][**Your**] coverage under the **Policy** has been in effect for [6, 12] consecutive months.]

[If the **Policy** replaces a **Prior Plan**, **We** will pay for a **Pre-existing Condition** if [the **Covered Person** is][**You** are] insured under the **Policy** on its Effective Date and was covered under the **Prior Plan** on the date the **Prior Plan** terminated as follows:

1. [The **Covered Person**][**You**] must satisfy the **Pre-existing Condition** provision under the **Policy**; or
2. [The **Covered Person**][**You**] must have satisfied the **Pre-existing Conditions** provision under the **Prior Plan**, if benefits would otherwise have been paid had the **Prior Plan** remained in force, if earlier.]]

## SECTION V – PREMIUMS

A. Premiums. Premiums are due and payable to **Us** at the rates and in the manner described in the Schedule.

- B. Grace Period. Premiums are due for the Policy on or before the premium due date or renewal date, whichever applies. If the **Policyholder** does not pay a renewal premium when it is due, there is a [thirty-one (31)] day Grace Period to pay. During the Grace Period, the **Policy** will stay in force. The **Policyholder** will not have a Grace Period if **We** have given notice, at least [thirty (30)] days in advance, that **We** are going to terminate the Policy.

#### SECTION VI - TERMINATION OF INSURANCE

- A. Termination of **Covered Person's** Insurance.

[**For You.** Insurance terminates at the end of the [month][date] for which premium has been paid and during which any of the following occurs:

1. [the **Policy** is terminated [unless coverage for [the **Covered Person** continues][**You** continue] according to SECTION XI, PORTABILITY PRIVILEGE];]
2. **You** cease to be eligible for insurance;
3. **You** fail to pay the required premium, if **You** are so required; [or]
4. **You** reach age [65-99]; [or]
5. the Per Person Lifetime Benefit Maximum Payout is paid to **You** [;or][.]
6. [**You** retire.]

[**Covered Person** other than **You.** Insurance terminates on the earliest of:

1. the date **Your** insurance terminates;
2. the Per Person Lifetime Benefit Maximum Payout is paid to the **Covered Person**;
3. the first premium due date after the person no longer qualifies as a **Covered Person**[;or][.]
4. [for the covered **Spouse** [/Domestic Partner], the date the covered **Spouse** [/Domestic Partner] reaches age [65-99].]

#### SECTION VII - HOW TO FILE A CLAIM

- A. Notice. [The **Covered Person**][**You**] or the beneficiary, or someone on their behalf, must give **Us** written notice of the **Covered Loss** within [ninety (90)] days of such **Covered Loss**, or as soon thereafter as reasonably possible. The notice must name [the **Covered Person**,][**You**][,][**Insured**] and the Policy Number. To request a claim form, [the **Covered Person**][**You**] or the beneficiary, or someone on their behalf may contact **Us** at [1-866-841-4771]. The notice must be sent to the address shown on the Schedule, or any of **Our** agents. Notice to **Our** agents is considered notice to **Us**.
- B. Claim Forms. **We** will send the claimant Proof of Covered Loss forms within [fifteen (15)] days after **We** receive notice. If the claimant does not receive the Proof of Covered Loss form in [fifteen (15)] days after submitting notice, he or she can send **Us** a detailed written report of the claim and the extent of the **Covered Loss**. **We** will accept this report as a Proof of Covered Loss if sent within the time fixed below for filing a Proof of Covered Loss.
- C. Proof of Covered Loss. Written Proof of a **Covered Loss**, acceptable to **Us**, must be sent within [ninety (90)] days of the **Covered Loss**. Failure to furnish Proof of a **Covered Loss** acceptable to **Us** within such time will neither invalidate nor reduce any claim if it was not reasonably possible to furnish the Proof of a **Covered Loss**, and the proof was provided as soon as reasonably possible.

#### SECTION VIII - PAYMENT OF CLAIMS

- A. Time of Payment. **We** will pay claims for all **Covered Losses** immediately upon receipt of written proof of loss that is acceptable to **Us**.
- B. Who We Will Pay. Benefits are to be paid to **You**, if alive. If **You** are not alive, benefits are payable to **Your** estate. **You** may assign **Your** interest in the **Policy** by giving **Our** agent or **Us** written notice at **Our** Administrative Office at [Claims Department, Zurich American Insurance Company, [P.O. Box 968041, Schaumburg, IL. 60196].] [1-866-841-4771]. The change or assignment will not be effective until **We** receive the written notice. **We** assume

no responsibility for the validity of any assignment. Any payment **We** make will fully discharge **Us** to the extent of the payment.

#### SECTION IX - GENERAL POLICY CONDITIONS

- A. **Change or Waiver.** A change or waiver of any terms or conditions of the Policy must be issued by **Us** in writing and signed by one of **Our** executive officers. No agent has authority to change or waive **Policy** terms or conditions. A failure to exercise any of **Our** rights under the Policy will not be deemed as a waiver of such rights in the same or future situations.
- B. **Clerical Error.** A clerical error or omission will not increase or continue [a **Covered Person's**] [**Your**] coverage, which otherwise would not be in force. If **You** apply for insurance for which **You** are not eligible, **We** will only be liable for any premiums paid to **Us**.
- C. **Conformity with Statute.** Terms of the Policy that conflict with the laws of the state where it is delivered are amended to conform to such laws.
- D. **Suit Against Us.** No action on the Policy may be brought until sixty (60) days after written Proof of Covered Loss has been sent to **Us**. Any action must commence within six (6) years of the date the written Proof of Covered Loss was required to be submitted.
- E. **Physical Examination and Autopsy.** **We** have the right to examine [a **Covered Person**][**You**] when and as often as **We** may reasonably request while the claim is pending. Such examination will be at **Our** expense. **We** may have an autopsy performed unless forbidden by law.
- F. **Time Limit on Certain Defenses.** In the absence of fraud, statements made by the **Policyholder** or [**You**][a **Covered Person**] are deemed representations and not warranties. No such statement will cause **Us** to deny or reduce the Benefits due under the Policy or be used as a defense of a claim, unless it is contained in a signed written application signed by the **Policyholder** or the [**Insured**] [**Covered Person**], a copy of which has been furnished to the **Policyholder** or to the person or his or her beneficiary. After two (2) years from the date coverage starts no such statement (except age) will cause the Policy to be contested.
- G. **Misstatement of Age:** If the age of [a **Covered Person**][**Your**] has been misstated, **We** will make an equitable adjustment of the premium and benefits. The premium will be the difference between the premiums paid and the premiums that would have been paid at the true age. If coverage would not have been issued, **We** will refund the premiums paid for such insurance and terminate the insurance, if no benefits have been paid. Benefits payable will be based on the correct age and premium paid.
- H. **Diagnosis Made Outside of the United States.** As a requirement for payment, a **Diagnosis** that is made outside the United States must be confirmed by a **Physician** in the United States who is qualified to make the **Diagnosis** based on the criteria in the **Critical Illness** coverage as defined. In that case, the **Critical Illness** will be deemed to occur on the date the **Diagnosis** was made outside the United States.
- I. **Procedure Performed Outside of the United States.** As a requirement of payment, a **Procedure** cannot be performed outside the United States unless approved by **Us**.
- J. **New Entrants.** Newly **Eligible Person(s)** may be added periodically in accordance with the terms of the **Policy**.

#### SECTION X – COVERAGES

Benefit: Critical Illness Plan

Critical Illness Benefit: **We** will pay benefits for:

1. A **Diagnosis** of a **Critical Illness** that is first made after the **Benefit Waiting Period**, subject to the **Pre-existing Condition** provision; or
2. A **Procedure** for a **Critical Illness** that is first recommended after the **Benefit Waiting Period**, subject to the **Pre-existing Condition** provision.

**We** will pay the Percent of the Benefit Amount shown in the Schedule of Benefits for each and every covered **Critical Illness** [up to the Per Category Maximum Payout] up to the overall Per Person Lifetime Benefit Maximum Payout if the following conditions are met:

1. With respect to [ **Heart Attack**][**Stroke**][**Coronary Artery By-Pass Graft**][**Non-Surgical Procedure for Coronary Artery Disease**][**Ruptured Aneurysm**] [Type 1 Cancer] [Type 2 Cancer] [Skin Cancer] [Benign Brain Tumor][**Major Organ Transplant**] [**Heart Transplant**][**End Stage Renal Failure**] [**Paralysis**] [**Coma**] [**Blindness Both Eyes**] [**Blindness One Eye**] [**Loss of Speech and/or Hearing**][**Severe Burns**] [**Loss of Hands and Feet**] [**Advanced Alzheimer's**] [**Amyotrophic Lateral Sclerosis**] [**Parkinson's Disease**][**Addison's Disease**][**Cerebrospinal Meningitis**][**Diphtheria**][**Encephalitis**][**Huntington's Chorea**][**Legionnaire's Disease**][**Malaria**][**Muscular Dystrophy**][**Myasthenia Gravis**][**Necrotizing Fasciitis**][**Occupational HIV**] [**Occupational Hepatitis**] [**Osteomyelitis**][**Poliomyelitis**][**Rabies**][**Sickle Cell Anemia**][**Systemic Lupus Erythematosus**] [**Scleroderma**] [**Tetanus**] [**Tuberculosis**][ **Loss of Ability to Perform Normal Activities of Daily Living**][**Multiple Sclerosis**][**Cerebral Palsy**][**Cleft Lip or Cleft Palate**] [**Cystic Fibrosis**] [**Down Syndrome**][**Spina Bifida**] and subject to the **Pre-existing Conditions** provision, the **First Occurrence** in [a **Covered Person's**][**Your**] lifetime [during the time [the **Covered Person**][**You**] is covered under the **Policy**] that [he or she experiences] such **Critical Illness** and he or she is **Diagnosed** with such **Critical Illness**.
2. [With respect to **Coronary Artery Bypass Graft** and subject to the **Pre-existing Conditions** provision, the **First Occurrence** in [a **Covered Person's**][ **Your**] lifetime] [during the time [the **Covered Person** is][**You** are] is covered under the **Policy**] that [he or she undergoes][ **You** undergo] such **Procedure**.]
3. [With respect to [**Major Organ Transplant**][**Heart Transplant**] and subject to the **Pre-existing Conditions** provision, the **First Occurrence** in [a **Covered Person's**][ **Your**] lifetime] [during the time the [**Covered Person**][**Insured**] is covered under the **Policy**]] that [he or she undergoes][**You** undergo] a [**Major Organ Transplant**][**Heart Transplant**].]
4. [With respect to **Loss of Ability to Perform Normal Activities of Daily Living** and subject to the **Pre-existing Conditions** provision, the **First Occurrence** [in [a **Covered Person's**][**Your**] lifetime] [during the time [the **Covered Person** is][**You** are] covered under the **Policy**] that he or she has after suffered such loss for [30-180] consecutive days. If the loss is due to a **Critical Illness**, this benefit will [be additional] [not be additional] to other benefits payable under the [a **Covered Person's**][**Your**] **Plan**. [If payable under two **Critical Illness** benefits, only the larger of the benefits will be provided.]

Benefits are paid [one] time for each category of **Critical Illness** [except as paid under the Recurrence Benefit option].

If the date of **Diagnosis** for two or more specified **Critical Illnesses** is the same day, **We** will pay for only one specified **Critical Illness** Benefit. **We** will pay the larger benefit.

**[Benefit Waiting Period:** Benefits will not be paid for a **Critical Illness**:

1. if the **Diagnosis** is made or the **Procedure** is recommended during the **Benefit Waiting Period**; or
2. for which [a **Covered Person** exhibits][**You** exhibit] symptoms that would cause a prudent person to seek medical treatment by a **Physician** of a covered **Critical Illness** during the **Benefit Waiting Period**.

[If :

1. the date **Your Diagnosis** is made or the **Procedure** is recommended for a covered **Critical Illness** occurs during the **Benefit Waiting Period**; and
2. the **Policy** is a new program for the **Policyholder** and there is no **Prior Plan**,

**You** may return the certificate for a full premium refund and the coverage will be terminated.]

[If :

1. the date of a **Covered Person's** (other than **Your**) **Diagnosis** is made or the **Procedure** is recommended for a covered **Critical Illness** occurs during the **Benefit Waiting Period**; and
2. the **Policy** is a new program for the **Policyholder** and there is no **Prior Plan**,

**You** may terminate the **Covered Person's** coverage under the **Policy** for a premium refund of that **Covered Person's** cost and his or her coverage will be terminated. **You** must notify **Us** in writing.]

[Additional Critical Illness Benefit: If [a **Covered Person**][ **You**] received benefits under the **Critical Illness** Benefit for a **Critical Illness**, he or she will receive benefits for a **Diagnosis** made or **Procedure** recommended for a different **Critical Illness** as long as the date of **Diagnosis** or **Procedure** for each **Critical Illness** is separated by at least

[6,12,18,24] months for Category 1]

[6,12,18,24] months for Category 2]

[[6,12,18,24] months for Category 3]

[[6,12,18,24] months for Category 4]

[[6,12,18,24] months for Category 5]

[[6,12,18,24] months for Category 6]

consecutive months. **We** will pay the percent of the Benefit Amount shown in the Schedule of Benefits.]

[Recurrence Benefit: If a benefit is paid for a **Critical Illness** and [a **Covered Person** has][**You** have] not exhibited symptoms or received care and treatment for that same **Critical Illness** for at least

[6, 12, 18, 24] months for Category 1]

[[6,12,18,24] months for Category 2]

[[6,12,18,24] months for Category 3]

[[6,12,18,24] months for Category 4]

[[6,12,18,24] months for Category 5]

[[6,12,18,24] months for Category 6]

consecutive months since the benefit payment and [the **Covered Person** is] [**You** are] re-diagnosed for the same **Critical Illness**, **We** will pay a Recurrence Benefit as follows:

1. With respect to [**Heart Attack**][**End Stage Renal Failure**][**Stroke**][**Paralysis**], the second [and third] time in [a **Covered Person's**][ **Your**] lifetime that: (a) [he or she experiences][**You** experience] such **Critical Illness**; and (b) [he or she is][ **You** are] **Diagnosed** with such **Critical Illness**.
2. With respect to [**Major Organ Transplant**][**Heart Transplant**], the second [and third] time in [a **Covered Person's**][**Your**] lifetime that[he or she or she undergoes][ **You** undergo] a [**Major Organ Transplant**][**Heart Transplant**].

The Recurrence Benefit is shown in the Schedule of Benefits. Benefits are not payable for any recurrence of a **Critical Illness** not shown in the Recurrence Benefit. ]

[Per Category Maximum Payout: Within each category, the most **We** will pay for the Critical Illness Benefit[,] [and] [all Additional Critical Illness Benefits][,] [and all Recurrence Benefits] combined is the Per Category Maximum Payout shown in the Schedule of Benefits.]

Per Person Lifetime Benefit Maximum Payout: The Per Person Lifetime Benefit Maximum Payout is shown in the Schedule of Benefits. Once the Lifetime Benefit Maximum Payout is met for [a **Covered Person**][ **You**], no additional benefits are payable for that [a **Covered Person**][ **You**] and coverage terminates. If **You** reach the Per Person Lifetime Benefit Maximum Payout, coverage will terminate for **You** and **Your Covered Dependents**.

Additional Benefits:

[Bone Marrow Transplant Indemnity Benefit: If a **Procedure** or **Diagnosis** of a covered **Critical Illness** for which a Benefit Amount is paid under the **Policy** requires a **Bone Marrow Transplant**, **We** will pay an additional lump sum benefit. The benefit is shown in the Schedule of Benefits as a percentage of the Benefit Amount paid for the **Critical Illness**.]

[Evaluation Benefit: This benefit is available after **Your** coverage has been in force under the **Policy** for [1-12] consecutive months.]

If [a **Covered Person** is][ **You** are] **Diagnosed** with a **Critical Illness** or has a **Procedure** for a **Critical Illness** recommended for which benefits are payable, **We** will pay the Evaluation Benefit shown in the Schedule of Benefits. The purpose of the Evaluation Benefit is to provide [a **Covered Person**][ **You**] with options for treatment of the **Critical Illness**. Benefits are provided for an evaluation at an **Evaluation Center** following payment for a **First Occurrence** Benefit [or a Recurrence Benefit]. The Evaluation Benefit is limited to one payment for each **First Occurrence** [or a Recurrence] of a **Critical Illness**.

This benefit is payable in addition to any other benefit payable under the **Policy** [with the exception of the NCI Cancer Center Benefit. If [a **Covered Person** is][ **You** are] covered for both the NCI Cancer Center Benefit and the Evaluation

Benefit, only one benefit, the largest, will be paid. [The **Covered Person's**][**Your**] insurance must be in effect on the date the evaluation is provided for benefits to be payable under the **Policy**.

For purposes of this benefit only, **Evaluation Center** means a facility that is:

1. licensed or certified under the laws where it is located to provide diagnostic services for the **Critical Illness** for which evaluation is sought; and
2. which has been recognized by the **Policyholder** in writing as an evaluation center for purposes of the Evaluation Benefit.]

[Hospital Cash Benefit: **We** will pay the Daily Hospital Confinement Benefit shown in the Schedule of Benefits if [a **Covered Person** is][**You** are] **Hospital Confined** due to treatment following the **Diagnosis** of a **Critical Illness** or due to a **Procedure** recommended for a **Critical Illness**.

Benefit payments will end on the first of the following dates:

1. the date the **Hospital** stay ends;
2. the date [the **Covered Person** dies][**You** die];
3. the date the Maximum Benefit Period for this benefit ends per Plan Year; [or]
4. [the date [a **Covered Person** attains][**You** attain] age [65-99]; or]
5. the date insurance under the **Policy** ends.]

Termination will not prejudice an existing claim. This benefit is paid in addition to any other benefit paid under the **Policy**.

For purposes of this benefit only, the following additional definitions apply:

**Confined and Confinement** means:

1. being admitted to a **Hospital** for receiving inpatient hospital services; and
2. [the **Covered Person** is][ **You** are] charged for at least one day's room and board by the **Hospital** each time [he or she is][**You** are] admitted.

A period of **Confinement** consists of consecutive days of **Confinement** following the date [the **Covered Person** is ][**You** are] admitted to the **Hospital** as an inpatient.

**Hospital** means an institution which:

1. operates pursuant to law;
2. primarily and continuously provides medical care and treatment of sick and injured persons on an inpatient basis;
3. operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified **Physicians**; and
4. provides twenty-four (24) hour a day nursing service by or under the supervision of registered graduate nurses (R.N.).

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

1. a nursing home, convalescent home, or skilled nursing facility;
2. a place for drug addicts or alcoholics; or
3. a place for rest, custodial care, or for the aged.]

[Lodging Benefit: This benefit is available after **Your** coverage has been in force under the **Policy** for [1-12] consecutive months.

If [a **Covered Person** is][ **You** are] **Diagnosed** with a **Critical Illness** or has a **Procedure** relating to a **Critical Illness** recommended and requires an **Outpatient Treatment Session** for the **Critical Illness**, **We** will pay the benefit shown in the Schedule of Benefits. Benefits are payable for each day **Lodging** is required while [the **Covered Person** is][**You** are] receiving the treatment during an **Outpatient Treatment Session**. This benefit is subject to the following:

1. the treatment facility must be at least [100-1,000] miles from the [**Covered Person's**][ **Your**] primary residence;
2. benefits will only be provided for twenty-four (24) hours prior to the [**Covered Person's**][ **Your**] receipt of treatment, during an **Outpatient Treatment Session**, and for twenty-four (24) hours following receipt of treatment;
3. **You** must provide written proof that the treatment was received; and
4. **You** must provide written proof that **Lodging** was required and an expense was incurred for such **Lodging**.

This benefit is payable in addition to any other benefit payable under the **Policy**. The **[Covered Person's][ Your]** insurance must be in effect on the date **Lodging** is required for benefits to be payable under the **Policy**.]

For purposes of this benefit only, the following additional definitions apply:

**Lodging** means an establishment licensed under the laws where it is located, such as a motel, hotel, inn, or other facility that provides sleeping accommodations to the general public in exchange for a fee.]

**Outpatient Treatment Session** means a stated session where services and supplies are provided by a **Physician** to **[a Covered Person][You]** for treatment of a covered **Critical Illness** at an appropriately licensed outpatient treatment facility.]

**[Lymphedema Testing:** If a **Physician** recommends that **[a Covered Person][You]** who, during the course of treatment for a **Critical Illness** where such treatment might cause the onset of **Lymphedema**, **[receive][receives]** a **Lymphedema** test, **We** will pay the benefit shown in the Schedule of Benefits.]

**[NCI Cancer Center Benefit:** [This benefit is available after **Your** coverage has been in force under the **Policy** for [1-12] consecutive months.]

If **[a Covered Person is][ You are]** **Diagnosed** with a **[Type 1 Cancer][Type 2 Cancer][Skin Cancer]** and receives an evaluation at an **NCI Cancer Center** while insured under the **Policy**, **We** will pay the benefit shown in the Schedule of Benefits. The benefit is subject to the following:

1. the benefit is limited to one payment for each Benefit Amount paid for the **First Occurrence** and received by **[a Covered Person] You** for **[Type 1 Cancer][Type 2 Cancer][Skin Cancer]** and only if an **NCI Cancer Center** evaluation is received by **[a Covered Person][ You ]**;
2. **We** will only pay this benefit if **We** have already paid a Benefit Amount for the **First Occurrence** of **[Type1 Cancer][Type 2 Cancer][Skin Cancer]**; and
3. **You** submit proof that the evaluation was received.

This benefit is payable in addition to any other benefit payable under the **Policy** [with the exception of the Evaluation Benefit]. If **[a Covered Person is][You are]** covered for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid.] [The **Covered Person's**] **[Your]** insurance must be in effect on the date of the evaluation for benefits to be payable under the **Policy**.]

For purposes of this benefit only, the following additional definitions apply:

**NCI Cancer Center** means any facility designated by the National Cancer Institute as an "NCI Designated Cancer Center".]

**[Stem Cell Indemnity Benefit:** If a **Procedure** or **Diagnosis** of a covered **Critical Illness** for which a Benefit Amount is paid under the **Policy** requires **Stem Cell Therapy**, **We** will pay an additional lump sum benefit. The benefit is shown in the Schedule of Benefits as a percentage of the Benefit Amount paid for the **Critical Illness**.]

**[Supplemental Benefit for High Deductible Health Plan:** If **[a Covered Person is][ You are]** covered under a **High Deductible Health Plan** and **[receives][receive]** medical treatment for a **Critical Illness** for which benefits are otherwise payable under the **Policy**, **We** will pay the benefit shown in the Schedule of Benefits. This benefit is payable in addition to any other benefits payable under the **Policy**.

For purposes of this benefit only, **High Deductible Health Plan** means a health plan that satisfies the requirements of Section 223 of the Internal Revenue Code with regard to minimum deductibles and out-of-pocket costs and issued in conjunction with a Health Savings Account.]

**[Transportation Benefit:** This benefit is available after **Your** coverage has been in force under the **Policy** for [1-12] consecutive months. If **[a Covered Person is][ You are]** **Diagnosed** with a **Critical Illness** or **[has][have]** a **Procedure** for a **Critical Illness** recommended and requires treatment for the **Critical Illness** at an appropriately licensed treatment facility, **We** will pay the benefit shown in the Schedule of Benefits. This benefit is subject to the following:

1. the treatment facility must be at least [100-1,000] miles from **[the Covered Person's][Your]** primary residence. Mileage is measured from **[the Covered Person's][Your]** primary residence to the appropriately licensed treatment facility;
2. **You** must provide written proof that the treatment was received; and
3. **You** must provide written proof that he or she drove to the treatment facility in a personal or borrowed vehicle.

This benefit is payable in addition to any other benefit payable under the **Policy**. **[The Covered Person's][Your]** insurance must be in effect on the date transportation is provided for benefits to be payable under the **Policy**.]

[Waiver of Premium for **Total Disability**:

Subject to all of the terms and conditions of the **Policy**, if:

1. You become **Totally Disabled** while **You** are insured under the **Policy** prior to [**Your** [50<sup>th</sup>-99<sup>th</sup> birthday][reaching **Your** Social Security Normal Retirement Age (SSNRA)]; and
2. **Total Disability** continues for [3,6,9,12] continuous months while **You** are covered under the **Policy**,

**We** will waive the premium requirements and no premium payment will be due for **Your** insurance to continue if **You** satisfy both of these requirements.

[The Benefit Amount will be the Benefit Amount in effect as of the date **You** became **Totally Disabled**, subject to any age reductions listed Schedule of Benefits.]

Premiums for **Dependents'** insurance coverage will not be waived. Once **You** are no longer considered **Totally Disabled**, **You** must pay the premium when due.

Premium for **You** will be waived until the first to occur of:

1. the date **You** are no longer **Totally Disabled**; or
2. when premiums have been waived for [1 - 5] consecutive years; or
3. the date **You** attain age 65.

Once **Your** Waiver of Premium period has expired, premium for **You** is due if the **You** are an **Eligible Person** and the **Policy** is in effect. If coverage would otherwise terminate for **You** under Section VI.B. Termination of Covered Person's Insurance, if **You** are on Waiver of Premium, such provision will not act to terminate **Your** insurance except as described above.

For purposes of this benefit only, the following additional definitions apply:

**Injury** means bodily injury directly caused by **Accidental** means which is independent of all other causes, results from an **Accident**, occurs while **You** are insured under the **Policy**, and results in **Total Disability**.

**Material and Substantial Duties** means job duties that:

1. are normally required for the performance of **Your** own or any occupation; and
2. cannot be reasonably omitted or modified.

**Regular Care** means that **You** are:

1. under the continuing care of and personally visits a **Physician** as frequently as is medically required according to standard medical practice, to effectively diagnose, manage and treat the **Disability**; and
2. receiving appropriate treatment and care for the disabling condition(s) which conforms with standard medical practice by a **Physician** whose specialty and clinical experience is appropriate for the disabling condition(s) according to standard medical practice.

**Sickness** means sickness or disease:

1. diagnosed or treated while the **Plan** is in force;
2. resulting in **Total Disability** commencing while the **Policy** is in force; and
3. not a **Pre-existing Condition**.

**Totally Disabled and Total Disability** means **You**, during a [3, 6, 9, 12] month period and thereafter because of a **Sickness** or **Injury**:

1. are unable to perform the **Material and Substantial Duties** of any occupation for which he or she is or may become reasonably qualified by education, training, or experience; and
2. are receiving **Regular Care** from a **Physician** for that **Sickness** or **Injury**.

The loss of a professional license, occupational license or certification does not in itself mean **You** are **Totally Disabled**. Loss of **Your** occupation due to economic factors such as, but not limited to, recession, job elimination, pay cuts and job-sharing will not be considered a **Total Disability**.]

[Wellness Benefit

**We** will pay this benefit if **You** [or **Your [Spouse]/Domestic Partner** has] have one or more of the following screening tests performed [after the **Benefit Waiting Period** and] while coverage under the Policy is in force. [**We** will pay the amount shown in the Schedule of Benefits [for each of the following screening tests] [once in a **Plan** year].] Payment of this benefit will not reduce the Benefit Amount payable for a **Critical Illness**. This benefit is subject to the benefit maximum shown in the Schedule of Benefits for all covered tests for **You** [or **Your [Spouse]/Domestic Partner**] in a **Plan** year.

Screening tests include:

- [Preventative services [as defined by the Patient Protection Affordable Care Act as amended]]
- Biopsies for cancer
- Blood test to determine total cholesterol
- Blood test for triglycerides
- Bone marrow testing
- Breast MRI
- Breast ultrasound
- Breast sonogram
- CA 15-3 (cancer antigen 15-3 - blood test for breast cancer)
- CA125 (cancer antigen 125 - blood test for ovarian cancer)
- CEA (carcinoembryonic antigen - blood test for colon cancer)
- Carotid doppler
- Chest X-ray
- Clinical testicular exam
- Colonoscopy
- Digital rectal exam
- Doppler screening for cancer
- Doppler screening for peripheral vascular disease
- Echocardiogram
- Electrocardiogram (EKG)
- Endoscopy
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Hemoglobin A1C
- Human papillomavirus vaccination (HPV)
- Lipid panel
- Mammography
- Oral cancer screenings
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum Protein Electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Skin cancer screening
- Skin exam
- Successful completion of smoking cessation program as confirmed by a **Physician**
- Stress test on a bicycle or treadmill
- Test for sexually transmitted infections (STI's)
- Thermography
- ThinPrep Pap Test
- Two hour post-load plasma glucose test
- Ultrasound for cancer detection
- Unltraound screening of the abdominal aorta for abdominal aortic aneurysms; or
- Virtual Colonoscopy]

## [SECTION XI – PORTABILITY PRIVILEGE

### PORTABILITY

If **You** coverage under the **Policy** terminates for any of the reasons described below, **You** may continue (hereinafter "port") the insurance provided under the **Policy**. **You** must have been insured under the **Policy** [or the one it replaces] for group **Critical Illness** insurance coverage for at least [[3-12] consecutive months] prior to the date **You** coverage under the **Policy** ends.

[The amount of insurance **You** can port is [subject to any Benefit Amount reductions based on **You** age; and] reduced by the amount of any Benefit Amount paid by the **Policy**.]

[The amount of insurance **You** can port for each **Covered Dependent** is [subject to any Benefit Amount reductions based on his or her age; and] reduced by the amount of any Benefit Amount paid by the **Policy** on behalf of each such **Dependent**.]

**You** may port **Your** group **Critical Illness** insurance coverage [and **Dependent** group **Critical Illness** insurance coverage,] if coverage under the **Policy** ends because **You** are no longer in an **Eligible Class**.

**You** may port:

1. **You** coverage only;
2. [**You** coverage and coverage of **Your Spouse** [/**Domestic Partner**];]
3. **Your** coverage and coverage of all of **Your Covered Dependents**; or
4. if **You** are a single parent, **Your** coverage and coverage for all of **Your Covered Dependent Child(ren)**.

**You** may not port **Your** coverage [or coverage for any of **Your Covered Dependents**] if:

1. coverage ends due to failure to pay any required premiums; or
2. **You** have reached age [65-99] on or before the date **Your** coverage under the **Policy** ends;
3. if **You** reached the Per Person Lifetime Benefit Maximum Payout under the Group Critical Illness Policy; or
4. the **Policy** ends.

[**You** may not port coverage for any of **Your Covered Dependents** who received a benefit under the Group Critical Illness Policy.]

No other combinations will be allowed. To be eligible to port, a **Dependent** must be covered under the **Policy** on the day **Your** coverage under the **Policy** ends.

**You** must notify **Us** in writing of **Your** request to continue coverage within [30-90] days of the date insurance would otherwise terminate and provide **Us** with a billing address. **We** will verify **Your** eligibility for ported coverage based on the reason for the termination with the **Policyholder**. After confirming **Your** eligibility to continue coverage, **We** will direct bill **You** for the premium due on a [monthly, quarterly, semiannually, annually] basis.

The premium will be based on: (a) **Your** [and/or **Dependent's**] rate class under this portability provision and (b) **Your** [or **Your surviving Spouse's** [or **Domestic Partner's**]] age bracket. The premium due will be shown in the Group Critical Illness Portability Coverage Premium Notice.

### Termination of Portability Coverage

Insurance terminates for all **Covered Persons** at the end of the month on the last to occur of:

1. [the **Policy** is terminated;]
2. the date that **Your** coverage has been in effect for [3, 6, 9, 12, 18, 24, 36, 60, 120] consecutive months;
3. **You** fail to pay the required premium due, subject to the Grace Period;
4. **Your** reach age [65-99]; or
5. the Per Person Lifetime Benefit Maximum Payout is paid to **You**.

In addition, for a **Covered Person** other than **You**, his or her insurance terminates on the earliest of:

1. the date Per Person Lifetime Benefit Maximum Payout is paid to the **Covered Person**; or

2. the first premium due date after the person no longer qualifies as a **Covered Person**[: or][.]
3. [for the covered **Spouse** [/Domestic Partner], the date the covered **Spouse** [/Domestic Partner] reaches age [65-99].]



ZURICH®

# Enrollment Form

Group Critical Illness Insurance

Zurich American Insurance Company  
1400 American Lane  
Schaumburg, Illinois 60196

POLICYHOLDER INFORMATION	
Name of <b>Policyholder</b> :	[Master Policy Number:]

ELIGIBLE PERSON INFORMATION – If you are not actively employed [full-time ] at least [20] hours per week, do not complete this form, you are an ineligible person.			
Full Legal Name (First, Middle Initial and Last):		Last 4 Digits of SSN: XXX-XX-	
Street Address:	City:	State:	Zip Code:
Mailing Address (if different from above):	City:	State:	Zip Code:
Date of Birth (MM/DD/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married [ <input type="checkbox"/> Domestic Partnership]	
Email Address:	Home Phone: - -	Work Phone: - -	Cell Phone: - -

SPOUSE [/DOMESTIC PARTNER] INFORMATION (If enrollee is applying for <b>Dependent</b> coverage.)			
Full Legal Name (First, Middle Initial and Last):		Last 4 Digits of SSN: XXX-XX-	
Street Address (if different than Employee's):	City:	State:	Zip Code:
Date of Birth (MM/DD/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

DEPENDENT CHILD(REN) INFORMATION (If enrollee is applying for <b>Dependent</b> coverage)		
Full Legal Name (First, Middle Initial and Last):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):
Full Legal Name (First, Middle Initial and Last):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):
Full Legal Name (First, Middle Initial and Last):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):

CRITICAL ILLNESS INSURANCE REQUESTED	
<b>Plan Selected</b> (please check each box that applies):	<b>Benefit Amount Selected</b>
<input type="checkbox"/> <b>Eligible Person</b>	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> *\$30,000 <input type="checkbox"/> *\$40,000 <input type="checkbox"/> *\$50,000
<input type="checkbox"/> <b>Spouse [/Domestic Partner Only]</b>	<input type="checkbox"/> *\$10,000 <input type="checkbox"/> *\$20,000 <input type="checkbox"/> *\$30,000 <input type="checkbox"/> *\$40,000 <input type="checkbox"/> *\$50,000
<input type="checkbox"/> <b>Dependent Child(ren) Only]</b>	<input type="checkbox"/> *\$10,000 <input type="checkbox"/> *\$20,000 <input type="checkbox"/> *\$30,000 <input type="checkbox"/> *\$40,000 <input type="checkbox"/> *\$50,000
<input type="checkbox"/> <b>Spouse [/Domestic Partner] and Dependent Child(ren)]</b>	<input type="checkbox"/> *\$10,000 <input type="checkbox"/> *\$20,000 <input type="checkbox"/> *\$30,000 <input type="checkbox"/> *\$40,000 <input type="checkbox"/> *\$50,000
*Amounts above the Guarantee Issue are subject to Evidence of Insurability.	

<b>BENEFICIARY DESIGNATION</b>		
<b>Primary Beneficiary:</b>		
Full Legal Name (First, Middle Initial and Last):	Relationship:	% Share:
Full Legal Name (First, Middle Initial and Last):	Relationship:	% Share:
<b>Contingent Beneficiary:</b>		
Full Legal Name (First, Middle Initial and Last):	Relationship:	% Share:

<b>PREMIUM INFORMATION:</b>	
Premium: \$	Frequency of Payment: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
Method of Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Bank Draft <input type="checkbox"/> Direct Bill <input type="checkbox"/> Agency Bill The Enrollee, or if the Enrollee is a minor, the Enrollee's Parent or Legal Guardian, must complete a separate authorization form for a Credit Card or Bank Draft payment.	

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

**The undersigned hereby enrolls for Group Critical Illness Insurance and declares that** all information provided in this enrollment form and any attachments hereto is true and accurate to the best of the undersigned's knowledge and belief. The undersigned understands that all information provided in this enrollment form and any attachments hereto is material to Zurich American Insurance Company's decision to provide this insurance, and that insurance will be provided, at Zurich American Insurance Company's sole discretion, in reliance upon the truth of such information. Signing of this enrollment form does not bind the undersigned or Zurich American Insurance Company. The undersigned understands that the insurance, if provided, requires contributions and authorizes payment via payroll deduction.

**It is hereby understood and agreed that:**

1. this insurance is provided by Zurich American Insurance Company in consideration of payment of the required premium; and
2. for Guaranteed Issue Benefit Amounts, this insurance is effective on the later of:
  - a. the **Policyholder's** Inception Date; or
  - b. the [first of the month following the] [date defined under the Policyholder's written procedures as on file and approved by us following the] date the **Eligible Person** meets all the eligibility and enrollment requirements; and
3. for Benefits Amounts in excess of the Guaranteed Issue Amount, the Evidence of Insurability Form U-GCI-105-A CW (05/12) must be completed. The additional coverage will be effective on the [first of the month following the] [date defined under the Policyholder's written procedures as on file and approved by Us, following the] date **We** approve the **Eligible Person's** evidence of insurability; and
4. no coverage is available for a **Pre-existing Condition** except as described in the Certificate of Insurance; and
5. [the **Eligible Person** must become an **Insured** under this **Plan** in order for insurance to be available for **Eligible Dependents**; and]
6. [the **Eligible Person** must be **Actively at Work** on the date his or her coverage becomes effective.]

Eligible Person Signature (may be electronic): \_\_\_\_\_

Date: \_\_\_\_\_

<b>[AGENT INFORMATION</b>	
Name of Agent:	Agent's State License Number:
Agent's Signature:	[Producer Number:     ]]

# Administrative Change Endorsement



Zurich American Insurance Company  
1400 American Lane  
Schaumburg, Illinois 60196

**THIS ENDORSEMENT CHANGES THE POLICY/CERTIFICATE. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the Group Critical Illness Insurance Policy/Certificate.

It is hereby understood and agreed that the following changes are made and incorporated into the **Policy/Certificate**:

[This endorsement will be used to make the following types of administrative changes to the **Policy/Certificate** at the **Policyholder's** request:

1. **Policyholder's** Name or Address;
2. Addition or deletion of subsidiaries or affiliates of the **Policyholder**;
3. Changes to the class(es) of eligible persons;
4. Addition or deletion of Coverage(s);
5. Increase or decrease in Coverage Amount(s);
6. Addition or deletion of Benefit Riders;
7. Increase or decrease in Benefit Amount(s);
8. Renewal of the Policy; or
9. Amending previously chosen variability language.]

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy/Certificate** to which it is attached.

Effective Date: \_\_\_\_\_ Attached to and forming a part of **Policy/Certificate** No. \_\_\_\_\_



ZURICH®

# Evidence of Insurability Form

Group Critical Illness Insurance Policy

Zurich American Insurance Company  
1400 American Lane  
Schaumburg, Illinois 60196

POLICYHOLDER INFORMATION	
Name of <b>Policyholder</b> :	[Master Policy Number:]

Please complete this form for each **Eligible Person** and submit it with the Enrollment Form to your employer. Answers to these questions apply to the **Eligible Person, Spouse [/Domestic Partner]** and all **Dependent Child(ren)** for whom coverage may apply.

SECTION A: ELIGIBLE PERSON INFORMATION	
Name of <b>Eligible Person</b> :	
Name of <b>Spouse[/Domestic Partner]</b> , if applicable:	
Name(s) of <b>Dependent Child(ren)</b> , if applicable:	

**[Tier 1] SECTION B:** Complete questions 1 – [5] if applying for a benefit amount greater than the Guarantee Issue amount. These questions apply to the **Eligible Person, Spouse [/Domestic Partner]** and **Dependent Child(ren)** for whom coverage is being requested.

1. **[All]** Please confirm that you, or any **Eligible Person**, are performing all of the normal duties of your regular occupation or performing the normal activities of a person of like age and gender for the past 3 months; minor illnesses or injury for up to seven (7) days or routine pregnancy with no significant adverse test results for mother or child are considered normal.

Employee:  Yes  No      **Spouse[/Domestic Partner]:**  Yes  No      **Child(ren):**  Yes  No

2. **[Category 1 & 3]** Have you or any **Eligible Person**:

- a) now have, been treated for, been diagnosed as having or had any indication, sign, or symptom of having any Heart (including Heart Attack), Lung, Brain, Circulatory, Respiratory, Blood, Vascular (including Stroke or Transient Ischemic Attack (TIA), Neurological, Kidney, Liver, Pancreas (including Diabetes), Hepatitis (B or C) disorder; or
- b) now have High Blood Pressure and changed medications in the past 6 months; or
- c) had any medical or surgical procedures recommended or advised by a physician but not done at this time, including any transplant of the Heart, Liver, Lung, Small Intestine, Kidney or Pancreas?

Employee:  Yes  No      **Spouse [/Domestic Partner]:**  Yes  No      **Child(ren):**  Yes  No

3. **[Category 2]** In the past two (10) years, have you or any **Eligible Person** been:

- a) recommended by a member of the medical profession to have diagnostic tests related to cancer which have not yet been performed or for which results have not yet been received, other than a regular Pap Smear, Mammogram, Colonoscopy, or PSA test; or
- b) diagnosed as having or treated for: Cancer, including Skin Cancer past two (2) years only (excluding Basal Cell Carcinoma); Leukemia, Hodgkin's Disease, Carcinoma, Sarcoma, Lymphoma, or Multiple Myeloma; or Brain Tumor or Growth?

Employee:  Yes  No      **Spouse[/Domestic Partner]:**  Yes  No      **Child(ren):**  Yes  No

4. **[If Category 4 Included]** Have you or any **Eligible Person** been treated for, or been told by a member of the medical profession that he or she has: Diabetes; Glaucoma; Retinitis Pigmentosa; Macular Degenerations; Optic Neuritis, or intermittent or persistent Paralysis?

Employee:  Yes  No    **Spouse[/Domestic Partner]:**  Yes  No    **Child(ren):**  Yes  No

5. **[If Category 5 Included]** Have you or any **Eligible Person** been treated for, or been told by a member of the medical profession that he or she has: **Addison's Disease, Huntington's Chorea, Muscular Dystrophy, Myasthenia Gravis, Lupus, Scleroderma, Sickle Cell Anemia**; any neurological disease or disorder, including but not limited to **Parkinson's Disease, Multiple Sclerosis, Amyotrophic Lateral Sclerosis (ALS); Alzheimer's, Senility, Dementia or Organic Brain Disease?**

Employee:  Yes  No    **Spouse[/Domestic Partner]:**  Yes  No    **Child(ren):**  Yes  No

**[Tier 2] SECTION C:** Complete questions [6 – 10] if you are applying for a benefits amount greater than [\$50,000]. These questions apply to the **Eligible Person, Spouse[/Domestic Partner]** and **Dependent Child(ren)** for whom coverage is being requested.

6. Have you our any **Eligible Person** tested positive for HIV infection or been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex caused by the HIV infection?

Employee:  Yes  No    **Spouse[/Domestic Partner]:**  Yes  No    **Child(ren):**  Yes  No

7. Are you or any **Eligible Person** now disabled, been seen by a physician or treated in a medical facility, including a doctor's office, in the past 6 months for illness or disease, other than flu, colds or normal pregnancy?

Employee:  Yes  No    **Spouse[/Domestic Partner]:**  Yes  No    **Child(ren):**  Yes  No

8. Have you or any **Eligible Person** ever had or received treatment, counseling or rehabilitation for any alcohol or substance abuse, dependence, intoxication, withdrawal or disorder?

Employee:  Yes  No    **Spouse[/Domestic Partner]:**  Yes  No    **Child(ren):**  Yes  No

9. Have two or more members of your or any **Eligible Person's** immediate family (natural parents, brothers or sisters, living or deceased) experienced the same condition: cancer (excluding skin cancer) diabetes, heart disease, stroke or **[If Category 5 Included] [Alzheimer's, Senility, Dementia or Organic Brain Disease]** prior to the age of sixty (60)?

Employee:  Yes  No    **Spouse[/Domestic Partner]:**  Yes  No    **Child(ren):**  Yes  No

**[Tier 3] SECTION D:** Complete this section if you answered "yes" to questions 6 – 9.

10. Have you or any **Eligible Person** been diagnosed with Diabetes that is not gestational or diet controlled?

Employee:  Yes  No    **Spouse[/Domestic Partner]:**  Yes  No    **Child(ren):**  Yes  No

11. Have you or any **Eligible Person** been diagnosed with Hypertension or High Blood Pressure that is controlled by more than two medications?

12. Employee:  Yes  No    **Spouse[/Domestic Partner]:**  Yes  No    **Child(ren):**  Yes  No

13. Please provide the height and weight information for each **Eligible Person** below:

Name	Height	Weight	Name	Height	Weight

14. If you or any **Eligible Person** uses or used tobacco products, please explain fully in the chart below.

Name	List All Tobacco Products Used (Cigarettes, Cigar, Pipe, Chew)	Year Started

15. For questions 1 - 11 above, please explain fully any “yes” responses in the chart below and describe any prescribed medication. Should you require additional space, please use a separate sheet of paper and attach it to this form.

Name	Question #	Condition/Prognosis	Date Occurred	Duration	Names, Addresses And Phone Numbers of Hospitals, Physicians or Clinics Consulted

**AGREEMENT AND AUTHORIZATION**

I hereby declare that all the statements made in this Evidence of Insurability Form are, to the best of my knowledge and belief, true and complete, and that they are the basis on which insurance requested by me may be issued. I understand that coverage will not become effective until Zurich American Insurance Company grants its underwriting approval if required. I understand that no coverage is available for a Pre-existing Condition except as described in the Certificate of Insurance.

I hereby authorize any licensed physician, psychologist, medical practitioner, hospital, clinic, or other medically related facility, insurance company or its reinsurer, MIB, Inc. (MIB), or other organization, institution, or person that has any records or knowledge of me or my physical or mental health, drug or alcohol use history, other insurance coverage or employment status, [or that of any member of my family whose name appears in the enrollment form to which this is attached,] to give Zurich American Insurance Company and its affiliates or authorized representative any such information. I authorize Zurich American Insurance Company and its affiliates or authorized representative, to make a brief report of my protected health information to MIB. This information will be used to determine eligibility for insurance. I understand that I may revoke this authorization at any time by sending a written revocation to Zurich American Insurance Company at the address below. Such revocation will not affect any action taken or information released prior to the revocation, and will not affect any legal right Zurich American Insurance Company has to contest an insurance policy / certificate, or to contest a claim under an insurance policy / certificate. I understand that if I revoke this authorization, Zurich American Insurance Company may not be able to process my application, and may not be able to make any benefit payments due under any existing policy, certificate, or other binding agreement. I understand that once this information is received by the authorized person/organization, then this information may be subject to redisclosure, and may no longer be protected by federal privacy laws. I agree that a photocopy of this form shall be as valid as the original, and that it shall be valid for twenty-four (24) months from the date signed. I also understand that I or a person authorized to act on my behalf is entitled to receive a copy of this authorization form and that I may cancel this Authorization at any time by notifying the company in writing, subject to the rights of any individual who acted in reliance on this Authorization prior to my notice of revocation. I also certify that the producer and I, if applicable, also certify that I have read, or have had read to me, this completed application and that I realize any false statements or misrepresentation in it may result in loss of coverage under the policy. I certify that I have received the Information Practices Notice.

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

Employee's Signature (may be electronic): \_\_\_\_\_ Date Signed: \_\_\_\_\_

Spouse's [/Domestic Partner] Signature\* (may be electronic): \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Spouse's [/Domestic Partner] signature only required if Critical Illness coverage is elected

[AGENT INFORMATION	
Name of Agent:	Agent's State License Number:
Agent's Signature:	[Producer Number:     ]]

SERFF Tracking Number: ZURC-128492539 State: Arkansas  
 Filing Company: Zurich American Insurance Company State Tracking Number:  
 Company Tracking Number: CW AH 34661  
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness  
 Limited Benefit  
 Product Name: Group Critical Illness Policy  
 Project Name/Number: CW AH 34661 Group Critical Illness Policy /CW AH 34661

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> U-GCI-100 Certificate of Readability-AR.pdf	Approved-Closed	07/12/2012

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application <b>Comments:</b> Application U-GCI-102-A AR is attached to the FormsSchedule	Approved-Closed	07/12/2012

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variables <b>Comments:</b> <b>Attachment:</b> U-GCI-1000-A AR (05-12) Statement of Variables (0512)-CLN 07052012.pdf	Approved-Closed	07/12/2012

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Certification <b>Comments:</b> <b>Attachment:</b> AR Rule Reg 19 49 Certification.pdf	Approved-Closed	07/12/2012

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> 7-8-12 response - Redlined <b>Comments:</b>	Approved-Closed	07/12/2012

*SERFF Tracking Number:* ZURC-128492539 *State:* Arkansas  
*Filing Company:* Zurich American Insurance Company *State Tracking Number:*  
*Company Tracking Number:* CW AH 34661  
*TOI:* H07G Group Health - Specified Disease - *Sub-TOI:* H07G.001 Critical Illness  
Limited Benefit  
*Product Name:* Group Critical Illness Policy  
*Project Name/Number:* CW AH 34661 Group Critical Illness Policy /CW AH 34661

**Attachments:**

U-GCI-103-A AR Enrollment Form-(0512)-RED 07052012.pdf  
U-GCI-1000-A AR (05-12) Statement of Variables (0512)-RED 07052012.pdf

# Certificate of Readability for Arkansas



Zurich American Insurance Company

I have reviewed or supervised the preparation of the attached policy forms. I hereby certify that to the best of my knowledge, information, and belief, these policy forms comply with the minimum readability standards required by your State Insurance Code.

The policy forms listed below have achieved the following Flesch Scores using the Flesch Reading Ease software published by Micro Power & Light Co.:

Form Number	Title	Flesch Score
U-GCI-100-A AR (05/12)	Group Critical Illness Insurance Policy	50.9
U-GCI-101-A AR (05/12)	Application	35.2
U-GCI-102-A AR (05/12)	Group Critical Illness Insurance Certificate	52.0
U-GCI-103-A CW (05/12)	Enrollment Form	43.0
U-GCI-104-A CW (05/12)	Administrative Change Endorsement	52.8
U-GCI-105-A CW (05/12)	Evidence of Insurability Form	45.5

Although some of the forms listed above may not have achieved the minimum readability standards required by your State Insurance Code, we respectfully request approval based on our belief that:

1. the lower score provides a more accurate reflection of the readability of the form(s); and
2. the lower score is warranted by the nature of the particular form(s) or type or class of form(s).

Signature:

Peter J. Eckardt

Officer:

Peter J. Eckardt

Title:

Vice President

Date:

May 29, 2012



ZURICH®

# Statement of Variables for Arkansas

Zurich American Insurance Company  
1400 American Lane  
Schaumburg, Illinois

## GROUP CRITICAL ILLNESS POLICY U-GCI-100-A AR et al.

NOTE: [Domestic Partner] Will always be in or out. Where an **Insured** only is covered, reference will be to [Insured] where **Insured** plus **Dependents** are covered, reference will be [Covered Person] for benefits and **Insured** for any incidents of ownership which would not apply to a **Covered Dependent**. If **Dependents** are eligible and covered, references to **Dependents** are included. If **Dependents** are not an Eligible Class, they are deleted from issued **Policy** form.

### GROUP CRITICAL ILLNESS POLICY – U-GCI-100-A AR (05/12)

#### Face Page

<p>[BENEFITS ARE REDUCED UPON ATTAINMENT OF SPECIFIED AGES.]</p> <p>[CONTRIBUTORY][NON-CONTRIBUTORY]</p>	<p>Included if there is a reduction schedule</p> <p>Either contributory if insured contributes any portion of premium or non-contributory if policyholder pays all premium</p>
<p style="text-align: center;"><b>IMPORTANT NOTICE</b></p> <p>The [Insured] [Covered Person] may call [XXX-XXX-XXXX] to present inquiries or to obtain information about coverage or if they need assistance in resolving any complaints. Or, the [Insured] [Covered Person] can write to Zurich American Insurance Company at their administrative offices at [XXXXXX].</p> <p>Should the [Insured] [Covered Person] wish to contact the Arkansas Insurance Department for assistance, they may do so by calling [1-800-852-5494]. Or, the [Insured] [Covered Person] may send written correspondence to the Arkansas Insurance Department at [1200 West Third Street, Little Rock, AR 72201-1904].</p>	<p>Company and State contact information may change. Therefore, current contact information will be inserted as necessary.</p>
<p><b>TABLE OF CONTENTS</b> [Section XI PORTABILITY PRIVILEGE]</p>	<p>Included if portability feature is offered.</p>

### SECTION I – SCHEDULE

<p><b>I. POLICYHOLDER:</b> [John Doe Corporation] [123 Main Street] [Anywhere, XX 10011]</p> <p>[COVERED SUBSIDIARIES OR AFFILIATED COMPANIES:]</p> <p><b>II. POLICY NUMBER:</b> [ABC-1234567]</p> <p><b>III. POLICY INCEPTION DATE:</b> [January 1, 2012]</p> <p><b>IV. POLICY PERIOD:</b> [Effective Date] to [Expiration Date]</p>	<p>Name of <b>Policyholder</b> will be inserted. Address of <b>Policyholder</b> will be inserted. City and State of <b>Policyholder</b> will be inserted.</p> <p>This will be either in or out.</p> <p><b>Policy</b> number of <b>Policy</b> will be inserted.</p> <p>Policy Inception Date will be inserted.</p> <p>Effective Date will be inserted. Expiration Date will be in-or-out. If in, the</p>
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<p style="text-align: center;">[Continuous]</p> <p><b>V. CONTRACT SITUS:</b> [ ]</p>	<p>Expiration Date will be inserted. Continuous will be in-or-out.</p> <p>State <b>Policy</b> is issued.</p>
<p><b>VI. ELIGIBILITY AND CLASSIFICATION OF INSURED:</b> [completion of the <b>[Service][Eligibility] Waiting Period</b> as indicated below, and]</p>	<p>This will be either in or out. <b>Service Waiting Period</b> included for classes where <b>Eligible Persons</b> are in <b>Active</b> work. <b>Eligibility Waiting Period</b> for Eligible Classes where persons are not in <b>Active</b> work with the <b>Policyholder</b>. If in, either <b>Eligibility</b> or <b>Service Waiting Period</b> will be decided by the <b>Policyholder</b>.</p>
<p>Class I: <b>[Active]</b> employees working a minimum of [15-40 hours] per week and includes [salaried employees of the <b>Policyholder</b>][hourly employees of the <b>Policyholder</b>].</p> <p>[Class [ II ]: [Members of the <b>Policyholder's</b> Board of Directors]</p> <p>[Class [ III ]: <b>[Active]</b> members of a labor union employed by the <b>Policyholder</b>]</p> <p>[Class [IV]: <b>[Spouse /Domestic Partner]</b> of Class 1 [and] [,] [Class III] [and Class VI] <b>Eligible Persons</b> when such <b>Spouse[/Domestic Partner]</b> is under age [65-99]]</p> <p>[Class [ V ]: <b>[Retirees of the Policyholder]</b></p> <p>[Class [VI]: [As defined by the <b>Policyholder</b>]</p>	<p>This will be a variable of active full-time and/or active part-time; variable of salaried and/or hourly employees. Included if Board of Directors are Eligible Class per the <b>Policyholder</b>.</p> <p>Included if members of labor union are Eligible Class per the <b>Policyholder</b></p> <p>Included if spouses are Eligible Class per the <b>Policyholder</b> on stand alone basis. Classes will be reflective of other Eligible Classes selected by the <b>Policyholder</b></p> <p>Included if <b>Retirees</b> are Eligible Class per the <b>Policyholder</b>.</p> <p>As defined by <b>Policyholder</b> if no other defined class appropriate</p> <p>Numbers will be sequential for Classes I – VI based on classes selected by policyholder</p>
<p><b>[Eligible Dependent</b> means:</p> <p><b>[Dependent Child(ren)</b> of a Class I, [and Class III][,][and][Class IV] [and Class VI] <b>Eligible Persons</b> are eligible to become <b>Covered Persons</b> if a parent becomes an <b>Insured</b>.]</p> <p><b>[Spouse /Domestic Partner]</b> of Class I [and Class III and Class VI] <b>Eligible Persons</b> are eligible to become <b>Covered Persons</b> if the <b>Eligible Person</b> becomes an <b>Insured</b>. Such <b>Spouse[/Domestic Partner]</b> must be under age [65-99].]</p>	<p>Included if <b>Dependents</b> are eligible</p> <p>Included if <b>Dependent Children</b> are eligible; references to classes [III][IV] and [VI] included if in Eligible Class.</p> <p>Included if <b>Spouse</b> and/or <b>Domestic Partner</b> eligible person; references to Classes [III] and [VI]</p>
<p><b>[SERVICE WAITING PERIOD FOR CLASS [[I, III, VI]:</b></p> <p>[1-365] days of <b>[Active][continuous]</b> service.]</p>	<p><b>Service Waiting Period</b> included if a <b>Service Waiting Period</b> is imposed on eligible person prior to enrollment. Will reflect covered classes.</p> <p>Range as shown; either <b>Active</b> service; continuous service, or <b>Active</b> continuous service</p>
<p><b>[ELIGIBILITY WAITING PERIOD FOR CLASS [[II, IV, V, VI]</b></p> <p>[1-365 days as an <b>Eligible Person</b>.]</p>	<p>For classes with employment status or service requirement, will impose <b>Eligibility Waiting Period</b> for those classes</p> <p>Range as shown.</p>
<p><b>REPORTING AND NOTICE ADDRESSES:</b></p> <p>Claim Reporting: [Claims Department Zurich American Insurance Company, [P.O. Box 968041, Schaumburg, IL. 60196]]</p>	<p>This is variable in the event there is a change in the Company's mailing address and telephone number.</p>

[1-877-287-4805]	
<b>SCHEDULE OF BENEFITS</b>	
<p>Covered <b>Critical Illnesses</b>: [Heart Attack] [Stroke] [Coronary Artery By-Pass Graft][Non-Surgical Procedure for Coronary Artery Disease][Ruptured Aneurysm] [Type 1 Cancer] [Type 2 Cancer] [Skin Cancer] [Benign Brain Tumor] [Major Organ Transplant] [Heart Transplant][End Stage Renal Failure] [Paralysis] [Coma] [Blindness Both Eyes] [Blindness One Eye] [Loss of Speech and/or Hearing] [Severe Burns] [Loss of Hands and Feet] [Advanced Alzheimer's] [Amyotrophic Lateral Sclerosis] [Parkinson's Disease][Addison's Disease] [Cerebrospinal Meningitis] [Diphtheria] [Encephalitis][Huntington's Chorea][Legionnaire's Disease][Malaria][Muscular Dystrophy][Myasthenia Gravis][Necrotizing Fasciitis][Occupational HIV] [Occupational Hepatitis] [Osteomyelitis] [Poliomyelitis] [Rabies][Sickle Cell Anemia][Systemic Lupus Erythematosus][Scleroderma][Tetanus][Tuberculosis][Loss of Ability to Perform Normal Activities of Daily Living] [Multiple Sclerosis] [Cerebral Palsy] [Cleft Lip or Cleft Palate] [Cystic Fibrosis] [Down Syndrome] [Spina Bifida].</p>	<p>The covered <b>Critical Illnesses</b> will be included. The conditions not covered will be deleted.</p>
<p><b>Benefit Waiting Period:</b> [0-30 days]</p>	<p>Included if <b>Benefit Waiting Period</b> imposed; Ranges will be as shown</p>
<p><b>Insured</b> Benefit Amount [including Guaranteed Issue Benefit Amount]: [\$1,000 - \$5,000,000] [Guaranteed Issue Benefit Amount for <b>You</b>: \$0 - \$5,000,000]</p> <p>[Covered <b>Spouse</b> [<b>Domestic Partner</b> ] Benefit Amount [including Guaranteed Issue Benefit Amount]: [[10%-100%] of <b>Insured's</b> Benefit Amount] or [\$0-\$5,000,000] [Guaranteed Issue Benefit Amount for [<b>Spouse</b> [<b>Domestic Partner</b> ]]: \$0-\$5,000,000]</p> <p>[<b>Covered Dependent Child(ren)</b> Benefit Amount [including Guaranteed Issue Benefit Amount]: [10%-100%] of <b>Insured's</b> Benefit Amount] or [\$1,000-\$5,000,000] [Guaranteed Issue Benefit Amount for Covered <b>Dependent Child(ren)</b>: \$0-\$5,000,000]</p> <p>[Per Category Maximum Payout: For each category of <b>Critical Illnesses</b>, we will pay a maximum of [100%-400%] per category]</p> <p>Per Person Lifetime Benefit Maximum Payout: [100%-500%] of the Benefit Amount for all occurrences combined for all <b>Critical Illnesses</b>.</p>	<p>Ranges will be as shown Guaranteed Issue either in or out. Included if Guaranteed Issued available</p> <p>Will be in or out depending if per category cap is imposed.</p>
<p>Categories [1, 2, 3, 4, 5,6]</p>	<p>Each Category of <b>Critical Illnesses</b> will be in or out depending on the selection of the <b>Policyholder</b>.</p>
<p>Percent of the Benefit Amount [0%-300%]</p>	<p>Range will be as shown; range available for all <b>Critical Illnesses</b></p>
<p>Example of how maximum benefits are calculated: <b>Insured</b> covered for all Category 1 and Category 5 <b>Critical</b></p>	

<p><b>Illnesses</b> and has program with Per Category Maximum and Lifetime Maximum. All benefits payable at 300% of Benefit Amount with 400% Category maximum and 500% Lifetime maximum*:</p> <p><b>Diagnosed with Stroke</b> – receives 300% of Benefit Amount.</p> <p>Suffers <b>Heart Attack</b> 12 months later which is in same category and the time period between first <b>Critical Illness Diagnosed (Stroke)</b> and “additional benefit” is satisfied. Benefit payable is only 100% of Benefit Amount as the cap is 400% within this category.</p> <p>12 months later, <b>Diagnosed with Parkinson’s</b> which is a new category. As the overall Lifetime Maximum is 500% and 400% has been paid, <b>Insured</b> will receive 100% of Benefit Amount.</p> <p>* Assumes that the Insured Person is not in age category for a benefit reduction. If over age [65-85], Benefit Amount payable reduced by percentages shown below.</p>													
<p>[Recurrence Benefits Maximum Number Percent of Benefit [0,1, 2] Percent of Benefit [0%-300%]</p>	<p>Included if recurrence benefit provided Ranges as shown</p>												
<p>[Reduction in Coverage – Age Reductions On the Premium Due Date on or next following the date an <b>Insured</b> attains age [65-85], his or her Benefit Amount will be reduced. The <b>Covered Dependent’s</b> Benefit Amount will be reduced on a pro rata basis when an <b>Insured’s</b> benefit amount is reduced. Reductions are based on the original Benefit Amount in effect for the <b>Insured</b>. [Benefit Amount reduces at certain ages by the following percentage:</p> <table border="0" data-bbox="243 1134 730 1499"> <thead> <tr> <th style="text-align: center;">Age at Date Diagnosis Made or Procedure Recommended Percent of Benefit Amount</th> <th style="text-align: center;">Percent of Benefit Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">[[65 - 69]</td> <td style="text-align: center;">[[1-99%]</td> </tr> <tr> <td style="text-align: center;">[70 - 74]</td> <td style="text-align: center;">[1-99%]</td> </tr> <tr> <td style="text-align: center;">[75 – 79]</td> <td style="text-align: center;">[1-99%]</td> </tr> <tr> <td style="text-align: center;">[80 – 84]</td> <td style="text-align: center;">[1-99%]</td> </tr> <tr> <td style="text-align: center;">[85 over]]</td> <td style="text-align: center;">[1-99%]]</td> </tr> </tbody> </table>	Age at Date Diagnosis Made or Procedure Recommended Percent of Benefit Amount	Percent of Benefit Amount	[[65 - 69]	[[1-99%]	[70 - 74]	[1-99%]	[75 – 79]	[1-99%]	[80 – 84]	[1-99%]	[85 over]]	[1-99%]]	<p>Reduction schedule included if there is reduction schedule. Deleted if not. Ranges as shown.</p>
Age at Date Diagnosis Made or Procedure Recommended Percent of Benefit Amount	Percent of Benefit Amount												
[[65 - 69]	[[1-99%]												
[70 - 74]	[1-99%]												
[75 – 79]	[1-99%]												
[80 – 84]	[1-99%]												
[85 over]]	[1-99%]]												
<p>Optional Benefits</p>	<p>Included if selected by the <b>Policyholder</b></p>												
<p>[<b>Bone Marrow Transplant</b> Benefit: [0-300%] of Benefit Amount paid for the <b>Critical Illness</b>.]</p>	<p>Ranges as shown.</p>												
<p>[*Evaluation Benefit: For one evaluation or consultation: [\$500-\$1,000] Additional Benefit if <b>Evaluation Center</b> more than 100 miles from the <b>Covered Person’s</b> [<b>Insured’s</b>] primary residence [\$100-\$500]]</p>	<p>Ranges as shown.</p>												
<p>[<b>Hospital</b> Cash Benefit: Daily <b>Hospital Confinement</b> Benefit: [\$30-\$5000] Maximum Benefit Period: [30-365] days]]</p>	<p>Ranges as shown.</p>												
<p><b>Lymphedema</b> Testing Benefit: [\$50-\$5000] per test with an overall benefit maximum of [\$50-\$5000] per [<b>Insured</b>][<b>Covered</b></p>	<p>Ranges as shown.</p>												

<b>Person] per Critical Illness]</b>	
<b>[Lodging Benefit:</b> Daily Lodging Benefit: [\$60-\$2500] Maximum Benefit Period: [1-180] consecutive days per <b>Outpatient Treatment Session]</b>	Ranges as shown.
<b>[*NCI Cancer Center Benefit:</b> Consultation Benefit [\$500-\$5,000] Additional Benefit if Evaluation Center is more than 100 miles from the <b>[Covered Person's] [Insured's]</b> primary residence [\$100-\$500]	Ranges as shown.
<b>[Stem Cell Therapy Indemnity Benefit:</b> [0-300%] of Benefit Amount paid for the <b>Critical Illness.</b>	Ranges as shown.
<b>[Transportation Benefit:</b> The greater of [\$.XX] or the current year's IRS mileage rate per mile for a maximum of [\$1,000 - \$2,500] per round trip <b>Plan</b> Year Maximum: [\$1,000 - \$10,000]	[\$.XX] will be in or out.  Ranges as shown. Ranges as shown.
<b>[Waiver of Premium Benefit:</b> [included] [not included] ] <b>[Wellness Benefit:</b> [\$50, \$100, \$150] per test with an overall benefit maximum of [\$50-\$5000] per <b>[Covered Person] [Insured]</b> per <b>Plan</b> year.]	Included if offered. Deleted if not  Test amounts of \$50, \$100 or \$150 will be available. Ranges as shown.
<b>[* If [a Covered Person] [an Insured] is covered for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid.]</b>	Included if applicable

<b>ELIGIBLE PERSON</b> To be eligible for coverage under the <b>Policy</b> , a person must:  1. be an <b>Eligible Person</b> as described in the Schedule ; and 2. satisfy the <b>[Service][Eligibility] Waiting Period</b> , if any.	<b>[Service] or [Eligibility] Waiting Period</b> , depending upon class of eligible person will be in or out.
<b>[ELIGIBILITY OF INSURED'S DEPENDENTS:</b> A <b>Spouse [/Domestic Partner]</b> will not be eligible as a <b>Dependent</b> if he or she is also a Class I[,] [Class II, Class III, Class V or Class VI] <b>Eligible Person</b> and enrolls for insurance under this <b>Policy</b> . Only one Class I [,] [Class II, Class III, Class V or Class VI] <b>Eligible Person</b> may select a <b>Plan</b> covering their mutual <b>Dependents</b> if both parents are in such Eligible Class.]	<b>ELIGIBILITY OF INSURED'S DEPENDENTS</b> will be either in or out. If in, A <b>Spouse</b> and/or <b>Domestic Partner</b> may be in an <b>Eligible Class</b> as an <b>Insured</b> or an <b>Eligible Class</b> as a <b>Dependent</b> . Language will reflect correct Class numbers.
<b>ENROLLMENT:</b> An <b>Eligible Person</b> may enroll for coverage under this <b>Policy</b> by making written or electronic application for such coverage on an enrollment form furnished or approved by <b>Us</b> . Coverage will not become effective until the <b>Eligible Person</b> has enrolled himself or herself [and his or her <b>Eligible Dependents</b> ], paid the required premium, if any, and provided satisfactory proof of insurability, if required, on a form or electronic application approved by <b>Us</b> .  Initial Enrollment: <b>Eligible Persons</b> should enroll themselves and their <b>Eligible Dependents</b> within [31 days] of the first to occur of: 1. the date first eligible as described in the Schedule; or 2. the date that the <b>[Service][Eligibility] Waiting Period</b> is satisfied if applicable to their eligibility Class.]  [Individuals who enroll after this time are considered late entrants.]	This will be in or out.  [31 days] The range will be [0-90 days]  <b>[Service] or [Eligibility] Waiting Period</b> , depending upon class of eligible person will be in or out  If permitted to enroll any time, references to late entrants will be deleted. If may enroll only with

<p>[Guaranteed Issue: <b>Eligible Persons</b> may enroll for up the Guaranteed Issue Benefit Amount without providing evidence of insurability. If an <b>Eligible Persons</b> enrolls for a Benefit Amount in excess of the Guaranteed Issue Benefit Amount, he or she must provide satisfactory evidence of insurability using a form or electronic application approved by <b>Us</b>.]</p> <p>[Open Enrollment: <b>Eligible Persons</b> may enroll themselves and their <b>Eligible Dependents</b> during an <b>Open Enrollment Period</b>, subject to providing satisfactory evidence of insurability on a form or electronic application approved by <b>Us</b>. Other changes including increases, decreases or terminations may also be restricted to <b>Open Enrollment Periods</b>.]</p> <p>[Late Entrants: <b>Eligible Persons</b> who do not enroll themselves or their <b>Eligible Dependents</b> within their Initial <b>Enrollment Period</b>, may not enroll until the next <b>Open Enrollment Period</b> unless there is a Change in Family Status, as described below.]</p> <p>Change in Family Status: An <b>Eligible Person</b> may enroll or an <b>Insured</b> may change his or her coverage if a change in family status occurs, provided written or electronic application to enroll is made within [31 days] of the events:</p> <ol style="list-style-type: none"> <li>1. marriage [or establishment of a <b>Domestic Partnership</b>];</li> <li>2. divorce or legal separation;</li> <li>3. birth or adoption of a child;</li> <li>4. death of a <b>Spouse</b> [/<b>Domestic Partner</b>] or <b>Dependent Child</b>; [or][.]</li> <li>5. [other changes as permitted by the <b>Policyholder</b>].</li> </ol>	<p>conditions (full medical evidence or during an annual or open enrollment period), included.</p> <p>This will be in or out depending if Guaranteed Issue is available.</p> <p>This will be in or out depending if open enrollment is available to the <b>Policyholder</b>.</p> <p>This will be in or out depending if Late Entrants may enroll with conditions, deleted if person may enroll any time</p> <p>[31-90 days] This will be in or out if <b>Domestic Partner</b> is eligible.</p> <p>This will be in or out depending if additional changes in family status are permitted;</p>
<p><b>[COVERED PERSON'S] [INSURED'S] EFFECTIVE DATE</b> For <b>Insured</b>:</p> <p>An <b>Eligible Person's</b> coverage begins on the later of the following dates, provided that any required premium is paid to <b>Us</b>:</p> <p>For Guaranteed Issue Benefit Amounts, the later of:</p> <ol style="list-style-type: none"> <li>1. the <b>Policyholder's</b> Inception Date as shown on the Schedule; or</li> <li>2. the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] date the <b>Eligible Person</b> meets all eligibility and enrollment requirements.</li> </ol> <p>[The Class I [or Class III] <b>Eligible Person</b> must be <b>Actively At Work</b> on the date his or her insurance becomes effective. (If the date that insurance was to go into effect is not a normally scheduled work day for him or her, he or she must have been <b>Actively at Work</b> on the last scheduled work day prior to the date insurance becomes effective under the <b>Policy</b>). If such Employee is not so <b>Actively at Work</b>, his or her insurance will be deferred until the date he or she is <b>Actively at Work</b>. [The Class II <b>Eligible Person</b> must be on the Board of Directors for the <b>Policyholder</b> on the date his or her insurance becomes effective.] [The Class IV <b>Eligible Person</b> must not be hospital confined on the date his or her insurance would otherwise become effective. If he or she is hospital confined, such insurance will be deferred until the date he or she is no longer confined.]</p>	<p>[first of the month following the] OR [date defined under the <b>Policyholder's</b> written procedures as on file and approved by Us, following the] will be in or out.</p> <p>Deferred Effective Date language for employee/labor union member included or deleted based on <b>Policyholder</b> specifications. Deferred Effective Date language based on hospital confinement for other non-working classes included or deleted based on <b>Policyholder</b> specifications.</p>

<p>For Benefits Amounts in excess of the Guaranteed Issue Amount, the additional coverage will be effective on the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] date <b>We</b> approve the <b>Eligible Person's</b> evidence of insurability, subject to payment of the premium due.</p>	<p>[first of the month following the] will be in or out.</p> <p>[date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>US</b>, following the] will be in or out.</p>
<p>[For an <b>Insured's Covered Dependents</b>:</p> <p>For Guaranteed Issue Benefit Amounts, the later of:</p> <ol style="list-style-type: none"> <li>1. the <b>Policyholder's</b> Effective Date, shown on the <b>Certificate</b> Schedule; or</li> <li>2. [first of the month following the] [date defined under the Policyholder's written procedures as on file and approved by Us, following the] date an <b>Insured's</b> insurance becomes effective, subject to payment of premium when due.</li> </ol> <p>[The <b>Dependent</b> must not be hospital confined on the date his or her insurance would otherwise become effective. If he or she is hospital confined, such insurance will be deferred until the date he or she is no longer confined.]</p> <p>For <b>Eligible Dependents</b> acquired after an <b>Insured's</b> Effective Date of coverage, by reason of marriage, [Domestic Partnership,] birth or adoption coverage is effective [[30] days after][on] [the date such dependent was acquired.][the date specified by the <b>Policyholder</b>.]</p>	<p>[first of the month following the] – will be in or out [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] will be in or out</p> <p>This will be in or out.</p> <p>[[30] days after] The range will be 0 -60. [on] will be in or out. [the date such dependent was acquired.] will be in or out. [the date specified by the <b>Policyholder</b>.] will be in or out.</p>
<p>[Benefit Changes:</p> <p>Increases in the Benefit Amount are effective on the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] ]</p>	<p>Benefit Changes will be in or out. If in, [first of the month following the] will be in or out. [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] will be in or out.</p>

**SECTION III – DEFINITIONS**

<p>[<b>Accident</b> or <b>Accidental</b> means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place during the <b>Policy</b> term.]</p>	<p>This will be in or out.</p>
<p>[<b>Active</b> and <b>Actively at Work</b> describes an employee of the <b>Policyholder</b> who is able and available for active performance of all of his or her regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered <b>Actively at Work</b> provided the employee is able and available for active performance of all of his or her regular duties and was working the day immediately prior to the date of his or her absence. [<b>Active</b> also includes member of a labor union who is able and available for active performance of all of his or her regular duties with the <b>Policyholder</b>.]</p>	<p>This will be in or out. If in,</p> <p>This will be in or out depending if member is eligible</p>
<p>[<b>Addison's Disease</b> means is a rare, chronic endocrine disorder in a [<b>Covered Person</b>] [<b>Insured</b>] where the adrenal gland does not produce sufficient steroid hormones, as Diagnosed by a <b>Physician</b> who is a board certified endocrinologist. [This does not include</p>	<p>This will be in or out. If in,</p>

adrenal insufficiency resulting from prolonged corticosteroid treatment.]]	This will be in or out.
[ <b>Advanced Alzheimer’s Disease</b> means the <b>Diagnosis</b> , by a <b>Physician</b> who is board certified as a neurologist, of advanced Alzheimer’s Disease. The [ <b>Covered Person</b> ] [ <b>Insured</b> ] must exhibit loss of intellectual capacity involving impairment of memory and judgment as measured by clinical evidence and standardized testing that has persisted for a period of at least [120] consecutive days. It must result in significant reduction in mental and social functioning such that the [ <b>Covered Person</b> ] [ <b>Insured</b> ] requires <b>Substantial Assistance</b> in performing at least [two][three][four] of the six <b>Normal Activities of Daily Living</b> . No other dementing brain disorders or psychiatric illnesses shall meet the definition of <b>Advanced Alzheimer’s Disease</b> , nor will they be considered a <b>Critical Illness</b> .]	This will be in or out. If in,  The range will be 90 -180  Either [two] [three] or [four] will be in or out.
[ <b>Amyotrophic Lateral Sclerosis</b> means a neurological disease affecting the nerve cells in the brain and spinal cord of a [ <b>Covered Person</b> ] [ <b>Insured</b> ]that control voluntary muscle movement resulting in permanent clinical impairment of motor function as <b>Diagnosed</b> by a <b>Physician</b> who is a board-certified neurologist.]  <b>Benefit Waiting Period</b> means the number of consecutive days shown in the Schedule of Benefits immediately following each [ <b>Covered Person’s</b> ] [ <b>Insured’s</b> ] Effective Date of insurance [or request for an increase in coverage].	This will be in or out. If in,  [or request for an increase in coverage] will be in or out depending if benefit changes are permitted.
[ <b>Blindness</b> means the clinically proven irreversible reduction of sight [due to [an Accident] [or] [Sickness] to [both eyes][either eye] that has persisted for a period of at least [3-180] consecutive days. Sight must be reduced to a corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (Snellen or E-Chart Acuity) or visual field restriction to 20° or less in [both eyes][either eye]. <b>Blindness</b> does not include: 1. partial restoration of sight, if in general medical opinion any <b>Procedure</b> , device, or implant that could result in partial or total restoration of sight; 2. reduction of sight in any [ <b>Covered Person</b> ][ <b>Insured</b> ] who has not attained Age [2][3][4][5] on the Date of <b>Diagnosis</b> ; 3. reduction of sight in [a <b>Covered Person</b> ][an <b>Insured</b> ] as defined herein if the reduction of sight occurred prior to the Effective Date of the [ <b>Covered Person’s</b> ][ <b>Insured’s</b> ] coverage..]	This will be in or out. If in’ [due to [an Accident] [or] [Sickness] will be in or out. [both eyes] will be in or out. [either eye] will be in or out. [3-180] ranges will be as shown.  Either [2][3][4] or [5] will be in or out.
[ <b>Benign Brain Tumor</b> means an intracranial solid neoplasm [of at least one (1) centimeter in size] within the brain of a [ <b>Covered Person</b> ] [ <b>Insured</b> ] that is non-cancerous. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b> . [ <b>Benign Brain Tumor</b> [This does not include cysts, granulomas, angiomas, meningiomas, malformations of the intracranial arteries or veins, or tumors of the cranial nerves, pituitary gland or spinal cord.]]	This will be in or out. If in, This will be in or out.  This will be in or out.
[ <b>Bone Marrow Transplant</b> means a <b>Procedure</b> recommended by a <b>Physician</b> who is board certified to replace damaged or destroyed bone marrow with healthy bone marrow stem cells. It must be required due to clinical evidence of the bone marrow’s irreversible damage which requires that the damaged or destroyed bone marrow be replaced with bone marrow from a suitable donor. <b>Bone Marrow Transplant</b> includes autologous (self to self) and	This will be in or out.

allogeneic (person to person) transplants.]	
[ <b>Cerebral Palsy</b> means a non-progressive, non-contagious motor conditions that cause physical disability in [a <b>Covered Person's</b> ][an <b>Insured's</b> ] development, chiefly in the area of body movement as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make a <b>Diagnosis of Cerebral Palsy.</b> ]	This will be in or out.
[ <b>Cerebrospinal Meningitis</b> means a potentially life-threatening [bacterial][viral] inflammation of the protective membranes covering the brain and spinal cord of a [ <b>Covered Person</b> ] [ <b>Insured</b> ] as <b>Diagnosed</b> by a <b>Physician</b> who is a board certified neurologist. [ <b>Cerebrospinal Meningitis</b> does not include meningitis resulting from a viral infection or other non-bacterial forms of meningitis.]]	This will be in or out. If in, [bacterial][viral] each will be in or out.  This will be in or out.
[ <b>Cleft Lip</b> and <b>Cleft Palate</b> means a type of clefting congenital deformity caused by abnormal facial development of a [ <b>Covered Person</b> ] [ <b>Insured</b> ] during gestation. The <b>Diagnosis</b> must be made and <b>Procedure</b> for correction recommended by a <b>Physician</b> board certified to make such <b>Diagnosis</b> and recommendation.]	This will be in or out.
[ <b>Clinical Diagnosis of Type 1 Cancer</b> means a <b>Diagnosis of Type 1 Cancer</b> based on the study of symptoms and diagnostic test results. <b>We</b> will accept a <b>Clinical Diagnosis of Type 1 Cancer</b> only if the following conditions are met: 1. a <b>Pathological Diagnosis</b> cannot be made because it is medically inappropriate or life threatening; 2. there is medical evidence to support the <b>Diagnosis</b> ; and 3. a <b>Physician</b> is treating the [ <b>Covered Person</b> ] [ <b>Insured</b> ] for <b>Type 1 Cancer.</b> ]	This will be in or out
[ <b>Coma</b> means a profound state of unconsciousness due to <b>Accident</b> [or sickness] from which one cannot be aroused to consciousness, even by powerful stimulation, as determined by a <b>Physician</b> . [The <b>Covered Person</b> ] [An <b>Insured</b> ] must be confined in a medical facility during a <b>Coma</b> , [and] remain in a <b>Coma</b> for [7-180] consecutive days, [and require life support measures to sustain life].]	This will be in or out. If in, [or sickness] will be in or out.  [and] will be in or out. [7- 180] the range will be as shown. [and require life support measures to sustain life] will be in or out.
[ <b>Contributory</b> means that the premium payments require that the <b>Insured</b> pays all or a portion of the premium.]	This will be in or out depending upon whether insured contributes to insurance.
[ <b>Coronary Artery By-Pass Graft</b> means a major heart surgery for a [ <b>Covered Person</b> ] [ <b>Insured</b> ] requiring median sternotomy (division of the breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts. The surgery must be recommended by a <b>Physician</b> who is a board certified cardiologist. <b>Coronary Artery Bypass Graft</b> does not include non-surgical techniques such as balloon angioplasty, laser embolectomy or other non-bypass techniques; minimally invasive endoscopic or keyhole heart surgery, stent <b>Procedures</b> , and atherectomy.]	This will be in or out.
<b>Covered Loss</b> means [a <b>Diagnosis</b> is made for a <b>Critical Illness</b> ], [a <b>Procedure</b> for a <b>Critical Illness</b> is recommended,] [a wellness screening test is performed][or ][another benefit covered under the <b>Policy.</b> ] for which benefits are payable under this <b>Policy.</b>	[a <b>Diagnosis</b> is made for a <b>Critical Illness</b> ] will be in or out.  [a <b>Procedure</b> for a <b>Critical Illness</b> is recommended,] will be in or out.  [a wellness screening test is performed] will be in or out.  [or ] will be in or out.

	[another benefit covered under the <b>Policy</b> .] will be in or out.
<b>Covered Person</b> means any person who has insurance under the terms of this <b>Policy</b> . It includes the <b>Insured</b> .[.] [and his or her <b>Spouse</b> [/ <b>Domestic Partner</b> ] and/or <b>Dependent Child(ren)</b> if a <b>Plan</b> covering the <b>Spouse</b> [/ <b>Domestic Partner</b> ] and/or <b>Dependent Child(ren)</b> is selected.	[.] [and his or her <b>Spouse</b> [/ <b>Domestic Partner</b> ] will be in or out.
<b>Critical Illness</b> means [Heart Attack] [Stroke] [Coronary Artery By-Pass Graft][Non-Surgical Procedure for Coronary Artery Disease][Ruptured Aneurysm] [Type 1 Cancer] [Type 2 Cancer] [Skin Cancer] [Benign Brain Tumor] [Major Organ Transplant] [Heart Transplant][End Stage Renal Failure] [Paralysis] [Coma] [Blindness Both Eyes] [Blindness One Eye] [Loss of Speech and/or Hearing] [Severe Burns] [Loss of Hands and Feet] [Advanced Alzheimer's] [Amyotrophic Lateral Sclerosis] [Parkinson's Disease][Addison's Disease] [Cerebrospinal Meningitis] [Diphtheria] [Encephalitis][Huntington's Chorea][Legionnaire's Disease][Malaria][Muscular Dystrophy][Myasthenia Gravis][Necrotizing Fasciitis][Occupational HIV] [Occupational Hepatitis] [Osteomyelitis] [Poliomyelitis] [Rabies][Sickle Cell Anemia][Systemic Lupus Erythematosis] [Scleroderma][Tetanus][Tuberculosis][Loss of Ability to Perform Normal Activities of Daily Living] [Multiple Sclerosis] [Cerebral Palsy] [Cleft Lip or Cleft Palate] [Cystic Fibrosis] [Down Syndrome] [Spina Bifida].	Some combination of these illnesses as selected by the <b>Policyholder</b> will be in or out.
[ <b>Cystic Fibrosis</b> means a life-threatening multi-system genetic disease that causes severe lung damage and nutritional deficiencies. It must be <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b> .]	This will be in or out.
[ <b>Dependent</b> means the <b>Insured's</b> [Spouse[/ <b>Domestic Partner</b> ]] [and <b>Dependent Child(ren)</b> ].]	This will be in or out. If in, [ <b>Spouse</b> [/ <b>Domestic Partner</b> ]] [and <b>Dependent Child(ren)</b> will be in or out.  [and <b>Dependent Child(ren)</b> ] will be in or out
[ <b>Dependent Child(ren)</b> means those unmarried child(ren) of the <b>Insured</b> , [and] [those unmarried child(ren) of his or her <b>Spouse</b> [/ <b>Domestic Partner</b> ]] [as defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b> .] [a person who qualifies as a <b>Dependent Child(ren)</b> under the law of the state of residence.] [as defined in the <b>Policyholder's</b> [medical] plan as on file and approved by <b>Us</b> ] who rely on the <b>Insured</b> for [more than 50% of] their support, and are either: 1) less than [19 (nineteen)] years of age; 2) less than [26 (twenty-six)] years of age and enrolled on a full-time basis in a college, university, or trade school, or who satisfy neither 1) nor 2), but who prior to his or her termination of coverage became incapable of self-sustaining employment by reason of mental or physical handicap. [The <b>Dependent Child(ren)</b> will only be <b>Covered Dependents</b> if a <b>Plan</b> covering <b>Dependents</b> is selected.]]	Will be in or out. If in, [and] will be in or out. [those unmarried child(ren) of his or her <b>Spouse</b> [/ <b>Domestic Partner</b> ]] will be in or out. [as defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b> .] will be in or out.  [a person who qualifies as a <b>Dependent Child(ren)</b> under the law of the state of residence.] will be in or out. [as defined in the <b>Policyholder's</b> [medical] plan as on file and approved by <b>Us</b> ] will be in or out. If in, [medical] will be in or out. [more than 50% of] will be in or out [26 (twenty-six)] as selected by the <b>Policyholder</b> subject to state law  [The <b>Dependent Child(ren)</b> will only be <b>Covered Dependents</b> if a <b>Plan</b> covering <b>Dependents</b> is selected.]] will be in or out
[ <b>Diagnosis</b> or <b>Diagnosed</b> means the definitive establishment of	This will be in or out. If in,

<p>the <b>Critical Illness</b>, as defined herein, using clinical and/or laboratory findings. The <b>Diagnosis</b> must be made by a <b>Physician</b> who is a board certified specialist and qualified to make the <b>Diagnosis</b>. With respect to [ <b>Major Organ Transplant</b>] [<b>Coronary Artery By-Pass Surgery</b>], <b>Diagnosis</b> requires a <b>Physician's</b> recommendation that [the <b>Covered Person</b>] [the <b>Insured</b>] undergoes such <b>Procedure</b>. The <b>Diagnosis</b> must be made while the [ <b>Covered Person</b>] [ <b>Insured</b>] is alive.]</p>	<p>[<b>Major Organ Transplant</b>] This will be in or out. [<b>Coronary Artery By-Pass Surgery</b>] This will be in or out.</p> <p>This will be in or out.</p>
<p>[<b>Diphtheria</b> means an upper respiratory tract illness and an adherent membrane on the tonsils, pharynx, and/or nasal cavity caused by <i>Corynebacterium diphtheriae</i> as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Domestic Partner</b> means [a person who qualifies as a <b>Domestic Partner</b> under the <b>Policyholder's</b> written <b>Procedures</b> as on file and approved by <b>Us</b>.] [a person who qualifies as a <b>Domestic Partner</b> under the law of the state of residence.] [as defined in the <b>Policyholder's</b> [medical] plan as on file and approved by <b>Us</b>.] To qualify as a <b>Domestic Partner</b> , the following requirements must be met:</p> <ol style="list-style-type: none"> <li>1. [the <b>Insured</b> and the <b>Domestic Partner</b> must have an intimate, committed relationship of mutual caring, and have agreed to be responsible for each other's welfare;]</li> <li>2. [the <b>Insured</b> and the <b>Domestic Partner</b> must have lived together in such a relationship for a period of not less than six (6) consecutive months at the same residence address;]</li> <li>3. [the <b>Insured</b> and the <b>Domestic Partner</b> must both be at least eighteen (18) years of age;]</li> <li>4. [neither the <b>Insured</b> nor the <b>Domestic Partner</b> are legally married;]</li> <li>5. [the <b>Insured</b> and the <b>Domestic Partner</b> are not <b>Related</b> by blood or adoption;]</li> <li>6. [the <b>Insured</b> and the <b>Domestic Partner</b> are each other's sole <b>Domestic Partner</b> and intend to remain so indefinitely;] [and]</li> <li>7. [the <b>Insured</b> and the <b>Domestic Partner</b> must be of the same sex, and if applicable law permitted, would be married.]</li> </ol> <p>The existence of the relationship between the <b>Domestic Partner</b> and the <b>Insured</b> must be evidenced by:</p> <ol style="list-style-type: none"> <li>1. [the <b>Domestic Partner</b> being named as the primary beneficiary in the event of the <b>Insured's</b> death under the <b>Insured's</b> retirement plan or 401(k) plan, if the <b>Insured</b> maintains such a plan;]</li> <li>2. [at least one of the following: <ol style="list-style-type: none"> <li>a. designation of the <b>Domestic Partner</b> as a primary beneficiary under the <b>Insured's</b> will; or</li> <li>b. designation of the <b>Domestic Partner</b> as a primary beneficiary for the <b>Insured's</b> life insurance;]</li> </ol> </li> <li>3. [at least one of the following: <ol style="list-style-type: none"> <li>a. joint ownership of real estate (whether by mortgage, lease or deed);</li> <li>b. joint ownership of a motor vehicle; or</li> <li>c. joint ownership of a bank account;] [and]</li> </ol> </li> <li>4. [a completed, active certification of <b>Domestic Partner</b> status form on file with the <b>Policyholder</b>.]</li> </ol> <p>To be a covered <b>Domestic Partner</b>, the <b>Insured</b> will not have completed a Termination of <b>Domestic Partner</b> status form with respect to the <b>Domestic Partner</b> who is to be covered under the</p>	<p>This definition and all bracketed portions of the definition will be in or out.</p>

<b>Policy.]</b>	
[ <b>Down syndrome</b> means a genetic disorder that causes lifelong mental retardation, developmental delays and other problem as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis.</b> ]	This will be in or out.
[ <b>Eligibility Waiting Period</b> means the [continuous] length of time an <b>Eligible Person</b> is in an Eligible Class with the <b>Policyholder</b> before eligible for coverage.]	This will be in or out depending if non-active working persons are eligible. If in, [continuous] will be in or out.
[ <b>Encephalitis</b> means a [bacterial][viral] acute inflammation of the brain resulting in permanent neurological damage, as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis.</b> This does not include encephalitis resulting from in the presence of any human immuno-deficiency virus (HIV) infection or other ancillary infections resulting from the HIV infection.]	This will be in or out. If in, [bacterial][viral] will be in or out.
[ <b>End Stage Renal Failure</b> means chronic irreversible failure of both kidneys to function, as a result of which either regular renal or peritoneal dialysis is started or scheduled to occur on a weekly or biweekly basis unless the <b>Covered Person</b> is too ill to receive dialysis, or renal transplant is performed. The <b>Diagnosis</b> must be made by a <b>Physician</b> who is a board-certified nephrologist.] The Covered Loss will be deemed to have occurred on the date the [ <b>Covered Person</b> ][ <b>Insured</b> ] is listed on the United Network for Organ Sharing (UNOS) .]	This will be in or out.
[ <b>First Occurrence</b> means, subject to any <b>Pre-existing Condition</b> limitation period, the first time that a <b>Diagnosis</b> is made or a <b>Procedure</b> is recommended for a <b>Critical Illness</b> [in [a <b>Covered Person's</b> ][an <b>Insured's</b> ] lifetime ] [while [the <b>Covered Person</b> ][an <b>Insured</b> ] is covered under the <b>Policy</b> ]. A <b>Diagnosis</b> made or <b>Procedure</b> recommended for a <b>Critical Illness</b> after satisfaction of the <b>Pre-existing Condition</b> limitation period is considered a <b>First Occurrence</b> .	This will be in or out. If in, [while [the <b>Covered Person</b> ][an <b>Insured</b> ] is covered under the <b>Policy</b> ]. Will be in or out.
[ <b>Heart Attack (Myocardial Infarction)</b> means ischemic death of a portion of the heart muscle due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. This does not include a <b>Heart Attack</b> that occurs during a [heart related] medical procedure. The <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified cardiologist based on both: <ol style="list-style-type: none"> <li>1. new clinical presentation and electrocardiographic changes consistent with an evolving <b>Heart Attack</b>; and</li> <li>2. serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a <b>Diagnosis</b> of <b>Heart Attack</b>.]</li></ol>	This will be in or out.
[ <b>Heart Transplant</b> means the transplantation of the heart from a patient who has died and whose heart was intact and capable of functioning in the recipient [the <b>Covered Person</b> ] [an <b>Insured</b> ]. The transplanted heart must come from a human. The <b>Heart Transplant</b> must be required due to clinical evidence of the heart's irreversible failure which requires that the malfunctioning heart of [the <b>Covered Person</b> ] [an <b>Insured</b> ] be replaced with a heart from a suitable human donor. [The Covered Loss will be deemed to have occurred on the date the [ <b>Covered Person</b> ][ <b>Insured</b> ] is listed on the United Network for Organ Sharing (UNOS) .]]	This will be in or out. If in,  This will be in or out.
[ <b>Huntington's Disease</b> means a neurodegenerative genetic disease that affects muscle coordination and leads to cognitive decline and dementia as <b>Diagnosed</b> by a <b>Physician</b> who is a	This will be in or out.

board certified neurologist ]	
<b>Insured</b> means a Class I, [Class II, Class III, Class IV, Class V, [or][and] Class VI] individual who is eligible for coverage under this <b>Policy</b> as provided in the Eligibility and Classification of <b>Insureds</b> part of the Schedule of Benefits, and who completes the enrollment material, if required.	This will be in or out. If in, [or] [and] will be either in or out.
[ <b>Legionnaire’s Disease</b> means a lung infection (pneumonia) caused by Legionella bacteria, and is <b>Diagnosed</b> through the discovery of such bacteria in the [ <b>Covered Person’s</b> ] [ <b>Insured’s</b> ] body. The <b>Diagnosis</b> must be made by a <b>Physician</b> qualified to make such <b>Diagnoses</b> , and must be supported by specialized laboratory tests searching for the Legionella bacteria, involving culture of the [ <b>Covered Person’s</b> ] [ <b>Insured’s</b> ] sputum, lung biopsy specimen, or respiratory secretions; and/or detecting the organism in urine. In order to make a claim, a finding of both pneumonia and the Legionella bacteria must be made by the <b>Physician</b> and there must be a community outbreak of Legionnaire’s disease for [2-10] unrelated persons as verified by the Centers for Disease Control for that local geographical area.]	This will be in or out. If in,  [2-10] The ranges will be as shown.
<b>Loss of Hands and Feet</b> means that due to an <b>Accident</b> [or sickness] a [ <b>Covered Person</b> ][ <b>Insured</b> ] sustains permanent physical severance of any combination of two or more limbs at or proximal to (above) the wrist or ankle joints. The loss of two or more limbs does not have to occur at the same time or due to the same cause, but the loss of each limb must occur while the person is a <b>Covered Person</b> .]	This will be in or out.
[ <b>Loss of Speech and/or Hearing</b> means that due to an Accident [or sickness] a [ <b>Covered Person</b> ] [ <b>Insured</b> ] is <b>Diagnosed</b> by a <b>Physician</b> to have suffered a total and irreversible loss of speech and/or total and permanent loss of hearing in both ears with an auditory threshold of more than ninety (90) decibels in each ear, for a minimum of [12 - 36] months. <b>Loss of Speech and/or Hearing</b> may not be the result of another covered <b>Critical Illness</b> or other Benefit.]) ]	This will be in or out. If in, [or sickness] will be in or out.  [twelve (12 – 36) ranges will be as shown.
[ <b>Loss of Ability to Perform Normal Activities of Daily Living</b> means that a [ <b>Covered Person</b> ] [ <b>Insured</b> ] is unable due to a sickness or injury to perform at least [two, three] <b>Normal Activities of Daily Living</b> . Such inability must be confirmed by a <b>Physician</b> qualified to make this determination. In the event this benefit is triggered by another covered benefit, <b>We</b> will only pay this benefit only once.]	This will be in or out. If in,  [two, three] This will be in or out.
[ <b>Lymphedema</b> means a condition, also known as lymphatic obstruction, of localized fluid retention and tissue swelling caused by a compromised lymphatic system that is <b>Diagnosed</b> as such by a <b>Physician</b> who is board certified to make this <b>Diagnosis</b> .]	This will be in or out.
[ <b>Major Organ Transplant</b> means human to human organ transplant from a donor to [the <b>Covered Person</b> ] [an <b>Insured</b> ] of transplant of an entire[ liver], [lung,][small intestine][kidney] or [pancreas] that is required due to clinical evidence of a major organ’s irreversible failure which requires that the malfunctioning organ or tissue of the [ <b>Covered Person</b> ] [ <b>Insured</b> ] be replaced with an organ or tissue from a suitable human donor, excluding the [ <b>Covered Person</b> ][ <b>Insured</b> ]. [The <b>Covered Loss</b> will be deemed to have occurred on the date the [ <b>Covered Person</b> ][ <b>Insured</b> ] is listed on the United Network for Organ Sharing (UNOS)]	This will be in or out. If in,  [liver], [lung,][small intestine][kidney] or [pancreas] each will be in or out as selected by the <b>Policyholder</b> .  This will be in or out.

<p><b>[Major Organ Transplant</b> does not include an organ transplant involving organs other than an entire kidney, liver, small intestine, lung, or pancreas;</p> <ol style="list-style-type: none"> <li>1. involving transplants of parts of organs, tissues or cells;</li> <li>2. involving organs transplanted from the same <b>[Covered Person][Insured]</b>;</li> <li>3. involving organs received from non-human donors;</li> <li>4. involving implantation of mechanical devices or mechanical organs; or</li> <li>5. involving islet cell transplant.</li> </ol>	<p>This will be in or out.</p>
<p><b>[Malaria</b> means a mosquito-borne infectious disease resulting from infection from one of the five species of the genus Plasmodium; [falciparum,] [knowlesi] [malariae] [vivax,] [ovale] and <b>Diagnosed</b> as such by a <b>Physician</b> who is board certified to make such <b>Diagnosis.</b>]</p>	<p>This will be in or out. [falciparum,] [knowlesi] [malariae] [vivax,] [ovale] each will be in or out.</p>
<p><b>[Multiple Sclerosis</b> means an inflammatory disease that persists for a minimum of six months in which the fatty myelin sheaths around the axons of the brain and spinal cord are damaged, leading to inability of nerve cells in the brain and spinal cord to communicate with each other effectively as <b>Diagnosed</b>, by a <b>Physician</b> who is a board certified neurologist.]</p>	<p>This will be in or out.</p>
<p><b>[Muscular Dystrophy</b> means a group of hereditary and non-hereditary muscle diseases that weaken the musculoskeletal system and hamper locomotion confirmed by electromyography and muscle biopsy and <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis.</b></p>	<p>This will be in or out.</p>
<p><b>[Myasthenia Gravis</b> means an autoimmune neuromuscular disease leading to fluctuating muscle weakness and fatigability that is treated with medication and is <b>Diagnosed</b> as such by a <b>Physician</b> board certified to make such <b>Diagnosis.</b>]</p>	<p>This will be in or out.</p>
<p><b>[Necrotizing Fasciitis</b> means a rare quickly progressing infection of the deeper layers of the skin and subcutaneous tissues commonly known as flesh-eating disease or Flesh-eating bacteria syndrome requiring a surgical procedure to be performed. Such disease must be <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b> and perform the surgical procedure.]</p>	<p>This will be in or out</p>
<p><b>[Non-Surgical Procedure for Coronary Artery Disease</b> means a non-surgical technique is recommended by a <b>Physician</b> who is board-certified cardiologist due to coronary artery disease that occurs when the arteries that supply blood and oxygen to the heart become damaged and narrowed. <b>Procedures</b> for which the <b>Critical Illness</b> benefit is payable include the non-surgical techniques of balloon angioplasty, laser embolectomy or other non-bypass techniques; minimally invasive endoscopic or keyhole heart surgery, stent <b>Procedures</b>, and atherectomy.]</p>	<p>This will be in or out.</p>
<p><b>[Non-Contributory</b> means that the premium payments require no contribution from the <b>Insured.</b>]</p>	<p>This will be in or out depending if employer pays 100% of premium.</p>
<p><b>[Normal Activity(ies) of Daily Living (ADLs)</b> means certain basic daily tasks necessary to maintain [the <b>Covered Person's</b>] [an <b>Insured's</b>] health and safety. In this <b>Policy</b>, <b>ADLs</b> refer to the activities described below. The loss of ability must be due to a <b>Critical Illness</b> that has persisted for a period of at least [120] consecutive days:</p> <ol style="list-style-type: none"> <li>1. Transfer and mobility - The ability to move into or out of a bed, chair or wheelchair or to move from place to place,</li> </ol>	<p>This will be in or out. If in,  The range will be 90-180</p>

<p>either via walking, a wheelchair, cane, crutches, walker or other equipment.</p> <ol style="list-style-type: none"> <li>2. Continence - The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter, urostomy, or colostomy bag).</li> <li>3. Dressing - Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.</li> <li>4. Toileting - Getting to and from the toilet, transferring on and off the toilet and performing associated personal hygiene.</li> <li>5. Eating - Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.</li> <li>6. Bathing - Washing oneself by sponge bath; or in either a tub or a shower, including the task of getting into or out of the tub or shower.]</li> </ol>	
<p>[<b>Occupational Hepatitis</b> means the <b>Diagnosis</b> of occupational Hepatitis resulting from an <b>Accident</b> which exposed the [the <b>Covered Person</b>] [an <b>Insured</b>] to Hepatitis [A,] B[,] and C. The <b>Accidental</b> injury must occur during the normal course of duties for the occupation in which [the <b>Covered Person</b>] [an <b>Insured</b>] is regularly engaged and for which remuneration is earned. The incident must be reported to the [<b>Policyholder</b>][[<b>Covered Person's</b>] [<b>Insured's</b>] employer]] within forty-eight (48) hours of the <b>Accident</b> and [the <b>Covered Person</b>] [an <b>Insured</b>] must seek immediate medical attention. ] Occupational Hepatitis does not include Infection as a result of drug use, sexual transmission, or other hepatitis infection determined to not to be <b>Accidental</b>.]</p>	<p>This will be in or out. If in, [A] [,] will be in o rout.</p> <p>This will be in or out.</p>
<p>[<b>Occupational Human Immunodeficiency Virus (Occupational HIV)</b> means the <b>Diagnosis</b> of Human Immunodeficiency Virus (HIV) infection resulting from an <b>Accident</b> which exposed the [the <b>Covered Person</b>][an <b>Insured</b>] to HIV-contaminated body fluids. The <b>Accidental</b> injury must occur during the normal course of duties for the occupation in which [the <b>Covered Person</b>] [an <b>Insured</b>] is regularly engaged and for which remuneration is earned. The incident must be reported to the [<b>Policyholder</b>][[<b>Covered Person's</b>] [<b>Insured's</b>] employer]] within 48 hours of the incident and [the <b>Covered Person</b>] [an <b>Insured</b>] must seek immediate medical attention. Within forty-eight (48) hours of the accidental injury, the [<b>Covered Person</b>][<b>Insured</b>] must submit to a blood test for HIV and/or AIDS and/or related complex (ARC). The blood test results must be sent directly to <b>Us</b>] <b>Occupational HIV</b> does not include HIV Infection as a result of drug use, sexual transmission, or HIV infection determined to not to be <b>Accidental</b>.]</p>	<p>This will be in or out.</p> <p>This will be in or out.</p>
<p>[<b>Open Enrollment Period</b> means a period of time agreed to by the <b>Policyholder</b> and <b>Us</b> during which an eligible <b>Active Employee</b> may enroll for insurance under the <b>Policy</b> if he or she did not enroll when initially eligible, [increase his or her insurance, decrease his or her insurance or terminate his or her insurance].</p>	<p>This will be in or out. If in, [increase his or her insurance, decrease his or her insurance or terminate his or her insurance]. will be in or out.</p>
<p>[<b>Osteomyelitis</b> means an infection of the bone or bone marrow requiring a surgical procedure. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Paralysis</b> means that due to an Accident [or sickness] a [<b>Covered</b></p>	<p>This will be in or out. If in,</p>

<p><b>Person</b>[[<b>Insured</b>] sustains the complete and permanent loss of function of [one][two] or more limbs as <b>Diagnosed</b> by a <b>Physician</b> who is board certified. This does not include <b>Paralysis</b> that occurs as a result of a <b>Stroke</b> [or other medical procedure]. .</p>	<p>[or sickness] will be in or out. Either [one] or [two] will be in or out.  This will be in or out.</p>
<p><b>[Parkinson’s Disease)</b> means a degenerative disorder of the central nervous system which is the result of the loss of dopamine-producing brain cells and permanent clinical impairment of motor function with associated tremor, rigidity of movements, and postural instability as <b>Diagnosed</b> by a <b>Physician</b> who is a board certified neurologist.]</p>	<p>This will be in or out</p>
<p><b>[Pathological Diagnosis</b> means a <b>Diagnosis of Type 1 Cancer</b> based on a microscopic study of fixed tissue or preparations from the blood systems. This type of <b>Diagnosis</b> must be done by a <b>Physician</b> who is a board certified pathologist and whose <b>Diagnosis</b> of malignancy conforms to the standards set by the American College of Pathology.]</p>	<p>This will be in or out depending if Cancer benefits are available.</p>
<p><b>[Poliomyelitis</b> means a contagious viral illness resulting from poliovirus type 1, 2, or 3 that in its most severe form causes paralysis, difficulty breathing and sometimes death. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out</p>
<p><b>[Pre-existing Condition</b> means a disease or physical condition for which:</p> <ol style="list-style-type: none"> <li>1. symptoms existed within the [3] [6] month period prior to the effective date of [a <b>Covered Person’s</b>][an <b>Insured’s</b>] coverage under this <b>Policy</b> that would cause a person to seek medical advice or treatment or;</li> <li>2. medical advice or treatment was recommended or received from a member of the medical profession within the [3, 6] month period prior to the Effective Date of [a <b>Covered Person’s</b>][an <b>Insured’s</b>] coverage under this <b>Policy</b>.]</li> </ol>	<p>This will be in or out. If in,  Either [3] or [6] will be in or out.          Either [3] or [6] will be in or out.</p>
<p><b>[Prior Plan</b> means the Critical Illness Policy that was in effect with the <b>Policyholder</b> for a different insurance company on the date immediately preceding the Effective Date under this <b>Policy</b>.]</p>	<p>This will be in or out.</p>
<p><b>[Procedure:</b> means a medical procedure involving an incision with instruments and performed to repair damage or arrest disease related to a <b>Critical Illness</b> in a [<b>Covered Person</b>][<b>Insured</b>].</p>	<p>This will be in or out.</p>
<p><b>[Rabies</b> means an acute viral disease of the central nervous system caused by a virus in the Lyssavirus family that is transmitted through saliva from the bite of an infected animal. For this benefit to apply, it is required that clinical confirmation through isolation of the associated antibodies and/or presence of specific symptoms be obtained prior to payment. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p><b>Related</b> means [a <b>Covered Person’s Spouse</b> [/<b>Domestic Partner</b>] or other adult living with the <b>Insured</b>][the <b>Insured’s Spouse</b> [/<b>Domestic Partner</b>] or other adult living with the <b>Insured</b>], sibling, parent, step-parent, grandparent, aunt, uncle, niece,</p>	<p>This will be in or out.</p>

nephew, son, daughter, or grandchild or similar relationship in law.	
<p>[<b>Retiree</b> means a former employee of the <b>Policyholder</b>.]</p> <ol style="list-style-type: none"> <li>1. [whose age plus years of service equals at least [60-70];]</li> <li>2. [who has attained the normal retirement age;]</li> <li>3. [who has completed at least [1-10] years of active full-time or part-time service with the <b>Policyholder</b>;]</li> <li>4. [who is participating in a <b>Policyholder</b>-sponsored pension plan;][or]</li> </ol> <p>[who retired from the <b>Policyholder</b> immediately after the last day as an <b>Active</b> employee.]</p>	This will be in or out.
<p>[<b>Ruptured Aneurysm</b> means a ruptured Cerebral, Carotid or Aortic Aneurysm, the <b>Diagnosis</b> of a <b>Ruptured Aneurysm</b> must be supported by medical records, including radiographically specific diagnostic studies to objectively support the <b>Diagnosis</b> as established by [the American Academy of Radiologists.]</p>	This will be in or out.
<p>[<b>Sclerosis</b> (also <b>Scleroderma</b>) means a connective tissue disease that involves changes in the skin, blood vessels, muscles, and internal organs. Such <b>Diagnosis</b> must be confirmed with a biopsy and made by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	This will be in or out.
<p>[<b>Service Waiting Period</b> means the [continuous] length of time an Eligible Person is required to be [in <b>Active</b> employment] with the <b>Policyholder</b> before being eligible for coverage.]</p>	This will be in or out. If in, [continuous] will be in or out. [in <b>Active</b> employment] will be in or out.
<p>[<b>Severe Burn</b> or <b>Severely Burned</b> means a cosmetic disfigurement of the surface of at least [25%-75%] of the body area due to an <b>Accidental</b> injury that is a full-thickness or third-degree burn, as determined by a <b>Physician</b>. (A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation).]</p>	This will be in or out. If in, [25% -75%] the ranges will be as shown.
<p>[<b>Skin Cancer</b> means squamous cell carcinoma as <b>Diagnosed</b> by a <b>Physician</b> who is board certified dermatologist or <b>Physician</b> as defined above. <b>Skin Cancer</b> does not include any cancer <b>Diagnosed</b> as <b>Type 1 Cancer</b> or <b>Type 2 Cancer</b>.]</p>	This will be in or out.
<p>[<b>Sickle Cell Anemia</b> means is a disorder of the blood caused by an inherited abnormal hemoglobin, which produces distorted (sickled) red blood cells. The irregular sickled cells can block blood vessels causing tissue and organ damage and pain. <b>Sickle Cell Anemia</b> does not include Sickle cell trait (or sicklemia), which is a condition in which a person has one gene for the disease, but does not display the severe symptoms of the disease. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	This will be in or out.
<p>[<b>Spina Bifida</b> means a developmental congenital disorder, where some vertebrae overlying the spinal cord are not fully formed and remain unfused and open as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	This will be in or out.
<p>[<b>Spouse</b> means the <b>Eligible Person's</b> legally married <b>Spouse</b> under age [65-99].</p> <p>[A <b>Spouse</b> will only be a covered <b>Spouse</b> if a <b>Plan</b> covering the <b>Eligible Person's Spouse</b> is selected.]</p>	<p>This will be in or out. If in, [65-99] the ranges will be as shown</p> <p>This will be in or out depending if <b>Spouse</b> is eligible.</p>
<p>[<b>Stem Cell Therapy</b> means a type of intervention strategy that</p>	This will be in or out.

introduces new cells into damaged tissue in order to treat a <b>Critical Illness.</b> ]	
<p>[<b>Stroke</b> means the death of brain tissue due to an acute cerebrovascular event. All of the following criteria must be satisfied:</p> <ol style="list-style-type: none"> <li>1. clinical evidence of infarction or brain tissue, or intracranial or subarachnoid hemorrhage;</li> <li>2. clear evidence on a CT, MRI or similar imaging technique that a <b>Stroke</b> has occurred; and</li> <li>3. permanent neurologic deficit measured [96 hours - three months] or more after the event that results in a score of two or higher on the Modified Rankin Scale for stroke outcome.</li> </ol> <p><b>Stroke</b> does not include symptoms due to:</p> <ol style="list-style-type: none"> <li>a) transient Ischemic Attack (TIA),</li> <li>b) migraine;</li> <li>c) Hypoxia</li> <li>d) traumatic injury to brain tissue or blood vessels;</li> <li>e) chronic cerebrovascular insufficiency and reversible deficits; or</li> <li>f) vascular disease affecting the eye, optic nerve, or vestibular functions.]</li> </ol> <p>The <b>Diagnosis</b> must be made by a <b>Physician</b> who is a board certified neurologist.]</p>	This will be in or out.
<p>[<b>Substantial Assistance</b> means <b>Hands-on Assistance</b> and <b>Stand-by Assistance</b> as described below. For the purposes of the <b>Policy Stand-by Assistance</b> will be used to determine that <b>Substantial Assistance</b> by another person is required by the <b>[Covered Person] [Insured]</b> to perform the <b>Normal Activity of Daily Living</b>.</p> <ol style="list-style-type: none"> <li>1. <b>Hands-on Assistance</b> means the physical assistance of another person without which a <b>[Covered Person][Insured]</b> would be unable to perform the <b>Normal Activity of Daily Living</b>.</li> <li>2. <b>Stand-by Assistance</b> means the presence of another person within a <b>[Covered Person's] [Insured's]</b> arm's reach to prevent by physical intervention, injury to the <b>[Covered Person] [Insured]</b> while he or she performs a <b>Normal Activity of Daily Living</b> (such as being ready to catch him or her if he or she falls while getting into or out of the bathtub or shower as part of bathing, or being ready to remove food from the <b>[Covered Person's][Insured's]</b> throat if he or she chokes while eating).]</li> </ol>	This will be in or out.
<p>[<b>Systemic Lupus Erythematosus</b> means a systemic autoimmune disease where the immune system attacks the body's cells and tissue, resulting in inflammation and tissue damage [and is confirmed by permanent neurological damage and/or permanent impairment of kidney function]. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board certified to make such <b>Diagnosis.</b>]</p>	<p>This will be in or out.</p> <p>[and] will be in or out.</p> <p>This will be in or out.</p>
<p>[<b>Tetanus</b> (commonly known as Lockjaw) means a potentially life-threatening bacterial disease resulting from toxin secreting clostridium tetani that affects the nervous system, leading to painful muscle contractions, particularly of the jaw and neck muscles, and which can interfere with the ability to breathe. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such</p>	This will be in or out.

<b>Diagnosis.]</b>	
[ <b>TNM Classification</b> means the classification standards for <b>Type 1 Cancer, Skin Cancer,</b> and <b>Type 2 Cancer</b> as developed by the American Joint Committee on Cancer.]	This is included depending if cancer benefits are provided.
[ <b>Tuberculosis (TB)</b> is a potentially serious infectious disease that primarily affects the lungs. The <b>Diagnosis</b> must be made by a <b>Physician</b> , based on skin tests, chest X-rays, sputum analysis (smear and culture), and polymerase chain reaction tests to detect the genetic material of the causative bacteria.]	This will be in or out.
<p>[<b>Type 1 Cancer</b> means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemia, Hodgkin's disease, carcinoma, sarcoma, malignant tumor and lymphomas are included. <b>Type 1 Cancer</b> does not include:</p> <ol style="list-style-type: none"> <li>1. any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;</li> <li>2. any papillary tumor of the bladder classified as Ta under <b>TNM Classification</b>;</li> <li>3. any tumor of the prostate classified as T1N0M0 under <b>TNM Classification</b>;</li> <li>4. any papillary tumor of the thyroid that is classified as T1N0M0 or less under <b>TNM Classification</b> and is one centimeter or less in diameter;</li> <li>5. any tumor in the presence of human immuno-deficiency virus;</li> <li>6. any <b>Skin Cancers</b>, unless there is metastasis and the tumor is a malignant melanoma of greater than 1.0 millimeters maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method;</li> <li>7. <b>Type 2 Cancer</b>;</li> <li>8. chronic Lymphocytic Leukemia (CLL), less than or equal to Stage I, as defined by RAI classification..</li> </ol> <p><b>Type 1 Cancer</b> must be <b>Diagnosed</b> according to a <b>Pathological Diagnosis</b> or <b>Clinical Diagnosis</b> of <b>Type 1 Cancer</b>.]</p>	This will be in or out.
<p>[<b>Type 2 Cancer</b> means a <b>Diagnosis</b> of cancer where the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. It also includes:</p> <ol style="list-style-type: none"> <li>1. any malignant melanoma less than or equal to 1.0 millimeters maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method;</li> <li>2. any melanoma not invading the dermis classified as T1N0M0 under <b>TNM Classification</b>;</li> <li>3. any tumor of the prostate classified as T1N0M0 under <b>TNM Classification</b>;</li> <li>4. any papillary tumor of the bladder classified as Ta under <b>TNM Classification</b>;</li> <li>5. any papillary tumor of the thyroid that is classified as T1N0M0 or less under <b>TNM Classification</b> and is one centimeter or less in diameter;</li> <li>6. chronic Lymphocytic Leukemia (CLL), less than or equal to Stage I, as defined by RAI classification</li> </ol> <p><b>Type 2 Cancer</b> does not include:</p> <ol style="list-style-type: none"> <li>1. any benign tumor, dysplasia, intraepithelial neoplasia or</li> </ol>	This will be in or out.

<p>pre-malignant growth;</p> <ol style="list-style-type: none"> <li>2. any tumor in the presence of human immuno-deficiency virus;</li> <li>3. any non-melanoma <b>Skin Cancer</b>;</li> <li>4. any melanoma in situ classified as TisN0M0 under <b>TNM Classification</b></li> <li>5. other skin malignancies; and</li> <li>6. any carcinoid tumor.</li> </ol> <p><b>Type 2 Cancer in Situ</b> must be <b>Diagnosed</b> pursuant to a <b>Pathological Diagnosis</b> or <b>Clinical Diagnosis.</b>]</p>	

**SECTION IV - GENERAL EXCLUSIONS**

<p>Exclusions will be either in or out</p> <ol style="list-style-type: none"> <li>1. [suicide or attempted suicide while sane [or insane] or from intentionally self-inflicted injury.]</li> <li>2. [from a <b>Pre-existing Condition</b>.]</li> <li>3. [war or any act of war, whether declared or undeclared.]</li> <li>4. [involvement in any type of active military service [Reserve or National Guard active duty training is not excluded, unless it extends beyond [thirty-one (31) consecutive days].];][For purposes of this exclusion, orders to active military service for [sixty (60) days] or less will not be considered involvement in active military service.][This exclusion does not apply to the first [sixty (60) consecutive days] of active military service.]</li> <li>5. [participation in the commission or attempted commission of [any crime, [any felony,] [an assault,][insurrection] [or] [riot].]</li> <li>6. [due to engaging in an illegal occupation.]</li> <li>7. [being intoxicated while operating a motor vehicle.][being intoxicated.] <ol style="list-style-type: none"> <li>a) [a <b>Covered Person</b>] [an <b>Insured</b>] will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the <b>Accident</b> occurred, to be intoxicated, if operating a motor vehicle.</li> <li>b) an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the <b>[Covered Person's][Insured's]</b> intoxication.]</li> </ol> </li> <li>8. [being under the influence of any prescription drug, controlled substance, or hallucinogen, unless such prescription drug, controlled substance, or hallucinogen</li> </ol>	<p>Each exclusion will be in or out. If in, [or insane] will be in or out</p> <p>This will be in or out. If in, [thirty-one (31) consecutive days] The range will be 0 - 60</p> <p>[For purposes of this exclusion, orders to active military service for [sixty (60) days] or less will not be considered involvement in active military service.] will be in or out. If in, [sixty (60) days] the range will be 30-90 days. [This exclusion does not apply to the first [sixty (60) consecutive days] of active military service.] will be in or out. If in, the range will be 30-90 days.</p> <p>This will be in or out. If in each of the following will be in or out, [any crime, [any felony,][an assault,] [insurrection] [or] [riot].]</p> <p>This will be in or out.</p> <p>[being intoxicated while operating a motor vehicle.] will be in or out [being intoxicated.] will be in or out.</p> <p>This will be in or out.</p> <p>This will be in or out.</p>
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<p>was prescribed by a <b>Physician</b> and taken in accordance with the prescribed dosage.]</p> <p>9. [a <b>Diagnosis</b> for which proof is submitted by a <b>Physician</b> that is <b>Related</b> to the [<b>Covered Person</b>][<b>Insured</b>.][refusing certain types of recommended medical treatment, as follows:</p> <p>a) [a <b>Physician</b> has recommended treatment with angioplasty or <b>Coronary Artery By-Pass Graft</b> for coronary artery disease, the [<b>Covered Person</b>][<b>Insured</b>] refuses this treatment, and the <b>Insured</b> suffers a <b>Heart Attack</b>; [or] [.]</p> <p>b) [a <b>Physician</b> has recommended treatment for a brain aneurysm or carotid artery stenosis, the <b>Insured</b> refuses treatment, and the[<b>Covered Person</b>][<b>Insured</b>] suffers a <b>Stroke</b>;[or][.]</p> <p>c) [a <b>Physician</b> has recommended a diagnostic biopsy or diagnostic/therapeutic excision of a mass or lesion suspected of being cancer the [<b>Covered Person</b>][<b>Insured</b>] refuses, and the [<b>Covered Person</b>][<b>Insured</b>] develops <b>Type 1 Cancer</b>, <b>Skin Cancer</b>, or <b>Type 2 Cancer in Situ</b>.]</p>	<p>This will be in or out.</p> <p>This will be in or out.</p> <p>[or] [.] will be in or out.</p> <p>[or][.] will be in or out.</p> <p>This will be in or out.</p>
<p><b>[Pre-existing Condition</b> Limitation</p> <p>[6] [12] consecutive months.</p> <p>[If the <b>Policy</b> replaces a <b>Prior Plan</b>, <b>We</b> will pay for a <b>Pre-existing Condition</b> if the [<b>Covered Person</b>][<b>Insured</b>] is insured under the <b>Policy</b> on its Effective Date and was covered under the <b>Prior Plan</b> on the date the <b>Prior Plan</b> terminated as follows:</p> <ol style="list-style-type: none"> <li>1. the [<b>Covered Person</b>][<b>Insured</b>] must satisfy the <b>Pre-existing Condition</b> provision under the <b>Policy</b>; or</li> <li>2. the [<b>Covered Person</b>][<b>Insured</b>] must have satisfied the <b>Pre-existing Conditions</b> provision under the <b>Prior Plan</b>, if benefits would otherwise have been paid had the <b>Prior Plan</b> remained in force, if earlier.]]</li> </ol>	<p>Will be in or out. If in,</p> <p>Either [6] or [12] will be in or out.</p> <p>This will be in or out depending if there is a takeover/replacement of a <b>Prior Plan</b>.</p>

### SECTION V – PREMIUMS

<p>A.Premiums: Premiums are due and payable to <b>Us</b> at the rates and in the manner described in the [Schedule][<b>Policyholder</b> Application].</p>	<p>[Schedule] will be in or out. [<b>Policyholder</b> Application] will be in or out.</p>
<p>B. Grace Period: Premiums are due for this <b>Policy</b> on or before the premium due date or renewal date, whichever applies. If the <b>Policyholder</b> does not pay a renewal premium when it is due, there is a [thirty-one (31)] day Grace Period to pay. During the Grace Period, the <b>Policy</b> will stay in force. The <b>Policyholder</b> will not have a Grace Period if <b>We</b> have given notice, at least [thirty (30)] days in advance, that <b>We</b> are going to terminate this <b>Policy</b>.</p>	<p>[thirty-one (31)] The range will be 31-120 days or as required by state law.</p> <p>[thirty (30)] The range will be 30-120 days or as required by state law.</p>
<p>C.Change in Premium: <b>We</b> may change the premium as a condition of any renewal of this <b>Policy</b> by giving at least [31] days written notice to the <b>Policyholder</b>. <b>We</b> may also change premium at any time when any change, agreed upon in writing, between the <b>Policyholder</b> and <b>Us</b> is made that affects coverage or if it is discovered that there was a material misrepresentation in the</p>	<p>[31] days. The range will be 31-90 days or as required by state law.</p>

information relied upon in establishing the premiums.

## SECTION VI - TERMINATION OF INSURANCE

### A. **Policy** Renewal and Termination.

Termination by **Policyholder**: The **Policyholder** may terminate this **Policy** on the first renewal date or at any time after that date by delivering to **Us** a written notice to end this **Policy** at least [thirty (30)] days in advance of such termination. **We** will calculate and return the unearned premium, if any, using a standard short rate table. The **Policyholder** will send **Us** any additional amounts owed, if any, between the **Policy's** paid to date and the official date of termination.

[thirty (30)] The range will be 14-180 days

Termination by **Us**: **We** may terminate this **Policy** by giving the **Policyholder** at least [thirty (30)] days notice of **Our** intent to terminate. Such notice will state the exact date the **Policy** will terminate. **We** may also end this **Policy** for non-payment of premium on any premium due date if the payment is not received prior to the end of the Grace Period. **We** will mail a notice of such termination to the **Policyholder's** last address shown in **Our** records.

[thirty (30)] The range will be 14-180 day

### B. Termination of **Covered Person's** Insurance.

**[Insured]**. Insurance terminates at the end of the [month][date] for which premium has been paid and during which any of the following occurs:

This will be in or out. If in, [month] will be in or out. [date] will be in or out.

1. [the **Policy** is terminated [unless coverage for the **[Covered Person]** **[Insured]** continues according to SECTION XI, PORTABILITY PRIVILEGE];]
2. the **Insured** ceases to be eligible for insurance;
3. the **Insured** fails to pay the required premium, if the **Insured** is so required; [or]
4. [the **Insured** reaches age [65-99]; [or]
5. the Per Person Lifetime Benefit Maximum Payout is paid to the **Insured** [;or][.]
6. [the **Insured** retires.]

This will be in or out if portability provided.

This will be in or our

This will be in or out, If in, [65-99] the range will be as shown. [or] will be in or out

[; or] [.] This will be in or out.

This will be in or out depending if **Retirees** are Eligible Class per the **Policyholder**.

**[Covered Person** other than the **Insured**. Insurance terminates on the earliest of:

This will be in or out depednig if **Dependents** are covered.

1. the date the insurance of the **Insured** terminates;
2. the Per Person Lifetime Benefit Maximum Payout is paid to the **Covered Person**;
3. the first premium due date after the person no longer qualifies as a **Covered Person**[; or][.]
4. [for the covered **Spouse** [/Domestic Partner ], the date the covered **Spouse** [/Domestic Partner ] reaches age [65-99].]

[; or][.] This will be in or out.

This will be in or out. If in,

[65-99] The range will be as shown.

**SECTION VII HOW TO FILE A CLAIM**

<p>Notice: The [<b>Covered Person</b>][<b>Insured</b>] or the beneficiary, or someone on their behalf, must give <b>Us</b> written notice of the <b>Covered Loss</b> within [ninety (90)] days of such <b>Covered Loss</b>, or as soon thereafter as reasonably possible. The notice must name the [<b>Covered Person</b>][<b>Insured</b>], and the Policy Number. To request a claim form, the [<b>Covered Person</b>][<b>Insured</b>] or the beneficiary, or someone on their behalf may contact <b>Us</b> at [1-866-841-4771]. The notice must be sent to the address shown on the Schedule, or any of <b>Our</b> agents. Notice to <b>Our</b> agents is considered notice to <b>Us</b>.</p>	<p>[ninety (90)] days. The range will be 20-120 days.</p> <p>Appropriate phone number will be inserted.</p>
<p>Claim Forms: <b>We</b> will send the claimant Proof of Covered Loss forms within [fifteen (15)] days after <b>We</b> receive notice. If the claimant does not receive the Proof of Covered Loss form in [fifteen (15)] days after submitting notice, he or she can send <b>Us</b> a detailed written report of the claim and the extent of the <b>Covered Loss</b>. <b>We</b> will accept this report as a Proof of Covered Loss if sent within the time fixed below for filing a Proof of Covered Loss.</p>	<p>[fifteen (15)] days. The range will be 15-90 days.</p> <p>[fifteen (15)] days. The range will be 15-90 days.</p>
<p>Proof of Covered Loss: Written Proof of a <b>Covered Loss</b>, acceptable to <b>Us</b>, must be sent within [ninety (90)] days of the <b>Covered Loss</b>. Failure to furnish Proof of a <b>Covered Loss</b> acceptable to <b>Us</b> within such time will neither invalidate nor reduce any claim if it was not reasonably possible to furnish the Proof of a <b>Covered Loss</b>, and the proof was provided as soon as reasonably possible.</p>	<p>[ninety (90)] days. The range will be 90-180 days.</p>

**SECTION VIII - PAYMENT OF CLAIMS**

<p>B. Who We Will Pay. Benefits are to be paid to the <b>Insured</b>, if alive. If the <b>Insured</b> is not alive, benefits are payable to his or her estate. The <b>Insured</b> may assign his or her interest in the <b>Policy</b> by giving <b>Our</b> agent or <b>Us</b> written notice at <b>Our</b> Administrative Office at [Claims Department, Zurich American Insurance Company, [P.O. Box 968041, Schaumburg, IL. 60196]] [1-866-841-4771]. The change or assignment will not be effective until <b>We</b> receive the written notice. <b>We</b> assume no responsibility for the validity of any assignment. Any payment <b>We</b> make will fully discharge <b>Us</b> to the extent of the payment.</p>	<p>Appropriate phone number and address inserted</p>
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**SECTION IX - GENERAL POLICY CONDITIONS**

<p>D. Entire Contract: This <b>Policy</b>, the <b>Policyholder</b> application, <b>Insured</b> enrollment materials[,] [Benefit Riders,] and any other attachments represent the entire insurance contract between the <b>Policyholder</b> and <b>Us</b>.</p> <p>H. <b>Policyholder</b> Records: The <b>Policyholder</b> will keep a record of the coverage, premium and other pertinent administrative information for each <b>Insured</b>, which, if acceptable to <b>Us</b> will be deemed to be a part of the <b>Policy</b>. <b>We</b> may examine these records at reasonable times while the <b>Policy</b> is in force and for six (6) years after the termination of the <b>Policy</b>. The <b>Policyholder</b> will report to <b>Us</b> within a reasonable time all changes in information regarding an <b>Insured</b>. [The <b>Policyholder</b> will indemnify <b>Us</b> for any Benefits or other payments that are caused in whole or in part by the <b>Policyholder's</b> negligence or error in performing the record keeping function.]</p>	<p>[,][Benefit Riders] Either in or out depending if there are benefit riders</p> <p>This will be in or out.</p>
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<p>3. [With respect to <b>[Major Organ Transplant][Heart Transplant]</b> and subject to the <b>Pre-existing Conditions</b> provision, the <b>First Occurrence</b> [in [a <b>Covered Person's</b>][an <b>Insured's</b>] lifetime] [during the time the <b>[Covered Person][Insured]</b> is covered under the <b>Policy</b>] [that he or she undergoes a <b>[Major Organ Transplant][Heart Transplant].</b>]</p> <p>4. [With respect to <b>Loss of Ability to Perform Normal Activities of Daily Living</b> and subject to the <b>Pre-existing Conditions</b> provision, the <b>First Occurrence</b> [in after [a <b>Covered Person's</b>][an <b>Insured's</b>] lifetime] [during the time the that <b>[Covered Person][Insured]</b> is covered under the <b>Policy</b>] that he or she has suffered such loss for [30-180] consecutive days. If the loss is due to a <b>Critical Illness</b>, this benefit will [be additional] [not be additional] to other benefits payable under the [a <b>Covered Person's</b>] [an <b>Insured's</b>] <b>Plan</b>. [If payable under two <b>Critical Illness</b> benefits, only the larger of the benefits will be provided.]</p> <p>Benefits are paid [one] time for each category of <b>Critical Illness</b> [except as paid under the Recurrence Benefit Option]</p>	<p>This will be in or out. If in, <b>[Major Organ Transplant][Heart Transplant]</b> will be in or out. This will be in or out. This will be in or out.</p> <p>This will be in or out. If in, This will be in or out. This will be in or out, [30 – 180] Consecutive days The range will be as shown. [be additional] will be in or out. [not be additional] will be in or out. This will be in or out.</p> <p>[one] This will be in or out. This will be in or out.</p>
<p><b>[Benefit Waiting Period:</b> Benefits will not be paid for a <b>Critical Illness:</b></p> <ol style="list-style-type: none"> <li>1. if the <b>Diagnosis</b> is made or the <b>Procedure</b> is recommended during the <b>Benefit Waiting Period</b>; or</li> <li>2. for which [a <b>Covered Person</b>] [an <b>Insured</b>] exhibits symptoms that would cause a prudent person to seek medical treatment by a <b>Physician</b> of a covered <b>Critical Illness</b> during the <b>Benefit Waiting Period</b>.</li> </ol> <p>If :</p> <ol style="list-style-type: none"> <li>1. the date an <b>Insured's Diagnosis</b> is made or the <b>Procedure</b> is recommended for a covered <b>Critical Illness</b> occurs during the <b>Benefit Waiting Period</b>; and</li> <li>2. the <b>Policy</b> is a new program for the <b>Policyholder</b> and there is no <b>Prior Plan</b>,</li> </ol> <p>the <b>Insured</b> may return the certificate for a full premium refund and the coverage will be terminated.]</p> <p>[If :</p> <ol style="list-style-type: none"> <li>1. the date of a <b>Covered Person's</b> (other than the <b>Insured's</b>) <b>Diagnosis</b> is made or the <b>Procedure</b> is recommended for a covered <b>Critical Illness</b> occurs during the <b>Benefit Waiting Period</b>; and</li> <li>2. the <b>Policy</b> is a new program for the <b>Policyholder</b> and there is no <b>Prior Plan</b>,</li> </ol> <p>the <b>Insured</b> may terminate the <b>Covered Person's</b> coverage under the <b>Policy</b> for a premium refund of that <b>Covered Person's</b> cost and his or her coverage will be terminated. The <b>Insured</b> must notify <b>Us</b> in writing.]</p>	<p>This will be in or out depending if a benefit waiting period is imposed.</p> <p>This will be in or out depending if <b>Dependent</b> coverage and benefit waiting period are imposed.</p>
<p>[Additional Critical Illness Benefit: If [a <b>Covered Person</b>][an <b>Insured</b>] received benefits under the Critical Illness Benefit for a <b>Critical Illness</b>, he or she will receive benefits for a <b>Diagnosis</b> made or <b>Procedure</b> recommended for a different <b>Critical Illness</b> as long as the date of <b>Diagnosis</b> or <b>Procedure</b> for each <b>Critical Illness</b> is separated by at least</p> <p>[6, 12, 18, 24] months for Category 1 [6,12,18,24] months for Category 2 [6,12,18,24] months for Category 3</p>	<p>This will be in or out depending if additional Critical Illness benefit is available. If in, [6, 12, 18, or 24] will be in or out.</p>

<p>[6,12,18,24] months for Category 4  [6,12,18,24] months for Category 5  [6,12,18,24] months for Category 6]  consecutive months. <b>We</b> will pay the Percent of the Benefit Amount shown in the Schedule of Benefits.]</p>	
<p>[Recurrence Benefit: If a benefit is paid for a <b>Critical Illness</b> and [a <b>Covered Person</b>] [an <b>Insured</b>] has not exhibited symptoms or received care and treatment for that same <b>Critical Illness</b> for at least;</p> <p>[6, 12, 18, 24] months for Category 1  [6,12,18,24] months for Category 2  [6,12,18,24] months for Category 3  [6,12,18,24] months for Category 4  [6,12,18,24] months for Category 5  [6,12,18,24] months for Category 6]  consecutive months since the benefit payment and [the <b>Covered Person</b>] [the <b>Insured</b>] is re-diagnosed for the same <b>Critical Illness</b>, <b>We</b> will pay a Recurrence Benefit as follows:</p> <ol style="list-style-type: none"> <li>1. With respect to [<b>Heart Attack</b>][<b>End Stage Renal Failure</b>][<b>Stroke</b>][<b>Paralysis</b>], the second [and third] time in [a <b>Covered Person's</b>][an <b>Insured's</b>] lifetime that: (a) he or she experiences such <b>Critical Illness</b>; and (b) he or she is <b>Diagnosed</b> with such <b>Critical Illness</b>.</li> <li>2. With respect to [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>], the second [and third] time in [a <b>Covered Person's</b>] [an <b>Insured's</b>] lifetime that he or she or she undergoes a [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>].</li> </ol> <p>The Recurrence Benefit is shown in the Schedule of Benefits. Benefits are not payable for any recurrence of a <b>Critical Illness</b> not shown in the Recurrence Benefit. ]</p>	<p>This will be in or out depending if recurrence benefit is provided for covered <b>Critical Illnesses</b>, If in,</p> <p>[6, 12, 18 or 24] will be in or out.</p> <p>[<b>Heart Attack</b>] [<b>End Stage Renal Failure</b>][<b>Stroke</b>][<b>Paralysis</b>] each will be in or out. [and third] will be in or out.</p> <p>[<b>Major Organ Transplant</b>][<b>Heart Transplant</b>] will be in or out.</p>
<p>[Per Category Maximum Payout: Within each category, the most <b>We</b> will pay for the <b>Critical Illness</b> Benefit[,] [and] [all Additional Critical Illness Benefits][,] [and all Recurrence Benefits] combined is the Per Category Maximum Payout shown in the Schedule of Benefits.]</p>	<p>This will be in or out depending if per category cap is available. If in,</p> <p>[all Additional Critical Illness Benefits] will be in or out.  [and all Recurrence Benefits] will be in or out.</p>
<p>Additional Benefits</p> <p>[Bone Marrow Transplant Indemnity Benefit: If a <b>Procedure</b> or <b>Diagnosis</b> of a covered <b>Critical Illness</b> for which a Benefit Amount is paid under the <b>Policy</b> requires a <b>Bone Marrow Transplant</b>, <b>We</b> will pay an additional lump sum benefit. The benefit is shown in the Schedule of Benefits as a percentage of the Benefit Amount paid for the <b>Critical Illness</b>.]</p>	<p>Each will be in or out if included in the Schedule, included in Section X Coverages.</p> <p>This will be in or out.</p>
<p>[Evaluation Benefit: This benefit is available after the <b>Insured's</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months.]</p> <p>If [a <b>Covered Person</b>][an <b>Insured</b>] is <b>Diagnosed</b> with a <b>Critical Illness</b> or has a <b>Procedure</b> for a <b>Critical Illness</b> recommended for which benefits are payable, <b>We</b> will pay the Evaluation Benefit</p>	<p>This will be in or out, if In, [1 -12] consecutive months. The range will be as shown</p>

<p>shown in the Schedule of Benefits. The purpose of the Evaluation Benefit is to provide [a <b>Covered Person</b>][an <b>Insured</b>] with options for treatment of the <b>Critical Illness</b>. Benefits are provided for an evaluation at an <b>Evaluation Center</b> following payment for a <b>First Occurrence</b> Benefit [or a Recurrence Benefit]. The Evaluation Benefit is limited to one payment for each <b>First Occurrence</b> [or a Recurrence] of a <b>Critical Illness</b>.</p> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b> [with the exception of the NCI Cancer Center Benefit. If a [<b>Covered Person</b>][<b>Insured</b>] is covered for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid. The [<b>Covered Person's</b>][<b>Insured's</b>] insurance must be in effect on the date the evaluation is provided for benefits to be payable under the <b>Policy</b>.</p> <p>For purposes of this benefit only, <b>Evaluation Center</b> means a facility that is:</p> <ol style="list-style-type: none"> <li>1. licensed or certified under the laws where it is located to provide diagnostic services for the <b>Critical Illness</b> for which evaluation is sought; and</li> <li>2. which has been recognized by the <b>Policyholder</b> in writing as an evaluation center for purposes of the Evaluation Benefit.]</li> </ol>	<p>[or a Recurrence Benefit] Will be in or out depending if recurrence benefit is covered.</p> <p>This will be in or out.</p>
<p>[Hospital Cash Benefit: <b>We</b> will pay the Daily Hospital Confinement Benefit shown in the Schedule of Benefits if [a <b>Covered Person</b>][an <b>Insured</b>] is <b>Hospital Confined</b> due to treatment following the <b>Diagnosis</b> of a <b>Critical Illness</b> or due to a <b>Procedure</b> recommended for a <b>Critical Illness</b>. Benefit payments will end on the first of the following dates:</p> <ol style="list-style-type: none"> <li>1. the date the <b>Hospital</b> stay ends;</li> <li>2. the date the [<b>Covered Person</b>][<b>Insured</b>] dies;</li> <li>3. the date the Maximum Benefit Period for this benefit ends per Plan Year; [or]</li> <li>4. [the date [a <b>Covered Person</b>][an <b>Insured</b>] attains age [65-99]; or]</li> <li>5. the date insurance under the <b>Policy</b> ends.</li> </ol> <p>Termination will not prejudice an existing claim. This benefit is paid in addition to any other benefit paid under the <b>Policy</b>.]</p>	<p>This will be in or out. If in,</p> <p>This will be in or out. If in [65-99] the range will be as shown.</p>
<p>[Lodging Benefit: This benefit is available after the [<b>Covered Person's</b>][<b>Insured's</b>] coverage has been in force under the <b>Policy</b> for [1-12] consecutive months.</p> <p>If [a <b>Covered Person</b>][an <b>Insured</b>] is <b>Diagnosed</b> with a <b>Critical Illness</b> or has a <b>Procedure</b> relating to a <b>Critical Illness</b> recommended and requires an <b>Outpatient Treatment Session</b> for the <b>Critical Illness</b>, <b>We</b> will pay the benefit shown in the Schedule of Benefits. Benefits are payable for each day <b>Lodging</b> is required while the [<b>Covered Person</b>][<b>Insured</b>] is receiving the treatment during an <b>Outpatient Treatment Session</b>. This benefit is subject to the following:</p> <ol style="list-style-type: none"> <li>1. the treatment facility must be at least [100-1,000] miles from the [<b>Covered Person's</b>][<b>Insured's</b>] primary residence;</li> <li>2. benefits will only be provided for twenty-four (24) hours prior to the [<b>Covered Person's</b>][<b>Insured's</b>] receipt of</li> </ol>	<p>This will be in or out. If in, [1 -12] consecutive months. The range will be as shown.</p> <p>[100 -1,000] miles. The range will be as shown.</p>

<p>treatment, during an <b>Outpatient Treatment Session</b>, and for twenty-four (24) hours following receipt of treatment;</p> <ol style="list-style-type: none"> <li>the <b>Insured</b> must provide written proof that the treatment was received; and</li> <li>the <b>Insured</b> must provide written proof that <b>Lodging</b> was required and an expense was incurred for such <b>Lodging</b>.</li> </ol> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b>. The <b>[Covered Person's][Insured's]</b> insurance must be in effect on the date <b>Lodging</b> is required for benefits to be payable under the <b>Policy</b>.]</p>	
<p><b>[Outpatient Treatment Session]</b> means a stated session where services and supplies are provided by a <b>Physician</b> to a <b>[Covered Person][Insured]</b> for treatment of a covered <b>Critical Illness</b> at an appropriately licensed outpatient treatment facility.]</p>	<p>This will be in or out.</p>
<p><b>[Lymphedema Testing:</b> If a <b>Physician</b> recommends that [a <b>Covered Person</b>][an <b>Insured</b>] who, during the course of treatment for a <b>Critical Illness</b> where such treatment might cause the onset of <b>Lymphedema</b>, receive a <b>Lymphadema</b> test, we will pay the benefit shown in the Schedule of Benefits.]</p>	<p>This will be in or out.</p>
<p><b>[NCI Cancer Center Benefit:</b> [This benefit is available after the <b>Insured's</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months.]</p> <p>If [a <b>Covered Person</b>][an <b>Insured</b>] is <b>Diagnosed</b> with an <b>[Type 1 Cancer][Type 2 Cancer][Skin Cancer]</b> and receives an evaluation at an <b>NCI Cancer Center</b> while insured under the <b>Policy</b>, <b>We</b> will pay the benefit shown in the Schedule of Benefits. The benefit is subject to the following:</p> <ol style="list-style-type: none"> <li>the benefit is limited to one payment for each Benefit Amount paid for the <b>First Occurrence</b> and received by [a <b>Covered Person</b>][an <b>Insured</b>] for <b>[Type 1 Cancer][Type 2 Cancer][Skin Cancer]</b> and only if an <b>NCI Cancer Center</b> evaluation is received by [a <b>Covered Person</b>][an <b>Insured</b>];</li> <li><b>We</b> will only pay this benefit if <b>We</b> have already paid a Benefit Amount for the <b>First Occurrence</b> of <b>[Type 1 Cancer][Type 2 Cancer][Skin Cancer]</b>; and</li> <li>the <b>Insured</b> submits proof that the evaluation was received.</li> </ol> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b> [with the exception of the Evaluation Benefit. [If a <b>[Covered Person][Insured]</b> is covered for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid.] The <b>[Covered Person's][Insured's]</b> insurance must be in effect on the date of the evaluation for benefits to be payable under the <b>Policy</b>.]</p>	<p>This will be in or out. If in, [1 -12] consecutive months. The range will be as shown</p> <p><b>[Type 1 Cancer][Type 2 Cancer][Skin Cancer]</b> each will be in or out.</p> <p>This will be in or out.</p>
<p><b>[Stem Cell Indemnity Benefit:</b> If a <b>Procedure</b> or <b>Diagnosis</b> of a covered <b>Critical Illness</b> for which a Benefit Amount is paid under the <b>Policy</b> requires <b>Stem Cell Therapy</b>, <b>We</b> will pay an additional lump sum benefit. The benefit is shown in the Schedule of Benefits as a percentage of the Benefit Amount paid for the <b>Critical Illness</b>.]</p>	<p>This will be in or out.</p>

<p>[Supplemental Benefit for High Deductible Health Plan: If [a <b>Covered Person</b>][an <b>Insured</b>] is covered under a <b>High Deductible Health Plan</b> and receives medical treatment for a <b>Critical Illness</b> for which benefits are otherwise payable under the <b>Policy</b>, <b>We</b> will pay the benefit shown in the Schedule of Benefits. This benefit is payable in addition to any other benefits payable under the <b>Policy</b>.</p> <p>For purposes of this benefit only, <b>High Deductible Health Plan</b> means a health plan that satisfies the requirements of Section 223 of the Internal Revenue Code with regard to minimum deductibles and out-of-pocket costs and issued in conjunction with a Health Savings Account.]</p>	<p>This will be in or out.</p>
<p>[Transportation Benefit: This benefit is available after the <b>Insured's</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months. If [a <b>Covered Person</b>][an <b>Insured</b>] is <b>Diagnosed</b> with a <b>Critical Illness</b> or has a <b>Procedure</b> for a <b>Critical Illness</b> recommended and requires treatment for the <b>Critical Illness</b> at an appropriately licensed treatment facility, <b>We</b> will pay the benefit shown in the Schedule of Benefits. This benefit is subject to the following:</p> <ol style="list-style-type: none"> <li>1. the treatment facility must be at least [100-1,000] miles from the [<b>Covered Person's</b>][<b>Insured's</b>] primary residence. Mileage is measured from the [<b>Covered Person's</b>][<b>Insured's</b>] primary residence to the appropriately licensed treatment facility;</li> <li>2. the <b>Insured</b> must provide written proof that the treatment was received; and</li> <li>3. the <b>Insured</b> must provide written proof that he or she drove to the treatment facility in a personal or borrowed vehicle.</li> </ol> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b>. The [<b>Covered Person's</b>][<b>Insured's</b>] insurance must be in effect on the date transportation is provided for benefits to be payable under the <b>Policy</b>]</p>	<p>This will be in or out. If in, [1 -12] consecutive months. The range will be as shown.</p> <p>[100 -1,000] miles. The range will be as shown.</p>
<p>[Waiver of Premium for <b>Total Disability</b>:</p> <ol style="list-style-type: none"> <li>1. Subject to all of the terms and conditions of the <b>Policy</b>, if: a Class I [or Class III] <b>Insured</b> becomes <b>Totally Disabled</b> while he or she is insured under the <b>Policy</b> prior to [the <b>Insured's</b> [50<sup>th</sup>-99<sup>th</sup> birthday][reaching <b>Insured's</b> Social Security Normal Retirement Age (SSNRA)]; and</li> <li>2. <b>Total Disability</b> continues for [3, 6, 9, 12] continuous months while the <b>Insured</b> is covered under the <b>Policy</b>,</li> </ol> <p><b>We</b> will waive the premium requirements and no premium payment will be due for the <b>Insured's</b> insurance to continue if he or she satisfies both of these requirements.</p> <p>[The Benefit Amount will be the Benefit Amount in effect as of the date an <b>Insured</b> became <b>Totally Disabled</b>, subject to any age reductions listed Schedule of Benefits.]</p> <p>Premiums for <b>Dependents'</b> insurance coverage will not be waived. Once an <b>Insured</b> is no longer considered <b>Totally Disabled</b>, he or she must pay the premium when due.</p> <p>Premium for the <b>Insured</b> will be waived until the first to occur of:</p> <ol style="list-style-type: none"> <li>1. the date the <b>Insured</b> is no longer <b>Totally Disabled</b>;</li> </ol>	<p>This will be in or out. If in, [or Class III] will be in or out.</p> <p>[50<sup>th</sup>-99<sup>th</sup> birthday] This will be in or out. If in, the range will be as shown. [reaching <b>Insured's</b> Social Security Normal Retirement Age (SSNRA)]. Will be in or out. [3, 6, 9, or 12] will be in or out.</p> <p>This will be in or out.</p>

<p>2. when premiums have been waived for [1 - 5] consecutive years; or</p> <p>3. the date the <b>Insured</b> attains age 65.</p> <p>Once the Waiver of Premium period has expired, premium for the <b>Insured</b> is due if the <b>Insured</b> is an <b>Eligible Person</b> and the <b>Policy</b> is in effect. If coverage would otherwise terminate for an <b>Insured</b> under Section VI.B. Termination of Covered Person's Insurance, if an <b>Insured</b> is on Waiver of Premium, such provision will not act to terminate his or her insurance except as described above.]</p> <p>For purposes of this benefit only, the following additional definitions apply:</p> <p><b>Totally Disabled and Total Disability</b> means an <b>Insured</b>, during a [3, 6, 9, 12] month period and thereafter because of a <b>Sickness</b> or <b>Injury</b>:</p> <ol style="list-style-type: none"> <li>1. is unable to perform the <b>Material and Substantial Duties</b> of any occupation for which he or she is or may become reasonably qualified by education, training, or experience; and</li> <li>2. is receiving <b>Regular Care</b> from a <b>Physician</b> for that <b>Sickness</b> or <b>Injury</b>.</li> </ol>	<p>[1 -5] the range will be as shown.</p> <p>[3, 6, 9, or 12] will be in or out.</p>
<p>[Wellness Benefit  <b>We</b> will pay this benefit if an <b>Insured</b> [or the <b>Insured's</b> <b>[Spouse]/[Domestic Partner]</b>] has one or more of the following screening tests performed [after the <b>Benefit Waiting Period</b> and] while coverage under this <b>Policy</b> is in force. [<b>We</b> will pay the amount shown in the Schedule of Benefits  [for each of the following screening tests [once in a <b>Plan</b> year].] Payment of this benefit will not reduce the Benefit Amount payable for a <b>Critical Illness</b>. This benefit is subject to the benefit maximum shown in the Schedule of Benefits for all covered tests for an <b>Insured</b> [or the <b>Insured's</b> <b>[Spouse]/[Domestic Partner]</b>] in a <b>Plan</b> year.</p> <p>Screening tests include:</p> <ul style="list-style-type: none"> <li>• [Preventative services as defined by the Patient Protection Affordable Care Act as amended]]</li> </ul>	<p>Will be in or out. If in, [or the <b>Insured's</b> <b>[Spouse]/[Domestic Partner]</b>] will be in or out. If in, either <b>[Spouse]</b> or <b>[Domestic Partner]</b> will be in or out. [after the <b>Benefit Waiting Period</b> and] will be in or out.</p> <p>This will be in or out. If in, [once in a <b>Plan</b> year] will be in or out.</p> <p>This will be in or out.</p> <p>Combination of screening tests listed will be covered based on <b>Policyholder</b> selection</p>
<p>[SECTION XI – PORTABILITY PRIVILEGE</p>	<p>Included if selected by <b>Policyholder</b></p>
<p>PORTABILITY  If an <b>Insured's</b> coverage under the <b>Policy</b> terminates for any of the reasons described below, he or she may continue (hereinafter "port") the insurance provided under this <b>Policy</b>. The <b>Insured</b> must have been insured under the <b>Policy</b> [or the one it replaces] for group <b>Critical Illness</b> insurance coverage for at least [3-12 consecutive months] prior to the date his or her coverage under the <b>Policy</b> ends.</p> <p>[The amount of insurance an <b>Insured</b> can port is [subject to any Benefit Amount reductions based on his or her age; and] reduced by the amount of any Benefit Amount paid by this <b>Policy</b>.]</p> <p>[The amount of insurance an <b>Insured</b> can port for each <b>Covered Dependent</b> is [subject to any Benefit Amount reductions based on</p>	<p>If in,</p> <p>[3-12 consecutive months]. The range will be as shown.</p> <p>This will be in or out. If in, [subject to any Benefit Amount reductions based on his or her age; and] this will be in or out.</p> <p>This will be in or out. If in, [subject to any Benefit Amount reductions based on his or her age; and]</p>

<p>his or her age; and] reduced by the amount of any Benefit Amount paid by this <b>Policy</b> on behalf of each such <b>Dependent</b>].</p> <p>An <b>Insured</b> may port his or her group <b>Critical Illness</b> insurance coverage [and <b>Dependent</b> group <b>Critical Illness</b> Insurance coverage,] if coverage under the <b>Policy</b> ends because he or she is no longer in an Eligible Class.</p> <p>An <b>Insured</b> may port: . . .</p> <p>2. [his or her coverage and coverage of his or her <b>Spouse</b> [/<b>Domestic Partner</b>];] . . .</p> <p>An <b>Insured</b> may not port his or her coverage [or coverage for any of his or her <b>Covered Dependents</b>] if:</p> <ol style="list-style-type: none"> <li>1. coverage ends due to failure to pay any required premiums; or</li> <li>2. he or she has reached age [65-99] on or before the date his or her coverage under the <b>Policy</b> ends;</li> <li>3. if he or she reached the Per Person Lifetime Benefit Maximum Payout under the Group Critical Illness Policy; or</li> <li>4. the <b>Policy</b> ends.</li> </ol> <p>[An <b>Insured</b> may not port coverage for any of his or her <b>Covered Dependents</b> who received a benefit under the Group Critical Illness Policy.]</p> <p>No other combinations will be allowed. To be eligible to port, a <b>Dependent</b> must be covered under the <b>Policy</b> on the day the <b>Insured's</b> coverage under the <b>Policy</b> ends.</p> <p>The <b>Insured</b> must notify <b>Us</b> in writing of his or her request to continue coverage within [30-90] days of the date insurance would otherwise terminate and provide <b>Us</b> with a billing address. <b>We</b> will verify the <b>Insured's</b> eligibility for ported coverage based on the reason for the termination with the <b>Policyholder</b>. After confirming the <b>Insured's</b> eligibility to continue coverage, <b>We</b> will direct bill the <b>Insured</b> for the premium due on a [monthly] [quarterly] [semiannually] [annually] basis.</p> <p>The premium will be based on: (a) the <b>Insured's</b> [and/or <b>Dependent's</b>] rate class under this portability provision and (b) the <b>Insured's</b> [or surviving <b>Spouse's</b> [or <b>Domestic Partner's</b>]] age bracket. The premium due will be shown in the Group Critical Illness Portability Coverage Premium Notice.</p> <p>Termination of Portability Coverage</p> <p>Insurance terminates for all <b>Covered Persons</b> at the end of the month on the last to occur of:</p> <ol style="list-style-type: none"> <li>1. [the <b>Policy</b> is terminated;]</li> <li>2. the date that the <b>Insured's</b> coverage has been in effect for [3, 6, 9, 12, 18, 24, 36, 60, 120] consecutive months;</li> <li>3. the <b>Insured</b> fails to pay the required premium due, subject to the Grace Period;</li> <li>4. the <b>Insured</b> reaches age [65-99]; or</li> <li>5. the Per Person Lifetime Benefit Maximum Payout is paid to the <b>Insured</b>.</li> </ol> <p>In addition, for a <b>Covered Person</b> other than the <b>Insured</b>, his or her insurance terminates on the earliest of:</p>	<p>this will be in or out.</p> <p>This will be in or out depending if <b>Dependents</b> are Eligible Class</p> <p>Will be in or out.</p> <p>Will be in or out depending if <b>Dependents</b> are Eligible Class.</p> <p>[65-99] The range will be as shown.</p> <p>This will be in or out.</p> <p>[30-90] days. The range will be as shown.</p> <p>Either [monthly], [quarterly] [semiannually] or [annually] will be in or out.</p> <p>[and/or <b>Dependent's</b>] will be in or out.</p> <p>Will be in or out.</p> <p>[3, 6, 9, 12, 18, 24, 36, 60, 120] will be in or out.</p> <p>[65-99] The range will be as shown.</p>
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<ol style="list-style-type: none"> <li>1. the date Per Person Lifetime Benefit Maximum Payout is paid to the <b>Covered Person</b>; [or]</li> <li>2. the first premium due date after the person no longer qualifies as a <b>Covered Person</b>;;or][.]</li> <li>3. [for the covered <b>Spouse</b> [/Domestic Partner], the date the covered <b>Spouse</b> [/Domestic Partner] reaches age [65-99].]</li> </ol>	<p>[or] will be in or out.</p> <p>[or] [.] will be in or out.</p> <p>This will be in or out. If in, [65-99] the range will be as shown.</p>
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**GROUP APPLICATION FORM U-GCI-101-A AR (05/12)**

Applicant's Legal Name:	Will show applicant's name
Street Address:	Will show applicant's address
Mailing Address:	Will show applicant's mailing address
Telephone: Facsimile: Website Contact Email:	Will show, phone number, facsimile number and website contact email
Contact Person and Email	Will show contact person name and email address
Nature of Business	Employer will describe the nature of the business
Federal Tax ID #	Federal tax ID number will be inserted
Are Subsidiaries/Affiliates to be covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide a list of complete names and addresses of all to be covered.
Requested Policy Inception Date	Applicable date
Policy Number	Assigned Policy Number
Employer will indicate enrollment method and billing method by checking off appropriate items	
Proposed Policy Effective Date/Proposed Policy Expiration Date	Applicable date
[Class II: [Class III: [Class IV: [Class V: [Class VI:	Eligible classes will be described based on eligible classes of employer: [Class [II]: [Members of the <b>Policyholder's</b> Board of Directors] [Class [III]: <b>Active</b> members of a labor union employed by the <b>Policyholder</b> [Class [IV]: <b>Spouse [/Domestic Partner]</b> of Class I [and] [,][Class III] [and Class VI] <b>Eligible Persons</b> when such <b>Spouse[/Domestic Partner]</b> is under age [65-99] [Class [V]: <b>Retirees</b> of the <b>Policyholder</b> [Class [VI]: [As defined by the <b>Policyholder</b>
<input type="checkbox"/> <b>Spouse/Domestic Partner</b> <input type="checkbox"/> <b>Dependent Children</b>	Class numbers will be renumbered as appropriate Will indicate if dependent coverage is available
Select <b>Eligibility Waiting Period</b>	Ranges based on policy and certificate ranges above
Select <b>Service Waiting Period</b>	Ranges based on policy and certificate ranges above
# Employees: _____ # Eligible Employees: _____ # of Employees with Dependents: _____	Employer will indicate information
Participation Requirements	Agreed upon participation requirements will be reflected here
<input type="checkbox"/> Category 1 - [ <b>Heart Attack</b> ] [ <b>Stroke</b> ] [ <b>Coronary Artery By-Pass Graft</b> ][ <b>Non-Surgical Procedure for Coronary Artery Disease</b> ][ <b>Ruptured Aneurysm</b> ] <input type="checkbox"/> Category 2 – [ <b>Type 1 Cancer</b> ] [ <b>Type 2 Cancer</b> ] [ <b>Skin Cancer</b> ] [ <b>Benign Brain Tumor</b> ] <input type="checkbox"/> Category 3 - [ <b>Major Organ Transplant</b> ] [ <b>Heart Transplant</b> ][ <b>End Stage Renal Failure</b> ] <input type="checkbox"/> Category 4 - [ <b>Paralysis</b> ] [ <b>Coma</b> ] [ <b>Blindness Both Eyes</b> ] [ <b>Blindness One Eye</b> ] [ <b>Loss of Speech and/or Hearing</b> ]	Categories and <b>Critical Illnesses</b> selected by the <b>Policyholder</b> will be indicated

<p><b>[Severe Burns] [Loss of Hands and Feet]</b></p> <p><input type="checkbox"/> Category 5 - <b>[Advanced Alzheimer's] [Amyotrophic Lateral Sclerosis] [Parkinson's Disease][Addison's Disease] [Cerebrospinal Meningitis] [Diphtheria] [Encephalitis][Huntington's Chorea][Legionnaire's Disease][Malaria][Muscular Dystrophy][Myasthenia Gravis][Necrotizing Fasciitis][Occupational HIV] [Occupational Hepatitis] [Osteomyelitis] [Poliomyelitis] [Rabies][Sickle Cell Anemia][Systemic Lupus Erythematosis][Scleroderma][Tetanus][Tuberculosis][Loss of Ability to Perform Normal Activities of Daily Living]</b></p> <p><input type="checkbox"/> Category 6 - <b>[Multiple Sclerosis] [Cerebral Palsy] [Cleft Lip or Cleft Palate] [Cystic Fibrosis] [Down Syndrome] [Spina Bifida]</b></p>	
<p>Select Occurrence Type: <input type="checkbox"/> First Ever <input type="checkbox"/> First After</p>	<p>Employer will indicate plan selected</p>
<p>Pre-Existing Condition Limitation: <input type="checkbox"/> 6/12 <input type="checkbox"/> 3/12 <input type="checkbox"/> Other _____</p>	<p>Will indicate any pre-existing condition limitations subject to state law</p>
<p>Select Benefit Amount Options:</p> <p>Guaranteed Issue Amount Selected for:</p> <p>Employee: [ \$0 - \$5,000,000 in \$1,000 increments]</p> <p>Spouse/Domestic Partner: [<u>\$10%-100%</u>] of Employee's Benefit Amount] or [<u>\$0-\$5,000,000</u>] in \$1,000 increments]</p> <p>Dependent Child(ren): [<u>\$10%-100%</u>] of Employee's Benefit Amount] or [<u>\$0-\$5,000,000</u>] in \$1,000 increments]</p> <p>Benefit Amount Selected (including Guaranteed Issue Benefit Amount:</p> <p>Employee: [<u>\$1,000 - \$5,000,000</u>] in \$1,000 increments]</p> <p>Spouse/Domestic Partner: [<u>\$10%-100%</u>] of Employee's Benefit Amount] or [<u>\$0-\$5,000,000</u>] in \$1,000 increments]</p> <p>Dependent Child(ren): [<u>\$10%-100%</u>] of Employee's Benefit Amount] or [<u>\$0-\$5,000,000</u>] in \$1,000 ]increments</p>	<p>Benefit Amounts and eligible persons selected will be reflected here; ranges as shown</p>
<p>Category Maximum: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Category Maximum: [<u>100%-400%</u>]</p>	<p>If category maximum imposed, will indicate Yes. Range as shown.</p>
<p>Select Per Person Lifetime Benefit Maximum: [<u>100%- 500%</u>] of Benefit Amount</p>	<p>Lifetime benefit – ranges as shown</p>
<p>Additional Benefit: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes,</p> <p><input type="checkbox"/> Category 1 [<u>6,12,18,24</u>] months; <input type="checkbox"/> Category 2 [<u>6,12,18,24</u>] months; <input type="checkbox"/> Category 3 [<u>6,12,18,24</u>] months;</p> <p><input type="checkbox"/> Category 4 [<u>6,12,18,24</u>] months; <input type="checkbox"/> Category 5 [<u>6,12,18,24</u>] months; <input type="checkbox"/> Category 6 [<u>6,12,18,24</u>] months</p>	<p>Indicates whether or not additional benefit included.</p> <p>Will indicate categories selected and ranges as shown</p>
<p>Recurrence Benefit: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes,</p> <p><input type="checkbox"/> Category 1 [<u>6,12,18,24</u>] months; <input type="checkbox"/> Category 2</p>	<p>Indicates whether or not recurrence benefit included.</p> <p>Will indicate categories selected and ranges as shown</p>

<p>[6,12,18,24] months: <input type="checkbox"/> Category 3 [6,12,18,24] months:  <input type="checkbox"/> Category 4 [6,12,18,24] months: <input type="checkbox"/> Category 5  [6,12,18,24] months: <input type="checkbox"/> Category 6 [6,12,18,24] months</p>	
<p>D. OPTIONAL BENEFITS</p>	<p>Employer will select optional benefits available by checking off correct box(es)</p>
<p>Offering: ___ *Base Only ___ Voluntary Only  *Base &amp; Voluntary ___ Contributory</p> <p>If, contributory what is the employer/organization's contribution? _____ percentage/dollar</p>	<p>Employer will indicate offering selected</p> <p>If contributory, will indicate contribution level</p>
<p>Rate Type: ___ Composite ___ Age Rated  Smoker/Non-Smoker ___ Male/Female ___ Unisex</p>	<p>Rate type will be indicated, subject to any state requirements or limitations on age or sex</p>
<p>Section 125 Pre-Tax: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Will indicate yes or no</p>
<p>Rate Guarantee: [1, 2, 3] years</p>	<p>Range as shown</p>
<p>E. PORTABILITY: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Will indicate yes or no</p>
<p>PRODUCER INFORMATION  Commission: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, _____% requested</p>	<p>Producer name and contact information will be included  Indicate yes or no and include commission %</p>

**GROUP CRITICAL ILLNESS INSURANCE CERTIFICATE – U-GCI-102-A AR (05/12)**

**Face Page**

<p><b>[BENEFITS ARE REDUCED UPON ATTAINMENT OF SPECIFIED AGES.]</b></p> <p>The [Insured] [Covered Person] may call [XXX-XXX-XXXX] to present inquiries or to obtain information about coverage or if they need assistance in resolving any complaints. Or, the [Insured] [Covered Person] can write to Zurich American Insurance Company at their administrative offices at [XXXXXX].</p> <p>Should the [Insured] [Covered Person] wish to contact the Arkansas Insurance Department for assistance, they may do so by calling [1-800-852-5494]. Or, the [Insured] [Covered Person] may send written correspondence to the Arkansas Insurance Department at [1200 West Third Street, Little Rock, AR 72201-1904].</p>	<p>Included if there is a reduction schedule</p> <p>Company and State contact information may change. Therefore, current contact information will be inserted as necessary.</p>
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**SECTION I – SCHEDULE**

<p><b>I. POLICYHOLDER:</b> [John Doe Corporation] [123 Main Street] [Anywhere, XX 10011]</p> <p>[COVERED SUBSIDIARIES OR AFFILIATED COMPANIES:]</p> <p><b>II. POLICY NUMBER:</b> [ABC-1234567]</p> <p><b>III. POLICY INCEPTION DATE:</b> [January 1, 2012]</p> <p><b>IV. POLICY PERIOD:</b> [Effective Date] to [Expiration Date]</p> <p>[Continuous]</p> <p><b>V. INSURED:</b> [Insured's Name] [Street Address] [City, State Zip]</p>	<p>Name of <b>Policyholder</b> will be inserted. Address of <b>Policyholder</b> will be inserted. City and State of <b>Policyholder</b> will be inserted.</p> <p>This will be either in or out.</p> <p><b>Policy</b> number of <b>Policy</b> will be inserted.</p> <p>Policy Inception Date will be inserted.</p> <p>Effective Date will be inserted. Expiration Date will be in-or-out. If in, the Expiration Date will be inserted. Continuous will be in-or-out.</p> <p>Name, Address and City, State, Zip will be inserted</p>
<p><b>VI. CERTIFICATE NUMBER</b> [[XXXXXXXX-XX]]</p>	<p>Certificate number will be inserted.</p>
<p><b>VII. COVERED DEPENDENTS</b></p> <p>[Spouse's[/Domestic Partner's] Name] [Dependent Child(ren)'s Name(s)]</p>	<p>The name of the <b>Spouse, Domestic Partner</b> or the name <b>Dependent Child</b> will be inserted.</p>
<p><b>VIII. PREMIUMS</b> [\$00.00] Payable [Monthly]</p>	<p>[\$00.00] Payable Premium amount will be inserted. [Monthly] Monthly, quarterly, semi-annual or annual will be inserted.</p>
<p><b>IX. ELIGIBILITY AND CLASSIFICATION OF INSUREDS</b> [completion of the [Service][Eligibility] Waiting Period as indicated below, and]</p> <p>Class I: [Active employees working a minimum of [15-40 hours] per week and includes [salaried employees of the Policyholder][hourly employees of the Policyholder].</p>	<p>This will be either in or out. <b>Service Waiting Period</b> included for classes where <b>Eligible Persons</b> are in <b>Active</b> work. <b>Eligibility Waiting Period</b> for Eligible Classes where persons are not in <b>Active</b> work with the <b>Policyholder</b>. If in, either <b>Eligibility</b> or <b>Service Waiting Period</b> will be decided by the <b>Policyholder</b>.</p> <p>This will be a variable of active full-time and/or active part-time; variable of salaried and/or hourly employees.</p>

<p>[Class [ II]: [Members of the <b>Policyholder's</b> Board of Directors]</p> <p>[Class [ III]: [<b>Active</b> members of a labor union employed by the <b>Policyholder</b>]</p> <p>[Class [IV]: [<b>Spouse</b> [/<b>Domestic Partner</b>] of Class 1 [and Class III and Class VI] <b>Eligible Persons</b> when such <b>Spouse</b>[/<b>Domestic Partner</b>] is under age [65-99]]</p> <p>[Class [ V]: [<b>Retirees</b> of the <b>Policyholder</b>]</p> <p>[Class [VI]: [As defined by the <b>Policyholder</b>]</p>	<p>Included if Board of Directors are Eligible Class per the <b>Policyholder</b>.</p> <p>Included if members of labor union are Eligible Class per the <b>Policyholder</b></p> <p>Included if spouses are Eligible Class per the <b>Policyholder</b> on stand alone basis. Classes will be reflective of other Eligible Classes selected by the <b>Policyholder</b></p> <p>Included if <b>Retirees</b> are Eligible Class per the <b>Policyholder</b>.</p> <p>As defined by <b>Policyholder</b> if no other defined class appropriate</p> <p>Numbers will be sequential for Classes I – VI based on classes selected by policyholder</p>
<p>X. REPORTING AND NOTICE ADDRESSES:</p> <p>Claim Reporting:  [Claims Department  Zurich American Insurance Company,  [P.O. Box 968041, Schaumburg, IL. 60196]  [1-877-287-4805]</p>	<p>This is variable in the event there is a change in the Company's mailing address and telephone number.</p>
<p>SCHEDULE OF BENEFITS:</p> <p>Covered <b>Critical Illnesses</b>: [<b>Heart Attack</b>] [<b>Stroke</b>] [<b>Coronary Artery By-Pass Graft</b>][<b>Non-Surgical Procedure for Coronary Artery Disease</b>][<b>Ruptured Aneurysm</b>] [<b>Type 1 Cancer</b>] [<b>Type 2 Cancer</b>] [<b>Skin Cancer</b>] [<b>Benign Brain Tumor</b>] [<b>Major Organ Transplant</b>] [<b>Heart Transplant</b>][<b>End Stage Renal Failure</b>] [<b>Paralysis</b>] [<b>Coma</b>] [<b>Blindness Both Eyes</b>] [<b>Blindness One Eye</b>] [<b>Loss of Speech and/or Hearing</b>] [<b>Severe Burns</b>] [<b>Loss of Hands and Feet</b>] [<b>Advanced Alzheimer's</b>] [<b>Amyotrophic Lateral Sclerosis</b>] [<b>Parkinson's Disease</b>][<b>Addison's Disease</b>] [<b>Cerebrospinal Meningitis</b>] [<b>Diphtheria</b>] [<b>Encephalitis</b>][<b>Huntington's Chorea</b>][<b>Legionnaire's Disease</b>][<b>Malaria</b>][<b>Muscular Dystrophy</b>][<b>Myasthenia Gravis</b>][<b>Necrotizing Fasciitis</b>][<b>Occupational HIV</b>] [<b>Occupational Hepatitis</b>] [<b>Osteomyelitis</b>] [<b>Poliomyelitis</b>] [<b>Rabies</b>][<b>Sickle Cell Anemia</b>][<b>Systemic Lupus Erythematosus</b>] [<b>Scleroderma</b>][<b>Tetanus</b>][<b>Tuberculosis</b>][<b>Loss of Ability to Perform Normal Activities of Daily Living</b>] [<b>Multiple Sclerosis</b>] [<b>Cerebral Palsy</b>] [<b>Cleft Lip or Cleft Palate</b>] [<b>Cystic Fibrosis</b>] [<b>Down Syndrome</b>] [<b>Spina Bifida</b>].</p>	<p>The covered <b>Critical Illnesses</b> will be included. The conditions not covered will be deleted.</p>
<p>[<b>Benefit Waiting Period</b>:</p> <p>[0-30 days]</p>	<p>Included if <b>Benefit Waiting Period</b> imposed;</p> <p>Ranges will be as shown</p>
<p><b>Your</b> Benefit Amount [including Guaranteed Issue Benefit Amount]: [\$1,000 - \$5,000,000]  [Guaranteed Issue Benefit Amount for <b>You</b>: \$0 - \$5,000,000]</p> <p>[Covered <b>Spouse</b> [<b>Domestic Partner</b> ] Benefit Amount [including Guaranteed Issue Benefit Amount]: [[10%-100%] of <b>Your</b> Benefit Amount] or [\$0-\$5,000,000]  [Guaranteed Issue Benefit Amount for [<b>Spouse</b>] [<b>Domestic Partner</b> ]: \$0-\$5,000,000]</p>	<p>Ranges will be as shown  Guaranteed Issue either in or out. Included if Guaranteed Issued available</p>

<p>[Covered <b>Dependent Child(ren)</b> Benefit Amount [including Guaranteed Issue Benefit Amount]: [10%-100%] of <b>Your</b> Benefit Amount] or [\$1,000-\$5,000,000]  [Guaranteed Issue Benefit Amount for Covered <b>Dependent Child(ren)</b>: \$0-\$5,000,000]</p> <p>[Per Category Maximum Payout: For each category of <b>Critical Illnesses</b>, we will pay a maximum of [100%-400%] per category]</p> <p>Per Person Lifetime Benefit Maximum Payout: [100%-500%] of the Benefit Amount for all occurrences combined for all <b>Critical Illnesses</b>.</p>	<p>Will be in or out depending if per category cap is imposed.</p>												
<p>Categories [1,2, 3, 4, 5,6]</p>	<p>Each Category of <b>Critical Illnesses</b> will be in or out depending on the selection of the <b>Policyholder</b>.</p>												
<p>Percent of the Benefit Amount  [0%-300%]</p>	<p>Range will be as shown; range available for all <b>Critical Illnesses</b></p>												
<p>Example of how maximum benefits are calculated:</p> <p><b>Your</b> covered for all Category 1 and Category 5 <b>Critical Illnesses</b> and has program with Per Category Maximum and Lifetime Maximum. All benefits payable at 300% of Benefit Amount with 400% Category maximum and 500% Lifetime maximum*:</p> <p><b>Diagnosed</b> with <b>Stroke</b> – receives 300% of Benefit Amount.</p> <p>Suffers <b>Heart Attack</b> 12 months later which is in same category and the time period between first <b>Critical Illness Diagnosed (Stroke)</b> and “additional benefit” is satisfied. Benefit payable is only 100% of Benefit Amount as the cap is 400% within this category.</p> <p>12 months later, <b>Diagnosed</b> with <b>Parkinson’s</b> which is a new category. As the overall Lifetime Maximum is 500% and 400% has been paid, <b>Insured</b> will receive 100% of Benefit Amount.</p> <p>* Assumes that the Insured Person is not in age category for a benefit reduction. If over age [65-85], Benefit Amount payable reduced by percentages shown below.</p>													
<p>[Recurrence Benefits  Maximum Number Percent of Benefit  [0,1, 2]  Percent of Benefit  [0%-300%]</p>	<p>Included if recurrence benefit provided  Ranges as shown</p>												
<p>[Reduction in Coverage – Age Reductions  On the Premium Due Date on or next following the date <b>Your</b> attains age [65-85], his or her Benefit Amount will be reduced. The <b>Covered Dependent’s</b> Benefit Amount will be reduced on a pro rata basis when <b>Your</b> benefit amount is reduced. Reductions are based on the original Benefit Amount in effect for <b>Your</b>.  [Benefit Amount reduces at certain ages by the following percentage:</p> <table border="0" style="margin-left: 40px;"> <tr> <td style="padding-right: 20px;">Age at Date</td> <td>Percent of</td> </tr> <tr> <td>Diagnosis Made or</td> <td>Benefit Amount</td> </tr> <tr> <td>Procedure</td> <td></td> </tr> <tr> <td>Recommended</td> <td></td> </tr> <tr> <td>Percent of</td> <td></td> </tr> <tr> <td>Benefit Amount</td> <td></td> </tr> </table> <p style="text-align: center;">[[65 - 69]                      [[1-99%]</p>	Age at Date	Percent of	Diagnosis Made or	Benefit Amount	Procedure		Recommended		Percent of		Benefit Amount		<p>Reduction schedule included if there is reduction schedule. Deleted if not. Ranges as shown.</p>
Age at Date	Percent of												
Diagnosis Made or	Benefit Amount												
Procedure													
Recommended													
Percent of													
Benefit Amount													

[70 - 74]	[1-99%]	
[75 – 79]	[1-99%]	
[80 – 84]	[1-99%]	
[85 over]]	[1-99%]]	
Optional Benefits		Included if selected by the <b>Policyholder</b>
[ <b>Bone Marrow Transplant</b> Benefit: [0-300%] of Benefit Amount paid for the <b>Critical Illness</b> .]		Ranges as shown.
[*Evaluation Benefit: For one evaluation or consultation: [\$500-\$1,000] Additional Benefit if <b>Evaluation Center</b> more than 100 miles from [the <b>Covered Person's</b> ] [ <b>Your</b> ] primary residence [\$100-\$500]]		Ranges as shown.
[ <b>Hospital</b> Cash Benefit: Daily <b>Hospital Confinement</b> Benefit: [\$30-\$5000] Maximum Benefit Period: [30-365] days]]		Ranges as shown.
<b>Lymphedema</b> Testing Benefit: [\$50-\$5000] per test with an overall benefit maximum of [\$50-\$5000] per [ <b>Your</b> ][ <b>Covered Person</b> ] per <b>Critical Illness</b> ]		Ranges as shown.
[ <b>Lodging</b> Benefit: Daily Lodging Benefit: [\$60-\$2500] Maximum Benefit Period: [1-180] consecutive days per <b>Outpatient Treatment Session</b> ]]		Ranges as shown.
[*NCI Cancer Center Benefit: Consultation Benefit [\$500-\$5,000] Additional Benefit if Evaluation Center is more than 100 miles from [the <b>Covered Person's</b> ] [ <b>Your</b> ] primary residence [\$100-\$500]]		Ranges as shown.
[ <b>Stem Cell Therapy</b> Indemnity Benefit: [0-300%] of Benefit Amount paid for the <b>Critical Illness</b> .]		Ranges as shown.
[Transportation Benefit: The greater of [\$.XX] or the current year's IRS mileage rate per mile for a maximum of [\$1,000 - \$2,500] per round trip <b>Plan</b> Year Maximum: [\$1,000 - \$10,000]		[\$.XX] will be in or out.  Ranges as shown. Ranges as shown.
[Waiver of Premium Benefit: [included] [not included] ] [Wellness Benefit: [\$50, \$100, \$150] per test with an overall benefit maximum of [\$50-\$5000] [ <b>Covered Person</b> ] per <b>Plan</b> year.]		Included if offered. Deleted if not  Test amounts of \$50, \$100 or \$150 will be available. Ranges as shown.
[* If [ <b>Your</b> ] [a <b>Covered Person</b> ] is covered for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid.]		Included if applicable

## SECTION II – ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

<p><b>[ELIGIBILITY OF YOUR DEPENDENTS:</b></p> <p>A <b>Spouse</b> [/<b>Domestic Partner</b>] will not be eligible as a <b>Dependent</b> if he or she is also a Class I[,] [Class II, Class III, Class V or Class VI] <b>Eligible Person</b> and enrolls for insurance under this <b>Policy</b>. Only one Class I [,] [Class II, Class III, Class V or Class VI] <b>Eligible Person</b> may select a <b>Plan</b> covering their mutual <b>Dependents</b> if both parents are in such Eligible Class.]</p>	<p><b>ELIGIBILITY OF YOUR DEPENDENTS</b> will be either in or out. If in, A <b>Spouse</b> and/or <b>Domestic Partner</b> may be in an <b>Eligible Class</b> as an <b>Insured</b> or an <b>Eligible Class</b> as a <b>Dependent</b>. Language will reflect correct Class numbers.</p>
<p><b>ENROLLMENT:</b></p> <p>An <b>Eligible Person</b> may enroll for coverage under this <b>Policy</b> by making written or electronic application for such coverage on an</p>	

<p>enrollment form furnished or approved by <b>Us</b>. Coverage will not become effective until the <b>Eligible Person</b> has enrolled himself or herself [and his or her <b>Eligible Dependents</b>], paid the required premium, if any, and provided satisfactory proof of insurability, if required, on a form or electronic application approved by <b>Us</b>.</p> <p>Initial Enrollment: <b>Eligible Persons</b> should enroll themselves and their <b>Eligible Dependents</b> within [31 days] of the first to occur of:</p> <ol style="list-style-type: none"> <li>1. the date first eligible as described in the Schedule; or</li> <li>2. the date that the [<b>Service</b>][<b>Eligibility</b>] <b>Waiting Period</b> is satisfied if applicable to their eligibility Class.]</li> </ol> <p>[Individuals who enroll after this time are considered late entrants.]</p> <p>[Guaranteed Issue: <b>Eligible Persons</b> may enroll for up the Guaranteed Issue Benefit Amount without providing evidence of insurability. If an <b>Eligible Persons</b> enrolls for a Benefit Amount in excess of the Guaranteed Issue Benefit Amount, he or she must provide satisfactory evidence of insurability using a form or electronic application approved by <b>Us</b>.]</p> <p>[Open Enrollment: <b>Eligible Persons</b> may enroll themselves and their <b>Eligible Dependents</b> during an <b>Open Enrollment Period</b>, subject to providing satisfactory evidence of insurability on a form or electronic application approved by <b>Us</b>. Other changes including increases, decreases or terminations may also be restricted to <b>Open Enrollment Periods</b>. ]</p> <p>[Late Entrants: <b>Eligible Persons</b> who do not enroll themselves or their <b>Eligible Dependents</b> within their Initial <b>Enrollment Period</b>, may not enroll until the next <b>Open Enrollment Period</b> unless there is a Change in Family Status, as described below.]</p> <p>Change in Family Status: An <b>Eligible Person</b> may enroll or an <b>Insured</b> may change his or her coverage if a change in family status occurs, provided written or electronic application to enroll is made within [31 days] of the events:</p> <ol style="list-style-type: none"> <li>1. marriage [or establishment of a <b>Domestic Partnership</b>];</li> <li>2. divorce or legal separation;</li> <li>3. birth or adoption of a child; [or]</li> <li>4. death of a <b>Spouse</b> [<b>Domestic Partner</b>] or <b>Dependent Child</b>; [or]</li> <li>5. [other changes as permitted by the <b>Policyholder</b>].</li> </ol>	<p>This will be in or out.</p> <p>[31 days] The range will be [0-90 days]</p> <p><b>[Service]</b> or <b>[Eligibility] Waiting Period</b>, depending upon class of eligible person will be in or out</p> <p>If permitted to enroll any time, references to late entrants will be deleted. If may enroll only with conditions (full medical evidence or during an annual or open enrollment period), included.</p> <p>This will be in or out depending if Guaranteed Issue is available.</p> <p>This will be in or out depending if open enrollment is available to the <b>Policyholder</b>.</p> <p>This will be in or out depending if Late Entrants may enroll with conditions, deleted if person may enroll any time</p> <p>[31-90 days] This will be in or out if <b>Domestic Partner</b> is eligible.</p> <p>This will be in or out depending if additional changes in family status are permitted;</p>
<p><b>YOUR EFFECTIVE DATE</b> For <b>Insured</b>:</p> <p><b>Your</b> coverage begins on the later of the following dates, provided that any required premium is paid to <b>Us</b>:</p> <p>For Guaranteed Issue Benefit Amounts, the later of:</p> <ol style="list-style-type: none"> <li>1. the <b>Policyholder's</b> Inception Date as shown on the Schedule; or</li> <li>2. the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] date the <b>Eligible Person</b> meets all eligibility and enrollment requirements,</li> </ol> <p>[For Class I [or Class III] <b>Eligible Person</b> must be <b>Actively At</b></p>	<p>[first of the month following the] OR [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] will be in or out.</p> <p>Deferred Effective Date language for</p>

<p><b>Work</b> on the date his or her insurance becomes effective. (If the date that insurance was to go into effect is not a normally scheduled work day for him or her, he or she must have been <b>Actively at Work</b> on the last scheduled work day prior to the date insurance becomes effective under the <b>Policy</b>). If such Employee is not so <b>Actively at Work</b>, his or her insurance will be deferred until the date he or she is <b>Actively at Work</b>. [The Class II <b>Eligible Person</b> must be on the Board of Directors for the <b>Policyholder</b> on the date his or her insurance becomes effective.] [The Class IV <b>Eligible Person</b> must not be hospital confined on the date his or her insurance would otherwise become effective. If he or she is hospital confined, such insurance will be deferred until the date he or she is no longer confined.]</p> <p>For Benefits Amounts in excess of the Guaranteed Issue Amount, the additional coverage will be effective on the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by Us, following the] date <b>We</b> approve the <b>Eligible Person's</b> evidence of insurability, subject to payment of the premium due.</p>	<p>employee/labor union member included or deleted based on <b>Policyholder</b> specifications. Deferred Effective Date language based on hospital confinement for other non-working classes included or deleted based on <b>Policyholder</b> specifications.</p> <p>[first of the month following the] will be in or out. [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>US</b>, following the] will be in or out.</p>
<p><b>ELIGIBLE DEPENDENTS EFFECTIVE DATE</b></p> <p>For <b>Your Covered Dependents</b>:</p> <p>For Guaranteed Issue Benefit Amounts, the later of:</p> <ol style="list-style-type: none"> <li>1. the <b>Policyholder's</b> Effective Date, shown on the <b>Certificate</b> Schedule; or</li> <li>2. the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by Us, following the] date <b>Your</b> insurance becomes effective, subject to payment of premium when due.</li> </ol> <p>[The <b>Dependent</b> must not be hospital confined on the date his or her insurance would otherwise become effective. If he or she is hospital confined, such insurance will be deferred until the date he or she is no longer confined.]</p> <p>For <b>Eligible Dependents</b> acquired after an <b>Your</b> Effective Date of coverage, by reason of marriage, [Domestic Partnership,] birth or adoption coverage is effective [[30] days after][on] [the date such dependent was acquired.][the date specified by the <b>Policyholder</b>.]</p>	<p>[first of the month following the] – will be in or out [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] will be in or out</p> <p>This will be in or out.</p> <p>[[30] days after] The range will be 0 -60. [on] will be in or out. [the date such dependent was acquired.] will be in or out. [the date specified by the <b>Policyholder</b>.] will be in or out.</p>
<p>[Benefit Changes: Once an <b>You</b> have made <b>Your</b> benefit elections for a given year, <b>You</b> may not change the Benefit Amount until the <b>Policyholder's</b> next <b>Open Enrollment Period</b>, except for a Change in Family Status.</p> <p>Increases in the Benefit Amount are effective on the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] date <b>We</b> approve the evidence of insurability, provided he or she is <b>Actively at Work</b> on the date the increased benefit would otherwise become effective. Decreases in the Benefit Amount are effective on the first day of the month following the date of request.]</p>	<p>Benefit Changes will be in or out. If in,</p> <p>[first of the month following the] will be in or out. [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] will be in or out.</p>

**SECTION III – DEFINITIONS**

<p><b>[Accident or Accidental</b> means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place during the <b>Policy</b> term.]</p>	<p>This will be in or out.</p>
<p><b>[Active and Actively at Work</b> describes an employee of the <b>Policyholder</b> who is able and available for active performance of all of his or her regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered <b>Actively at Work</b> provided the employee is able and available for active performance of all of his or her regular duties and was working the day immediately prior to the date of his or her absence. <b>[Active</b> also includes member of a labor union who is able and available for active performance of all of his or her regular duties with the <b>Policyholder</b>.]</p>	<p>This will be in or out. If in,  This will be in or out depending if member is eligible</p>
<p><b>[Addison’s Disease</b> means is a rare, chronic endocrine disorder in a <b>[Covered Person] [You]</b> where the adrenal gland does not produce sufficient steroid hormones, as Diagnosed by a <b>Physician</b> who is a board certified endocrinologist. [This does not include adrenal insufficiency resulting from prolonged corticosteroid treatment.])</p>	<p>This will be in or out. If in,  This will be in or out.</p>
<p><b>[Advanced Alzheimer’s Disease</b> means the <b>Diagnosis</b>, by a <b>Physician</b> who is board certified as a neurologist, of <b>Advanced Alzheimer’s Disease</b>. [The <b>Covered Person] [You]</b> must exhibit loss of intellectual capacity involving impairment of memory and judgment as measured by clinical evidence and standardized testing that has persisted for a period of at least [120] consecutive days. It must result in significant reduction in mental and social functioning such that the <b>[Covered Person] [You]</b> requires <b>Substantial Assistance</b> in performing at least [two][three][four] of the six <b>Normal Activities of Daily Living</b>. No other dementing brain disorders or psychiatric illnesses shall meet the definition of <b>Advanced Alzheimer’s Disease</b>, nor will they be considered a <b>Critical Illness</b>.]</p>	<p>This will be in or out. If in,  The range will be 90 -180  Either [two] [three] or [four] will be in or out.</p>
<p><b>[Amyotrophic Lateral Sclerosis</b> means a neurological disease affecting the nerve cells in the brain and spinal cord of [a <b>Covered Person] [You]</b> that control voluntary muscle movement resulting in permanent clinical impairment of motor function as <b>Diagnosed</b> by a <b>Physician</b> who is a board-certified neurologist.]</p> <p><b>Benefit Waiting Period</b> means the number of consecutive days shown in the Schedule of Benefits immediately following [each <b>Covered Person’s] [Your]</b> Effective Date of insurance [or request for an increase in coverage].</p>	<p>This will be in or out. If in,  [or request for an increase in coverage] will be in or out depending if benefit changes are permitted.</p>
<p><b>[Blindness</b> means the clinically proven irreversible reduction of sight [due to [an Accident] [or] [Sickness] to [both eyes][either eye] that has persisted for a period of at least [3-180] consecutive days. Sight must be reduced to a corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (Snellen or E-Chart Acuity) or visual field restriction to 20° or less in [both eyes][either eye].</p> <p><b>Blindness</b> does not include:</p> <ol style="list-style-type: none"> <li>1. partial restoration of sight, if in general medical opinion any <b>Procedure</b>, device, or implant that could result in partial or total restoration of sight;</li> <li>2. reduction of sight in [any <b>Covered Person][You]</b> who has not attained Age [2,3,4,5] on the Date of <b>Diagnosis</b>;</li> <li>3. reduction of sight in [a <b>Covered Person][You]</b> as defined herein if the reduction of sight occurred prior to the Effective Date of the <b>[Covered Person’s][You]</b> coverage.]</li> </ol>	<p>This will be in or out. If in [both eyes] will be in or out. [either eye] will be in or out. [3-180] ranges will be as shown.  Either [2, 3, 4, 5] will be in or out.</p>

<p>[<b>Benign Brain Tumor</b> means an intracranial solid neoplasm [of at least one (1) centimeter in size] within the brain or the central spinal canal of [a <b>Covered Person</b>] [<b>Yours</b>] that is non-cancerous. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>. [<b>Benign Brain Tumor</b> [This does not include cysts, granulomas, angiomas, meningiomas, malformations of the intracranial arteries or veins, or tumors of the cranial nerves, pituitary gland or spinal cord.]]</p>	<p>This will be in or out. If in, This will be in or out.</p> <p>This will be in or out.</p>
<p>[<b>Bone Marrow Transplant</b> means a <b>Procedure</b> recommended by <b>Physician</b> who is board certified to replace damaged or destroyed bone marrow with healthy bone marrow stem cells. It must be required due to clinical evidence of the bone marrow's irreversible damage which requires that the damaged or destroyed bone marrow be replaced with bone marrow from a suitable donor. <b>Bone Marrow Transplant</b> includes autologous (self to self) and allogeneic (person to person) transplants.]</p>	<p>This will be in or out. If in,</p>
<p>[<b>Cerebral Palsy</b> means a non-progressive, non-contagious motor conditions that cause physical disability in [a <b>Covered Person's</b>][an <b>Your</b>] development, chiefly in the area of body movement as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make a <b>Diagnosis</b> of <b>Cerebral Palsy</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Cerebrospinal Meningitis</b> means a potentially life-threatening [bacterial][viral] inflammation of the protective membranes covering the brain and spinal cord of [a <b>Covered Person</b>][<b>Yours</b>] as <b>Diagnosed</b> by a <b>Physician</b> who is a board certified neurologist. [<b>Cerebrospinal Meningitis</b> does not include meningitis resulting from a viral infection or other non-bacterial forms of meningitis.]]</p>	<p>This will be in or out. If in, [bacterial][viral] each will be in or out.</p> <p>This will be in or out.</p>
<p>[<b>Cleft Lip</b> and <b>Cleft Palate</b> means a type of clefting congenital deformity caused by abnormal facial development of [a <b>Covered Person</b>] [<b>Yours</b>] during gestation. The <b>Diagnosis</b> must be made and <b>Procedure</b> for correction recommended by a <b>Physician</b> board certified to make such <b>Diagnosis</b> and recommendation.]</p>	<p>This will be in or out.</p>
<p>[<b>Clinical Diagnosis of Type 1 Cancer</b> means a <b>Diagnosis</b> of <b>Type 1 Cancer</b> based on the study of symptoms and diagnostic test results. <b>We</b> will accept a <b>Clinical Diagnosis of Type 1 Cancer</b> only if the following conditions are met:</p> <ol style="list-style-type: none"> <li>1. a <b>Pathological Diagnosis</b> cannot be made because it is medically inappropriate or life threatening;</li> <li>2. there is medical evidence to support the <b>Diagnosis</b>; and</li> <li>3. a <b>Physician</b> is treating [the <b>Covered Person</b>] [<b>You</b>] for <b>Invasive Cancer</b>.]</li> </ol>	<p>This will be in or out</p>
<p>[<b>Coma</b> means a profound state of unconsciousness due to <b>Accident</b> [or sickness] from which one cannot be aroused to consciousness, even by powerful stimulation, as determined by a <b>Physician</b>. [The <b>Covered Person</b>] [<b>You</b>] must be confined in a medical facility during a <b>Coma</b>, [and] remain in a <b>Coma</b> for [7-180] consecutive days, [and require life support measures to sustain life].]</p>	<p>This will be in or out. If in, [or sickness] will be in or out.</p> <p>[and] will be in or out. [7- 180] the range will be as shown. [and require life support measures to sustain life] will be in or out.</p>
<p>[<b>Contributory</b> means that the premium payments require that the <b>Insured</b> pays all or a portion of the premium.]</p>	<p>This will be in or out depending upon whether insured contributes to insurance.</p>
<p>[<b>Coronary Artery By-Pass Graft</b> means a major heart surgery for a [<b>Covered Person</b>] [<b>You</b>] requiring median sternotomy (division of the breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts. The surgery must be recommended by a <b>Physician</b> who is a board certified cardiologist.</p>	<p>This will be in or out.</p>

<p><b>Coronary Artery Bypass Graft</b> does not include non-surgical techniques such as balloon angioplasty, laser embolectomy or other non-bypass techniques; minimally invasive endoscopic or keyhole heart surgery, stent <b>Procedures</b>, and atherectomy.]</p>	
<p><b>Covered Loss</b> means [a <b>Diagnosis</b> is made for a <b>Critical Illness</b>], [a <b>Procedure</b> for a <b>Critical Illness</b> is recommended,] [a wellness screening test is performed][or ][another benefit covered under the <b>Policy</b>.] for which benefits are payable under this <b>Policy</b>.</p>	<p>[a <b>Diagnosis</b> is made for a <b>Critical Illness</b>] will be in or out.</p> <p>[a <b>Procedure</b> for a <b>Critical Illness</b> is recommended,] will be in or out.</p> <p>[a wellness screening test is performed] will be in or out.</p> <p>[or ] will be in or out.</p> <p>[another benefit covered under the <b>Policy</b>.] will be in or out.</p>
<p><b>Covered Person</b> means any person who has insurance under the terms of the <b>Policy</b>. It includes <b>You</b> [, and <b>Your Spouse[/Domestic Partner]</b> and/or <b>Dependent Child(ren)</b> if a <b>Plan</b> covering the <b>Spouse/Domestic Partner]</b> and/or <b>Dependent Child(ren)</b> is selected.]</p>	<p>[and <b>Your Spouse [/Domestic Partner]</b> will be in or out.</p>
<p><b>Critical Illness:</b> [Heart Attack] [Stroke] [Coronary Artery Bypass Graft][Non-Surgical Procedure for Coronary Artery Disease][Ruptured Aneurysm] [Type 1 Cancer] [Type 2 Cancer] [Skin Cancer] [Benign Brain Tumor] [Major Organ Transplant] [Heart Transplant][End Stage Renal Failure] [Paralysis] [Coma] [Blindness Both Eyes] [Blindness One Eye] [Loss of Speech and/or Hearing] [Severe Burns] [Loss of Hands and Feet] [Advanced Alzheimer's] [Amyotrophic Lateral Sclerosis] [Parkinson's Disease][Addison's Disease] [Cerebrospinal Meningitis] [Diphtheria] [Encephalitis][Huntington's Chorea][Legionnaire's Disease][Malaria][Muscular Dystrophy][Myasthenia Gravis][Necrotizing Fasciitis][Occupational HIV] [Occupational Hepatitis] [Osteomyelitis] [Poliomyelitis] [Rabies][Sickle Cell Anemia][Systemic Lupus Erythematosis] [Scleroderma][Tetanus][Tuberculosis][Loss of Ability to Perform Normal Activities of Daily Living] [Multiple Sclerosis] [Cerebral Palsy] [Cleft Lip or Cleft Palate] [Cystic Fibrosis] [Down Syndrome] [Spina Bifida].</p>	<p>Some combination of these illnesses as selected by the <b>Policyholder</b> will be in or out.</p>
<p>[<b>Cystic Fibrosis</b> means a life-threatening multi-system genetic disease that causes severe lung damage and nutritional deficiencies. It must be <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Dependent</b> means the <b>You</b> [<b>Spouse[/Domestic Partner]</b>] [and <b>Dependent Child(ren)</b>].]</p>	<p>This will be in or out. If in, [<b>Spouse[/Domestic Partner]</b>] [and <b>Dependent Child(ren)</b> will be in or out.</p> <p>[and <b>Dependent Child(ren)</b>] will be in or out</p>
<p>[<b>Dependent Child(ren)</b> means those unmarried child(ren) of the <b>Yours</b>, [and] [those unmarried child(ren) of <b>Your Spouse [/Domestic Partner ]</b>] [as defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>.] [a person who qualifies as a <b>Dependent Child(ren)</b> under the law of the state of residence.] [as defined in the <b>Policyholder's</b> [medical] plan as on file and approved by <b>Us</b>] who rely on the <b>You</b> for [more than 50% of] their support, and are either: 1) less than [19 (nineteen)] years of age; 2) less than [26 (twenty-six)] years of age and enrolled on a full-time basis in a college, university, or trade school, or who satisfy neither 1) nor 2), but who prior to his or her termination of</p>	<p>Will be in or out. If in, [and] will be in or out. [those unmarried child(ren) of his or her <b>Spouse [/Domestic Partner ]</b>] will be in or out. [as defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>.] will be in or out.</p> <p>[a person who qualifies as a <b>Dependent Child(ren)</b> under the law of the state of residence.] will be in or out.</p>

<p>coverage became incapable of self-sustaining employment by reason of mental or physical handicap. [The <b>Dependent Child(ren)</b> will only be <b>Covered Dependents</b> if a <b>Plan</b> covering <b>Dependents</b> is selected.]</p>	<p>[as defined in the <b>Policyholder's</b> [medical] plan as on file and approved by <b>Us</b>] will be in or out. If in, [medical] will be in or out. [more than 50% of] will be in or out [26 (twenty-six)] as selected by the <b>Policyholder</b> subject to state law</p> <p>[The <b>Dependent Child(ren)</b> will only be <b>Covered Dependents</b> if a <b>Plan</b> covering <b>Dependents</b> is selected.] will be in or out</p>
<p>[<b>Diagnosis</b> or <b>Diagnosed</b> means the definitive establishment of the <b>Critical Illness</b>, as defined herein, using clinical and/or laboratory findings. The <b>Diagnosis</b> must be made by a <b>Physician</b> who is a board certified specialist and qualified to make the <b>Diagnosis</b>. With respect to [ <b>Major Organ Transplant</b>] [<b>Coronary Artery By-Pass Surgery</b>], <b>Diagnosis</b> requires a <b>Physician's</b> recommendation that [the <b>Covered Person</b>] [<b>You</b>] undergoes such <b>Procedure</b>. The <b>Diagnosis</b> must be made while [the <b>Covered Person</b> is] [<b>You</b> are] alive.]</p>	<p>This will be in or out. If in,</p> <p>[<b>Major Organ Transplant</b>] This will be in or out. [<b>Coronary Artery By-Pass Surgery</b>] This will be in or out.</p> <p>This will be in or out.</p>
<p>[<b>Diphtheria</b> means an upper respiratory tract illness and an adherent membrane on the tonsils, pharynx, and/or nasal cavity caused by <i>Corynebacterium diphtheriae</i> as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Domestic Partner</b> means [a person who qualifies as a <b>Domestic Partner</b> under the <b>Policyholder's</b> written <b>Procedures</b> as on file and approved by <b>Us</b>.] [a person who qualifies as a <b>Domestic Partner</b> under the law of the state of residence.] [as defined in the <b>Policyholder's</b> [medical] plan as on file and approved by <b>Us</b>.]] To qualify as a <b>Domestic Partner</b> , the following requirements must be met:</p> <ol style="list-style-type: none"> <li>1. [<b>You</b> and the <b>Domestic Partner</b> must have an intimate, committed relationship of mutual caring, and have agreed to be responsible for each other's welfare;]</li> <li>2. [<b>You</b> and the <b>Domestic Partner</b> must have lived together in such a relationship for a period of not less than six (6) consecutive months at the same residence address;]</li> <li>3. [<b>You</b> and the <b>Domestic Partner</b> must both be at least eighteen (18) years of age;]</li> <li>4. [neither the <b>You</b> nor the <b>Domestic Partner</b> are legally married;]</li> <li>5. [<b>You</b> and the <b>Domestic Partner</b> are not <b>Related</b> by blood or adoption;]</li> <li>6. [<b>You</b> and the <b>Domestic Partner</b> are each other's sole <b>Domestic Partner</b> and intend to remain so indefinitely;] [and]</li> <li>7. [<b>You</b> and the <b>Domestic Partner</b> must be of the same sex, and if applicable law permitted, would be married.]</li> </ol> <p>The existence of the relationship between the <b>Domestic Partner</b> and the <b>You</b> must be evidenced by:</p> <ol style="list-style-type: none"> <li>1. [the <b>Domestic Partner</b> being named as the primary beneficiary in the event of <b>Your</b> death under the <b>Your</b> retirement plan or 401(k) plan, if <b>You</b> maintain such a plan;]</li> <li>2. [at least one of the following: <ol style="list-style-type: none"> <li>a. designation of the <b>Domestic Partner</b> as a primary beneficiary under <b>Your</b> will; or</li> <li>b. designation of the <b>Domestic Partner</b> as a primary beneficiary for <b>Your</b> life insurance;]</li> </ol> </li> <li>3. [at least one of the following: <ol style="list-style-type: none"> <li>a. joint ownership of real estate (whether by mortgage, lease</li> </ol> </li> </ol>	<p>This definition and all bracketed portions of the definition will be in or out.</p>

<p>or deed);</p> <ol style="list-style-type: none"> <li>b. joint ownership of a motor vehicle; or</li> <li>c. joint ownership of a bank account; and]</li> <li>4. [a completed, active certification of <b>Domestic Partner</b> status form on file with the <b>Policyholder</b>.]</li> </ol> <p>To be a covered <b>Domestic Partner</b>, <b>You</b> will not have completed a Termination of <b>Domestic Partner</b> status form with respect to the <b>Domestic Partner</b> who is to be covered under the <b>Policy</b>.]</p>	
<p>[<b>Down syndrome</b> means a genetic disorder that causes lifelong mental retardation, developmental delays and other problem as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Eligibility Waiting Period</b> means the [continuous] length of time an <b>Eligible Person</b> is in an Eligible Class with the <b>Policyholder</b> before eligible for coverage.]</p>	<p>This will be in or out depending if non-active working persons are eligible. If in, [continuous] will be in or out.</p>
<p>[<b>Encephalitis</b> means a [bacterial][viral] acute inflammation of the brain resulting in permanent neurological damage, as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>. This does not include encephalitis resulting from in the presence of any human immuno-deficiency virus (HIV) infection or other ancillary infections resulting from the HIV infection.]</p>	<p>This will be in or out.</p>
<p>[<b>End Stage Renal Failure</b> means chronic irreversible failure of both kidneys to function, as a result of which either regular renal or peritoneal dialysis is started and scheduled to occur on a weekly or biweekly basis unless [the <b>Covered Person</b> is] [<b>You</b> are] too ill to receive dialysis, or renal transplant is performed. The <b>Diagnosis</b> must be a <b>Physician</b> who is a board certified nephrologist.] The Covered Loss will be deemed to have occurred on the date the [<b>Covered Person</b> is][<b>You</b> are] is listed on the United Network for Organ Sharing (UNOS) .</p>	<p>This will be in or out.</p>
<p><b>First Occurrence</b> means, subject to any <b>Pre-existing Condition</b> limitation period, the first time that a <b>Diagnosis</b> is made or a <b>Procedure</b> is recommended for a <b>Critical Illness</b> [in [a <b>Covered Person's</b>][an <b>Insured's</b>] lifetime ] [while [the <b>Covered Person</b>][an <b>Insured</b>] is covered under the <b>Policy</b>]. A <b>Diagnosis</b> made or <b>Procedure</b> recommended for a <b>Critical Illness</b> after satisfaction of the <b>Pre-existing Condition</b> limitation period is considered a <b>First Occurrence</b>.</p>	<p>This will be in or out. If in, [while [the <b>Covered Person</b>][an <b>Insured</b>] is covered under the <b>Policy</b>]. Will be in or out.</p>
<p>[<b>Heart Attack (Myocardial Infarction)</b> means ischemic death of a portion of the heart muscle due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. This does not include a <b>Heart Attack</b> that occurs during a [heart related] medical procedure. The <b>Diagnosis</b> must be made by a <b>Physician</b> who is board certified as a cardiologist based on both:</p> <ol style="list-style-type: none"> <li>1. new clinical presentation and electrocardiographic changes consistent with an evolving <b>Heart Attack</b>; and</li> <li>2. serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a <b>Diagnosis</b> of <b>Heart Attack</b>.] </li></ol>	<p>This will be in or out.</p>
<p>[<b>Heart Transplant</b> means the transplantation of the heart from a patient who has died and whose heart was intact and capable of functioning in [the <b>Covered Person</b> recipient] [<b>You</b> as the recipient]. The transplanted heart must come from a human. The <b>Heart Transplant</b> must be required due to clinical evidence of the heart's irreversible failure which requires that the malfunctioning heart of [the <b>Covered Person</b>] [<b>Yours</b>] be replaced with a heart</p>	<p>This will be in or out. If in,</p>

<p>from a suitable human donor. [The Covered Loss will be deemed to have occurred on the date the <b>[Covered Person][Insured]</b> is listed on the United Network for Organ Sharing (UNOS) .]</p>	<p>This will be in or out.</p>
<p><b>[Huntington's Disease]</b> means a neurodegenerative genetic disease that affects muscle coordination and leads to cognitive decline and dementia as <b>Diagnosed</b> by a <b>Physician</b> who is a board certified neurologist ]</p>	<p>This will be in or out.</p>
<p><b>Insured</b> means a Class I, [Class II, Class III, Class IV, Class V, [or][and] Class VI] individual who is eligible for coverage under this <b>Policy</b> as provided in the Eligibility and Classification of <b>Insureds</b> part of the Schedule of Benefits, and who completes the enrollment material, if required.</p>	<p>This will be in or out. If in, [or] [and] will be either in or out.</p>
<p><b>[Legionnaire's Disease]</b> means a lung infection (pneumonia) caused by Legionella bacteria, and is <b>Diagnosed</b> through the discovery of such bacteria in the <b>[Covered Person's] [Your]</b> body. The <b>Diagnosis</b> must be made by a <b>Physician</b> qualified to make such <b>Diagnoses</b>, and must be supported by specialized laboratory tests searching for the Legionella bacteria, involving culture of [the <b>Covered Person's] [Your]</b> sputum, lung biopsy specimen, or respiratory secretions; and/or detecting the organism in urine. In order to make a claim, a finding of both pneumonia and the Legionella bacteria must be made by the <b>Physician</b> and there must be a community outbreak of Legionnaire's disease for [2-10] unrelated persons as verified by the Centers for Disease Control for that local geographical area.]</p>	<p>This will be in or out. If in, [2-10] The ranges will be as shown.</p>
<p><b>Loss of Hands and Feet</b> means that due to an <b>Accident</b> [or sickness] [a <b>Covered Person</b> sustains][<b>You</b> sustain] permanent physical severance of any combination of two or more limbs at or proximal to (above) the wrist or ankle joints. The loss of two or more limbs does not have to occur at the same time or due to the same cause, but the loss of each limb must occur while the person is a <b>Covered Person.</b>]</p>	<p>This will be in or out.</p>
<p><b>[Loss of Speech and/or Hearing]</b> means that due to an Accident [or sickness [a <b>Covered Person</b> is] [<b>You</b> are] <b>Diagnosed</b> by a <b>Physician</b> to have suffered a total and irreversible loss of speech and/or total and permanent loss of hearing in both ears with an auditory threshold of more than ninety (90) decibels in each ear,] for a minimum of [12 - 36] months. <b>Loss of Speech and/or Hearing</b> may not be the result of another covered <b>Critical Illness</b> or other Benefit.]</p>	<p>This will be in or out. If in, [or sickness] will be in or out.  [twelve (12 – 36) ranges will be as shown.</p>
<p><b>[Loss of Ability to Perform Normal Activities of Daily Living]</b> means that a [<b>Covered Person</b> is] [<b>You</b> are] is unable due to a sickness or injury to perform at least [two, three] <b>Normal Activities of Daily Living</b>. Such inability must be confirmed by a <b>Physician</b> qualified to make this determination. In the event this benefit is triggered by another covered benefit, <b>We</b> will only pay this benefit only once.]</p>	<p>This will be in or out. If in, [two, three] This will be in or out.</p>
<p><b>[Lymphedema]</b> means a condition, also known as lymphatic obstruction, of localized fluid retention and tissue swelling caused by a compromised lymphatic system that is <b>Diagnosed</b> as such by a <b>Physician</b> who is board certified to make this <b>Diagnosis.</b>]</p>	<p>This will be in or out.</p>
<p><b>[Major Organ Transplant]</b> means human to human organ transplant from a donor to [the <b>Covered Person] [You]</b> of transplant of an entire[ liver], [lung,][small intestine][kidney] or [pancreas] that is required due to clinical evidence of a major organ's irreversible failure which requires that the malfunctioning organ or tissue of [the <b>Covered Person] [Yours]</b> be replaced with</p>	<p>This will be in or out. If in, [liver], [lung,][small intestine][kidney] or [pancreas] each will be in or out as selected by the <b>Policyholder</b></p>

<p>an organ or tissue from a suitable human donor, excluding the <b>Covered Person</b>. [The <b>Covered Loss</b> will be deemed to have occurred on the date the <b>[Covered Person][Insured]</b> is listed on the United Network for Organ Sharing (UNOS)]</p>	<p>This will be in or out.</p>
<p><b>[Major Organ Transplant</b> does not include an organ transplant involving organs other than an entire kidney, liver, small intestine, lung, or pancreas;</p> <ol style="list-style-type: none"> <li>1. involving transplants of parts of organs, tissues or cells;</li> <li>2. involving organs transplanted from the same <b>[Covered Person] [You]</b>;</li> <li>3. involving organs received from non-human donors;</li> <li>4. involving implantation of mechanical devices or mechanical organs; or</li> <li>5. involving islet cell transplant.</li> </ol> <p>In order for the <b>Major Organ Transplant</b> to be considered eligible for benefits under the <b>Policy</b>, [the <b>Covered Person</b>] <b>[You]</b> must be registered by the United Network of Organ Sharing (UNOS) or the National Marrow Donor Program.]</p>	<p>This will be in or out.</p>
<p><b>[Malaria</b> means a mosquito-borne infectious disease resulting from infection from one of the five species of the genus Plasmodium; [falciparum,] [knowlesi] [malariae] [vivax,] [ovale] and <b>Diagnosed</b> as such by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out. If in, [falciparum,] [knowlesi] [malariae] [vivax,] [ovale] each will be in or out.</p>
<p><b>[Multiple Sclerosis</b> means an inflammatory disease that persists for a minimum of six months in which the fatty myelin sheaths around the axons of the brain and spinal cord are damaged, leading to inability of nerve cells in the brain and spinal cord to communicate with each other effectively as <b>Diagnosed</b>, by a <b>Physician</b> who is a board certified neurologist.]</p>	<p>This will be in or out.</p>
<p><b>[Muscular Dystrophy</b> means a group of hereditary and non-hereditary muscle diseases that weaken the musculoskeletal system and hamper locomotion confirmed by electromyography and muscle biopsy and is <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p><b>[Myasthenia Gravis</b> means an autoimmune neuromuscular disease leading to fluctuating muscle weakness and fatigability that is treated with medication and is <b>Diagnosed</b> as such by a <b>Physician</b> board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p><b>[Necrotizing Fasciitis</b> means a rare quickly progressing infection of the deeper layers of the skin and subcutaneous tissues commonly known as flesh-eating disease or Flesh-eating bacteria syndrome requiring a surgical procedure to be performed. Such disease must be <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b> and perform the surgical procedure.]</p>	<p>This will be in or out</p>
<p><b>[Non-Surgical Procedure for Coronary Artery Disease</b> means a non-surgical technique is recommended by a <b>Physician</b> who is board-certified cardiologist due to coronary artery disease that occurs when the arteries that supply blood and oxygen to the heart become damaged and narrowed. <b>Procedures</b> for which the <b>Critical Illness</b> benefit is payable include the non-surgical techniques of balloon angioplasty, laser embolectomy or other non-bypass techniques; minimally invasive endoscopic or keyhole heart surgery, stent <b>Procedures</b>, and atherectomy.]</p>	<p>This will be in or out.</p>
<p><b>[Non-Contributory</b> means that the premium payments require no contribution from the <b>You</b>.]</p>	<p>This will be in or out depending if employer pays 100% of premium.</p>

<p><b>[Normal Activity(ies) of Daily Living (ADLs)</b> means certain basic daily tasks necessary to maintain [the <b>Covered Person's</b>] [Your] health and safety. In this <b>Policy</b>, <b>ADLs</b> refer to the activities described below. The loss of ability must be due to a <b>Critical Illness</b> that has persisted for a period of at least [120] consecutive days:</p> <ol style="list-style-type: none"> <li>1. Transfer and mobility - The ability to move into or out of a bed, chair or wheelchair or to move from place to place, either via walking, a wheelchair, cane, crutches, walker or other equipment.</li> <li>2. Continence - The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter, urostomy, or colostomy bag).</li> <li>3. Dressing - Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.</li> <li>4. Toileting - Getting to and from the toilet, transferring on and off the toilet and performing associated personal hygiene.</li> <li>5. Eating - Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.</li> <li>6. Bathing - Washing oneself by sponge bath; or in either a tub or a shower, including the task of getting into or out of the tub or shower.]</li> </ol>	<p>This will be in or out. If in,</p> <p>The range will be 90-180</p>
<p><b>[Occupational Hepatitis</b> means the <b>Diagnosis</b> of occupational Hepatitis resulting from an <b>Accident</b> which exposed [the <b>Covered Person</b>] [You] to Hepatitis [A,] B[,] and C. The <b>Accidental</b> injury must occur during the normal course of duties for the occupation in which [the <b>Covered Person</b> is] [You are] regularly engaged and for which remuneration is earned. The incident must be reported to the [Policyholder][[<b>Covered Person's</b>] [Your] employer]] within forty eight 48 hours of the Accident and [the <b>Covered Person</b>] [You] must seek immediate medical attention. ] Occupational Hepatitis does not include Infection as a result of drug use, sexual transmission, or other hepatitis infection determined to not to be <b>Accidental</b>.]</p>	<p>This will be in or out. If in,</p> <p>[A] [,] will be in or out.</p> <p>This will be in or out.</p>
<p><b>[Occupational Human Immunodeficiency Virus (HIV)</b> means the <b>Diagnosis</b> of Human Immunodeficiency Virus (HIV) infection resulting from an <b>Accident</b> which exposed [the <b>Covered Person</b>] [You] to HIV-contaminated body fluids. The <b>Accidental</b> injury must occur during the normal course of duties for the occupation in which [the <b>Covered Person</b> is] [You are] regularly engaged and for which remuneration is earned. The incident must be reported to the [Policyholder][[<b>Covered Person's</b>][Your] employer]] within 48 hours of the incident and [the <b>Covered Person</b>][You] must seek immediate medical attention. Within forty-eight (48) hours of the accidental injury, the [Covered Person][You] must submit to a blood test for HIV and/or AIDS and/or related complex (ARC). The blood test results must be sent directly to <b>Us</b>] <b>Occupational HIV</b> does not include HIV Infection as a result of drug use, sexual transmission, or HIV infection determined to not to be <b>Accidental</b>.]</p>	<p>This will be in or out.</p> <p>This will be in or out.</p>
<p><b>[Open Enrollment Period</b> means a period of time agreed to by the <b>Policyholder</b> and <b>Us</b> during which an eligible <b>Active Employee</b> may enroll for insurance under the <b>Policy</b> if he or she did not enroll when initially eligible, [increase <b>Your</b> insurance, decrease <b>Your</b> insurance or terminate <b>Your</b> insurance].</p>	<p>This will be in or out. If in,</p> <p>[increase his or her insurance, decrease his or her insurance or terminate his or her insurance]. will be in or out.</p>

<p>[<b>Osteomyelitis</b> means an infection of the bone or bone marrow requiring a surgical procedure. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>. It is a condition precedent that a surgical procedure be performed before payment of this benefit.]</p>	<p>This will be in or out.</p>
<p>[<b>Paralysis</b> means that due to an Accident [or sickness] [a <b>Covered Person</b> sustains][<b>You</b> sustain] the e complete and permanent loss of function of [one][two] or more limbs as <b>Diagnosed</b> by a board certified <b>Physician</b> who is board certified. This does not include <b>Paralysis</b> that occurs as a result of a <b>Stroke</b> [or other medical procedure].]</p>	<p>This will be in or out. If in, [or sickness] will be in or out. Either [one] or [two] will be in or out.</p> <p>This will be in or out.</p>
<p>[<b>Parkinson's Disease</b>] means a degenerative disorder of the central nervous system which is the result of the loss of dopamine-producing brain cells and permanent clinical impairment of motor function with associated tremor, rigidity of movements, and postural instability as <b>Diagnosed</b> by a <b>Physician</b> who is a board certified neurologist.]</p>	<p>This will be in or out</p>
<p>[<b>Pathological Diagnosis</b> means a <b>Diagnosis</b> of <b>Type 1 Cancer</b> based on a microscopic study of fixed tissue or preparations from the blood systems. This type of <b>Diagnosis</b> must be done by a <b>Physician</b> who is a board certified pathologist and who <b>Diagnosis</b> of malignancy conforms to the standards set by the American College of Pathology.]</p>	<p>This will be in or out depending if Cancer benefits are available.</p>
<p>[<b>Poliomyelitis</b> means a contagious viral illness resulting from poliovirus type 1, 2, or 3 that in its most severe form causes paralysis, difficulty breathing and sometimes death. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out</p>
<p>[<b>Pre-existing Condition</b> means a disease or physical condition for which symptoms existed within the [3, 6] month period prior to the effective date of [a <b>Covered Person's</b>] [<b>Yours</b>] coverage under this <b>Policy</b> that would cause a person to seek medical advice or treatment or; medical advice or treatment was recommended or received from a member of the medical profession within the [3, 6] month period prior to the Effective Date of [a <b>Covered Person's</b>] [<b>Your</b>] coverage under this <b>Policy</b>.]</p>	<p>This will be in or out. If in, Either [3] or [6] will be in or out.</p> <p>Either [3] or [6] will be in or out.</p>
<p>[<b>Prior Plan</b> means the Critical Illness Policy that was in effect with the <b>Policyholder</b> for a different insurance company on the date immediately preceding the Effective Date under this <b>Policy</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Procedure:</b> means a medical procedure involving an incision with instruments and performed to repair damage or arrest disease related to a <b>Critical Illness</b> in a [<b>Covered Person</b>] [<b>You</b>].]</p>	<p>This will be in or out.</p>
<p>[<b>Rabies</b> means an acute viral disease of the central nervous system caused by a virus in the Lyssavirus family that is transmitted through saliva from the bite of an infected animal. For this benefit to apply, it is required that clinical confirmation through isolation of the associated antibodies and/or presence of specific symptoms be obtained prior to payment Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p><b>Related</b> means [a <b>Covered Person's Spouse</b> [/<b>Domestic Partner</b>] or other adult living with the <b>Insured</b>][the <b>Insured's Spouse</b> [/<b>Domestic Partner</b>] or other adult living with the <b>Insured</b>], sibling, parent, step-parent, grandparent, aunt, uncle, niece, nephew, son, daughter, or grandchild or similar relationship in law.</p>	<p>This will be in or out.</p>
<p>[<b>Retiree</b> means a former employee of the <b>Policyholder</b>.]</p>	<p>This will be in or out. If in, items 1-5 will be in or out.</p>

<ol style="list-style-type: none"> <li>1. [whose age plus years of service equals at least [60-70];]</li> <li>2. [who has attained the normal retirement age;]</li> <li>3. [who has completed at least [1-10] years of active full-time or part-time service with the <b>Policyholder</b>;]</li> <li>4. [who is participating in a <b>Policyholder</b>-sponsored pension plan;][or]</li> </ol> <p>[who retired from the <b>Policyholder</b> immediately after the last day as an <b>Active</b> employee.]</p>	<p>[60-70] the ranges will be as shown.</p> <p>[1 10] the ranges will be as shown.</p>
<p>[<b>Ruptured Aneurysm</b> means a Ruptured Cerebral, Carotid or Aortic Aneurysm, the <b>Diagnosis</b> of a <b>Ruptured Aneurysm</b> must be supported by medical records, including radiographically specific diagnostic studies to objectively support the <b>Diagnosis</b> as established by [the American Academy of Radiologists.]</p>	<p>This will be in or out.</p>
<p>[<b>Sclerosis</b> (also <b>Scleroderma</b>) means a connective tissue disease that involves changes in the skin, blood vessels, muscles, and internal organs. Such <b>Diagnosis</b> must be confirmed with a biopsy and made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Service Waiting Period</b> means the [continuous] length of time an Eligible Person is required to be [in <b>Active</b> employment] with the <b>Policyholder</b> before being eligible for coverage.]</p>	<p>This will be in or out. If in, [continuous] will be in or out. [in <b>Active</b> employment] will be in or out.</p>
<p>[<b>Severe Burn</b> or <b>Severely Burned</b> means a cosmetic disfigurement of the surface of at least [25%-75%] of the body area due to an <b>Accidental</b> injury that is a full-thickness or third-degree burn, as determined by a <b>Physician</b>. (A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation).]</p>	<p>This will be in or out. If in, [25% -75%] the ranges will be as shown.</p>
<p>[<b>Skin Cancer</b> means a <b>Diagnosis</b> of squamous cell carcinoma as <b>Diagnosed</b> by a <b>Physician</b> who is board certified dermatologist or <b>Physician</b> as defined above. <b>Skin Cancer</b> does not include any cancer <b>Diagnosed</b> as <b>Type 1 Cancer</b> or <b>Type 2 Cancer</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Sickle Cell Anemia</b> means is a disorder of the blood caused by an inherited abnormal hemoglobin, which produces distorted (sickled) red blood cells. The irregular sickled cells can block blood vessels causing tissue and organ damage and pain. <b>Sickle Cell Anemia</b> does not include Sickle cell trait (or sicklemlia), which is a condition in which a person has one gene for the disease, but does not display the severe symptoms of the disease. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Spina Bifida</b> means a developmental congenital disorder, where some vertebrae overlying the spinal cord are not fully formed and remain unfused and open. as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Spouse</b> means the <b>Eligible Person's</b> legally married <b>Spouse</b> under age [65-99].</p> <p>[A <b>Spouse</b> will only be a covered <b>Spouse</b> if a <b>Plan</b> covering the <b>Eligible Person's Spouse</b> is selected.]</p>	<p>This will be in or out. If in, [65-99] the ranges will be as shown</p> <p>This will be in or out depending if <b>Spouse</b> is eligible.</p>
<p>[<b>Stem Cell Therapy</b> means a type of intervention strategy that introduces new cells into damaged tissue in order to treat a <b>Critical</b></p>	<p>This will be in or out.</p>

<p><b>Illness.]</b></p>	
<p>[<b>Stroke</b> means the death of brain tissue due to an acute cerebrovascular event. All of the following criteria must be satisfied:</p> <ol style="list-style-type: none"> <li>1. clinical evidence of infarction or brain tissue, or intracranial or subarachnoid hemorrhage;</li> <li>2. clear evidence on a CT, MRI or similar imaging technique that a <b>Stroke</b> has occurred; and</li> <li>3. permanent neurologic deficit measured [96 hours - three months] or more after the event that results in a score of two or higher on the Modified Rankin Scale for stroke outcome.</li> </ol> <p><b>Stroke</b> does not include symptoms due to:</p> <ol style="list-style-type: none"> <li>a) transient Ischemic Attack (TIA),</li> <li>b) migraine;</li> <li>c) Hypoxia</li> <li>d) traumatic injury to brain tissue or blood vessels; or</li> <li>e) chronic cerebrovascular insufficiency and reversible deficits;</li> <li>f) vascular disease affecting the eye, optic nerve, or vestibular functions.]</li> </ol> <p>The <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified neurologist.]</p>	<p>This will be in or out.</p>
<p>[<b>Substantial Assistance</b> means <b>Hands-on Assistance</b> and <b>Stand-by Assistance</b> as described below. For the purposes of the <b>Policy Stand-by Assistance</b> will be used to determine that <b>Substantial Assistance</b> by another person is required by the <b>[Covered Person] [You]</b> to perform the <b>Normal Activity of Daily Living</b>.</p> <ol style="list-style-type: none"> <li>1. <b>Hands-on Assistance</b> means the physical assistance of another person without which a [a <b>Covered Person] [You]</b> would be unable to perform the <b>Normal Activity of Daily Living</b>.</li> </ol> <p><b>Stand-by Assistance</b> means the presence of another person within [a <b>Covered Person's] [Your]</b> arm's reach, to prevent, by physical intervention, injury to [the <b>Covered Person] [Your]</b> while he or she performs a <b>Normal Activity of Daily Living</b> (such as being ready to catch him or her if he or she falls while getting into or out of the bathtub or shower as part of bathing, or being ready to remove food from the <b>[Covered Person's] [Your]</b> throat if he or she chokes while eating).]</p>	<p>This will be in or out.</p>
<p>[<b>Systemic Lupus Erythematosus</b> means a systemic autoimmune disease where the immune system attacks the body's cells and tissue, resulting in inflammation [and] tissue damage [and confirmed by permanent neurological damage and/or permanent impairment of kidney function]. Payment of this benefit is conditioned on the confirmation of permanent neurological damage and/or permanent impairment of kidney function. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out. [and] will be in or out. This will be in or out.</p>
<p>[<b>Tetanus</b> (commonly known as Lockjaw) means a potentially life-threatening bacterial disease resulting from toxin secreting clostridium tetani that affects the nervous system, leading to painful muscle contractions, particularly of the jaw and neck muscles, and which can interfere with the ability to breathe. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such</p>	<p>This will be in or out.</p>

<p><b>Diagnosis.]</b></p>	
<p>[<b>TNM Classification</b> means the classification standards for <b>Type 1 Cancer, Skin Cancer,</b> and <b>Type 2 Cancer</b> as developed by the American Joint Committee on Cancer.]</p>	<p>This is included depending if cancer benefits are provided.</p>
<p>[<b>Tuberculosis (TB)</b> is a potentially serious infectious disease that primarily affects the lungs. The <b>Diagnosis</b> must be made by a <b>Physician</b>, based on skin tests, chest X-rays, sputum analysis (smear and culture), and polymerase chain reaction tests to detect the genetic material of the causative bacteria.]</p>	<p>This will be in or out.</p>
<p>[<b>Type 1 Cancer</b> means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemia, Hodgkin’s disease, carcinoma, sarcoma, malignant tumor and lymphomas are included. <b>Type 1 Cancer</b> does not include:</p> <ol style="list-style-type: none"> <li>1. any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;</li> <li>2. any papillary tumor of the bladder classified as Ta under <b>TNM Classification</b>;</li> <li>3. any tumor of the prostate classified as T1N0M0 under <b>TNM Classification</b>;</li> <li>4. any papillary tumor of the thyroid that is classified as T1N0M0 or less under <b>TNM Classification</b> and is one centimeter or less in diameter;</li> <li>5. any tumor in the presence of human immuno-deficiency virus;</li> <li>6. any <b>Skin Cancers</b>, unless there is metastasis and the tumor is a malignant melanoma of greater than 1.0 millimeters maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method;</li> <li>7. <b>Type 2 Cancer</b>; and</li> <li>8. chronic Lymphocytic Leukemia (CLL), less than or equal to Stage I, as defined by RAI classification.</li> </ol> <p><b>Type 1 Cancer</b> must be <b>Diagnosed</b> according to a <b>Pathological Diagnosis</b> or <b>Clinical Diagnosis of Type 1 Cancer.</b>]</p>	<p>This will be in or out.</p>
<p>[<b>Type 2 Cancer</b> means a <b>Diagnosis</b> of cancer where the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. It also includes:</p> <ol style="list-style-type: none"> <li>1. any malignant melanoma less than or equal to 1.0 millimeters maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method;</li> <li>2. any melanoma not invading the dermis classified as T1N0M0 under <b>TNM Classification</b>;</li> <li>3. any tumor of the prostate classified as T1N0M0 under <b>TNM Classification</b>;</li> <li>4. any papillary tumor of the bladder classified as Ta under <b>TNM Classification</b>;</li> <li>5. any papillary tumor of the thyroid that is classified as T1N0M0 or less under <b>TNM Classification</b> and is one</li> </ol>	<p>This will be in or out.</p>

<p>centimeter or less in diameter;</p> <p>6. chronic Lymphocytic Leukemia (CLL), less than or equal to Stage I, as defined by RAI classification.</p> <p><b>Type 2 Cancer</b> does not include:</p> <ol style="list-style-type: none"> <li>1. any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;</li> <li>2. any tumor in the presence of human immuno-deficiency virus;</li> <li>3. any non-melanoma <b>Skin Cancer</b>;</li> <li>4. any melanoma in situ classified as TisNOM0 under <b>TNM Classification</b></li> <li>5. other skin malignancies; and</li> <li>6. any carcinoid tumor.</li> </ol> <p><b>Type 2 Cancer</b> must be <b>Diagnosed</b> pursuant to a <b>Pathological Diagnosis</b> or <b>Clinical Diagnosis</b>.]</p>	
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**SECTION IV - GENERAL EXCLUSIONS**

<p>Exclusions will be either in or out</p> <ol style="list-style-type: none"> <li>1. [suicide or attempted suicide while sane [or insane] or from intentionally self-inflicted injury.]</li> <li>2. [from a <b>Pre-existing Condition</b>.]</li> <li>3. [war or any act of war, whether declared or undeclared.]</li> <li>4. [involvement in any type of active military service [Reserve or National Guard active duty training is not excluded, unless it extends beyond [thirty-one (31) consecutive days].];][For purposes of this exclusion, orders to active military service for [sixty (60) days] or less will not be considered involvement in active military service.][This exclusion does not apply to the first [sixty (60) consecutive days] of active military service.]</li> <li>5. [participation in the commission or attempted commission of [any crime, [any felony,] [an assault] [insurrection] [or] [riot].]</li> <li>6. [due to engaging in an illegal occupation.]</li> <li>7. [being intoxicated while operating a motor vehicle.][being intoxicated.] <ol style="list-style-type: none"> <li>a. [a <b>Covered Person</b>] [You] will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the <b>Accident</b> occurred, to be intoxicated, if operating a motor vehicle.</li> <li>b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or</li> </ol> </li> </ol>	<p>Each exclusion will be in or out. If in, [or insane] will be in or out</p> <p>This will be in or out.</p> <p>This will be in or out. If in, [thirty-one (31) consecutive days] The range will be 0 – 60</p> <p>[For purposes of this exclusion, orders to active military service for [sixty (60) days] or less will not be considered involvement in active military service.] will be in or out. If in, [sixty (60) days] the range will be 30-90 days. [This exclusion does not apply to the first [sixty (60) consecutive days] of active military service.] will be in or out. If in, the range will be 30-90 days.</p> <p>This will be in or out. If in each of the following will be in or out, [any crime, [any felony,][an assault insurrection] [or] [riot].]</p> <p>This will be in or out. [being intoxicated while operating a motor vehicle.] will be in or out</p>
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<p>similar items will be considered proof of the <b>[Covered Person's]</b> <b>[Your]</b> intoxication.]</p> <p>8. [being under the influence of any prescription drug, controlled substance, or hallucinogen, unless such prescription drug, controlled substance, or hallucinogen was prescribed by a <b>Physician</b> and taken in accordance with the prescribed dosage.]</p> <p>9. [a <b>Diagnosis</b> for which proof is submitted by a <b>Physician</b> that is <b>Related</b> to [the <b>Covered Person</b>][<b>You</b>].]</p> <p>10.[refusing certain types of recommended medical treatment, as follows:</p> <p>a. [a <b>Physician</b> has recommended treatment with angioplasty or <b>Coronary Artery By-Pass Graft</b> for coronary artery disease, <b>You</b> refuse this treatment, and the <b>You</b> suffer a <b>Heart Attack</b>; [or] [.]]</p> <p>b. [a <b>Physician</b> has recommended treatment for a brain aneurysm or carotid artery stenosis, <b>You</b> refuse treatment, and <b>You</b> suffer a <b>Stroke</b>;[or]</p> <p>c. [a <b>Physician</b> has recommended a diagnostic biopsy or diagnostic/therapeutic excision of a mass or lesion suspected of being cancer [the <b>Covered Person</b> refuses][<b>You</b> refuse] and [the <b>Covered Person</b> develops][<b>You</b> develop] <b>Type 1 Cancer, Skin Cancer, or Type 2 Cancer.</b>]]</p>	<p>This will be in or out.</p> <p>This will be in or out.</p> <p>This will be in or out. If in,</p> <p>[or] [.]Will be in or out. This will be in or out.</p> <p>[or] will be in or out. This will be in or out.</p>
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<p><b>[Pre-existing Condition</b> Limitation</p> <p>[6] [12] consecutive months.</p> <p>[If the <b>Policy</b> replaces a <b>Prior Plan</b>, <b>We</b> will pay for a <b>Pre-existing Condition</b> if [the <b>Covered Person</b>] <b>[You]</b> is insured under the <b>Policy</b> on its Effective Date and was covered under the <b>Prior Plan</b> on the date the <b>Prior Plan</b> terminated as follows:</p> <p>1. [The <b>Covered Person</b>][<b>You]</b> must satisfy the <b>Pre-existing Condition</b> provision under the <b>Policy</b>; or</p> <p>2. [The <b>Covered Person</b>][<b>You]</b> must have satisfied the <b>Pre-existing Conditions</b> provision under the <b>Prior Plan</b>, if benefits would otherwise have been paid had the <b>Prior Plan</b> remained in force, if earlier.]]</p>	<p>Will be in or out. If in,</p> <p>Either [6] or [12] will be in or out.</p> <p>This will be in or out depending if there is a takeover/replacement of a <b>Prior Plan</b>.</p>
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**SECTION V – PREMIUMS**

<p>A. Premiums: Premiums are due and payable to <b>Us</b> at the rates and in the manner described in the [Schedule][<b>Policyholder</b> Application].</p>	<p>[Schedule] will be in or out. <b>[Policyholder</b> Application] will be in or out.</p>
<p>B. Grace Period: Premiums are due for this <b>Policy</b> on or before the premium due date or renewal date, whichever applies. If the <b>Policyholder</b> does not pay a renewal premium when it is due, there is a [thirty-one (31)] day Grace Period to pay. During the Grace Period, the <b>Policy</b> will stay in force. The <b>Policyholder</b> will not have a Grace Period if <b>We</b> have given notice, at least [thirty (30)] days in advance, that <b>We</b> are going to terminate this <b>Policy</b>.</p>	<p>[thirty-one (31)] The range will be 31-120 days or as required by state law.</p> <p>[thirty (30)] The range will be 30-120 days or as required by state law.</p>

**SECTION VI - TERMINATION OF INSURANCE**

<p>A. Termination of <b>Covered Person's</b> Insurance.</p> <p>[For <b>You</b>. Insurance terminates at the end of the [month][date] for which premium has been paid and during which any of the following occurs:</p> <ol style="list-style-type: none"> <li>1. [the <b>Policy</b> is terminated [unless coverage for [the <b>Covered Person</b> continues] [<b>You</b> continue] according to SECTION XI, PORTABILITY PRIVILEGE];]</li> <li>2. <b>You</b> ceases to be eligible for insurance;</li> <li>3. <b>You</b> fails to pay the required premium, if the <b>You</b> is so required; [or]</li> <li>4. [<b>You</b> reaches age [65-99]];[or]</li> <li>5. the Per Person Lifetime Benefit Maximum Payout is paid to <b>You</b> [;or][.]</li> <li>6. [<b>You</b> retires].</li> </ol> <p>[<b>Covered Person</b> other than the <b>You</b>. Insurance terminates on the earliest of:</p> <ol style="list-style-type: none"> <li>1. the date the insurance of the Insured terminates;</li> <li>2. Per Person Lifetime Benefit Maximum Payout is paid to the <b>Covered Person</b>.</li> <li>3. the first premium due date after the person no longer qualifies as a <b>Covered Person</b>;</li> <li>4. [for the <b>Covered Spouse</b> [/Domestic Partner ], the date the <b>Covered Spouse</b> [/Domestic Partner ] reaches age [65-99].]</li> </ol>	<p>This will be in or out. If in, [month] will be in or out. [date] will be in or out.</p> <p>This will be in or out if portability provided.</p> <p>[or] This will be in or out.</p> <p>This will be in or out, If in, [65-99] the range will be as shown [or] will be in or out. [;or][.] will be in or out.</p> <p>This will be in or out depending if <b>Retirees</b> are Eligible Class per the <b>Policyholder</b>.</p> <p>This will be in or out depednig if <b>Dependents</b> are covered.</p> <p>This will be in or out. If in, [65-99] The range will be as shown.</p>
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**SECTION VII HOW TO FILE A CLAIM**

<p>A. Notice: [The <b>Covered Person</b>][<b>You</b>] or the beneficiary, or someone on their behalf, must give <b>Us</b> written notice of the <b>Covered Loss</b> within [ninety (90)] days of such <b>Covered Loss</b>, or as soon thereafter as reasonably possible. The notice must name [the <b>Covered Person</b>,][<b>You</b>], and the Policy Number. To request a claim form, [the <b>Covered Person</b>][<b>You</b>]or the beneficiary, or someone on their behalf may contact <b>Us</b> at [1-866-841-4771]. The notice must be sent to the address shown on the Schedule, or any of <b>Our</b> agents. Notice to <b>Our</b> agents is considered notice to <b>Us</b>.</p>	<p>[ninety (90)] days. The range will be 20-120 days.</p> <p>Appropriate phone number will be inserted.</p>
<p>B.Claim Forms: <b>We</b> will send the claimant Proof of Covered Loss forms within [fifteen (15)] days after <b>We</b> receive notice. If the claimant does not receive the Proof of Covered Loss form in [fifteen (15)] days after submitting notice, he or she can send <b>Us</b> a detailed written report of the claim and the extent of the <b>Covered Loss</b>. <b>We</b> will accept this report as a Proof of Covered Loss if sent within the time fixed below for filing a Proof of Covered Loss.</p>	<p>[fifteen (15)] days. The range will be 15-90 days.</p> <p>[fifteen (15)] days. The range will be 15-90 days.</p>
<p>C.Proof of Covered Loss: Written Proof of a <b>Covered Loss</b>, acceptable to <b>Us</b>, must be sent within [ninety (90)] days of the <b>Covered Loss</b>. Failure to furnish Proof of a <b>Covered Loss</b></p>	<p>[ninety (90)] days. The range will be 90-180 days.</p>

acceptable to **Us** within such time will neither invalidate nor reduce any claim if it was not reasonably possible to furnish the Proof of a **Covered Loss**, and the proof was provided as soon as reasonably possible.

**SECTION VIII - PAYMENT OF CLAIMS**

**B. Who We Will Pay.**

Benefits are to be paid to **You**, if alive. If **You** are not alive, benefits are payable to his or her estate. **You** may assign his or her interest in the **Policy** by giving **Our** agent or **Us** written notice at **Our** Administrative Office at [Claims Department, Zurich American Insurance Company, [P.O. Box 968041, Schaumburg, IL. 60196]] [1-866-841-4771]. The change or assignment will not be effective until **We** receive the written notice. **We** assume no responsibility for the validity of any assignment. Any payment **We** make will fully discharge **Us** to the extent of the payment.

Appropriate phone number and address inserted

**SECTION X COVERAGES**

[Critical Illness Benefit: **We** will pay benefits for:

1. A **Diagnosis** of a **Critical Illness** that is first made after the **Benefit Waiting Period**, subject to the **Pre-existing Condition** provision; or
2. A **Procedure** for a **Critical Illness** that is first recommended after the **Benefit Waiting Period**, subject to the **Pre-existing Condition** provision.

**We** will pay the Percent of the Benefit Amount shown in the Schedule of Benefits for each and every covered **Critical Illness** [up to the up to the Per Category Maximum Payout] up to the overall Per Person Lifetime Benefit Maximum Payout if the following conditions are met:

This will be in or out depending if there is an internal category cap.

1. With respect to [**Heart Attack**] [**Stroke**] [**Coronary Artery By-Pass Graft**][**Non-Surgical Procedure for Coronary Artery Disease**][**Ruptured Aneurysm**] [**Type 1 Cancer**] [**Type 2 Cancer**] [**Skin Cancer**] [**Benign Brain Tumor**] [**Major Organ Transplant**] [**Heart Transplant**][**End Stage Renal Failure**] [**Paralysis**] [**Coma**] [**Blindness Both Eyes**] [**Blindness One Eye**] [**Loss of Speech and/or Hearing**] [**Severe Burns**] [**Loss of Hands and Feet**] [**Advanced Alzheimer's**] [**Amyotrophic Lateral Sclerosis**] [**Parkinson's Disease**][**Addison's Disease**] [**Cerebrospinal Meningitis**] [**Diphtheria**] [**Encephalitis**][**Huntington's Chorea**][**Legionnaire's Disease**][**Malaria**][**Muscular Dystrophy**] [**Myasthenia Gravis**] [**Necrotizing Fasciitis**] [**Occupational HIV**] [**Occupational Hepatitis**] [**Osteomyelitis**] [**Poliomyelitis**] [**Rabies**][**Sickle Cell Anemia**] [**Systemic Lupus Erythematosus**] [**Scleroderma**][**Tetanus**][**Tuberculosis**] [**Loss of Ability to Perform Normal Activities of Daily Living**] [**Multiple Sclerosis**] [**Cerebral Palsy**] [**Cleft Lip or Cleft Palate**] [**Cystic Fibrosis**] [**Down Syndrome**] [**Spina Bifida**] and subject to the **Pre-existing Conditions** provision, the **First Occurrence** in [a **Covered Person's**] [**Your**] lifetime [during the time the [**Covered Person** is][**You** are] covered under the **Policy** that he or she experiences

Item 1 will be included to the extent **Critical Illnesses** are covered. Therefore, covered **Critical Illnesses** will be in or out.

<p>such <b>Critical Illness</b> and he or she is <b>Diagnosed</b> with such <b>Critical Illness</b>.</p> <p>2. [With respect to <b>Coronary Artery Bypass Graft</b> and subject to the <b>Pre-existing Conditions</b> provision, the <b>First Occurrence</b> in [a <b>Covered Person's</b>][ <b>Your</b> lifetime] [during the time [the <b>Covered Person</b> is][<b>You are</b>] covered under the <b>Policy</b>] that [he or she undergoes][ <b>You undergo</b>] such <b>Procedure</b>.]</p> <p>3. [With respect to [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>] and subject to the <b>Pre-existing Conditions</b> provision, the <b>First Occurrence</b> in [a <b>Covered Person's</b>][ <b>Your</b> lifetime] [during the time the [<b>Covered Person</b>][<b>Insured</b>] is covered under the <b>Policy</b>]] that [he or she undergoes][<b>You undergo</b>] a [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>].]</p> <p>4. [With respect to <b>Loss of Ability to Perform Normal Activities of Daily Living</b> and subject to the <b>Pre-existing Conditions</b> provision, the <b>First Occurrence</b> [in [a <b>Covered Person's</b>][<b>Your</b> lifetime] [during the time [the <b>Covered Person</b> is][<b>You are</b>] covered under the <b>Policy</b>] that he or she has after suffered such loss for [30-180] consecutive days. If the loss is due to a <b>Critical Illness</b>, this benefit will [be additional] [not be additional] to other benefits payable under the [a <b>Covered Person's</b>][<b>Your</b>] <b>Plan</b>. [If payable under two <b>Critical Illness</b> benefits, only the larger of the benefits will be provided.]]</p> <p>Benefits are paid [one] time for each category of <b>Critical Illness</b> [except as paid under the Recurrence Benefit Option]</p>	<p>This will be in or out. If in,</p> <p>This will be in or out.</p> <p>This will be in or out. If in, [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>] will be in or out.</p> <p>This will be in or out. This will be in or out.</p> <p>This will be in or out. If in,</p> <p>This will be in or out. This will be in or out.</p> <p>[30 – 180] Consecutive days The range will be as shown. [be additional] will be in or out. [not be additional] will be in or out. This will be in or out.</p> <p>[one] This will be in or out. This will be in or out.</p>
<p><b>[Benefit Waiting Period:</b> Benefits will not be paid for a <b>Critical Illness</b>:</p> <ol style="list-style-type: none"> <li>1. if the <b>Diagnosis</b> is made or the <b>Procedure</b> is recommended during the <b>Benefit Waiting Period</b>; or</li> <li>2. for which [a <b>Covered Person</b> exhibits] [<b>You exhibit</b>] symptoms that would cause a prudent person to seek medical treatment by a <b>Physician</b> of a covered <b>Critical Illness</b> during the <b>Benefit Waiting Period</b>.</li> </ol> <p>If :</p> <ol style="list-style-type: none"> <li>1. the date <b>Your Diagnosis</b> is made or the <b>Procedure</b> is recommended for a covered <b>Critical Illness</b> occurs during the <b>Benefit Waiting Period</b>; and</li> <li>2. the <b>Policy</b> is a new program for the <b>Policyholder</b> and there is no <b>Prior Plan</b>,</li> </ol> <p><b>You</b> may return the certificate for a full premium refund and the coverage will be terminated.]</p> <p>[If :</p> <ol style="list-style-type: none"> <li>1. the date of a <b>Covered Person's</b> (other than the <b>Your</b>) <b>Diagnosis</b> is made or the <b>Procedure</b> is recommended for a covered <b>Critical Illness</b> occurs during the <b>Benefit Waiting Period</b>; and</li> <li>2. the <b>Policy</b> is a new program for the <b>Policyholder</b> and there is no <b>Prior Plan</b>,</li> </ol> <p><b>You</b> may terminate the <b>Covered Person's</b> coverage under the <b>Policy</b> for a premium refund of that <b>Covered Person's</b> cost and his or her coverage will be terminated. <b>You</b> must notify <b>Us</b> in writing.]</p>	<p>This will be in or out depending if a benefit waiting period is imposed.</p> <p>This will be in or out depending if <b>Dependent</b> coverage and benefit waiting period are imposed.</p>

<p>[Additional Critical Illness Benefit: If [a <b>Covered Person</b>] [You] received benefits under the Critical Illness Benefit for a <b>Critical Illness</b> he or she will receive benefits for a <b>Diagnosis</b> made or <b>Procedure</b> recommended for a different <b>Critical Illness</b> as long as the date of <b>Diagnosis</b> or <b>Procedure</b> for each <b>Critical Illness</b> is separated by at least</p> <p>[6, 12, 18, 24] months for Category 1  [6,12,18,24] months for Category 2  [6,12,18,24] months for Category 3  [6,12,18,24] months for Category 4  [6,12,18,24] months for Category 5  [6,12,18,24] months for Category 6]</p> <p>consecutive months. <b>We</b> will pay the Percent of the Benefit Amount shown in the Schedule of Benefits.]</p>	<p>This will be in or out depending if additional Critical Illness benefit is available. If in,</p> <p>[6, 12, 18, or 24] will be in or out.</p>
<p>[Recurrence Benefit: If a benefit is paid for a <b>Critical Illness</b> and [a <b>Covered Person</b> has] [You have] not exhibited symptoms or received care and treatment for that same <b>Critical Illness</b> for at least</p> <p>[6, 12, 18, 24] months for Category 1  [6,12,18,24] months for Category 2  [6,12,18,24] months for Category 3  [6,12,18,24] months for Category 4  [6,12,18,24] months for Category 5  [6,12,18,24] months for Category 6]</p> <p>consecutive months since the benefit payment and [the <b>Covered Person</b> is] [You are] is re-diagnosed for the same <b>Critical Illness</b>, <b>We</b> will pay a Recurrence Benefit as follows:</p> <ol style="list-style-type: none"> <li>1. With respect to [<b>Heart Attack</b>] [<b>End Stage Renal Failure</b>][<b>Stroke</b>][<b>Paralysis</b>], the second [and third] time in [a <b>Covered Person's</b>] [Your] lifetime that: (a) he or she experiences such <b>Critical Illness</b>; and (b) he or she is <b>Diagnosed</b> with such <b>Critical Illness</b>.</li> <li>2. With respect to [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>], the second [and third] time in [a <b>Covered Person's</b>] [Your] lifetime that he or she or she undergoes a [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>].</li> </ol> <p>The Recurrence Benefit is shown in the Schedule of Benefits. Benefits are not payable for any recurrence of a <b>Critical Illness</b> not shown in the Recurrence Benefit. ]</p>	<p>This will be in or out depending if recurrence benefit is provided for covered <b>Critical Illnesses</b>, If in,</p> <p>[6, 12, 18 or 24] will be in or out.</p> <p><b>[Heart Attack] [End Stage Renal Failure][Stroke][Paralysis]</b> each will be in or out. [and third] will be in or out.</p> <p><b>[Major Organ Transplant][Heart Transplant]</b> will be in or out.</p>
<p>[Per Category Maximum Payout: Within each category, the most <b>We</b> will pay for the <b>Critical Illness</b> Benefit, [all Additional Critical Illness Benefits], [and all Recurrence Benefits] combined is the Per Category Maximum Payout shown in the Schedule of Benefits.]</p>	<p>This will be in or out depending if per category cap is available. If in,</p> <p>[all Additional Critical Illness Benefits] will be in or out. [and all Recurrence Benefits] will be in or out.</p>
<p>Additional Benefits</p> <p>[Bone Marrow Transplant Indemnity Benefit: If a <b>Procedure</b> or <b>Diagnosis</b> of a covered <b>Critical Illness</b> for which a Benefit Amount is paid under the <b>Policy</b> requires a <b>Bone Marrow</b></p>	<p>Each will be in or out if included in the Schedule, included in Section X Coverages.</p> <p>This will be in or out.</p>

<p><b>Transplant, We</b> will pay an additional lump sum benefit. The benefit is shown in the Schedule of Benefits as a percentage of the Benefit Amount paid for the <b>Critical Illness.</b>]</p>	
<p>[Evaluation Benefit: This benefit is available after <b>Your</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months.]</p> <p>If [a <b>Covered Person is</b>][<b>You are</b>] <b>Diagnosed</b> with a <b>Critical Illness</b> or has a <b>Procedure</b> for a <b>Critical Illness</b> recommended for which benefits are payable, <b>We</b> will pay the Evaluation Benefit shown in the Schedule of Benefits. The purpose of the Evaluation Benefit is to provide [a <b>Covered Person</b>][<b>You</b>] with options for treatment of the <b>Critical Illness</b>. Benefits are provided for an evaluation at an <b>Evaluation Center</b> following payment for a <b>First Occurrence</b> Benefit [or a Recurrence Benefit]. The Evaluation Benefit is limited to one payment for each <b>First Occurrence</b> [or a Recurrence] of a <b>Critical Illness</b>.</p> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b> [with the exception of the NCI Cancer Center Benefit. If a [<b>Covered Person</b>][<b>Insured</b>] is covered for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid. The [<b>Covered Person's</b>][<b>Insured's</b>] insurance must be in effect on the date the evaluation is provided for benefits to be payable under the <b>Policy</b>.</p> <p>For purposes of this benefit only, <b>Evaluation Center</b> means a facility that is:</p> <ol style="list-style-type: none"> <li>1. licensed or certified under the laws where it is located to provide diagnostic services for the <b>Critical Illness</b> for which evaluation is sought; and</li> <li>2. which has been recognized by the <b>Policyholder</b> in writing as an evaluation center for purposes of the Evaluation Benefit.]</li> </ol>	<p>This will be in or out, if In, [1 -12] consecutive months. The range will be as shown</p> <p>[or a Recurrence Benefit] Will be in or out depending if recurrence benefit is covered.</p> <p>This will be in or out.</p>
<p>[Hospital Cash Benefit: [Hospital Cash Benefit: <b>We</b> will pay the Daily Hospital Confinement Benefit shown in the Schedule of Benefits if [a <b>Covered Person is</b>][<b>You are</b>] <b>Hospital Confined</b> due to treatment following the <b>Diagnosis</b> of a <b>Critical Illness</b> or due to a <b>Procedure</b> recommended for a <b>Critical Illness</b>. Benefit payments will end on the first of the following dates:</p> <ol style="list-style-type: none"> <li>1. the date the <b>Hospital</b> stay ends;</li> <li>2. the date [the <b>Covered Person dies</b>][the <b>You die</b>];</li> <li>3. the date the Maximum Benefit Period for this benefit ends per Plan Year;</li> <li>4. [the date [a <b>Covered Person attains</b>][<b>You attain</b>] age [65-99];]</li> <li>5. the date insurance under the <b>Policy</b> ends.]</li> </ol>	<p>This will be in or out. If in,</p> <p>This will be in or out. If in [65-99] the range will be as shown.</p>
<p>[Lodging Benefit: This benefit is available after the <b>Your</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months.</p> <p>If [a <b>Covered Person is</b>][<b>You are</b>] <b>Diagnosed</b> with a <b>Critical</b></p>	<p>This will be in or out. If in, [1 -12] consecutive months. The range will be as shown.</p>

<p><b>Illness</b> or has a <b>Procedure</b> relating to a <b>Critical Illness</b> recommended and requires an <b>Outpatient Treatment Session</b> for the <b>Critical Illness</b>, <b>We</b> will pay the benefit shown in the Schedule of Benefits. Benefits are payable for each day <b>Lodging</b> is required while [the <b>Covered Person</b> is][<b>You</b> are] receiving the treatment during an <b>Outpatient Treatment Session</b>. This benefit is subject to the following:</p> <ol style="list-style-type: none"> <li>1. the treatment facility must be at least [100-1,000] miles from [the <b>Covered Person's</b>][<b>Your</b>] primary residence;</li> <li>2. benefits will only be provided for twenty-four (24) hours prior to [the <b>Covered Person's</b>][<b>Your</b>] receipt of treatment, during an <b>Outpatient Treatment Session</b>, and for twenty-four (24) hours following receipt of treatment;</li> <li>3. <b>You</b> must provide written proof that the treatment was received; and</li> <li>4. <b>You</b> must provide written proof that <b>Lodging</b> was required and an expense was incurred for such <b>Lodging</b>.</li> </ol> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b>. [The <b>Covered Person's</b>][<b>Your</b>] insurance must be in effect on the date <b>Lodging</b> is required for benefits to be payable under the <b>Policy</b>.]</p>	<p>[100 -1,000] miles. The range will be as shown.</p>
<p>[<b>Outpatient Treatment Session</b> means a stated session where services and supplies are provided by a <b>Physician</b> to a [<b>Covered Person</b>][<b>Insured</b>] for treatment of a covered <b>Critical Illness</b> at an appropriately licensed outpatient treatment facility.]</p>	<p>This will be in or out.</p>
<p>[<b>Lymphedema</b> Testing: If a <b>Physician</b> recommends that [a <b>Covered Person</b>][<b>You</b>] who, during the course of treatment for a <b>Critical Illness</b> where such treatment might cause the onset of <b>Lymphedema</b>, receive a <b>Lymphadema</b> test, we will pay the benefit shown in the Schedule of Benefits.]</p>	<p>This will be in or out.</p>
<p>[NCI Cancer Center Benefit: [This benefit is available after the <b>Insured's</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months.]</p> <p>If [a <b>Covered Person</b> is][<b>You</b> are] <b>Diagnosed</b> with an [<b>Type 1 Cancer</b>][<b>Type 2 Cancer in Situ</b>][<b>Skin Cancer</b>] and receives an evaluation at an <b>NCI Cancer Center</b> while insured under the <b>Policy</b>, <b>We</b> will pay the benefit shown in the Schedule of Benefits. The benefit is subject to the following:</p> <ol style="list-style-type: none"> <li>1. the benefit is limited to one payment for each Benefit Amount paid for the <b>First Occurrence</b> and received by [a <b>Covered Person</b>][<b>You</b>] for [<b>Type 1 Cancer</b>][<b>Type 2 Cancer in Situ</b>][<b>Skin Cancer</b>] and only if an <b>NCI Cancer Center</b> evaluation is received by [a <b>Covered Person</b>][<b>You</b>];</li> <li>2. <b>We</b> will only pay this benefit if <b>We</b> have already paid a Benefit Amount for the <b>First Occurrence</b> of [<b>Type 1 Cancer</b>][<b>Type 2 Cancer</b>][<b>Skin Cancer</b>]; and</li> <li>3. <b>You</b> submit proof that the evaluation was received.</li> </ol> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b> [with the exception of the Evaluation Benefit]. [If [a <b>Covered Person</b>][<b>You</b>] is covered</p>	<p>This will be in or out. If in, [1 -12] consecutive months. The range will be as shown</p> <p>[<b>Type 1 Cancer</b>][<b>Type 2 Cancer</b>][<b>Skin Cancer</b>] each will be in or out.</p> <p>This will be in or out.</p>

<p>for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid.] [The <b>Covered Person's</b>][<b>Your</b>] insurance must be in effect on the date of the evaluation for benefits to be payable under the <b>Policy</b>.]</p>	<p>This will be in or out.  This will be in or out.</p>
<p>[Stem Cell Indemnity Benefit: If a <b>Procedure</b> or <b>Diagnosis</b> of a covered <b>Critical Illness</b> for which a Benefit Amount is paid under the <b>Policy</b> requires <b>Stem Cell Therapy</b>, <b>We</b> will pay an additional lump sum benefit. The benefit is shown in the Schedule of Benefits as a percentage of the Benefit Amount paid for the <b>Critical Illness</b>.]</p>	<p>This will be in or out.</p>
<p>[Supplemental Benefit for High Deductible Health Plan: If [a <b>Covered Person</b> is][ <b>You</b> are] covered under a <b>High Deductible Health Plan</b> and [receives][receive] medical treatment for a <b>Critical Illness</b> for which benefits are otherwise payable under the <b>Policy</b>, <b>We</b> will pay the benefit shown in the Schedule of Benefits. This benefit is payable in addition to any other benefits payable under the <b>Policy</b>.</p> <p>For purposes of this benefit only, <b>High Deductible Health Plan</b> means a health plan that satisfies the requirements of Section 223 of the Internal Revenue Code with regard to minimum deductibles and out-of-pocket costs and issued in conjunction with a Health Savings Account.]</p>	<p>This will be in or out.</p>
<p>[Transportation Benefit: This benefit is available after the <b>Your</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months. If [a <b>Covered Person</b> is][<b>You</b> are] <b>Diagnosed</b> with a <b>Critical Illness</b> or has a <b>Procedure</b> for a <b>Critical Illness</b> recommended and requires treatment for the <b>Critical Illness</b> at an appropriately licensed treatment facility, <b>We</b> will pay the benefit shown in the Schedule of Benefits.</p> <p>This benefit is subject to the following:</p> <ol style="list-style-type: none"> <li>1. the treatment facility must be at least [100-1,000] miles from the [<b>Covered Person's</b>][<b>Your</b>] primary residence. Mileage is measured from the [<b>Covered Person's</b>][<b>Your</b>] primary residence to the appropriately licensed treatment facility;</li> <li>2. <b>You</b> must provide written proof that the treatment was received; and</li> <li>3. <b>You</b> must provide written proof that he or she drove to the treatment facility in a personal or borrowed vehicle.</li> </ol> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b>. [The <b>Covered Person's</b>][<b>Your</b>] insurance must be in effect on the date transportation is provided for benefits to be payable under the <b>Policy</b></p>	<p>This will be in or out. If in, [1 -12] consecutive months. The range will be as shown.</p> <p>[100 -1,000] miles. The range will be as shown.</p>
<p>[Waiver of Premium for <b>Total Disability</b>:</p> <p>Subject to all of the terms and conditions of the <b>Policy</b>, if:</p> <ol style="list-style-type: none"> <li>1. a Class I [or Class III] <b>You</b> become <b>Totally Disabled</b> while he or she is insured under the <b>Policy</b> prior to [the <b>Your</b> [50<sup>th</sup>-99<sup>th</sup> birthday]][reaching <b>Your</b> Social Security Normal Retirement Age (SSNRA)]; and</li> <li>2. <b>Total Disability</b> continues for [3, 6, 9, 12] continuous months while the <b>Your</b> covered under the <b>Policy</b>,</li> </ol>	<p>This will be in or out. If in, [or Class III] will be in or out.</p> <p>[50<sup>th</sup>-99<sup>th</sup> birthday] This will be in or out. If in, the range will be as shown. [reaching <b>Your</b> Social Security Normal Retirement Age (SSNRA)]. Will be in or out. [3, 6, 9, or 12] will be in or out.</p>

<p><b>We</b> will waive the premium requirements and no premium payment will be due for <b>Your</b> insurance to continue if he or she satisfies both of these requirements.</p> <p>[The Benefit Amount will be the Benefit Amount in effect as of the date <b>You</b> became <b>Totally Disabled</b>, subject to any age reductions listed Schedule of Benefits.]</p> <p>Premiums for <b>Dependents'</b> insurance coverage will not be waived. Once <b>You</b> are no longer considered <b>Totally Disabled</b>, he or she must pay the premium when due.</p> <p>Premium for <b>You</b> will be waived until the first to occur of:</p> <ol style="list-style-type: none"> <li>1. the date the <b>You</b> are no longer <b>Totally Disabled</b>;</li> <li>2. when premiums have been waived for [1 - 5] consecutive years; or</li> <li>3. the date the <b>You</b> attain age 65.</li> </ol> <p>Once the Waiver of Premium period has expired, premium is due if <b>You</b> are an <b>Eligible Person</b> and the <b>Policy</b> is in effect. If coverage would otherwise terminate for <b>You</b> under Section VI.B. Termination of Covered Person's Insurance, if <b>You</b> are on Waiver of Premium, such provision will not act to terminate his or her insurance except as described above.</p> <p>For purposes of this benefit only, the following additional definitions apply:</p> <p><b>Totally Disabled and Total Disability</b> means <b>You</b>, during a [3, 6, 9, 12] month period and thereafter because of a <b>Sickness</b> or <b>Injury</b>:</p> <ol style="list-style-type: none"> <li>1. is unable to perform the <b>Material and Substantial Duties</b> of any occupation for which he or she is or may become reasonably qualified by education, training, or experience; and</li> <li>2. is receiving <b>Regular Care</b> from a <b>Physician</b> for that <b>Sickness</b> or <b>Injury</b>.</li> </ol>	<p>This will be in or out.</p> <p>[1 -5] the range will be as shown.</p> <p>[3, 6, 9, or 12] will be in or out.</p>
<p>[Wellness Benefit</p> <p><b>We</b> will pay this benefit if <b>You</b> [or <b>Your</b> [<b>Spouse</b>]/[<b>Domestic Partner</b> has]] have one or more of the following screening tests performed [after the <b>Benefit Waiting Period</b> and] while coverage under this <b>Policy</b> is in force. <b>We</b> will pay the amount shown in the Schedule of Benefits</p> <p>[for each of the following screening tests [once in a <b>Plan</b> year].] Payment of this benefit will not reduce the Benefit Amount payable for a <b>Critical Illness</b>. This benefit is subject to the benefit maximum shown in the Schedule of Benefits for all covered tests for <b>You</b> [or <b>Your</b> [<b>Spouse</b>]/[<b>Domestic Partner</b>] in a <b>Plan</b> year.</p> <p>Screening tests include:</p> <ul style="list-style-type: none"> <li>• [Preventative services as defined by the Patient Protection Affordable Care Act as amended]</li> </ul>	<p>Will be in or out. If in, [or <b>Your</b> [<b>Spouse</b>]/[<b>Domestic Partner</b> has] will be in or out. If in, either [<b>Spouse</b>] or [<b>Domestic Partner</b>] will be in or out. [after the <b>Benefit Waiting Period</b> and] will be in or out.</p> <p>This will be in or out. If in, [once in a <b>Plan</b> year] will be in or out.</p> <p>This will be in or out.</p> <p>Combination of screening tests listed will be covered based on <b>Policyholder</b> selection</p>
<p>[SECTION XI – PORTABILITY PRIVILEGE</p>	<p>Included if selected by <b>Policyholder</b></p>
<p>PORTABILITY If <b>Your</b> coverage under the <b>Policy</b> terminates for any of the</p>	

reasons described below, he or she may continue (hereinafter "port") the insurance provided under this **Policy**. **You** must have been insured under the **Policy** [or the one it replaces] for group **Critical Illness** insurance coverage for at least [3-12 consecutive months] prior to the date his or her coverage under the **Policy** ends.

[The amount of insurance **You** can port is [subject to any Benefit Amount reductions based on his or her age; and] reduced by the amount of any Benefit Amount benefit paid by this **Policy**.]

[The amount of insurance **You** can port for each **Covered Dependent** is [subject to any Benefit Amount reductions based on his or her age; and] reduced by the amount of any Benefit Amount benefit paid by this **Policy** on behalf of each such **Dependent**].

**You** may port his or her group **Critical Illness** insurance coverage [and **Dependent** group **Critical Illness** Insurance coverage,] if coverage under the **Policy** ends because he or she is no longer in an Eligible Class.

**You** may port: . . .

2. [his or her coverage and coverage of his or her **Spouse** [/**Domestic Partner**];] . . .

**You** may not port his or her coverage [or coverage for any of his or her **Covered Dependents**] if:

1. coverage ends due to failure to pay any required premiums; or
2. he or she has reached age [65-99] on or before the date his or her coverage under the **Policy** ends;
3. if he or she reached the Per Person Lifetime Benefit Maximum Payout under the Group Critical Illness Policy; or
4. the **Policy** ends.

[**You** may not port coverage for any **Covered Dependents** who received a benefit under the Group Critical Illness Policy.]

No other combinations will be allowed. To be eligible to port, a **Dependent** must be covered under the **Policy** on the day the **Insured's** coverage under the **Policy** ends.

**You** must notify **Us** in writing of his or her request to continue coverage within [30-90] days of the date insurance would otherwise terminate and provide **Us** with a billing address. **We** will verify **Your** eligibility for ported coverage based on the reason for the termination with the **Policyholder**. After confirming **Your** eligibility to continue coverage, **We** will direct bill **You** for the premium due on a [monthly] [quarterly] [semiannually] [annually] basis.

The premium will be based on: (a) **You** [and/or **Dependent's**] rate class under this portability provision and (b) the **Your** [or **Your** surviving **Spouse** [or **Domestic Partner**]'s] age bracket. The premium due will be shown in the Group Critical Illness Portability Coverage Premium Notice.

Termination of Portability Coverage

[3-12 consecutive months]. The range will be as shown.

This will be in or out. If in, [subject to any Benefit Amount reductions based on his or her age; and] this will be in or out.

This will be in or out. If in, [subject to any Benefit Amount reductions based on his or her age; and] this will be in or out.

This will be in or out depending if **Dependents** are Eligible Class

Will be in or out.

Will be in or out depending if **Dependents** are Eligible Class.

[65-99] The range will be as shown.

This will be in or out.

[30-90] days. The range will be as shown.

Either [monthly], [quarterly] [semiannually] or [annually] will be in or out.

[and/or **Dependent's**] will be in or out.

<p>Insurance terminates for all <b>Covered Persons</b> at the end of the month on the last to occur of:</p> <ol style="list-style-type: none"> <li>1. [the <b>Policy</b> is terminated;]</li> <li>2. the date that <b>Your</b> coverage has been in effect for [3, 6, 9, 12, 18, 24, 36, 60, 120] consecutive months;</li> <li>3. <b>You</b> fails to pay the required premium due, subject to the <b>Grace Period</b>;</li> <li>4. <b>You</b> reaches age [65-99];</li> <li>5. the Per Person Lifetime Benefit Maximum Payout is paid to <b>You</b>.</li> </ol> <p>In addition, for a <b>Covered Person</b> other than <b>You</b>, his or her insurance terminates on the earliest of:</p> <ol style="list-style-type: none"> <li>1. the date Per Person Lifetime Benefit Maximum Payout is paid to the <b>Covered Person</b>; [or]</li> <li>2. the first premium due date after the person no longer qualifies as a <b>Covered Person</b>; [or][.]</li> <li>3. [for the covered <b>Spouse</b> [/<b>Domestic Partner</b>], the date the covered <b>Spouse</b> [/<b>Domestic Partner</b>] reaches age [65-99].]</li> </ol>	<p>Will be in or out.</p> <p>[3, 6, 9, 12, 18, 24, 36, 60, 120] will be in or out.</p> <p>[65-99] The range will be as shown.</p> <p>[or] will be in or out.</p> <p>[or] [.] will be in or out.</p> <p>This will be in or out. If in, [65-99] the range will be as shown.</p>
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**ENROLLMENT FORM U-GCI-103-A AR (05/12)**

[Master Policy Number:]	Insurance Company will provide.
<b>ELIGIBLE PERSON INFORMATION</b> – If you are not actively employed [full-time] at least [20] hours per week, do not complete this form, you are an ineligible person.	Full-time language included only if employee is determined to meet the requirements of full-time employment. [20] The range will be 15 -20.
<input type="checkbox"/> Domestic Partnership]	<b>Domestic Partnership</b> choice is in or out.
<b>SPOUSE [/DOMESTIC PARTNER] INFORMATION</b> (If enrollee is applying for <b>Dependent</b> coverage.)	<b>Domestic Partner</b> is in or out.
<b>CRITICAL ILLNESS INSURANCE REQUESTED</b> <input type="checkbox"/> Spouse [/Domestic Partner Only] <input type="checkbox"/> Dependent Child(ren) Only] <input type="checkbox"/> Spouse [/Domestic Partner] and Dependent Child(ren)]	<b>Domestic Partner</b> is in or out. <b>Dependent Child(ren)</b> is in or out. <b>Domestic Partner</b> and/or <b>Child(ren)</b> is in or out.
the [first of the month following the] [date defined under the Policyholder’s written procedures as on file and approved by us following the] date the <b>Eligible Person</b> meets all the eligibility and enrollment requirements; and	[first of the month following the] OR [date defined under the <b>Policyholder’s</b> written procedures as on file and approved by us following the]
for Benefits Amounts in excess of the Guaranteed Issue Amount, the Evidence of Insurability Form U-GCI-105-A CW (05/12) must be completed. The additional coverage will be effective on the [first of the month following the] [date defined under the Policyholder's written procedures as on file and approved by Us, following the] date <b>We</b> approve the <b>Eligible Person’s</b> evidence of insurability;	[first of the month following the] OR [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b> , following the]
[the <b>Eligible Person</b> must become an <b>Insured</b> under this <b>Plan</b> in order for insurance to be available for Eligible Dependents; and]	<b>Dependent</b> coverage is in or out.
[the Eligible Person must be <b>Actively at Work</b> on the date his or her coverage becomes effective.]	This will be included if Policyholder imposes an <b>Actively at Work</b>
<b>[AGENT INFORMATION</b> Name of Agent: Agent's State License Number: Agent's Signature: [Producer Number:            ]]	This information will be provided by the Insurance Company.

**ADMINISTRATIVE CHANGE ENDORSEMENT – U-GCI-104-A CW (05/12)**

<p>[This endorsement will be used to make the following types of administrative changes to the Group Critical Illness Insurance Policy/Certificate at the <b>Policyholder's</b> request:</p> <ol style="list-style-type: none"><li>1. <b>Policyholder's</b> Name or Address;</li><li>2. Addition or deletion of subsidiaries or affiliates of the <b>Policyholder</b>;</li><li>3. Changes to the class(es) of eligible persons;</li><li>4. Addition or deletion of Coverage(s);</li><li>5. Increase or decrease in Coverage Amount(s);</li><li>6. Addition or deletion of Benefit Riders;</li><li>7. Increase or decrease in Benefit Amount(s);</li><li>8. Renewal of the Policy; or</li><li>9. Amending previously chosen variability language.]</li></ol>	<p>This endorsement will be used to make administrative changes to the Group Critical Illness Policy at the <b>Policyholder's</b> request.</p>
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**EVIDENCE OF INSURABILITY FORM U-GCI-105-A CW (05/12)**  
**Used when there is medical underwriting**

[Master Policy Number:]	Insurance Company will provide.
Name of <b>Spouse[/Domestic Partner]</b> , if applicable:	<b>Domestic Partner</b> in or out.
<b>[Tier 1] SECTION B:</b> Complete questions 1 – [5] if applying for a benefit amount greater than the Guarantee Issue amount. These questions apply to the <b>Eligible Person, Spouse [/Domestic Partner]</b> and <b>Dependent Child(ren)</b> for whom coverage is being requested.	Tier 1 is illustrated for underwriting purposes and will be in or out. Question 2-5 will be included only if Insured is applying for a benefit amount greater than the Guarantee Issue amount.
<p>1. <b>[All]</b> Please confirm that you, or any <b>Eligible Person</b>, are performing all of the normal duties of your regular occupation or performing the normal activities of a person of like age and gender for the past 3 months; minor illnesses or injury for up to seven (7) days or routine pregnancy with no significant adverse test results for mother or child are considered normal.</p> <p>Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Spouse[/Domestic Partner]:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Child(ren):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Included if Insured is applying for a benefit amount greater than the Guarantee Issue amount. <b>Domestic Partner</b> is in or out.
2. <b>[Category 1 &amp; 3]</b> Have you or any <b>Eligible Person</b> :	Included only if <b>Policyholder</b> chooses category 1 or category 3 coverage and is for illustrative purposes.
3. <b>[Category 2]</b> In the past two (10) years, have you or any <b>Eligible Person</b> been:	Included only if <b>Policyholder</b> chooses category 2 coverage and is for illustrative purposes.
4. <b>[If Category 4 Included]</b> Have you or any <b>Eligible Person</b> been treated for, or been told by a member of the medical profession that he or she has: Diabetes; Glaucoma; Retinitis Pigmentosa; Macular Degenerations; Optic Neuritis, or intermittent or persistent Paralysis?	Included only if <b>Policyholder</b> chooses category 4 coverage and is for illustrative purposes.
5. <b>[If Category 5 Included]</b> Have you or any <b>Eligible Person</b> been treated for, or been told by a member of the medical profession that he or she has: <b>Addison’s Disease, Huntington’s Chorea, Muscular Dystrophy, Myasthenia Gravis, Lupus, Scleroderma, Sickle Cell Anemia</b> ; any neurological disease or disorder, including but not limited to <b>Parkinson’s Disease, Multiple Sclerosis, Amyotrophic Lateral Sclerosis (ALS); Alzheimer’s, Senility, Dementia or Organic Brain Disease?</b>	Included only if <b>Policyholder</b> chooses category 5 coverage and is for illustrative purposes.
<b>[Tier 2] SECTION C:</b> Complete questions [6 – 10] if you are applying for a benefits amount greater than [\$50,000]. These questions apply to the <b>Eligible Person, Spouse[/Domestic Partner]</b> and <b>Dependent Child(ren)</b> for whom coverage is being requested.	Tier 2 is illustrated for underwriting purposes and will be in or out. Questions 6-10 will be included only if <b>Insured</b> is applying for benefits amount greater than \$0-\$5,000,000. <b>Domestic Partner</b> is in or out.
<p>6. Have you our any <b>Eligible Person</b> tested positive for HIV infection or been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex caused by the HIV infection?</p> <p>Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<b>Domestic Partner</b> is in or out.

<p>Spouse[/Domestic Partner]: <input type="checkbox"/> Yes <input type="checkbox"/> No  Child(ren): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>7. Are you or any <b>Eligible Person</b> now disabled, been seen by a physician or treated in a medical facility, including a doctor's office, in the past 6 months for illness or disease, other than flu, colds or normal pregnancy?</p> <p>Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Spouse[/Domestic Partner]:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Child(ren):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Domestic Partner</b> is in or out.</p>
<p>8. Have you or any <b>Eligible Person</b> ever had or received treatment, counseling or rehabilitation for any alcohol or substance abuse, dependence, intoxication, withdrawal or disorder?</p> <p>Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Spouse[/Domestic Partner]:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Child(ren): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Domestic Partner</b> is in or out.</p>
<p>9. Have two or more members of your or any <b>Eligible Person's</b> immediate family (natural parents, brothers or sisters, living or deceased) experienced the same condition: cancer (excluding skin cancer) diabetes, heart disease, stroke or <b>[If Category 5 Included] [Alzheimer's, Senility, Dementia or Organic Brain Disease]</b> prior to the age of sixty (60)?</p> <p>Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Spouse[/Domestic Partner]:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Child(ren):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Insured chooses category 5 coverage, <b>[Alzheimer's, Senility, Dementia or Organic Brain Disease]</b> will be included.</p> <p><b>Domestic Partner</b> is in our out.</p>
<p><b>[Tier 3] SECTION D:</b> Complete this section if you answered "yes" to questions 6 – 9.</p>	<p>Tier 3 is illustrated for underwriting purposes and will be in or out.</p>
<p>10. Have you or any <b>Eligible Person</b> been diagnosed with Diabetes that is not gestational or diet controlled?</p> <p>Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Spouse[/Domestic Partner]:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Child(ren): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Domestic Partner</b> is in or out.</p>
<p>11. Have you or any <b>Eligible Person</b> been diagnosed with Hypertension or High Blood Pressure that is controlled by more than two medications?</p> <p>12. Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Spouse[/Domestic Partner]:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Child(ren): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Domestic Partner</b> is in or out.</p>
<p><b>[AGENT INFORMATION]</b>  Name of Agent:  Agent's State License Number:  Agent's Signature:  [Producer Number:        ]]</p>	<p>Insurance Company will add based on agent used, if agent used.</p>

DATE: June 26, 2012

TO: Commissioner of Insurance  
Arkansas Insurance Department

RE: Zurich American Insurance Company

**CERTIFICATION  
RULES AND REGULATIONS 19 and 49  
CONSUMER INFORMATION NOTICE**

This is to certify that the referenced certificate of coverage form complies with the provisions of Rules and Regulations 19 and 49 and the consumer information notice, as well as all applicable requirements of the Arkansas Insurance Department.

Signed for Zurich American Insurance Company

Signature: Peter J. Eckardt

Type Name and Title: Peter J. Eckardt, Vice President

Date: June 26, 2012

**Enrollment Form**  
Group Critical Illness Insurance



**Zurich American Insurance Company**  
1400 American Lane  
Schaumburg, Illinois 60196

POLICYHOLDER INFORMATION	
Name of Policyholder:	[Master Policy Number:]

ELIGIBLE PERSON INFORMATION – If you are not actively employed [full-time ] at least [20] hours per week, do not complete this form, you are an ineligible person.			
Full Legal Name (First, Middle Initial and Last):		Last 4 Digits of SSN: XXX-XX-	
Street Address:	City:	State:	Zip Code:
Mailing Address (if different from above):	City:	State:	Zip Code:
Date of Birth (MM/DD/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married [ <input type="checkbox"/> Domestic Partnership]	
Email Address:	Home Phone: - -	Work Phone: - -	Cell Phone: - -

SPOUSE [/DOMESTIC PARTNER] INFORMATION (If enrollee is applying for Dependent coverage.)			
Full Legal Name (First, Middle Initial and Last):		Last 4 Digits of SSN: XXX-XX-	
Street Address (if different than Employee's):	City:	State:	Zip Code:
Date of Birth (MM/DD/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

DEPENDENT CHILD(REN) INFORMATION (If enrollee is applying for Dependent coverage)		
Full Legal Name (First, Middle Initial and Last):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):
Full Legal Name (First, Middle Initial and Last):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):
Full Legal Name (First, Middle Initial and Last):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):

CRITICAL ILLNESS INSURANCE REQUESTED	
Plan Selected (please check each box that applies):	Benefit Amount Selected
<input type="checkbox"/> Eligible Person	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> *\$30,000 <input type="checkbox"/> *\$40,000 <input type="checkbox"/> *\$50,000
<input type="checkbox"/> Spouse [/Domestic Partner Only]	<input type="checkbox"/> *\$10,000 <input type="checkbox"/> *\$20,000 <input type="checkbox"/> *\$30,000 <input type="checkbox"/> *\$40,000 <input type="checkbox"/> *\$50,000
<input type="checkbox"/> Dependent Child(ren) Only]	<input type="checkbox"/> *\$10,000 <input type="checkbox"/> *\$20,000 <input type="checkbox"/> *\$30,000 <input type="checkbox"/> *\$40,000 <input type="checkbox"/> *\$50,000
<input type="checkbox"/> Spouse [/Domestic Partner] and Dependent Child(ren)]	<input type="checkbox"/> *\$10,000 <input type="checkbox"/> *\$20,000 <input type="checkbox"/> *\$30,000 <input type="checkbox"/> *\$40,000 <input type="checkbox"/> *\$50,000
*Amounts above the Guarantee Issue are subject to Evidence of Insurability.	

<b>BENEFICIARY DESIGNATION</b>		
<b>Primary Beneficiary:</b>		
Full Legal Name (First, Middle Initial and Last):	Relationship:	% Share:
Full Legal Name (First, Middle Initial and Last):	Relationship:	% Share:
<b>Contingent Beneficiary:</b>		
Full Legal Name (First, Middle Initial and Last):	Relationship:	% Share:

<b>PREMIUM INFORMATION:</b>	
Premium: \$	Frequency of Payment: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
Method of Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Bank Draft <input type="checkbox"/> Direct Bill <input type="checkbox"/> Agency Bill The Enrollee, or if the Enrollee is a minor, the Enrollee's Parent or Legal Guardian, must complete a separate authorization form for a Credit Card or Bank Draft payment.	

**INSURANCE FRAUD WARNING:** ~~Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.~~

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The undersigned hereby enrolls for Group Critical Illness Insurance and declares that all information provided in this enrollment form and any attachments hereto is true and accurate to the best of the undersigned's knowledge and belief. The undersigned understands that all information provided in this enrollment form and any attachments hereto is material to Zurich American Insurance Company's decision to provide this insurance, and that insurance will be provided, at Zurich American Insurance Company's sole discretion, in reliance upon the truth of such information. Signing of this enrollment form does not bind the undersigned or Zurich American Insurance Company. The undersigned understands that the insurance, if provided, requires contributions and authorizes payment via payroll deduction.

**It is hereby understood and agreed that:**

1. this insurance is provided by Zurich American Insurance Company in consideration of payment of the required premium; and
2. for Guaranteed Issue Benefit Amounts, this insurance is effective on the later of:
  - a. the **Policyholder's** Inception Date; or
  - b. the [first of the month following the] [date defined under the Policyholder's written procedures as on file and approved by us following the] date the **Eligible Person** meets all the eligibility and enrollment requirements; and
3. for Benefits Amounts in excess of the Guaranteed Issue Amount, the Evidence of Insurability Form U-GCI-105-A CW (05/12) must be completed. The additional coverage will be effective on the [first of the month following the] [date defined under the Policyholder's written procedures as on file and approved by Us, following the] date **We** approve the **Eligible Person's** evidence of insurability; and
4. no coverage is available for a **Pre-existing Condition** except as described in the Certificate of Insurance; and
5. [the **Eligible Person** must become an **Insured** under this **Plan** in order for insurance to be available for **Eligible Dependents**; and]
6. [the **Eligible Person** must be **Actively at Work** on the date his or her coverage becomes effective.]

Eligible Person Signature (may be electronic): \_\_\_\_\_ Date: \_\_\_\_\_

<b>[AGENT INFORMATION</b>	
Name of Agent:	Agent's State License Number:
Agent's Signature:	[Producer Number:     ]]



ZURICH®

# Statement of Variables for Arkansas

Zurich American Insurance Company  
1400 American Lane  
Schaumburg, Illinois

## GROUP CRITICAL ILLNESS POLICY U-GCI-100-A AR et al.

NOTE: [Domestic Partner] Will always be in or out. Where an **Insured** only is covered, reference will be to [Insured] where **Insured** plus **Dependents** are covered, reference will be [Covered Person] for benefits and **Insured** for any incidents of ownership which would not apply to a **Covered Dependent**. If **Dependents** are eligible and covered, references to **Dependents** are included. If **Dependents** are not an Eligible Class, they are deleted from issued **Policy** form.

### GROUP CRITICAL ILLNESS POLICY – U-GCI-100-A AR (05/12)

#### Face Page

<p>[BENEFITS ARE REDUCED UPON ATTAINMENT OF SPECIFIED AGES.]</p> <p>[CONTRIBUTORY][NON-CONTRIBUTORY]</p>	<p>Included if there is a reduction schedule</p> <p>Either contributory if insured contributes any portion of premium or non-contributory if policyholder pays all premium</p>
<p style="text-align: center;"><b>IMPORTANT NOTICE</b></p> <p>The [Insured] [Covered Person] may call [XXX-XXX-XXXX] to present inquiries or to obtain information about coverage or if they need assistance in resolving any complaints. Or, the [Insured] [Covered Person] can write to Zurich American Insurance Company at their administrative offices at [XXXXXX].</p> <p>Should the [Insured] [Covered Person] wish to contact the Arkansas Insurance Department for assistance, they may do so by calling [1-800-852-5494]. Or, the [Insured] [Covered Person] may send written correspondence to the Arkansas Insurance Department at [1200 West Third Street, Little Rock, AR 72201-1904].</p>	<p>Company and State contact information may change. Therefore, current contact information will be inserted as necessary.</p>
<p><b>TABLE OF CONTENTS</b> [Section XI PORTABILITY PRIVILEGE]</p>	<p>Included if portability feature is offered.</p>

### SECTION I – SCHEDULE

<p><b>I. POLICYHOLDER:</b> [John Doe Corporation] [123 Main Street] [Anywhere, XX 10011]</p> <p>[COVERED SUBSIDIARIES OR AFFILIATED COMPANIES:]</p> <p><b>II. POLICY NUMBER:</b> [ABC-1234567]</p> <p><b>III. POLICY INCEPTION DATE:</b> [January 1, 2012]</p> <p><b>IV. POLICY PERIOD:</b> [Effective Date] to [Expiration Date]</p>	<p>Name of <b>Policyholder</b> will be inserted. Address of <b>Policyholder</b> will be inserted. City and State of <b>Policyholder</b> will be inserted.</p> <p>This will be either in or out.</p> <p><b>Policy</b> number of <b>Policy</b> will be inserted.</p> <p>Policy Inception Date will be inserted.</p> <p>Effective Date will be inserted. Expiration Date will be in-or-out. If in, the</p>
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<p style="text-align: center;">[Continuous]</p> <p><b>V. CONTRACT SITUS:</b> [ ]</p>	<p>Expiration Date will be inserted. Continuous will be in-or-out.</p> <p>State <b>Policy</b> is issued.</p>
<p><b>VI. ELIGIBILITY AND CLASSIFICATION OF INSURED:</b> [completion of the <b>[Service][Eligibility] Waiting Period</b> as indicated below, and]</p>	<p>This will be either in or out. <b>Service Waiting Period</b> included for classes where <b>Eligible Persons</b> are in <b>Active</b> work. <b>Eligibility Waiting Period</b> for Eligible Classes where persons are not in <b>Active</b> work with the <b>Policyholder</b>. If in, either <b>Eligibility</b> or <b>Service Waiting Period</b> will be decided by the <b>Policyholder</b>.</p>
<p>Class I: <b>[Active]</b> employees working a minimum of [15-40 hours] per week and includes [salaried employees of the <b>Policyholder</b>][hourly employees of the <b>Policyholder</b>].</p> <p>[Class [ II ]: [Members of the <b>Policyholder's</b> Board of Directors]</p> <p>[Class [ III ]: <b>[Active]</b> members of a labor union employed by the <b>Policyholder</b>]</p> <p>[Class [IV]: <b>[Spouse /Domestic Partner]</b> of Class 1 [and] [,] [Class III] [and Class VI] <b>Eligible Persons</b> when such <b>Spouse[/Domestic Partner]</b> is under age [65-99]]</p> <p>[Class [ V ]: <b>[Retirees of the Policyholder]</b></p> <p>[Class [VI]: [As defined by the <b>Policyholder</b>]</p>	<p>This will be a variable of active full-time and/or active part-time; variable of salaried and/or hourly employees. Included if Board of Directors are Eligible Class per the <b>Policyholder</b>.</p> <p>Included if members of labor union are Eligible Class per the <b>Policyholder</b></p> <p>Included if spouses are Eligible Class per the <b>Policyholder</b> on stand alone basis. Classes will be reflective of other Eligible Classes selected by the <b>Policyholder</b></p> <p>Included if <b>Retirees</b> are Eligible Class per the <b>Policyholder</b>.</p> <p>As defined by <b>Policyholder</b> if no other defined class appropriate</p> <p>Numbers will be sequential for Classes I – VI based on classes selected by policyholder</p>
<p><b>[Eligible Dependent</b> means:</p> <p><b>[Dependent Child(ren)</b> of a Class I, [and Class III][,][and][Class IV] [and Class VI] <b>Eligible Persons</b> are eligible to become <b>Covered Persons</b> if a parent becomes an <b>Insured</b>.]</p> <p><b>[Spouse /Domestic Partner]</b> of Class I [and Class III and Class VI] <b>Eligible Persons</b> are eligible to become <b>Covered Persons</b> if the <b>Eligible Person</b> becomes an <b>Insured</b>. Such <b>Spouse[/Domestic Partner]</b> must be under age [65-99].]</p>	<p>Included if <b>Dependents</b> are eligible</p> <p>Included if <b>Dependent Children</b> are eligible; references to classes [III][IV] and [VI] included if in Eligible Class.</p> <p>Included if <b>Spouse</b> and/or <b>Domestic Partner</b> eligible person; references to Classes [III] and [VI]</p>
<p><b>[SERVICE WAITING PERIOD FOR CLASS [[I, III, VI]:</b></p> <p>[1-365] days of <b>[Active][continuous]</b> service.]</p>	<p><b>Service Waiting Period</b> included if a <b>Service Waiting Period</b> is imposed on eligible person prior to enrollment. Will reflect covered classes.</p> <p>Range as shown; either <b>Active</b> service; continuous service, or <b>Active</b> continuous service</p>
<p><b>[ELIGIBILITY WAITING PERIOD FOR CLASS [[II, IV, V, VI]</b></p> <p>[1-365 days as an <b>Eligible Person</b>.]</p>	<p>For classes with employment status or service requirement, will impose <b>Eligibility Waiting Period</b> for those classes</p> <p>Range as shown.</p>
<p><b>REPORTING AND NOTICE ADDRESSES:</b></p> <p>Claim Reporting: [Claims Department Zurich American Insurance Company, [P.O. Box 968041, Schaumburg, IL. 60196]]</p>	<p>This is variable in the event there is a change in the Company's mailing address and telephone number.</p>

[1-877-287-4805]	
<b>SCHEDULE OF BENEFITS</b>	
<p>Covered <b>Critical Illnesses</b>: [Heart Attack] [Stroke] [Coronary Artery By-Pass Graft][Non-Surgical Procedure for Coronary Artery Disease][Ruptured Aneurysm] [Type 1 Cancer] [Type 2 Cancer] [Skin Cancer] [Benign Brain Tumor] [Major Organ Transplant] [Heart Transplant][End Stage Renal Failure] [Paralysis] [Coma] [Blindness Both Eyes] [Blindness One Eye] [Loss of Speech and/or Hearing] [Severe Burns] [Loss of Hands and Feet] [Advanced Alzheimer's] [Amyotrophic Lateral Sclerosis] [Parkinson's Disease][Addison's Disease] [Cerebrospinal Meningitis] [Diphtheria] [Encephalitis][Huntington's Chorea][Legionnaire's Disease][Malaria][Muscular Dystrophy][Myasthenia Gravis][Necrotizing Fasciitis][Occupational HIV] [Occupational Hepatitis] [Osteomyelitis] [Poliomyelitis] [Rabies][Sickle Cell Anemia][Systemic Lupus Erythematosus][Scleroderma][Tetanus][Tuberculosis][Loss of Ability to Perform Normal Activities of Daily Living] [Multiple Sclerosis] [Cerebral Palsy] [Cleft Lip or Cleft Palate] [Cystic Fibrosis] [Down Syndrome] [Spina Bifida].</p>	<p>The covered <b>Critical Illnesses</b> will be included. The conditions not covered will be deleted.</p>
<p><b>Benefit Waiting Period:</b> [0-30 days]</p>	<p>Included if <b>Benefit Waiting Period</b> imposed; Ranges will be as shown</p>
<p><b>Insured</b> Benefit Amount [including Guaranteed Issue Benefit Amount]: [\$1,000 - \$5,000,000] [Guaranteed Issue Benefit Amount for <b>You</b>: \$0 - \$5,000,000]</p> <p>[Covered <b>Spouse</b> [<b>Domestic Partner</b> ] Benefit Amount [including Guaranteed Issue Benefit Amount]: [[10%-100%] of <b>Insured's</b> Benefit Amount] or [\$0-\$5,000,000] [Guaranteed Issue Benefit Amount for [<b>Spouse</b> [<b>Domestic Partner</b> ]]: \$0-\$5,000,000]</p> <p>[<b>Covered Dependent Child(ren)</b> Benefit Amount [including Guaranteed Issue Benefit Amount]: [10%-100%] of <b>Insured's</b> Benefit Amount] or [\$1,000-\$5,000,000] [Guaranteed Issue Benefit Amount for Covered <b>Dependent Child(ren)</b>: \$0-\$5,000,000]</p> <p>[Per Category Maximum Payout: For each category of <b>Critical Illnesses</b>, we will pay a maximum of [100%-400%] per category]</p> <p>Per Person Lifetime Benefit Maximum Payout: [100%-500%] of the Benefit Amount for all occurrences combined for all <b>Critical Illnesses</b>.</p>	<p>Ranges will be as shown Guaranteed Issue either in or out. Included if Guaranteed Issued available</p> <p>Will be in or out depending if per category cap is imposed.</p>
<p>Categories [1, 2, 3, 4, 5,6]</p>	<p>Each Category of <b>Critical Illnesses</b> will be in or out depending on the selection of the <b>Policyholder</b>.</p>
<p>Percent of the Benefit Amount [0%-300%]</p>	<p>Range will be as shown; range available for all <b>Critical Illnesses</b></p>
<p>Example of how maximum benefits are calculated: <b>Insured</b> covered for all Category 1 and Category 5 <b>Critical</b></p>	

<p><b>Illnesses</b> and has program with Per Category Maximum and Lifetime Maximum. All benefits payable at 300% of Benefit Amount with 400% Category maximum and 500% Lifetime maximum*:</p> <p><b>Diagnosed with Stroke</b> – receives 300% of Benefit Amount.</p> <p>Suffers <b>Heart Attack</b> 12 months later which is in same category and the time period between first <b>Critical Illness Diagnosed (Stroke)</b> and “additional benefit” is satisfied. Benefit payable is only 100% of Benefit Amount as the cap is 400% within this category.</p> <p>12 months later, <b>Diagnosed with Parkinson’s</b> which is a new category. As the overall Lifetime Maximum is 500% and 400% has been paid, <b>Insured</b> will receive 100% of Benefit Amount.</p> <p>* Assumes that the Insured Person is not in age category for a benefit reduction. If over age [65-85], Benefit Amount payable reduced by percentages shown below.</p>													
<p>[Recurrence Benefits Maximum Number Percent of Benefit [0,1, 2] Percent of Benefit [0%-300%]</p>	<p>Included if recurrence benefit provided Ranges as shown</p>												
<p>[Reduction in Coverage – Age Reductions On the Premium Due Date on or next following the date an <b>Insured</b> attains age [65-85], his or her Benefit Amount will be reduced. The <b>Covered Dependent’s</b> Benefit Amount will be reduced on a pro rata basis when an <b>Insured’s</b> benefit amount is reduced. Reductions are based on the original Benefit Amount in effect for the <b>Insured</b>. [Benefit Amount reduces at certain ages by the following percentage:</p> <table border="0" data-bbox="243 1134 730 1499"> <thead> <tr> <th style="text-align: center;">Age at Date Diagnosis Made or Procedure Recommended Percent of Benefit Amount</th> <th style="text-align: center;">Percent of Benefit Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">[[65 - 69]</td> <td style="text-align: center;">[[1-99%]</td> </tr> <tr> <td style="text-align: center;">[70 - 74]</td> <td style="text-align: center;">[1-99%]</td> </tr> <tr> <td style="text-align: center;">[75 – 79]</td> <td style="text-align: center;">[1-99%]</td> </tr> <tr> <td style="text-align: center;">[80 – 84]</td> <td style="text-align: center;">[1-99%]</td> </tr> <tr> <td style="text-align: center;">[85 over]]</td> <td style="text-align: center;">[1-99%]]</td> </tr> </tbody> </table>	Age at Date Diagnosis Made or Procedure Recommended Percent of Benefit Amount	Percent of Benefit Amount	[[65 - 69]	[[1-99%]	[70 - 74]	[1-99%]	[75 – 79]	[1-99%]	[80 – 84]	[1-99%]	[85 over]]	[1-99%]]	<p>Reduction schedule included if there is reduction schedule. Deleted if not. Ranges as shown.</p>
Age at Date Diagnosis Made or Procedure Recommended Percent of Benefit Amount	Percent of Benefit Amount												
[[65 - 69]	[[1-99%]												
[70 - 74]	[1-99%]												
[75 – 79]	[1-99%]												
[80 – 84]	[1-99%]												
[85 over]]	[1-99%]]												
<p>Optional Benefits</p>	<p>Included if selected by the <b>Policyholder</b></p>												
<p>[<b>Bone Marrow Transplant</b> Benefit: [0-300%] of Benefit Amount paid for the <b>Critical Illness</b>.]</p>	<p>Ranges as shown.</p>												
<p>[*Evaluation Benefit: For one evaluation or consultation: [\$500-\$1,000] Additional Benefit if <b>Evaluation Center</b> more than 100 miles from the[<b>Covered Person’s</b>] [<b>Insured’s</b>] primary residence [\$100-\$500]]</p>	<p>Ranges as shown.</p>												
<p>[<b>Hospital</b> Cash Benefit: Daily <b>Hospital Confinement</b> Benefit: [\$30-\$5000] Maximum Benefit Period: [30-365] days]]</p>	<p>Ranges as shown.</p>												
<p><b>Lymphedema</b> Testing Benefit: [\$50-\$5000] per test with an overall benefit maximum of [\$50-\$5000] per [<b>Insured</b>][<b>Covered</b></p>	<p>Ranges as shown.</p>												

<b>Person] per Critical Illness]</b>	
<b>[Lodging Benefit:</b> Daily Lodging Benefit: [\$60-\$2500] Maximum Benefit Period: [1-180] consecutive days per <b>Outpatient Treatment Session]</b>	Ranges as shown.
<b>[*NCI Cancer Center Benefit:</b> Consultation Benefit [\$500-\$5,000] Additional Benefit if Evaluation Center is more than 100 miles from the <b>[Covered Person's] [Insured's]</b> primary residence [\$100-\$500]	Ranges as shown.
<b>[Stem Cell Therapy Indemnity Benefit:</b> [0-300%] of Benefit Amount paid for the <b>Critical Illness.</b>	Ranges as shown.
<b>[Transportation Benefit:</b> The greater of [\$.XX] or the current year's IRS mileage rate per mile for a maximum of [\$1,000 - \$2,500] per round trip <b>Plan</b> Year Maximum: [\$1,000 - \$10,000]	[\$.XX] will be in or out.  Ranges as shown. Ranges as shown.
<b>[Waiver of Premium Benefit:</b> [included] [not included] ] <b>[Wellness Benefit:</b> [\$50, \$100, \$150] per test with an overall benefit maximum of [\$50-\$5000] per <b>[Covered Person] [Insured]</b> per <b>Plan</b> year.]	Included if offered. Deleted if not  Test amounts of \$50, \$100 or \$150 will be available. Ranges as shown.
<b>[* If [a Covered Person] [an Insured]</b> is covered for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid.]	Included if applicable

<b>ELIGIBLE PERSON</b> To be eligible for coverage under the <b>Policy</b> , a person must:  1. be an <b>Eligible Person</b> as described in the Schedule ; and 2. satisfy the <b>[Service][Eligibility] Waiting Period</b> , if any.	<b>[Service]</b> or <b>[Eligibility] Waiting Period</b> , depending upon class of eligible person will be in or out.
<b>[ELIGIBILITY OF INSURED'S DEPENDENTS:</b> A <b>Spouse [/Domestic Partner]</b> will not be eligible as a <b>Dependent</b> if he or she is also a Class I[,] [Class II, Class III, Class V or Class VI] <b>Eligible Person</b> and enrolls for insurance under this <b>Policy</b> . Only one Class I [,] [Class II, Class III, Class V or Class VI] <b>Eligible Person</b> may select a <b>Plan</b> covering their mutual <b>Dependents</b> if both parents are in such Eligible Class.]	<b>ELIGIBILITY OF INSURED'S DEPENDENTS</b> will be either in or out. If in, A <b>Spouse</b> and/or <b>Domestic Partner</b> may be in an <b>Eligible Class</b> as an <b>Insured</b> or an <b>Eligible Class</b> as a <b>Dependent</b> . Language will reflect correct Class numbers.
<b>ENROLLMENT:</b> An <b>Eligible Person</b> may enroll for coverage under this <b>Policy</b> by making written or electronic application for such coverage on an enrollment form furnished or approved by <b>Us</b> . Coverage will not become effective until the <b>Eligible Person</b> has enrolled himself or herself [and his or her <b>Eligible Dependents</b> ], paid the required premium, if any, and provided satisfactory proof of insurability, if required, on a form or electronic application approved by <b>Us</b> .  Initial Enrollment: <b>Eligible Persons</b> should enroll themselves and their <b>Eligible Dependents</b> within [31 days] of the first to occur of: 1. the date first eligible as described in the Schedule; or 2. the date that the <b>[Service][Eligibility] Waiting Period</b> is satisfied if applicable to their eligibility Class.]  [Individuals who enroll after this time are considered late entrants.]	This will be in or out.  [31 days] The range will be [0-90 days]  <b>[Service]</b> or <b>[Eligibility] Waiting Period</b> , depending upon class of eligible person will be in or out  If permitted to enroll any time, references to late entrants will be deleted. If may enroll only with

<p>[Guaranteed Issue: <b>Eligible Persons</b> may enroll for up the Guaranteed Issue Benefit Amount without providing evidence of insurability. If an <b>Eligible Persons</b> enrolls for a Benefit Amount in excess of the Guaranteed Issue Benefit Amount, he or she must provide satisfactory evidence of insurability using a form or electronic application approved by <b>Us</b>.]</p> <p>[Open Enrollment: <b>Eligible Persons</b> may enroll themselves and their <b>Eligible Dependents</b> during an <b>Open Enrollment Period</b>, subject to providing satisfactory evidence of insurability on a form or electronic application approved by <b>Us</b>. Other changes including increases, decreases or terminations may also be restricted to <b>Open Enrollment Periods</b>.]</p> <p>[Late Entrants: <b>Eligible Persons</b> who do not enroll themselves or their <b>Eligible Dependents</b> within their Initial <b>Enrollment Period</b>, may not enroll until the next <b>Open Enrollment Period</b> unless there is a Change in Family Status, as described below.]</p> <p>Change in Family Status: An <b>Eligible Person</b> may enroll or an <b>Insured</b> may change his or her coverage if a change in family status occurs, provided written or electronic application to enroll is made within [31 days] of the events:</p> <ol style="list-style-type: none"> <li>1. marriage [or establishment of a <b>Domestic Partnership</b>];</li> <li>2. divorce or legal separation;</li> <li>3. birth or adoption of a child;</li> <li>4. death of a <b>Spouse</b> [/<b>Domestic Partner</b>] or <b>Dependent Child</b>; [or][.]</li> <li>5. [other changes as permitted by the <b>Policyholder</b>].</li> </ol>	<p>conditions (full medical evidence or during an annual or open enrollment period), included.</p> <p>This will be in or out depending if Guaranteed Issue is available.</p> <p>This will be in or out depending if open enrollment is available to the <b>Policyholder</b>.</p> <p>This will be in or out depending if Late Entrants may enroll with conditions, deleted if person may enroll any time</p> <p>[31-90 days] This will be in or out if <b>Domestic Partner</b> is eligible.</p> <p>This will be in or out depending if additional changes in family status are permitted;</p>
<p><b>[COVERED PERSON'S] [INSURED'S] EFFECTIVE DATE</b> For <b>Insured</b>:</p> <p>An <b>Eligible Person's</b> coverage begins on the later of the following dates, provided that any required premium is paid to <b>Us</b>:</p> <p>For Guaranteed Issue Benefit Amounts, the later of:</p> <ol style="list-style-type: none"> <li>1. the <b>Policyholder's</b> Inception Date as shown on the Schedule; or</li> <li>2. the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] date the <b>Eligible Person</b> meets all eligibility and enrollment requirements.</li> </ol> <p>[The Class I [or Class III] <b>Eligible Person</b> must be <b>Actively At Work</b> on the date his or her insurance becomes effective. (If the date that insurance was to go into effect is not a normally scheduled work day for him or her, he or she must have been <b>Actively at Work</b> on the last scheduled work day prior to the date insurance becomes effective under the <b>Policy</b>). If such Employee is not so <b>Actively at Work</b>, his or her insurance will be deferred until the date he or she is <b>Actively at Work</b>. [The Class II <b>Eligible Person</b> must be on the Board of Directors for the <b>Policyholder</b> on the date his or her insurance becomes effective.] [The Class IV <b>Eligible Person</b> must not be hospital confined on the date his or her insurance would otherwise become effective. If he or she is hospital confined, such insurance will be deferred until the date he or she is no longer confined.]</p>	<p>[first of the month following the] OR [date defined under the <b>Policyholder's</b> written procedures as on file and approved by Us, following the] will be in or out.</p> <p>Deferred Effective Date language for employee/labor union member included or deleted based on <b>Policyholder</b> specifications. Deferred Effective Date language based on hospital confinement for other non-working classes included or deleted based on <b>Policyholder</b> specifications.</p>

<p>For Benefits Amounts in excess of the Guaranteed Issue Amount, the additional coverage will be effective on the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] date <b>We</b> approve the <b>Eligible Person's</b> evidence of insurability, subject to payment of the premium due.</p>	<p>[first of the month following the] will be in or out.</p> <p>[date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>US</b>, following the] will be in or out.</p>
<p>[For an <b>Insured's Covered Dependents</b>:</p> <p>For Guaranteed Issue Benefit Amounts, the later of:</p> <ol style="list-style-type: none"> <li>1. the <b>Policyholder's</b> Effective Date, shown on the <b>Certificate</b> Schedule; or</li> <li>2. [first of the month following the] [date defined under the Policyholder's written procedures as on file and approved by Us, following the] date an <b>Insured's</b> insurance becomes effective, subject to payment of premium when due.</li> </ol> <p>[The <b>Dependent</b> must not be hospital confined on the date his or her insurance would otherwise become effective. If he or she is hospital confined, such insurance will be deferred until the date he or she is no longer confined.]</p> <p>For <b>Eligible Dependents</b> acquired after an <b>Insured's</b> Effective Date of coverage, by reason of marriage, [Domestic Partnership,] birth or adoption coverage is effective [[30] days after][on] [the date such dependent was acquired.][the date specified by the <b>Policyholder</b>.]</p>	<p>[first of the month following the] – will be in or out [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] will be in or out</p> <p>This will be in or out.</p> <p>[[30] days after] The range will be 0 -60. [on] will be in or out. [the date such dependent was acquired.] will be in or out. [the date specified by the <b>Policyholder</b>.] will be in or out.</p>
<p>[Benefit Changes:</p> <p>Increases in the Benefit Amount are effective on the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] ]</p>	<p>Benefit Changes will be in or out. If in, [first of the month following the] will be in or out. [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] will be in or out.</p>

**SECTION III – DEFINITIONS**

<p>[<b>Accident</b> or <b>Accidental</b> means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place during the <b>Policy</b> term.]</p>	<p>This will be in or out.</p>
<p>[<b>Active</b> and <b>Actively at Work</b> describes an employee of the <b>Policyholder</b> who is able and available for active performance of all of his or her regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered <b>Actively at Work</b> provided the employee is able and available for active performance of all of his or her regular duties and was working the day immediately prior to the date of his or her absence. [<b>Active</b> also includes member of a labor union who is able and available for active performance of all of his or her regular duties with the <b>Policyholder</b>.]</p>	<p>This will be in or out. If in,</p> <p>This will be in or out depending if member is eligible</p>
<p>[<b>Addison's Disease</b> means is a rare, chronic endocrine disorder in a [<b>Covered Person</b>] [<b>Insured</b>] where the adrenal gland does not produce sufficient steroid hormones, as Diagnosed by a <b>Physician</b> who is a board certified endocrinologist. [This does not include</p>	<p>This will be in or out. If in,</p>

adrenal insufficiency resulting from prolonged corticosteroid treatment.]]	This will be in or out.
[ <b>Advanced Alzheimer’s Disease</b> means the <b>Diagnosis</b> , by a <b>Physician</b> who is board certified as a neurologist, of advanced Alzheimer’s Disease. The [ <b>Covered Person</b> ] [ <b>Insured</b> ] must exhibit loss of intellectual capacity involving impairment of memory and judgment as measured by clinical evidence and standardized testing that has persisted for a period of at least [120] consecutive days. It must result in significant reduction in mental and social functioning such that the [ <b>Covered Person</b> ] [ <b>Insured</b> ] requires <b>Substantial Assistance</b> in performing at least [two][three][four] of the six <b>Normal Activities of Daily Living</b> . No other dementing brain disorders or psychiatric illnesses shall meet the definition of <b>Advanced Alzheimer’s Disease</b> , nor will they be considered a <b>Critical Illness</b> .]	This will be in or out. If in,  The range will be 90 -180  Either [two] [three] or [four] will be in or out.
[ <b>Amyotrophic Lateral Sclerosis</b> means a neurological disease affecting the nerve cells in the brain and spinal cord of a [ <b>Covered Person</b> ] [ <b>Insured</b> ]that control voluntary muscle movement resulting in permanent clinical impairment of motor function as <b>Diagnosed</b> by a <b>Physician</b> who is a board-certified neurologist.]  <b>Benefit Waiting Period</b> means the number of consecutive days shown in the Schedule of Benefits immediately following each [ <b>Covered Person’s</b> ] [ <b>Insured’s</b> ] Effective Date of insurance [or request for an increase in coverage].	This will be in or out. If in,  [or request for an increase in coverage] will be in or out depending if benefit changes are permitted.
[ <b>Blindness</b> means the clinically proven irreversible reduction of sight [due to [an Accident] [or] [Sickness] to [both eyes][either eye] that has persisted for a period of at least [3-180] consecutive days. Sight must be reduced to a corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (Snellen or E-Chart Acuity) or visual field restriction to 20° or less in [both eyes][either eye]. <b>Blindness</b> does not include: 1. partial restoration of sight, if in general medical opinion any <b>Procedure</b> , device, or implant that could result in partial or total restoration of sight; 2. reduction of sight in any [ <b>Covered Person</b> ][ <b>Insured</b> ] who has not attained Age [2][3][4][5] on the Date of <b>Diagnosis</b> ; 3. reduction of sight in [a <b>Covered Person</b> ][an <b>Insured</b> ] as defined herein if the reduction of sight occurred prior to the Effective Date of the [ <b>Covered Person’s</b> ][ <b>Insured’s</b> ] coverage..]	This will be in or out. If in’ [due to [an Accident] [or] [Sickness] will be in or out. [both eyes] will be in or out. [either eye] will be in or out. [3-180] ranges will be as shown.  Either [2][3][4] or [5] will be in or out.
[ <b>Benign Brain Tumor</b> means an intracranial solid neoplasm [of at least one (1) centimeter in size] within the brain of a [ <b>Covered Person</b> ] [ <b>Insured</b> ] that is non-cancerous. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b> . [ <b>Benign Brain Tumor</b> [This does not include cysts, granulomas, angiomas, meningiomas, malformations of the intracranial arteries or veins, or tumors of the cranial nerves, pituitary gland or spinal cord.]]	This will be in or out. If in, This will be in or out.  This will be in or out.
[ <b>Bone Marrow Transplant</b> means a <b>Procedure</b> recommended by a <b>Physician</b> who is board certified to replace damaged or destroyed bone marrow with healthy bone marrow stem cells. It must be required due to clinical evidence of the bone marrow’s irreversible damage which requires that the damaged or destroyed bone marrow be replaced with bone marrow from a suitable donor. <b>Bone Marrow Transplant</b> includes autologous (self to self) and	This will be in or out.

allogeneic (person to person) transplants.]	
[ <b>Cerebral Palsy</b> means a non-progressive, non-contagious motor conditions that cause physical disability in [a <b>Covered Person's</b> ][an <b>Insured's</b> ] development, chiefly in the area of body movement as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make a <b>Diagnosis of Cerebral Palsy.</b> ]	This will be in or out.
[ <b>Cerebrospinal Meningitis</b> means a potentially life-threatening [bacterial][viral] inflammation of the protective membranes covering the brain and spinal cord of a [ <b>Covered Person</b> ] [ <b>Insured</b> ] as <b>Diagnosed</b> by a <b>Physician</b> who is a board certified neurologist. [ <b>Cerebrospinal Meningitis</b> does not include meningitis resulting from a viral infection or other non-bacterial forms of meningitis.]]	This will be in or out. If in, [bacterial][viral] each will be in or out.  This will be in or out.
[ <b>Cleft Lip</b> and <b>Cleft Palate</b> means a type of clefting congenital deformity caused by abnormal facial development of a [ <b>Covered Person</b> ] [ <b>Insured</b> ] during gestation. The <b>Diagnosis</b> must be made and <b>Procedure</b> for correction recommended by a <b>Physician</b> board certified to make such <b>Diagnosis</b> and recommendation.]	This will be in or out.
[ <b>Clinical Diagnosis of Type 1 Cancer</b> means a <b>Diagnosis of Type 1 Cancer</b> based on the study of symptoms and diagnostic test results. <b>We</b> will accept a <b>Clinical Diagnosis of Type 1 Cancer</b> only if the following conditions are met: 1. a <b>Pathological Diagnosis</b> cannot be made because it is medically inappropriate or life threatening; 2. there is medical evidence to support the <b>Diagnosis</b> ; and 3. a <b>Physician</b> is treating the [ <b>Covered Person</b> ] [ <b>Insured</b> ] for <b>Type 1 Cancer.</b> ]	This will be in or out
[ <b>Coma</b> means a profound state of unconsciousness due to <b>Accident</b> [or sickness] from which one cannot be aroused to consciousness, even by powerful stimulation, as determined by a <b>Physician</b> . [The <b>Covered Person</b> ] [An <b>Insured</b> ] must be confined in a medical facility during a <b>Coma</b> , [and] remain in a <b>Coma</b> for [7-180] consecutive days, [and require life support measures to sustain life].]	This will be in or out. If in, [or sickness] will be in or out.  [and] will be in or out. [7- 180] the range will be as shown. [and require life support measures to sustain life] will be in or out.
[ <b>Contributory</b> means that the premium payments require that the <b>Insured</b> pays all or a portion of the premium.]	This will be in or out depending upon whether insured contributes to insurance.
[ <b>Coronary Artery By-Pass Graft</b> means a major heart surgery for a [ <b>Covered Person</b> ] [ <b>Insured</b> ] requiring median sternotomy (division of the breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts. The surgery must be recommended by a <b>Physician</b> who is a board certified cardiologist. <b>Coronary Artery Bypass Graft</b> does not include non-surgical techniques such as balloon angioplasty, laser embolectomy or other non-bypass techniques; minimally invasive endoscopic or keyhole heart surgery, stent <b>Procedures</b> , and atherectomy.]	This will be in or out.
<b>Covered Loss</b> means [a <b>Diagnosis</b> is made for a <b>Critical Illness</b> ], [a <b>Procedure</b> for a <b>Critical Illness</b> is recommended,] [a wellness screening test is performed][or ][another benefit covered under the <b>Policy.</b> ] for which benefits are payable under this <b>Policy.</b>	[a <b>Diagnosis</b> is made for a <b>Critical Illness</b> ] will be in or out.  [a <b>Procedure</b> for a <b>Critical Illness</b> is recommended,] will be in or out.  [a wellness screening test is performed] will be in or out.  [or ] will be in or out.

	[another benefit covered under the <b>Policy</b> .] will be in or out.
<b>Covered Person</b> means any person who has insurance under the terms of this <b>Policy</b> . It includes the <b>Insured</b> .[.] [and his or her <b>Spouse</b> [/ <b>Domestic Partner</b> ] and/or <b>Dependent Child(ren)</b> if a <b>Plan</b> covering the <b>Spouse</b> [/ <b>Domestic Partner</b> ] and/or <b>Dependent Child(ren)</b> is selected.	[.] [and his or her <b>Spouse</b> [/ <b>Domestic Partner</b> ] will be in or out.
<b>Critical Illness</b> means [Heart Attack] [Stroke] [Coronary Artery By-Pass Graft][Non-Surgical Procedure for Coronary Artery Disease][Ruptured Aneurysm] [Type 1 Cancer] [Type 2 Cancer] [Skin Cancer] [Benign Brain Tumor] [Major Organ Transplant] [Heart Transplant][End Stage Renal Failure] [Paralysis] [Coma] [Blindness Both Eyes] [Blindness One Eye] [Loss of Speech and/or Hearing] [Severe Burns] [Loss of Hands and Feet] [Advanced Alzheimer's] [Amyotrophic Lateral Sclerosis] [Parkinson's Disease][Addison's Disease] [Cerebrospinal Meningitis] [Diphtheria] [Encephalitis][Huntington's Chorea][Legionnaire's Disease][Malaria][Muscular Dystrophy][Myasthenia Gravis][Necrotizing Fasciitis][Occupational HIV] [Occupational Hepatitis] [Osteomyelitis] [Poliomyelitis] [Rabies][Sickle Cell Anemia][Systemic Lupus Erythematosis] [Scleroderma][Tetanus][Tuberculosis][Loss of Ability to Perform Normal Activities of Daily Living] [Multiple Sclerosis] [Cerebral Palsy] [Cleft Lip or Cleft Palate] [Cystic Fibrosis] [Down Syndrome] [Spina Bifida].	Some combination of these illnesses as selected by the <b>Policyholder</b> will be in or out.
[ <b>Cystic Fibrosis</b> means a life-threatening multi-system genetic disease that causes severe lung damage and nutritional deficiencies. It must be <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b> .]	This will be in or out.
[ <b>Dependent</b> means the <b>Insured's</b> [Spouse[/ <b>Domestic Partner</b> ]] [and <b>Dependent Child(ren)</b> ].]	This will be in or out. If in, [ <b>Spouse</b> [/ <b>Domestic Partner</b> ]] [and <b>Dependent Child(ren)</b> will be in or out.  [and <b>Dependent Child(ren)</b> ] will be in or out
[ <b>Dependent Child(ren)</b> means those unmarried child(ren) of the <b>Insured</b> , [and] [those unmarried child(ren) of his or her <b>Spouse</b> [/ <b>Domestic Partner</b> ]] [as defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b> .] [a person who qualifies as a <b>Dependent Child(ren)</b> under the law of the state of residence.] [as defined in the <b>Policyholder's</b> [medical] plan as on file and approved by <b>Us</b> ] who rely on the <b>Insured</b> for [more than 50% of] their support, and are either: 1) less than [19 (nineteen)] years of age; 2) less than [26 (twenty-six)] years of age and enrolled on a full-time basis in a college, university, or trade school, or who satisfy neither 1) nor 2), but who prior to his or her termination of coverage became incapable of self-sustaining employment by reason of mental or physical handicap. [The <b>Dependent Child(ren)</b> will only be <b>Covered Dependents</b> if a <b>Plan</b> covering <b>Dependents</b> is selected.]]	Will be in or out. If in, [and] will be in or out. [those unmarried child(ren) of his or her <b>Spouse</b> [/ <b>Domestic Partner</b> ]] will be in or out. [as defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b> .] will be in or out.  [a person who qualifies as a <b>Dependent Child(ren)</b> under the law of the state of residence.] will be in or out. [as defined in the <b>Policyholder's</b> [medical] plan as on file and approved by <b>Us</b> ] will be in or out. If in, [medical] will be in or out. [more than 50% of] will be in or out [26 (twenty-six)] as selected by the <b>Policyholder</b> subject to state law  [The <b>Dependent Child(ren)</b> will only be <b>Covered Dependents</b> if a <b>Plan</b> covering <b>Dependents</b> is selected.]] will be in or out
[ <b>Diagnosis</b> or <b>Diagnosed</b> means the definitive establishment of	This will be in or out. If in,

<p>the <b>Critical Illness</b>, as defined herein, using clinical and/or laboratory findings. The <b>Diagnosis</b> must be made by a <b>Physician</b> who is a board certified specialist and qualified to make the <b>Diagnosis</b>. With respect to [ <b>Major Organ Transplant</b>] [<b>Coronary Artery By-Pass Surgery</b>], <b>Diagnosis</b> requires a <b>Physician's</b> recommendation that [the <b>Covered Person</b>] [the <b>Insured</b>] undergoes such <b>Procedure</b>. The <b>Diagnosis</b> must be made while the [ <b>Covered Person</b>] [ <b>Insured</b>] is alive.]</p>	<p>[<b>Major Organ Transplant</b>] This will be in or out.  [<b>Coronary Artery By-Pass Surgery</b>] This will be in or out.</p> <p>This will be in or out.</p>
<p>[<b>Diphtheria</b> means an upper respiratory tract illness and an adherent membrane on the tonsils, pharynx, and/or nasal cavity caused by <i>Corynebacterium diphtheriae</i> as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Domestic Partner</b> means [a person who qualifies as a <b>Domestic Partner</b> under the <b>Policyholder's</b> written <b>Procedures</b> as on file and approved by <b>Us</b>.] [a person who qualifies as a <b>Domestic Partner</b> under the law of the state of residence.] [as defined in the <b>Policyholder's</b> [medical] plan as on file and approved by <b>Us</b>.] To qualify as a <b>Domestic Partner</b> , the following requirements must be met:</p> <ol style="list-style-type: none"> <li>1. [the <b>Insured</b> and the <b>Domestic Partner</b> must have an intimate, committed relationship of mutual caring, and have agreed to be responsible for each other's welfare;]</li> <li>2. [the <b>Insured</b> and the <b>Domestic Partner</b> must have lived together in such a relationship for a period of not less than six (6) consecutive months at the same residence address;]</li> <li>3. [the <b>Insured</b> and the <b>Domestic Partner</b> must both be at least eighteen (18) years of age;]</li> <li>4. [neither the <b>Insured</b> nor the <b>Domestic Partner</b> are legally married;]</li> <li>5. [the <b>Insured</b> and the <b>Domestic Partner</b> are not <b>Related</b> by blood or adoption;]</li> <li>6. [the <b>Insured</b> and the <b>Domestic Partner</b> are each other's sole <b>Domestic Partner</b> and intend to remain so indefinitely;] [and]</li> <li>7. [the <b>Insured</b> and the <b>Domestic Partner</b> must be of the same sex, and if applicable law permitted, would be married.]</li> </ol> <p>The existence of the relationship between the <b>Domestic Partner</b> and the <b>Insured</b> must be evidenced by:</p> <ol style="list-style-type: none"> <li>1. [the <b>Domestic Partner</b> being named as the primary beneficiary in the event of the <b>Insured's</b> death under the <b>Insured's</b> retirement plan or 401(k) plan, if the <b>Insured</b> maintains such a plan;]</li> <li>2. [at least one of the following: <ol style="list-style-type: none"> <li>a. designation of the <b>Domestic Partner</b> as a primary beneficiary under the <b>Insured's</b> will; or</li> <li>b. designation of the <b>Domestic Partner</b> as a primary beneficiary for the <b>Insured's</b> life insurance;]</li> </ol> </li> <li>3. [at least one of the following: <ol style="list-style-type: none"> <li>a. joint ownership of real estate (whether by mortgage, lease or deed);</li> <li>b. joint ownership of a motor vehicle; or</li> <li>c. joint ownership of a bank account;] [and]</li> </ol> </li> <li>4. [a completed, active certification of <b>Domestic Partner</b> status form on file with the <b>Policyholder</b>.]</li> </ol> <p>To be a covered <b>Domestic Partner</b>, the <b>Insured</b> will not have completed a Termination of <b>Domestic Partner</b> status form with respect to the <b>Domestic Partner</b> who is to be covered under the</p>	<p>This definition and all bracketed portions of the definition will be in or out.</p>

<b>Policy.]</b>	
[ <b>Down syndrome</b> means a genetic disorder that causes lifelong mental retardation, developmental delays and other problem as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis.</b> ]	This will be in or out.
[ <b>Eligibility Waiting Period</b> means the [continuous] length of time an <b>Eligible Person</b> is in an Eligible Class with the <b>Policyholder</b> before eligible for coverage.]	This will be in or out depending if non-active working persons are eligible. If in, [continuous] will be in or out.
[ <b>Encephalitis</b> means a [bacterial][viral] acute inflammation of the brain resulting in permanent neurological damage, as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis.</b> This does not include encephalitis resulting from in the presence of any human immuno-deficiency virus (HIV) infection or other ancillary infections resulting from the HIV infection.]	This will be in or out. If in, [bacterial][viral] will be in or out.
[ <b>End Stage Renal Failure</b> means chronic irreversible failure of both kidneys to function, as a result of which either regular renal or peritoneal dialysis is started or scheduled to occur on a weekly or biweekly basis unless the <b>Covered Person</b> is too ill to receive dialysis, or renal transplant is performed. The <b>Diagnosis</b> must be made by a <b>Physician</b> who is a board-certified nephrologist.] The Covered Loss will be deemed to have occurred on the date the [ <b>Covered Person</b> ][ <b>Insured</b> ] is listed on the United Network for Organ Sharing (UNOS) .]	This will be in or out.
[ <b>First Occurrence</b> means, subject to any <b>Pre-existing Condition</b> limitation period, the first time that a <b>Diagnosis</b> is made or a <b>Procedure</b> is recommended for a <b>Critical Illness</b> [in [a <b>Covered Person's</b> ][an <b>Insured's</b> ] lifetime ] [while [the <b>Covered Person</b> ][an <b>Insured</b> ] is covered under the <b>Policy</b> ]. A <b>Diagnosis</b> made or <b>Procedure</b> recommended for a <b>Critical Illness</b> after satisfaction of the <b>Pre-existing Condition</b> limitation period is considered a <b>First Occurrence</b> .	This will be in or out. If in, [while [the <b>Covered Person</b> ][an <b>Insured</b> ] is covered under the <b>Policy</b> ]. Will be in or out.
[ <b>Heart Attack (Myocardial Infarction)</b> means ischemic death of a portion of the heart muscle due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. This does not include a <b>Heart Attack</b> that occurs during a [heart related] medical procedure. The <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified cardiologist based on both: <ol style="list-style-type: none"> <li>1. new clinical presentation and electrocardiographic changes consistent with an evolving <b>Heart Attack</b>; and</li> <li>2. serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a <b>Diagnosis of Heart Attack.</b>]</li></ol>	This will be in or out.
[ <b>Heart Transplant</b> means the transplantation of the heart from a patient who has died and whose heart was intact and capable of functioning in the recipient [the <b>Covered Person</b> ] [an <b>Insured</b> ]. The transplanted heart must come from a human. The <b>Heart Transplant</b> must be required due to clinical evidence of the heart's irreversible failure which requires that the malfunctioning heart of [the <b>Covered Person</b> ] [an <b>Insured</b> ] be replaced with a heart from a suitable human donor. [The Covered Loss will be deemed to have occurred on the date the [ <b>Covered Person</b> ][ <b>Insured</b> ] is listed on the United Network for Organ Sharing (UNOS) .]]	This will be in or out. If in,  This will be in or out.
[ <b>Huntington's Disease</b> means a neurodegenerative genetic disease that affects muscle coordination and leads to cognitive decline and dementia as <b>Diagnosed</b> by a <b>Physician</b> who is a	This will be in or out.

board certified neurologist ]	
<b>Insured</b> means a Class I, [Class II, Class III, Class IV, Class V, [or][and] Class VI] individual who is eligible for coverage under this <b>Policy</b> as provided in the Eligibility and Classification of <b>Insureds</b> part of the Schedule of Benefits, and who completes the enrollment material, if required.	This will be in or out. If in, [or] [and] will be either in or out.
[ <b>Legionnaire’s Disease</b> means a lung infection (pneumonia) caused by Legionella bacteria, and is <b>Diagnosed</b> through the discovery of such bacteria in the [ <b>Covered Person’s</b> ] [ <b>Insured’s</b> ] body. The <b>Diagnosis</b> must be made by a <b>Physician</b> qualified to make such <b>Diagnoses</b> , and must be supported by specialized laboratory tests searching for the Legionella bacteria, involving culture of the [ <b>Covered Person’s</b> ] [ <b>Insured’s</b> ] sputum, lung biopsy specimen, or respiratory secretions; and/or detecting the organism in urine. In order to make a claim, a finding of both pneumonia and the Legionella bacteria must be made by the <b>Physician</b> and there must be a community outbreak of Legionnaire’s disease for [2-10] unrelated persons as verified by the Centers for Disease Control for that local geographical area.]	This will be in or out. If in,  [2-10] The ranges will be as shown.
<b>Loss of Hands and Feet</b> means that due to an <b>Accident</b> [or sickness] a [ <b>Covered Person</b> ][ <b>Insured</b> ] sustains permanent physical severance of any combination of two or more limbs at or proximal to (above) the wrist or ankle joints. The loss of two or more limbs does not have to occur at the same time or due to the same cause, but the loss of each limb must occur while the person is a <b>Covered Person</b> .]	This will be in or out.
[ <b>Loss of Speech and/or Hearing</b> means that due to an Accident [or sickness] a [ <b>Covered Person</b> ] [ <b>Insured</b> ] is <b>Diagnosed</b> by a <b>Physician</b> to have suffered a total and irreversible loss of speech and/or total and permanent loss of hearing in both ears with an auditory threshold of more than ninety (90) decibels in each ear, for a minimum of [12 - 36] months. <b>Loss of Speech and/or Hearing</b> may not be the result of another covered <b>Critical Illness</b> or other Benefit.]) ]	This will be in or out. If in, [or sickness] will be in or out.  [twelve (12 – 36) ranges will be as shown.
[ <b>Loss of Ability to Perform Normal Activities of Daily Living</b> means that a [ <b>Covered Person</b> ] [ <b>Insured</b> ] is unable due to a sickness or injury to perform at least [two, three] <b>Normal Activities of Daily Living</b> . Such inability must be confirmed by a <b>Physician</b> qualified to make this determination. In the event this benefit is triggered by another covered benefit, <b>We</b> will only pay this benefit only once.]	This will be in or out. If in,  [two, three] This will be in or out.
[ <b>Lymphedema</b> means a condition, also known as lymphatic obstruction, of localized fluid retention and tissue swelling caused by a compromised lymphatic system that is <b>Diagnosed</b> as such by a <b>Physician</b> who is board certified to make this <b>Diagnosis</b> .]	This will be in or out.
[ <b>Major Organ Transplant</b> means human to human organ transplant from a donor to [the <b>Covered Person</b> ] [an <b>Insured</b> ] of transplant of an entire[ liver], [lung,][small intestine][kidney] or [pancreas] that is required due to clinical evidence of a major organ’s irreversible failure which requires that the malfunctioning organ or tissue of the [ <b>Covered Person</b> ] [ <b>Insured</b> ] be replaced with an organ or tissue from a suitable human donor, excluding the [ <b>Covered Person</b> ][ <b>Insured</b> ]. [The <b>Covered Loss</b> will be deemed to have occurred on the date the [ <b>Covered Person</b> ][ <b>Insured</b> ] is listed on the United Network for Organ Sharing (UNOS)]	This will be in or out. If in,  [liver], [lung,][small intestine][kidney] or [pancreas] each will be in or out as selected by the <b>Policyholder</b> .  This will be in or out.

<p><b>[Major Organ Transplant</b> does not include an organ transplant involving organs other than an entire kidney, liver, small intestine, lung, or pancreas;</p> <ol style="list-style-type: none"> <li>1. involving transplants of parts of organs, tissues or cells;</li> <li>2. involving organs transplanted from the same <b>[Covered Person][Insured]</b>;</li> <li>3. involving organs received from non-human donors;</li> <li>4. involving implantation of mechanical devices or mechanical organs; or</li> <li>5. involving islet cell transplant.</li> </ol>	<p>This will be in or out.</p>
<p><b>[Malaria</b> means a mosquito-borne infectious disease resulting from infection from one of the five species of the genus Plasmodium; [falciparum,] [knowlesi] [malariae] [vivax,] [ovale] and <b>Diagnosed</b> as such by a <b>Physician</b> who is board certified to make such <b>Diagnosis.</b>]</p>	<p>This will be in or out. [falciparum,] [knowlesi] [malariae] [vivax,] [ovale] each will be in or out.</p>
<p><b>[Multiple Sclerosis</b> means an inflammatory disease that persists for a minimum of six months in which the fatty myelin sheaths around the axons of the brain and spinal cord are damaged, leading to inability of nerve cells in the brain and spinal cord to communicate with each other effectively as <b>Diagnosed</b>, by a <b>Physician</b> who is a board certified neurologist.]</p>	<p>This will be in or out.</p>
<p><b>[Muscular Dystrophy</b> means a group of hereditary and non-hereditary muscle diseases that weaken the musculoskeletal system and hamper locomotion confirmed by electromyography and muscle biopsy and <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis.</b></p>	<p>This will be in or out.</p>
<p><b>[Myasthenia Gravis</b> means an autoimmune neuromuscular disease leading to fluctuating muscle weakness and fatigability that is treated with medication and is <b>Diagnosed</b> as such by a <b>Physician</b> board certified to make such <b>Diagnosis.</b>]</p>	<p>This will be in or out.</p>
<p><b>[Necrotizing Fasciitis</b> means a rare quickly progressing infection of the deeper layers of the skin and subcutaneous tissues commonly known as flesh-eating disease or Flesh-eating bacteria syndrome requiring a surgical procedure to be performed. Such disease must be <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b> and perform the surgical procedure.]</p>	<p>This will be in or out</p>
<p><b>[Non-Surgical Procedure for Coronary Artery Disease</b> means a non-surgical technique is recommended by a <b>Physician</b> who is board-certified cardiologist due to coronary artery disease that occurs when the arteries that supply blood and oxygen to the heart become damaged and narrowed. <b>Procedures</b> for which the <b>Critical Illness</b> benefit is payable include the non-surgical techniques of balloon angioplasty, laser embolectomy or other non-bypass techniques; minimally invasive endoscopic or keyhole heart surgery, stent <b>Procedures</b>, and atherectomy.]</p>	<p>This will be in or out.</p>
<p><b>[Non-Contributory</b> means that the premium payments require no contribution from the <b>Insured.</b>]</p>	<p>This will be in or out depending if employer pays 100% of premium.</p>
<p><b>[Normal Activity(ies) of Daily Living (ADLs)</b> means certain basic daily tasks necessary to maintain [the <b>Covered Person's</b>] [an <b>Insured's</b>] health and safety. In this <b>Policy</b>, <b>ADLs</b> refer to the activities described below. The loss of ability must be due to a <b>Critical Illness</b> that has persisted for a period of at least [120] consecutive days:</p> <ol style="list-style-type: none"> <li>1. Transfer and mobility - The ability to move into or out of a bed, chair or wheelchair or to move from place to place,</li> </ol>	<p>This will be in or out. If in,  The range will be 90-180</p>

<p>either via walking, a wheelchair, cane, crutches, walker or other equipment.</p> <ol style="list-style-type: none"> <li>2. Continence - The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter, urostomy, or colostomy bag).</li> <li>3. Dressing - Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.</li> <li>4. Toileting - Getting to and from the toilet, transferring on and off the toilet and performing associated personal hygiene.</li> <li>5. Eating - Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.</li> <li>6. Bathing - Washing oneself by sponge bath; or in either a tub or a shower, including the task of getting into or out of the tub or shower.]</li> </ol>	
<p>[<b>Occupational Hepatitis</b> means the <b>Diagnosis</b> of occupational Hepatitis resulting from an <b>Accident</b> which exposed the [the <b>Covered Person</b>] [an <b>Insured</b>] to Hepatitis [A,] B[,] and C. The <b>Accidental</b> injury must occur during the normal course of duties for the occupation in which [the <b>Covered Person</b>] [an <b>Insured</b>] is regularly engaged and for which remuneration is earned. The incident must be reported to the [<b>Policyholder</b>][[<b>Covered Person's</b>] [<b>Insured's</b>] employer]] within forty-eight (48) hours of the <b>Accident</b> and [the <b>Covered Person</b>] [an <b>Insured</b>] must seek immediate medical attention. ] Occupational Hepatitis does not include Infection as a result of drug use, sexual transmission, or other hepatitis infection determined to not to be <b>Accidental</b>.]</p>	<p>This will be in or out. If in, [A] [,] will be in o rout.</p> <p>This will be in or out.</p>
<p>[<b>Occupational Human Immunodeficiency Virus (Occupational HIV)</b> means the <b>Diagnosis</b> of Human Immunodeficiency Virus (HIV) infection resulting from an <b>Accident</b> which exposed the [the <b>Covered Person</b>][an <b>Insured</b>] to HIV-contaminated body fluids. The <b>Accidental</b> injury must occur during the normal course of duties for the occupation in which [the <b>Covered Person</b>] [an <b>Insured</b>] is regularly engaged and for which remuneration is earned. The incident must be reported to the [<b>Policyholder</b>][[<b>Covered Person's</b>] [<b>Insured's</b>] employer]] within 48 hours of the incident and [the <b>Covered Person</b>] [an <b>Insured</b>] must seek immediate medical attention. Within forty-eight (48) hours of the accidental injury, the [<b>Covered Person</b>][<b>Insured</b>] must submit to a blood test for HIV and/or AIDS and/or related complex (ARC). The blood test results must be sent directly to <b>Us</b>] <b>Occupational HIV</b> does not include HIV Infection as a result of drug use, sexual transmission, or HIV infection determined to not to be <b>Accidental</b>.]</p>	<p>This will be in or out.</p> <p>This will be in or out.</p>
<p>[<b>Open Enrollment Period</b> means a period of time agreed to by the <b>Policyholder</b> and <b>Us</b> during which an eligible <b>Active Employee</b> may enroll for insurance under the <b>Policy</b> if he or she did not enroll when initially eligible, [increase his or her insurance, decrease his or her insurance or terminate his or her insurance].</p>	<p>This will be in or out. If in, [increase his or her insurance, decrease his or her insurance or terminate his or her insurance]. will be in or out.</p>
<p>[<b>Osteomyelitis</b> means an infection of the bone or bone marrow requiring a surgical procedure. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Paralysis</b> means that due to an Accident [or sickness] a [<b>Covered</b></p>	<p>This will be in or out. If in,</p>

<p><b>Person</b>[[<b>Insured</b>] sustains the complete and permanent loss of function of [one][two] or more limbs as <b>Diagnosed</b> by a <b>Physician</b> who is board certified. This does not include <b>Paralysis</b> that occurs as a result of a <b>Stroke</b> [or other medical procedure]. .</p>	<p>[or sickness] will be in or out. Either [one] or [two] will be in or out.  This will be in or out.</p>
<p><b>[Parkinson’s Disease)</b> means a degenerative disorder of the central nervous system which is the result of the loss of dopamine-producing brain cells and permanent clinical impairment of motor function with associated tremor, rigidity of movements, and postural instability as <b>Diagnosed</b> by a <b>Physician</b> who is a board certified neurologist.]</p>	<p>This will be in or out</p>
<p><b>[Pathological Diagnosis</b> means a <b>Diagnosis of Type 1 Cancer</b> based on a microscopic study of fixed tissue or preparations from the blood systems. This type of <b>Diagnosis</b> must be done by a <b>Physician</b> who is a board certified pathologist and whose <b>Diagnosis</b> of malignancy conforms to the standards set by the American College of Pathology.]</p>	<p>This will be in or out depending if Cancer benefits are available.</p>
<p><b>[Poliomyelitis</b> means a contagious viral illness resulting from poliovirus type 1, 2, or 3 that in its most severe form causes paralysis, difficulty breathing and sometimes death. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out</p>
<p><b>[Pre-existing Condition</b> means a disease or physical condition for which:</p> <ol style="list-style-type: none"> <li>1. symptoms existed within the [3] [6] month period prior to the effective date of [a <b>Covered Person’s</b>][an <b>Insured’s</b>] coverage under this <b>Policy</b> that would cause a person to seek medical advice or treatment or;</li> <li>2. medical advice or treatment was recommended or received from a member of the medical profession within the [3, 6] month period prior to the Effective Date of [a <b>Covered Person’s</b>][an <b>Insured’s</b>] coverage under this <b>Policy</b>.]</li> </ol>	<p>This will be in or out. If in,  Either [3] or [6] will be in or out.          Either [3] or [6] will be in or out.</p>
<p><b>[Prior Plan</b> means the Critical Illness Policy that was in effect with the <b>Policyholder</b> for a different insurance company on the date immediately preceding the Effective Date under this <b>Policy</b>.]</p>	<p>This will be in or out.</p>
<p><b>[Procedure:</b> means a medical procedure involving an incision with instruments and performed to repair damage or arrest disease related to a <b>Critical Illness</b> in a [<b>Covered Person</b>][<b>Insured</b>].</p>	<p>This will be in or out.</p>
<p><b>[Rabies</b> means an acute viral disease of the central nervous system caused by a virus in the Lyssavirus family that is transmitted through saliva from the bite of an infected animal. For this benefit to apply, it is required that clinical confirmation through isolation of the associated antibodies and/or presence of specific symptoms be obtained prior to payment. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p><b>Related</b> means [a <b>Covered Person’s Spouse</b> [/<b>Domestic Partner</b>] or other adult living with the <b>Insured</b>][the <b>Insured’s Spouse</b> [/<b>Domestic Partner</b>] or other adult living with the <b>Insured</b>], sibling, parent, step-parent, grandparent, aunt, uncle, niece,</p>	<p>This will be in or out.</p>

nephew, son, daughter, or grandchild or similar relationship in law.	
<p>[<b>Retiree</b> means a former employee of the <b>Policyholder</b>.]</p> <ol style="list-style-type: none"> <li>1. [whose age plus years of service equals at least [60-70];]</li> <li>2. [who has attained the normal retirement age;]</li> <li>3. [who has completed at least [1-10] years of active full-time or part-time service with the <b>Policyholder</b>;]</li> <li>4. [who is participating in a <b>Policyholder</b>-sponsored pension plan;][or]</li> </ol> <p>[who retired from the <b>Policyholder</b> immediately after the last day as an <b>Active</b> employee.]</p>	This will be in or out.
<p>[<b>Ruptured Aneurysm</b> means a ruptured Cerebral, Carotid or Aortic Aneurysm, the <b>Diagnosis</b> of a <b>Ruptured Aneurysm</b> must be supported by medical records, including radiographically specific diagnostic studies to objectively support the <b>Diagnosis</b> as established by [the American Academy of Radiologists.]</p>	This will be in or out.
<p>[<b>Sclerosis</b> (also <b>Scleroderma</b>) means a connective tissue disease that involves changes in the skin, blood vessels, muscles, and internal organs. Such <b>Diagnosis</b> must be confirmed with a biopsy and made by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	This will be in or out.
<p>[<b>Service Waiting Period</b> means the [continuous] length of time an Eligible Person is required to be [in <b>Active</b> employment] with the <b>Policyholder</b> before being eligible for coverage.]</p>	This will be in or out. If in, [continuous] will be in or out. [in <b>Active</b> employment] will be in or out.
<p>[<b>Severe Burn</b> or <b>Severely Burned</b> means a cosmetic disfigurement of the surface of at least [25%-75%] of the body area due to an <b>Accidental</b> injury that is a full-thickness or third-degree burn, as determined by a <b>Physician</b>. (A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation).]</p>	This will be in or out. If in, [25% -75%] the ranges will be as shown.
<p>[<b>Skin Cancer</b> means squamous cell carcinoma as <b>Diagnosed</b> by a <b>Physician</b> who is board certified dermatologist or <b>Physician</b> as defined above. <b>Skin Cancer</b> does not include any cancer <b>Diagnosed</b> as <b>Type 1 Cancer</b> or <b>Type 2 Cancer</b>.]</p>	This will be in or out.
<p>[<b>Sickle Cell Anemia</b> means is a disorder of the blood caused by an inherited abnormal hemoglobin, which produces distorted (sickled) red blood cells. The irregular sickled cells can block blood vessels causing tissue and organ damage and pain. <b>Sickle Cell Anemia</b> does not include Sickle cell trait (or sicklemia), which is a condition in which a person has one gene for the disease, but does not display the severe symptoms of the disease. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	This will be in or out.
<p>[<b>Spina Bifida</b> means a developmental congenital disorder, where some vertebrae overlying the spinal cord are not fully formed and remain unfused and open as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	This will be in or out.
<p>[<b>Spouse</b> means the <b>Eligible Person's</b> legally married <b>Spouse</b> under age [65-99].</p> <p>[A <b>Spouse</b> will only be a covered <b>Spouse</b> if a <b>Plan</b> covering the <b>Eligible Person's Spouse</b> is selected.]</p>	<p>This will be in or out. If in, [65-99] the ranges will be as shown</p> <p>This will be in or out depending if <b>Spouse</b> is eligible.</p>
<p>[<b>Stem Cell Therapy</b> means a type of intervention strategy that</p>	This will be in or out.

introduces new cells into damaged tissue in order to treat a <b>Critical Illness.</b> ]	
<p>[<b>Stroke</b> means the death of brain tissue due to an acute cerebrovascular event. All of the following criteria must be satisfied:</p> <ol style="list-style-type: none"> <li>1. clinical evidence of infarction or brain tissue, or intracranial or subarachnoid hemorrhage;</li> <li>2. clear evidence on a CT, MRI or similar imaging technique that a <b>Stroke</b> has occurred; and</li> <li>3. permanent neurologic deficit measured [96 hours - three months] or more after the event that results in a score of two or higher on the Modified Rankin Scale for stroke outcome.</li> </ol> <p><b>Stroke</b> does not include symptoms due to:</p> <ol style="list-style-type: none"> <li>a) transient Ischemic Attack (TIA),</li> <li>b) migraine;</li> <li>c) Hypoxia</li> <li>d) traumatic injury to brain tissue or blood vessels;</li> <li>e) chronic cerebrovascular insufficiency and reversible deficits; or</li> <li>f) vascular disease affecting the eye, optic nerve, or vestibular functions.]</li> </ol> <p>The <b>Diagnosis</b> must be made by a <b>Physician</b> who is a board certified neurologist.]</p>	This will be in or out.
<p>[<b>Substantial Assistance</b> means <b>Hands-on Assistance</b> and <b>Stand-by Assistance</b> as described below. For the purposes of the <b>Policy Stand-by Assistance</b> will be used to determine that <b>Substantial Assistance</b> by another person is required by the <b>[Covered Person] [Insured]</b> to perform the <b>Normal Activity of Daily Living</b>.</p> <ol style="list-style-type: none"> <li>1. <b>Hands-on Assistance</b> means the physical assistance of another person without which a <b>[Covered Person][Insured]</b> would be unable to perform the <b>Normal Activity of Daily Living</b>.</li> <li>2. <b>Stand-by Assistance</b> means the presence of another person within a <b>[Covered Person's] [Insured's]</b> arm's reach to prevent by physical intervention, injury to the <b>[Covered Person] [Insured]</b> while he or she performs a <b>Normal Activity of Daily Living</b> (such as being ready to catch him or her if he or she falls while getting into or out of the bathtub or shower as part of bathing, or being ready to remove food from the <b>[Covered Person's][Insured's]</b> throat if he or she chokes while eating).]</li> </ol>	This will be in or out.
<p>[<b>Systemic Lupus Erythematosus</b> means a systemic autoimmune disease where the immune system attacks the body's cells and tissue, resulting in inflammation and tissue damage [and is confirmed by permanent neurological damage and/or permanent impairment of kidney function]. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board certified to make such <b>Diagnosis.</b>]</p>	<p>This will be in or out.</p> <p>[and] will be in or out.</p> <p>This will be in or out.</p>
<p>[<b>Tetanus</b> (commonly known as Lockjaw) means a potentially life-threatening bacterial disease resulting from toxin secreting clostridium tetani that affects the nervous system, leading to painful muscle contractions, particularly of the jaw and neck muscles, and which can interfere with the ability to breathe. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such</p>	This will be in or out.

<b>Diagnosis.]</b>	
<b>[TNM Classification</b> means the classification standards for <b>Type 1 Cancer, Skin Cancer,</b> and <b>Type 2 Cancer</b> as developed by the American Joint Committee on Cancer.]	This is included depending if cancer benefits are provided.
<b>[Tuberculosis (TB)</b> is a potentially serious infectious disease that primarily affects the lungs. The <b>Diagnosis</b> must be made by a <b>Physician</b> , based on skin tests, chest X-rays, sputum analysis (smear and culture), and polymerase chain reaction tests to detect the genetic material of the causative bacteria.]	This will be in or out.
<p><b>[Type 1 Cancer</b> means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemia, Hodgkin's disease, carcinoma, sarcoma, malignant tumor and lymphomas are included. <b>Type 1 Cancer</b> does not include:</p> <ol style="list-style-type: none"> <li>1. any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;</li> <li>2. any papillary tumor of the bladder classified as Ta under TNM Classification;</li> <li>3. any tumor of the prostate classified as T1N0M0 under TNM Classification;</li> <li>4. any papillary tumor of the thyroid that is classified as T1N0M0 or less under <b>TNM Classification</b> and is one centimeter or less in diameter;</li> <li>5. any tumor in the presence of human immuno-deficiency virus;</li> <li>6. any <b>Skin Cancers</b>, unless there is metastasis and the tumor is a malignant melanoma of greater than 1.0 millimeters maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method;</li> <li>7. <b>Type 2 Cancer</b>;</li> <li>8. chronic Lymphocytic Leukemia (CLL), less than or equal to Stage I, as defined by RAI classification..</li> </ol> <p><b>Type 1 Cancer</b> must be <b>Diagnosed</b> according to a <b>Pathological Diagnosis</b> or <b>Clinical Diagnosis</b> of <b>Type 1 Cancer</b>.]</p>	This will be in or out.
<p><b>[Type 2 Cancer</b> means a <b>Diagnosis</b> of cancer where the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. It also includes:</p> <ol style="list-style-type: none"> <li>1. any malignant melanoma less than or equal to 1.0 millimeters maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method;</li> <li>2. any melanoma not invading the dermis classified as T1N0M0 under <b>TNM Classification</b>;</li> <li>3. any tumor of the prostate classified as T1N0M0 under <b>TNM Classification</b>;</li> <li>4. any papillary tumor of the bladder classified as Ta under <b>TNM Classification</b>;</li> <li>5. any papillary tumor of the thyroid that is classified as T1N0M0 or less under <b>TNM Classification</b> and is one centimeter or less in diameter;</li> <li>6. chronic Lymphocytic Leukemia (CLL), less than or equal to Stage I, as defined by RAI classification</li> </ol> <p><b>Type 2 Cancer</b> does not include:</p> <ol style="list-style-type: none"> <li>1. any benign tumor, dysplasia, intraepithelial neoplasia or</li> </ol>	This will be in or out.

<p>pre-malignant growth;</p> <ol style="list-style-type: none"> <li>2. any tumor in the presence of human immuno-deficiency virus;</li> <li>3. any non-melanoma <b>Skin Cancer</b>;</li> <li>4. any melanoma in situ classified as TisN0M0 under <b>TNM Classification</b></li> <li>5. other skin malignancies; and</li> <li>6. any carcinoid tumor.</li> </ol> <p><b>Type 2 Cancer in Situ</b> must be <b>Diagnosed</b> pursuant to a <b>Pathological Diagnosis</b> or <b>Clinical Diagnosis.</b>]</p>	

**SECTION IV - GENERAL EXCLUSIONS**

<p>Exclusions will be either in or out</p> <ol style="list-style-type: none"> <li>1. [suicide or attempted suicide while sane [or insane] or from intentionally self-inflicted injury.]</li> <li>2. [from a <b>Pre-existing Condition</b>.]</li> <li>3. [war or any act of war, whether declared or undeclared.]</li> <li>4. [involvement in any type of active military service [Reserve or National Guard active duty training is not excluded, unless it extends beyond [thirty-one (31) consecutive days].];][For purposes of this exclusion, orders to active military service for [sixty (60) days] or less will not be considered involvement in active military service.][This exclusion does not apply to the first [sixty (60) consecutive days] of active military service.]</li> <li>5. [participation in the commission or attempted commission of [any crime, [any felony,] [an assault,][insurrection] [or] [riot].]</li> <li>6. [due to engaging in an illegal occupation.]</li> <li>7. [being intoxicated while operating a motor vehicle.][being intoxicated.] <ol style="list-style-type: none"> <li>a) [a <b>Covered Person</b>] [an <b>Insured</b>] will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the <b>Accident</b> occurred, to be intoxicated, if operating a motor vehicle.</li> <li>b) an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the <b>[Covered Person's][Insured's]</b> intoxication.]</li> </ol> </li> <li>8. [being under the influence of any prescription drug, controlled substance, or hallucinogen, unless such prescription drug, controlled substance, or hallucinogen</li> </ol>	<p>Each exclusion will be in or out. If in, [or insane] will be in or out</p> <p>This will be in or out. If in, [thirty-one (31) consecutive days] The range will be 0 - 60</p> <p>[For purposes of this exclusion, orders to active military service for [sixty (60) days] or less will not be considered involvement in active military service.] will be in or out. If in, [sixty (60) days] the range will be 30-90 days. [This exclusion does not apply to the first [sixty (60) consecutive days] of active military service.] will be in or out. If in, the range will be 30-90 days.</p> <p>This will be in or out. If in each of the following will be in or out, [any crime, [any felony,][an assault,] [insurrection] [or] [riot].]</p> <p>This will be in or out.</p> <p>[being intoxicated while operating a motor vehicle.] will be in or out [being intoxicated.] will be in or out.</p> <p>This will be in or out.</p> <p>This will be in or out.</p>
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<p>was prescribed by a <b>Physician</b> and taken in accordance with the prescribed dosage.]</p> <p>9. [a <b>Diagnosis</b> for which proof is submitted by a <b>Physician</b> that is <b>Related</b> to the [<b>Covered Person</b>][<b>Insured</b>.][refusing certain types of recommended medical treatment, as follows:</p> <p>a) [a <b>Physician</b> has recommended treatment with angioplasty or <b>Coronary Artery By-Pass Graft</b> for coronary artery disease, the [<b>Covered Person</b>][<b>Insured</b>] refuses this treatment, and the <b>Insured</b> suffers a <b>Heart Attack</b>; [or] [.]</p> <p>b) [a <b>Physician</b> has recommended treatment for a brain aneurysm or carotid artery stenosis, the <b>Insured</b> refuses treatment, and the[<b>Covered Person</b>][<b>Insured</b>] suffers a <b>Stroke</b>;[or][.]</p> <p>c) [a <b>Physician</b> has recommended a diagnostic biopsy or diagnostic/therapeutic excision of a mass or lesion suspected of being cancer the [<b>Covered Person</b>][<b>Insured</b>] refuses, and the [<b>Covered Person</b>][<b>Insured</b>] develops <b>Type 1 Cancer</b>, <b>Skin Cancer</b>, or <b>Type 2 Cancer in Situ</b>.]</p>	<p>This will be in or out.</p> <p>This will be in or out.</p> <p>[or] [.] will be in or out.</p> <p>[or][.] will be in or out.</p> <p>This will be in or out.</p>
<p><b>[Pre-existing Condition</b> Limitation</p> <p>[6] [12] consecutive months.</p> <p>[If the <b>Policy</b> replaces a <b>Prior Plan</b>, <b>We</b> will pay for a <b>Pre-existing Condition</b> if the [<b>Covered Person</b>][<b>Insured</b>] is insured under the <b>Policy</b> on its Effective Date and was covered under the <b>Prior Plan</b> on the date the <b>Prior Plan</b> terminated as follows:</p> <ol style="list-style-type: none"> <li>1. the [<b>Covered Person</b>][<b>Insured</b>] must satisfy the <b>Pre-existing Condition</b> provision under the <b>Policy</b>; or</li> <li>2. the [<b>Covered Person</b>][<b>Insured</b>] must have satisfied the <b>Pre-existing Conditions</b> provision under the <b>Prior Plan</b>, if benefits would otherwise have been paid had the <b>Prior Plan</b> remained in force, if earlier.]]</li> </ol>	<p>Will be in or out. If in,</p> <p>Either [6] or [12] will be in or out.</p> <p>This will be in or out depending if there is a takeover/replacement of a <b>Prior Plan</b>.</p>

### SECTION V – PREMIUMS

<p>A.Premiums: Premiums are due and payable to <b>Us</b> at the rates and in the manner described in the [Schedule][<b>Policyholder</b> Application].</p>	<p>[Schedule] will be in or out. [<b>Policyholder</b> Application] will be in or out.</p>
<p>B. Grace Period: Premiums are due for this <b>Policy</b> on or before the premium due date or renewal date, whichever applies. If the <b>Policyholder</b> does not pay a renewal premium when it is due, there is a [thirty-one (31)] day Grace Period to pay. During the Grace Period, the <b>Policy</b> will stay in force. The <b>Policyholder</b> will not have a Grace Period if <b>We</b> have given notice, at least [thirty (30)] days in advance, that <b>We</b> are going to terminate this <b>Policy</b>.</p>	<p>[thirty-one (31)] The range will be 31-120 days or as required by state law.</p> <p>[thirty (30)] The range will be 30-120 days or as required by state law.</p>
<p>C.Change in Premium: <b>We</b> may change the premium as a condition of any renewal of this <b>Policy</b> by giving at least [31] days written notice to the <b>Policyholder</b>. <b>We</b> may also change premium at any time when any change, agreed upon in writing, between the <b>Policyholder</b> and <b>Us</b> is made that affects coverage or if it is discovered that there was a material misrepresentation in the</p>	<p>[31] days. The range will be 31-90 days or as required by state law.</p>

information relied upon in establishing the premiums.

## SECTION VI - TERMINATION OF INSURANCE

### A. **Policy** Renewal and Termination.

Termination by **Policyholder**: The **Policyholder** may terminate this **Policy** on the first renewal date or at any time after that date by delivering to **Us** a written notice to end this **Policy** at least [thirty (30)] days in advance of such termination. **We** will calculate and return the unearned premium, if any, using a standard short rate table. The **Policyholder** will send **Us** any additional amounts owed, if any, between the **Policy's** paid to date and the official date of termination.

[thirty (30)] The range will be 14-180 days

Termination by **Us**: **We** may terminate this **Policy** by giving the **Policyholder** at least [thirty (30)] days notice of **Our** intent to terminate. Such notice will state the exact date the **Policy** will terminate. **We** may also end this **Policy** for non-payment of premium on any premium due date if the payment is not received prior to the end of the Grace Period. **We** will mail a notice of such termination to the **Policyholder's** last address shown in **Our** records.

[thirty (30)] The range will be 14-180 day

### B. Termination of **Covered Person's** Insurance.

**[Insured]**. Insurance terminates at the end of the [month][date] for which premium has been paid and during which any of the following occurs:

This will be in or out. If in, [month] will be in or out. [date] will be in or out.

1. [the **Policy** is terminated [unless coverage for the **[Covered Person]** **[Insured]** continues according to SECTION XI, PORTABILITY PRIVILEGE];]
2. the **Insured** ceases to be eligible for insurance;
3. the **Insured** fails to pay the required premium, if the **Insured** is so required; [or]
4. [the **Insured** reaches age [65-99]; [or]
5. the Per Person Lifetime Benefit Maximum Payout is paid to the **Insured** [;or][.]
6. [the **Insured** retires.]

This will be in or out if portability provided.

This will be in or our

This will be in or out, If in, [65-99] the range will be as shown. [or] will be in or out

[; or] [.] This will be in or out.

This will be in or out depending if **Retirees** are Eligible Class per the **Policyholder**.

**[Covered Person** other than the **Insured**. Insurance terminates on the earliest of:

This will be in or out depednig if **Dependents** are covered.

1. the date the insurance of the **Insured** terminates;
2. the Per Person Lifetime Benefit Maximum Payout is paid to the **Covered Person**;
3. the first premium due date after the person no longer qualifies as a **Covered Person**[; or][.]
4. [for the covered **Spouse** [/Domestic Partner ], the date the covered **Spouse** [/Domestic Partner ] reaches age [65-99].]

[; or][.] This will be in or out.

This will be in or out. If in,

[65-99] The range will be as shown.

**SECTION VII HOW TO FILE A CLAIM**

<p>Notice: The [<b>Covered Person</b>][<b>Insured</b>] or the beneficiary, or someone on their behalf, must give <b>Us</b> written notice of the <b>Covered Loss</b> within [ninety (90)] days of such <b>Covered Loss</b>, or as soon thereafter as reasonably possible. The notice must name the [<b>Covered Person</b>][<b>Insured</b>], and the Policy Number. To request a claim form, the [<b>Covered Person</b>][<b>Insured</b>] or the beneficiary, or someone on their behalf may contact <b>Us</b> at [1-866-841-4771]. The notice must be sent to the address shown on the Schedule, or any of <b>Our</b> agents. Notice to <b>Our</b> agents is considered notice to <b>Us</b>.</p>	<p>[ninety (90)] days. The range will be 20-120 days.</p> <p>Appropriate phone number will be inserted.</p>
<p>Claim Forms: <b>We</b> will send the claimant Proof of Covered Loss forms within [fifteen (15)] days after <b>We</b> receive notice. If the claimant does not receive the Proof of Covered Loss form in [fifteen (15)] days after submitting notice, he or she can send <b>Us</b> a detailed written report of the claim and the extent of the <b>Covered Loss</b>. <b>We</b> will accept this report as a Proof of Covered Loss if sent within the time fixed below for filing a Proof of Covered Loss.</p>	<p>[fifteen (15)] days. The range will be 15-90 days.</p> <p>[fifteen (15)] days. The range will be 15-90 days.</p>
<p>Proof of Covered Loss: Written Proof of a <b>Covered Loss</b>, acceptable to <b>Us</b>, must be sent within [ninety (90)] days of the <b>Covered Loss</b>. Failure to furnish Proof of a <b>Covered Loss</b> acceptable to <b>Us</b> within such time will neither invalidate nor reduce any claim if it was not reasonably possible to furnish the Proof of a <b>Covered Loss</b>, and the proof was provided as soon as reasonably possible.</p>	<p>[ninety (90)] days. The range will be 90-180 days.</p>

**SECTION VIII - PAYMENT OF CLAIMS**

<p>B. Who We Will Pay. Benefits are to be paid to the <b>Insured</b>, if alive. If the <b>Insured</b> is not alive, benefits are payable to his or her estate. The <b>Insured</b> may assign his or her interest in the <b>Policy</b> by giving <b>Our</b> agent or <b>Us</b> written notice at <b>Our</b> Administrative Office at [Claims Department, Zurich American Insurance Company, [P.O. Box 968041, Schaumburg, IL. 60196]] [1-866-841-4771]. The change or assignment will not be effective until <b>We</b> receive the written notice. <b>We</b> assume no responsibility for the validity of any assignment. Any payment <b>We</b> make will fully discharge <b>Us</b> to the extent of the payment.</p>	<p>Appropriate phone number and address inserted</p>
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**SECTION IX - GENERAL POLICY CONDITIONS**

<p>D. Entire Contract: This <b>Policy</b>, the <b>Policyholder</b> application, <b>Insured</b> enrollment materials[,] [Benefit Riders,] and any other attachments represent the entire insurance contract between the <b>Policyholder</b> and <b>Us</b>.</p> <p>H. <b>Policyholder</b> Records: The <b>Policyholder</b> will keep a record of the coverage, premium and other pertinent administrative information for each <b>Insured</b>, which, if acceptable to <b>Us</b> will be deemed to be a part of the <b>Policy</b>. <b>We</b> may examine these records at reasonable times while the <b>Policy</b> is in force and for six (6) years after the termination of the <b>Policy</b>. The <b>Policyholder</b> will report to <b>Us</b> within a reasonable time all changes in information regarding an <b>Insured</b>. [The <b>Policyholder</b> will indemnify <b>Us</b> for any Benefits or other payments that are caused in whole or in part by the <b>Policyholder's</b> negligence or error in performing the record keeping function.]</p>	<p>[,][Benefit Riders] Either in or out depending if there are benefit riders</p> <p>This will be in or out.</p>
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<p>3. [With respect to <b>[Major Organ Transplant][Heart Transplant]</b> and subject to the <b>Pre-existing Conditions</b> provision, the <b>First Occurrence</b> [in [a <b>Covered Person's</b>][an <b>Insured's</b>] lifetime] [during the time the <b>[Covered Person][Insured]</b> is covered under the <b>Policy</b>] [that he or she undergoes a <b>[Major Organ Transplant][Heart Transplant].</b>]</p> <p>4. [With respect to <b>Loss of Ability to Perform Normal Activities of Daily Living</b> and subject to the <b>Pre-existing Conditions</b> provision, the <b>First Occurrence</b> [in after [a <b>Covered Person's</b>][an <b>Insured's</b>] lifetime] [during the time the that <b>[Covered Person][Insured]</b> is covered under the <b>Policy</b>] that he or she has suffered such loss for [30-180] consecutive days. If the loss is due to a <b>Critical Illness</b>, this benefit will [be additional] [not be additional] to other benefits payable under the [a <b>Covered Person's</b>] [an <b>Insured's</b>] <b>Plan</b>. [If payable under two <b>Critical Illness</b> benefits, only the larger of the benefits will be provided.]</p> <p>Benefits are paid [one] time for each category of <b>Critical Illness</b> [except as paid under the Recurrence Benefit Option]</p>	<p>This will be in or out. If in, <b>[Major Organ Transplant][Heart Transplant]</b> will be in or out. This will be in or out. This will be in or out.</p> <p>This will be in or out. If in, This will be in or out. This will be in or out, [30 – 180] Consecutive days The range will be as shown. [be additional] will be in or out. [not be additional] will be in or out. This will be in or out.</p> <p>[one] This will be in or out. This will be in or out.</p>
<p><b>[Benefit Waiting Period:</b> Benefits will not be paid for a <b>Critical Illness:</b></p> <ol style="list-style-type: none"> <li>1. if the <b>Diagnosis</b> is made or the <b>Procedure</b> is recommended during the <b>Benefit Waiting Period</b>; or</li> <li>2. for which [a <b>Covered Person</b>] [an <b>Insured</b>] exhibits symptoms that would cause a prudent person to seek medical treatment by a <b>Physician</b> of a covered <b>Critical Illness</b> during the <b>Benefit Waiting Period</b>.</li> </ol> <p>If :</p> <ol style="list-style-type: none"> <li>1. the date an <b>Insured's Diagnosis</b> is made or the <b>Procedure</b> is recommended for a covered <b>Critical Illness</b> occurs during the <b>Benefit Waiting Period</b>; and</li> <li>2. the <b>Policy</b> is a new program for the <b>Policyholder</b> and there is no <b>Prior Plan</b>,</li> </ol> <p>the <b>Insured</b> may return the certificate for a full premium refund and the coverage will be terminated.]</p> <p>[If :</p> <ol style="list-style-type: none"> <li>1. the date of a <b>Covered Person's</b> (other than the <b>Insured's</b>) <b>Diagnosis</b> is made or the <b>Procedure</b> is recommended for a covered <b>Critical Illness</b> occurs during the <b>Benefit Waiting Period</b>; and</li> <li>2. the <b>Policy</b> is a new program for the <b>Policyholder</b> and there is no <b>Prior Plan</b>,</li> </ol> <p>the <b>Insured</b> may terminate the <b>Covered Person's</b> coverage under the <b>Policy</b> for a premium refund of that <b>Covered Person's</b> cost and his or her coverage will be terminated. The <b>Insured</b> must notify <b>Us</b> in writing.]</p>	<p>This will be in or out depending if a benefit waiting period is imposed.</p> <p>This will be in or out depending if <b>Dependent</b> coverage and benefit waiting period are imposed.</p>
<p>[Additional Critical Illness Benefit: If [a <b>Covered Person</b>][an <b>Insured</b>] received benefits under the Critical Illness Benefit for a <b>Critical Illness</b>, he or she will receive benefits for a <b>Diagnosis</b> made or <b>Procedure</b> recommended for a different <b>Critical Illness</b> as long as the date of <b>Diagnosis</b> or <b>Procedure</b> for each <b>Critical Illness</b> is separated by at least</p> <p>[6, 12, 18, 24] months for Category 1 [6,12,18,24] months for Category 2 [6,12,18,24] months for Category 3</p>	<p>This will be in or out depending if additional Critical Illness benefit is available. If in, [6, 12, 18, or 24] will be in or out.</p>

<p>[6,12,18,24] months for Category 4  [6,12,18,24] months for Category 5  [6,12,18,24] months for Category 6]  consecutive months. <b>We</b> will pay the Percent of the Benefit Amount shown in the Schedule of Benefits.]</p>	
<p>[Recurrence Benefit: If a benefit is paid for a <b>Critical Illness</b> and [a <b>Covered Person</b>] [an <b>Insured</b>] has not exhibited symptoms or received care and treatment for that same <b>Critical Illness</b> for at least;</p> <p>[6, 12, 18, 24] months for Category 1  [6,12,18,24] months for Category 2  [6,12,18,24] months for Category 3  [6,12,18,24] months for Category 4  [6,12,18,24] months for Category 5  [6,12,18,24] months for Category 6]  consecutive months since the benefit payment and [the <b>Covered Person</b>] [the <b>Insured</b>] is re-diagnosed for the same <b>Critical Illness</b>, <b>We</b> will pay a Recurrence Benefit as follows:</p> <ol style="list-style-type: none"> <li>1. With respect to [<b>Heart Attack</b>][<b>End Stage Renal Failure</b>][<b>Stroke</b>][<b>Paralysis</b>], the second [and third] time in [a <b>Covered Person's</b>][an <b>Insured's</b>] lifetime that: (a) he or she experiences such <b>Critical Illness</b>; and (b) he or she is <b>Diagnosed</b> with such <b>Critical Illness</b>.</li> <li>2. With respect to [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>], the second [and third] time in [a <b>Covered Person's</b>] [an <b>Insured's</b>] lifetime that he or she or she undergoes a [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>].</li> </ol> <p>The Recurrence Benefit is shown in the Schedule of Benefits. Benefits are not payable for any recurrence of a <b>Critical Illness</b> not shown in the Recurrence Benefit. ]</p>	<p>This will be in or out depending if recurrence benefit is provided for covered <b>Critical Illnesses</b>, If in,</p> <p>[6, 12, 18 or 24] will be in or out.</p> <p>[<b>Heart Attack</b>] [<b>End Stage Renal Failure</b>][<b>Stroke</b>][<b>Paralysis</b>] each will be in or out. [and third] will be in or out.</p> <p>[<b>Major Organ Transplant</b>][<b>Heart Transplant</b>] will be in or out.</p>
<p>[Per Category Maximum Payout: Within each category, the most <b>We</b> will pay for the <b>Critical Illness</b> Benefit[,] [and] [all Additional Critical Illness Benefits][,] [and all Recurrence Benefits] combined is the Per Category Maximum Payout shown in the Schedule of Benefits.]</p>	<p>This will be in or out depending if per category cap is available. If in,</p> <p>[all Additional Critical Illness Benefits] will be in or out.  [and all Recurrence Benefits] will be in or out.</p>
<p>Additional Benefits</p> <p>[Bone Marrow Transplant Indemnity Benefit: If a <b>Procedure</b> or <b>Diagnosis</b> of a covered <b>Critical Illness</b> for which a Benefit Amount is paid under the <b>Policy</b> requires a <b>Bone Marrow Transplant</b>, <b>We</b> will pay an additional lump sum benefit. The benefit is shown in the Schedule of Benefits as a percentage of the Benefit Amount paid for the <b>Critical Illness</b>.]</p>	<p>Each will be in or out if included in the Schedule, included in Section X Coverages.</p> <p>This will be in or out.</p>
<p>[Evaluation Benefit: This benefit is available after the <b>Insured's</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months.]</p> <p>If [a <b>Covered Person</b>][an <b>Insured</b>] is <b>Diagnosed</b> with a <b>Critical Illness</b> or has a <b>Procedure</b> for a <b>Critical Illness</b> recommended for which benefits are payable, <b>We</b> will pay the Evaluation Benefit</p>	<p>This will be in or out, if In, [1 -12] consecutive months. The range will be as shown</p>

<p>shown in the Schedule of Benefits. The purpose of the Evaluation Benefit is to provide [a <b>Covered Person</b>][an <b>Insured</b>] with options for treatment of the <b>Critical Illness</b>. Benefits are provided for an evaluation at an <b>Evaluation Center</b> following payment for a <b>First Occurrence</b> Benefit [or a Recurrence Benefit]. The Evaluation Benefit is limited to one payment for each <b>First Occurrence</b> [or a Recurrence] of a <b>Critical Illness</b>.</p> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b> [with the exception of the NCI Cancer Center Benefit. If a [<b>Covered Person</b>][<b>Insured</b>] is covered for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid. The [<b>Covered Person's</b>][<b>Insured's</b>] insurance must be in effect on the date the evaluation is provided for benefits to be payable under the <b>Policy</b>.</p> <p>For purposes of this benefit only, <b>Evaluation Center</b> means a facility that is:</p> <ol style="list-style-type: none"> <li>1. licensed or certified under the laws where it is located to provide diagnostic services for the <b>Critical Illness</b> for which evaluation is sought; and</li> <li>2. which has been recognized by the <b>Policyholder</b> in writing as an evaluation center for purposes of the Evaluation Benefit.]</li> </ol>	<p>[or a Recurrence Benefit] Will be in or out depending if recurrence benefit is covered.</p> <p>This will be in or out.</p>
<p>[Hospital Cash Benefit: <b>We</b> will pay the Daily Hospital Confinement Benefit shown in the Schedule of Benefits if [a <b>Covered Person</b>][an <b>Insured</b>] is <b>Hospital Confined</b> due to treatment following the <b>Diagnosis</b> of a <b>Critical Illness</b> or due to a <b>Procedure</b> recommended for a <b>Critical Illness</b>. Benefit payments will end on the first of the following dates:</p> <ol style="list-style-type: none"> <li>1. the date the <b>Hospital</b> stay ends;</li> <li>2. the date the [<b>Covered Person</b>][<b>Insured</b>] dies;</li> <li>3. the date the Maximum Benefit Period for this benefit ends per Plan Year; [or]</li> <li>4. [the date [a <b>Covered Person</b>][an <b>Insured</b>] attains age [65-99]; or]</li> <li>5. the date insurance under the <b>Policy</b> ends.</li> </ol> <p>Termination will not prejudice an existing claim. This benefit is paid in addition to any other benefit paid under the <b>Policy</b>.]</p>	<p>This will be in or out. If in,</p> <p>This will be in or out. If in [65-99] the range will be as shown.</p>
<p>[Lodging Benefit: This benefit is available after the [<b>Covered Person's</b>][<b>Insured's</b>] coverage has been in force under the <b>Policy</b> for [1-12] consecutive months.</p> <p>If [a <b>Covered Person</b>][an <b>Insured</b>] is <b>Diagnosed</b> with a <b>Critical Illness</b> or has a <b>Procedure</b> relating to a <b>Critical Illness</b> recommended and requires an <b>Outpatient Treatment Session</b> for the <b>Critical Illness</b>, <b>We</b> will pay the benefit shown in the Schedule of Benefits. Benefits are payable for each day <b>Lodging</b> is required while the [<b>Covered Person</b>][<b>Insured</b>] is receiving the treatment during an <b>Outpatient Treatment Session</b>. This benefit is subject to the following:</p> <ol style="list-style-type: none"> <li>1. the treatment facility must be at least [100-1,000] miles from the [<b>Covered Person's</b>][<b>Insured's</b>] primary residence;</li> <li>2. benefits will only be provided for twenty-four (24) hours prior to the [<b>Covered Person's</b>][<b>Insured's</b>] receipt of</li> </ol>	<p>This will be in or out. If in, [1 -12] consecutive months. The range will be as shown.</p> <p>[100 -1,000] miles. The range will be as shown.</p>

<p>treatment, during an <b>Outpatient Treatment Session</b>, and for twenty-four (24) hours following receipt of treatment;</p> <ol style="list-style-type: none"> <li>the <b>Insured</b> must provide written proof that the treatment was received; and</li> <li>the <b>Insured</b> must provide written proof that <b>Lodging</b> was required and an expense was incurred for such <b>Lodging</b>.</li> </ol> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b>. The <b>[Covered Person's][Insured's]</b> insurance must be in effect on the date <b>Lodging</b> is required for benefits to be payable under the <b>Policy</b>.]</p>	
<p><b>[Outpatient Treatment Session</b> means a stated session where services and supplies are provided by a <b>Physician</b> to a <b>[Covered Person][Insured]</b> for treatment of a covered <b>Critical Illness</b> at an appropriately licensed outpatient treatment facility.]</p>	<p>This will be in or out.</p>
<p><b>[Lymphedema Testing:</b> If a <b>Physician</b> recommends that [a <b>Covered Person</b>][an <b>Insured</b>] who, during the course of treatment for a <b>Critical Illness</b> where such treatment might cause the onset of <b>Lymphedema</b>, receive a <b>Lymphadema</b> test, we will pay the benefit shown in the Schedule of Benefits.]</p>	<p>This will be in or out.</p>
<p><b>[NCI Cancer Center Benefit:</b> [This benefit is available after the <b>Insured's</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months.]</p> <p>If [a <b>Covered Person</b>][an <b>Insured</b>] is <b>Diagnosed</b> with an <b>[Type 1 Cancer][Type 2 Cancer][Skin Cancer]</b> and receives an evaluation at an <b>NCI Cancer Center</b> while insured under the <b>Policy</b>, <b>We</b> will pay the benefit shown in the Schedule of Benefits. The benefit is subject to the following:</p> <ol style="list-style-type: none"> <li>the benefit is limited to one payment for each Benefit Amount paid for the <b>First Occurrence</b> and received by [a <b>Covered Person</b>][an <b>Insured</b>] for <b>[Type 1 Cancer][Type 2 Cancer][Skin Cancer]</b> and only if an <b>NCI Cancer Center</b> evaluation is received by [a <b>Covered Person</b>][an <b>Insured</b>];</li> <li><b>We</b> will only pay this benefit if <b>We</b> have already paid a Benefit Amount for the <b>First Occurrence</b> of <b>[Type 1 Cancer][Type 2 Cancer][Skin Cancer]</b>; and</li> <li>the <b>Insured</b> submits proof that the evaluation was received.</li> </ol> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b> [with the exception of the Evaluation Benefit. [If a <b>[Covered Person][Insured]</b> is covered for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid.] The <b>[Covered Person's][Insured's]</b> insurance must be in effect on the date of the evaluation for benefits to be payable under the <b>Policy</b>.]</p>	<p>This will be in or out. If in, [1 -12] consecutive months. The range will be as shown</p> <p><b>[Type 1 Cancer][Type 2 Cancer][Skin Cancer]</b> each will be in or out.</p> <p>This will be in or out.</p>
<p><b>[Stem Cell Indemnity Benefit:</b> If a <b>Procedure</b> or <b>Diagnosis</b> of a covered <b>Critical Illness</b> for which a Benefit Amount is paid under the <b>Policy</b> requires <b>Stem Cell Therapy</b>, <b>We</b> will pay an additional lump sum benefit. The benefit is shown in the Schedule of Benefits as a percentage of the Benefit Amount paid for the <b>Critical Illness</b>.]</p>	<p>This will be in or out.</p>

<p>[Supplemental Benefit for High Deductible Health Plan: If [a <b>Covered Person</b>][an <b>Insured</b>] is covered under a <b>High Deductible Health Plan</b> and receives medical treatment for a <b>Critical Illness</b> for which benefits are otherwise payable under the <b>Policy</b>, <b>We</b> will pay the benefit shown in the Schedule of Benefits. This benefit is payable in addition to any other benefits payable under the <b>Policy</b>.</p> <p>For purposes of this benefit only, <b>High Deductible Health Plan</b> means a health plan that satisfies the requirements of Section 223 of the Internal Revenue Code with regard to minimum deductibles and out-of-pocket costs and issued in conjunction with a Health Savings Account.]</p>	<p>This will be in or out.</p>
<p>[Transportation Benefit: This benefit is available after the <b>Insured's</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months. If [a <b>Covered Person</b>][an <b>Insured</b>] is <b>Diagnosed</b> with a <b>Critical Illness</b> or has a <b>Procedure</b> for a <b>Critical Illness</b> recommended and requires treatment for the <b>Critical Illness</b> at an appropriately licensed treatment facility, <b>We</b> will pay the benefit shown in the Schedule of Benefits. This benefit is subject to the following:</p> <ol style="list-style-type: none"> <li>1. the treatment facility must be at least [100-1,000] miles from the [<b>Covered Person's</b>][<b>Insured's</b>] primary residence. Mileage is measured from the [<b>Covered Person's</b>][<b>Insured's</b>] primary residence to the appropriately licensed treatment facility;</li> <li>2. the <b>Insured</b> must provide written proof that the treatment was received; and</li> <li>3. the <b>Insured</b> must provide written proof that he or she drove to the treatment facility in a personal or borrowed vehicle.</li> </ol> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b>. The [<b>Covered Person's</b>][<b>Insured's</b>] insurance must be in effect on the date transportation is provided for benefits to be payable under the <b>Policy</b>]</p>	<p>This will be in or out. If in, [1 -12] consecutive months. The range will be as shown.</p> <p>[100 -1,000] miles. The range will be as shown.</p>
<p>[Waiver of Premium for <b>Total Disability</b>:</p> <ol style="list-style-type: none"> <li>1. Subject to all of the terms and conditions of the <b>Policy</b>, if: a Class I [or Class III] <b>Insured</b> becomes <b>Totally Disabled</b> while he or she is insured under the <b>Policy</b> prior to [the <b>Insured's</b> [50<sup>th</sup>-99<sup>th</sup> birthday][reaching <b>Insured's</b> Social Security Normal Retirement Age (SSNRA)]; and</li> <li>2. <b>Total Disability</b> continues for [3, 6, 9, 12] continuous months while the <b>Insured</b> is covered under the <b>Policy</b>,</li> </ol> <p><b>We</b> will waive the premium requirements and no premium payment will be due for the <b>Insured's</b> insurance to continue if he or she satisfies both of these requirements.</p> <p>[The Benefit Amount will be the Benefit Amount in effect as of the date an <b>Insured</b> became <b>Totally Disabled</b>, subject to any age reductions listed Schedule of Benefits.]</p> <p>Premiums for <b>Dependents'</b> insurance coverage will not be waived. Once an <b>Insured</b> is no longer considered <b>Totally Disabled</b>, he or she must pay the premium when due.</p> <p>Premium for the <b>Insured</b> will be waived until the first to occur of:</p> <ol style="list-style-type: none"> <li>1. the date the <b>Insured</b> is no longer <b>Totally Disabled</b>;</li> </ol>	<p>This will be in or out. If in, [or Class III] will be in or out.</p> <p>[50<sup>th</sup>-99<sup>th</sup> birthday] This will be in or out. If in, the range will be as shown. [reaching <b>Insured's</b> Social Security Normal Retirement Age (SSNRA)]. Will be in or out. [3, 6, 9, or 12] will be in or out.</p> <p>This will be in or out.</p>

<p>2. when premiums have been waived for [1 - 5] consecutive years; or</p> <p>3. the date the <b>Insured</b> attains age 65.</p> <p>Once the Waiver of Premium period has expired, premium for the <b>Insured</b> is due if the <b>Insured</b> is an <b>Eligible Person</b> and the <b>Policy</b> is in effect. If coverage would otherwise terminate for an <b>Insured</b> under Section VI.B. Termination of Covered Person's Insurance, if an <b>Insured</b> is on Waiver of Premium, such provision will not act to terminate his or her insurance except as described above.]</p> <p>For purposes of this benefit only, the following additional definitions apply:</p> <p><b>Totally Disabled and Total Disability</b> means an <b>Insured</b>, during a [3, 6, 9, 12] month period and thereafter because of a <b>Sickness</b> or <b>Injury</b>:</p> <ol style="list-style-type: none"> <li>1. is unable to perform the <b>Material and Substantial Duties</b> of any occupation for which he or she is or may become reasonably qualified by education, training, or experience; and</li> <li>2. is receiving <b>Regular Care</b> from a <b>Physician</b> for that <b>Sickness</b> or <b>Injury</b>.</li> </ol>	<p>[1 -5] the range will be as shown.</p> <p>[3, 6, 9, or 12] will be in or out.</p>
<p>[Wellness Benefit  <b>We</b> will pay this benefit if an <b>Insured</b> [or the <b>Insured's</b> <b>[Spouse]/[Domestic Partner]</b>] has one or more of the following screening tests performed [after the <b>Benefit Waiting Period</b> and] while coverage under this <b>Policy</b> is in force. [<b>We</b> will pay the amount shown in the Schedule of Benefits  [for each of the following screening tests [once in a <b>Plan</b> year].] Payment of this benefit will not reduce the Benefit Amount payable for a <b>Critical Illness</b>. This benefit is subject to the benefit maximum shown in the Schedule of Benefits for all covered tests for an <b>Insured</b> [or the <b>Insured's</b> <b>[Spouse]/[Domestic Partner]</b>] in a <b>Plan</b> year.</p> <p>Screening tests include:</p> <ul style="list-style-type: none"> <li>• [Preventative services as defined by the Patient Protection Affordable Care Act as amended]]</li> </ul>	<p>Will be in or out. If in, [or the <b>Insured's</b> <b>[Spouse]/[Domestic Partner]</b>] will be in or out. If in, either <b>[Spouse]</b> or <b>[Domestic Partner]</b> will be in or out. [after the <b>Benefit Waiting Period</b> and] will be in or out.</p> <p>This will be in or out. If in, [once in a <b>Plan</b> year] will be in or out.</p> <p>This will be in or out.</p> <p>Combination of screening tests listed will be covered based on <b>Policyholder</b> selection</p>
<p>[SECTION XI – PORTABILITY PRIVILEGE</p>	<p>Included if selected by <b>Policyholder</b></p>
<p>PORTABILITY  If an <b>Insured's</b> coverage under the <b>Policy</b> terminates for any of the reasons described below, he or she may continue (hereinafter "port") the insurance provided under this <b>Policy</b>. The <b>Insured</b> must have been insured under the <b>Policy</b> [or the one it replaces] for group <b>Critical Illness</b> insurance coverage for at least [3-12 consecutive months] prior to the date his or her coverage under the <b>Policy</b> ends.</p> <p>[The amount of insurance an <b>Insured</b> can port is [subject to any Benefit Amount reductions based on his or her age; and] reduced by the amount of any Benefit Amount paid by this <b>Policy</b>.]</p> <p>[The amount of insurance an <b>Insured</b> can port for each <b>Covered Dependent</b> is [subject to any Benefit Amount reductions based on</p>	<p>If in,</p> <p>[3-12 consecutive months]. The range will be as shown.</p> <p>This will be in or out. If in, [subject to any Benefit Amount reductions based on his or her age; and] this will be in or out.</p> <p>This will be in or out. If in, [subject to any Benefit Amount reductions based on his or her age; and]</p>

<p>his or her age; and] reduced by the amount of any Benefit Amount paid by this <b>Policy</b> on behalf of each such <b>Dependent</b>].</p> <p>An <b>Insured</b> may port his or her group <b>Critical Illness</b> insurance coverage [and <b>Dependent</b> group <b>Critical Illness</b> Insurance coverage,] if coverage under the <b>Policy</b> ends because he or she is no longer in an Eligible Class.</p> <p>An <b>Insured</b> may port: . . .</p> <p>2. [his or her coverage and coverage of his or her <b>Spouse</b> [/<b>Domestic Partner</b>];] . . .</p> <p>An <b>Insured</b> may not port his or her coverage [or coverage for any of his or her <b>Covered Dependents</b>] if:</p> <ol style="list-style-type: none"> <li>1. coverage ends due to failure to pay any required premiums; or</li> <li>2. he or she has reached age [65-99] on or before the date his or her coverage under the <b>Policy</b> ends;</li> <li>3. if he or she reached the Per Person Lifetime Benefit Maximum Payout under the Group Critical Illness Policy; or</li> <li>4. the <b>Policy</b> ends.</li> </ol> <p>[An <b>Insured</b> may not port coverage for any of his or her <b>Covered Dependents</b> who received a benefit under the Group Critical Illness Policy.]</p> <p>No other combinations will be allowed. To be eligible to port, a <b>Dependent</b> must be covered under the <b>Policy</b> on the day the <b>Insured's</b> coverage under the <b>Policy</b> ends.</p> <p>The <b>Insured</b> must notify <b>Us</b> in writing of his or her request to continue coverage within [30-90] days of the date insurance would otherwise terminate and provide <b>Us</b> with a billing address. <b>We</b> will verify the <b>Insured's</b> eligibility for ported coverage based on the reason for the termination with the <b>Policyholder</b>. After confirming the <b>Insured's</b> eligibility to continue coverage, <b>We</b> will direct bill the <b>Insured</b> for the premium due on a [monthly] [quarterly] [semiannually] [annually] basis.</p> <p>The premium will be based on: (a) the <b>Insured's</b> [and/or <b>Dependent's</b>] rate class under this portability provision and (b) the <b>Insured's</b> [or surviving <b>Spouse's</b> [or <b>Domestic Partner's</b>]] age bracket. The premium due will be shown in the Group Critical Illness Portability Coverage Premium Notice.</p> <p>Termination of Portability Coverage</p> <p>Insurance terminates for all <b>Covered Persons</b> at the end of the month on the last to occur of:</p> <ol style="list-style-type: none"> <li>1. [the <b>Policy</b> is terminated;]</li> <li>2. the date that the <b>Insured's</b> coverage has been in effect for [3, 6, 9, 12, 18, 24, 36, 60, 120] consecutive months;</li> <li>3. the <b>Insured</b> fails to pay the required premium due, subject to the Grace Period;</li> <li>4. the <b>Insured</b> reaches age [65-99]; or</li> <li>5. the Per Person Lifetime Benefit Maximum Payout is paid to the <b>Insured</b>.</li> </ol> <p>In addition, for a <b>Covered Person</b> other than the <b>Insured</b>, his or her insurance terminates on the earliest of:</p>	<p>this will be in or out.</p> <p>This will be in or out depending if <b>Dependents</b> are Eligible Class</p> <p>Will be in or out.</p> <p>Will be in or out depending if <b>Dependents</b> are Eligible Class.</p> <p>[65-99] The range will be as shown.</p> <p>This will be in or out.</p> <p>[30-90] days. The range will be as shown.</p> <p>Either [monthly], [quarterly] [semiannually] or [annually] will be in or out.</p> <p>[and/or <b>Dependent's</b>] will be in or out.</p> <p>Will be in or out.</p> <p>[3, 6, 9, 12, 18, 24, 36, 60, 120] will be in or out.</p> <p>[65-99] The range will be as shown.</p>
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<ol style="list-style-type: none"> <li>1. the date Per Person Lifetime Benefit Maximum Payout is paid to the <b>Covered Person</b>; [or]</li> <li>2. the first premium due date after the person no longer qualifies as a <b>Covered Person</b>;;or][.]</li> <li>3. [for the covered <b>Spouse</b> [/Domestic Partner], the date the covered <b>Spouse</b> [/Domestic Partner] reaches age [65-99].]</li> </ol>	<p>[or] will be in or out.</p> <p>[or] [.] will be in or out.</p> <p>This will be in or out. If in, [65-99] the range will be as shown.</p>
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**GROUP APPLICATION FORM U-GCI-101-A AR (05/12)**

Applicant's Legal Name:	Will show applicant's name
Street Address:	Will show applicant's address
Mailing Address:	Will show applicant's mailing address
Telephone: Facsimile: Website Contact Email:	Will show, phone number, facsimile number and website contact email
Contact Person and Email	Will show contact person name and email address
Nature of Business	Employer will describe the nature of the business
Federal Tax ID #	Federal tax ID number will be inserted
Are Subsidiaries/Affiliates to be covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide a list of complete names and addresses of all to be covered.
Requested Policy Inception Date	Applicable date
Policy Number	Assigned Policy Number
Employer will indicate enrollment method and billing method by checking off appropriate items	
Proposed Policy Effective Date/Proposed Policy Expiration Date	Applicable date
[Class II: [Class III: [Class IV: [Class V: [Class VI:	Eligible classes will be described based on eligible classes of employer: [Class [II]: [Members of the <b>Policyholder's</b> Board of Directors] [Class [III]: <b>Active</b> members of a labor union employed by the <b>Policyholder</b> [Class [IV]: <b>Spouse [/Domestic Partner]</b> of Class I [and] [,][Class III] [and Class VI] <b>Eligible Persons</b> when such <b>Spouse[/Domestic Partner]</b> is under age [65-99] [Class [V]: <b>Retirees</b> of the <b>Policyholder</b> [Class [VI]: [As defined by the <b>Policyholder</b> ]
<input type="checkbox"/> <b>Spouse/Domestic Partner</b> <input type="checkbox"/> <b>Dependent Children</b>	Class numbers will be renumbered as appropriate Will indicate if dependent coverage is available
Select <b>Eligibility Waiting Period</b>	Ranges based on policy and certificate ranges above
Select <b>Service Waiting Period</b>	Ranges based on policy and certificate ranges above
# Employees: _____ # Eligible Employees: _____ # of Employees with Dependents: _____	Employer will indicate information
Participation Requirements	Agreed upon participation requirements will be reflected here
<input type="checkbox"/> Category 1 - [ <b>Heart Attack</b> ] [ <b>Stroke</b> ] [ <b>Coronary Artery By-Pass Graft</b> ][ <b>Non-Surgical Procedure for Coronary Artery Disease</b> ][ <b>Ruptured Aneurysm</b> ] <input type="checkbox"/> Category 2 – [ <b>Type 1 Cancer</b> ] [ <b>Type 2 Cancer</b> ] [ <b>Skin Cancer</b> ] [ <b>Benign Brain Tumor</b> ] <input type="checkbox"/> Category 3 - [ <b>Major Organ Transplant</b> ] [ <b>Heart Transplant</b> ][ <b>End Stage Renal Failure</b> ] <input type="checkbox"/> Category 4 - [ <b>Paralysis</b> ] [ <b>Coma</b> ] [ <b>Blindness Both Eyes</b> ] [ <b>Blindness One Eye</b> ] [ <b>Loss of Speech and/or Hearing</b> ]	Categories and <b>Critical Illnesses</b> selected by the <b>Policyholder</b> will be indicated

<p><b>[Severe Burns] [Loss of Hands and Feet]</b></p> <p><input type="checkbox"/> Category 5 - <b>[Advanced Alzheimer's] [Amyotrophic Lateral Sclerosis] [Parkinson's Disease][Addison's Disease] [Cerebrospinal Meningitis] [Diphtheria] [Encephalitis][Huntington's Chorea][Legionnaire's Disease][Malaria][Muscular Dystrophy][Myasthenia Gravis][Necrotizing Fasciitis][Occupational HIV] [Occupational Hepatitis] [Osteomyelitis] [Poliomyelitis] [Rabies][Sickle Cell Anemia][Systemic Lupus Erythematosis][Scleroderma][Tetanus][Tuberculosis][Loss of Ability to Perform Normal Activities of Daily Living]</b></p> <p><input type="checkbox"/> Category 6 - <b>[Multiple Sclerosis] [Cerebral Palsy] [Cleft Lip or Cleft Palate] [Cystic Fibrosis] [Down Syndrome] [Spina Bifida]</b></p>	
<p>Select Occurrence Type: <input type="checkbox"/> First Ever <input type="checkbox"/> First After</p>	<p>Employer will indicate plan selected</p>
<p>Pre-Existing Condition Limitation: <input type="checkbox"/> 6/12 <input type="checkbox"/> 3/12 <input type="checkbox"/> Other _____</p>	<p>Will indicate any pre-existing condition limitations subject to state law</p>
<p>Select Benefit Amount Options:</p> <p>Guaranteed Issue Amount Selected for:</p> <p>Employee: [ \$0 - \$5,000,000 in \$1,000 increments]</p> <p>Spouse/Domestic Partner: [<u>\$10%-100%</u>] of Employee's Benefit Amount] or [<u>\$0-\$5,000,000</u>] in \$1,000 increments]</p> <p>Dependent Child(ren): [<u>\$10%-100%</u>] of Employee's Benefit Amount] or [<u>\$0-\$5,000,000</u>] in \$1,000 increments]</p> <p>Benefit Amount Selected (including Guaranteed Issue Benefit Amount:</p> <p>Employee: [<u>\$1,000 - \$5,000,000</u>] in \$1,000 increments]</p> <p>Spouse/Domestic Partner: [<u>\$10%-100%</u>] of Employee's Benefit Amount] or [<u>\$0-\$5,000,000</u>] in \$1,000 increments]</p> <p>Dependent Child(ren): [<u>\$10%-100%</u>] of Employee's Benefit Amount] or [<u>\$0-\$5,000,000</u>] in \$1,000 ]increments</p>	<p>Benefit Amounts and eligible persons selected will be reflected here; ranges as shown</p>
<p>Category Maximum: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Category Maximum: [<u>100%-400%</u>]</p>	<p>If category maximum imposed, will indicate Yes. Range as shown.</p>
<p>Select Per Person Lifetime Benefit Maximum: [<u>100%- 500%</u>] of Benefit Amount</p>	<p>Lifetime benefit – ranges as shown</p>
<p>Additional Benefit: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes,</p> <p><input type="checkbox"/> Category 1 [<u>6,12,18,24</u>] months; <input type="checkbox"/> Category 2 [<u>6,12,18,24</u>] months; <input type="checkbox"/> Category 3 [<u>6,12,18,24</u>] months;</p> <p><input type="checkbox"/> Category 4 [<u>6,12,18,24</u>] months; <input type="checkbox"/> Category 5 [<u>6,12,18,24</u>] months; <input type="checkbox"/> Category 6 [<u>6,12,18,24</u>] months</p>	<p>Indicates whether or not additional benefit included.</p> <p>Will indicate categories selected and ranges as shown</p>
<p>Recurrence Benefit: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes,</p> <p><input type="checkbox"/> Category 1 [<u>6,12,18,24</u>] months; <input type="checkbox"/> Category 2</p>	<p>Indicates whether or not recurrence benefit included.</p> <p>Will indicate categories selected and ranges as shown</p>

<p>[6,12,18,24] months: <input type="checkbox"/> Category 3 [6,12,18,24] months:  <input type="checkbox"/> Category 4 [6,12,18,24] months: <input type="checkbox"/> Category 5  [6,12,18,24] months: <input type="checkbox"/> Category 6 [6,12,18,24] months</p>	
<p>D. OPTIONAL BENEFITS</p>	<p>Employer will select optional benefits available by checking off correct box(es)</p>
<p>Offering: ___ *Base Only ___ Voluntary Only  *Base &amp; Voluntary ___ Contributory</p> <p>If, contributory what is the employer/organization's contribution? _____ percentage/dollar</p>	<p>Employer will indicate offering selected</p> <p>If contributory, will indicate contribution level</p>
<p>Rate Type: ___ Composite ___ Age Rated  Smoker/Non-Smoker ___ Male/Female ___ Unisex</p>	<p>Rate type will be indicated, subject to any state requirements or limitations on age or sex</p>
<p>Section 125 Pre-Tax: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Will indicate yes or no</p>
<p>Rate Guarantee: [1, 2, 3] years</p>	<p>Range as shown</p>
<p>E. PORTABILITY: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Will indicate yes or no</p>
<p>PRODUCER INFORMATION  Commission: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, _____% requested</p>	<p>Producer name and contact information will be included  Indicate yes or no and include commission %</p>

**GROUP CRITICAL ILLNESS INSURANCE CERTIFICATE – U-GCI-102-A AR (05/12)**

**Face Page**

<p><b>[BENEFITS ARE REDUCED UPON ATTAINMENT OF SPECIFIED AGES.]</b></p> <p>The [Insured] [Covered Person] may call [XXX-XXX-XXXX] to present inquiries or to obtain information about coverage or if they need assistance in resolving any complaints. Or, the [Insured] [Covered Person] can write to Zurich American Insurance Company at their administrative offices at [XXXXXX].</p> <p>Should the [Insured] [Covered Person] wish to contact the Arkansas Insurance Department for assistance, they may do so by calling [1-800-852-5494]. Or, the [Insured] [Covered Person] may send written correspondence to the Arkansas Insurance Department at [1200 West Third Street, Little Rock, AR 72201-1904].</p>	<p>Included if there is a reduction schedule</p> <p>Company and State contact information may change. Therefore, current contact information will be inserted as necessary.</p>
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**SECTION I – SCHEDULE**

<p><b>I. POLICYHOLDER:</b> [John Doe Corporation] [123 Main Street] [Anywhere, XX 10011]</p> <p>[COVERED SUBSIDIARIES OR AFFILIATED COMPANIES:]</p> <p><b>II. POLICY NUMBER:</b> [ABC-1234567]</p> <p><b>III. POLICY INCEPTION DATE:</b> [January 1, 2012]</p> <p><b>IV. POLICY PERIOD:</b> [Effective Date] to [Expiration Date]</p> <p>[Continuous]</p> <p><b>V. INSURED:</b> [Insured's Name] [Street Address] [City, State Zip]</p>	<p>Name of <b>Policyholder</b> will be inserted. Address of <b>Policyholder</b> will be inserted. City and State of <b>Policyholder</b> will be inserted.</p> <p>This will be either in or out.</p> <p><b>Policy</b> number of <b>Policy</b> will be inserted.</p> <p>Policy Inception Date will be inserted.</p> <p>Effective Date will be inserted. Expiration Date will be in-or-out. If in, the Expiration Date will be inserted. Continuous will be in-or-out.</p> <p>Name, Address and City, State, Zip will be inserted</p>
<p><b>VI. CERTIFICATE NUMBER</b> [[XXXXXXXX-XX]]</p>	<p>Certificate number will be inserted.</p>
<p><b>VII. COVERED DEPENDENTS</b></p> <p>[Spouse's[/Domestic Partner's] Name] [Dependent Child(ren)'s Name(s)]</p>	<p>The name of the <b>Spouse, Domestic Partner</b> or the name <b>Dependent Child</b> will be inserted.</p>
<p><b>VIII. PREMIUMS</b> [\$00.00] Payable [Monthly]</p>	<p>[\$00.00] Payable Premium amount will be inserted. [Monthly] Monthly, quarterly, semi-annual or annual will be inserted.</p>
<p><b>IX. ELIGIBILITY AND CLASSIFICATION OF INSUREDS</b> [completion of the [Service][Eligibility] Waiting Period as indicated below, and]</p> <p>Class I: [Active employees working a minimum of [15-40 hours] per week and includes [salaried employees of the Policyholder][hourly employees of the Policyholder].</p>	<p>This will be either in or out. <b>Service Waiting Period</b> included for classes where <b>Eligible Persons</b> are in <b>Active</b> work. <b>Eligibility Waiting Period</b> for Eligible Classes where persons are not in <b>Active</b> work with the <b>Policyholder</b>. If in, either <b>Eligibility</b> or <b>Service Waiting Period</b> will be decided by the <b>Policyholder</b>.</p> <p>This will be a variable of active full-time and/or active part-time; variable of salaried and/or hourly employees.</p>

<p>[Class [ II]: [Members of the <b>Policyholder's</b> Board of Directors]</p> <p>[Class [ III]: [<b>Active</b> members of a labor union employed by the <b>Policyholder</b>]</p> <p>[Class [IV]: [<b>Spouse</b> [/<b>Domestic Partner</b>] of Class 1 [and Class III and Class VI] <b>Eligible Persons</b> when such <b>Spouse</b>[/<b>Domestic Partner</b>] is under age [65-99]]</p> <p>[Class [ V]: [<b>Retirees</b> of the <b>Policyholder</b>]</p> <p>[Class [VI]: [As defined by the <b>Policyholder</b>]</p>	<p>Included if Board of Directors are Eligible Class per the <b>Policyholder</b>.</p> <p>Included if members of labor union are Eligible Class per the <b>Policyholder</b></p> <p>Included if spouses are Eligible Class per the <b>Policyholder</b> on stand alone basis. Classes will be reflective of other Eligible Classes selected by the <b>Policyholder</b></p> <p>Included if <b>Retirees</b> are Eligible Class per the <b>Policyholder</b>.</p> <p>As defined by <b>Policyholder</b> if no other defined class appropriate</p> <p>Numbers will be sequential for Classes I – VI based on classes selected by policyholder</p>
<p>X. REPORTING AND NOTICE ADDRESSES:</p> <p>Claim Reporting:  [Claims Department  Zurich American Insurance Company,  [P.O. Box 968041, Schaumburg, IL. 60196]  [1-877-287-4805]</p>	<p>This is variable in the event there is a change in the Company's mailing address and telephone number.</p>
<p>SCHEDULE OF BENEFITS:</p> <p>Covered <b>Critical Illnesses</b>: [<b>Heart Attack</b>] [<b>Stroke</b>] [<b>Coronary Artery By-Pass Graft</b>][<b>Non-Surgical Procedure for Coronary Artery Disease</b>][<b>Ruptured Aneurysm</b>] [<b>Type 1 Cancer</b>] [<b>Type 2 Cancer</b>] [<b>Skin Cancer</b>] [<b>Benign Brain Tumor</b>] [<b>Major Organ Transplant</b>] [<b>Heart Transplant</b>][<b>End Stage Renal Failure</b>] [<b>Paralysis</b>] [<b>Coma</b>] [<b>Blindness Both Eyes</b>] [<b>Blindness One Eye</b>] [<b>Loss of Speech and/or Hearing</b>] [<b>Severe Burns</b>] [<b>Loss of Hands and Feet</b>] [<b>Advanced Alzheimer's</b>] [<b>Amyotrophic Lateral Sclerosis</b>] [<b>Parkinson's Disease</b>][<b>Addison's Disease</b>] [<b>Cerebrospinal Meningitis</b>] [<b>Diphtheria</b>] [<b>Encephalitis</b>][<b>Huntington's Chorea</b>][<b>Legionnaire's Disease</b>][<b>Malaria</b>][<b>Muscular Dystrophy</b>][<b>Myasthenia Gravis</b>][<b>Necrotizing Fasciitis</b>][<b>Occupational HIV</b>] [<b>Occupational Hepatitis</b>] [<b>Osteomyelitis</b>] [<b>Poliomyelitis</b>] [<b>Rabies</b>][<b>Sickle Cell Anemia</b>][<b>Systemic Lupus Erythematosus</b>] [<b>Scleroderma</b>][<b>Tetanus</b>][<b>Tuberculosis</b>][<b>Loss of Ability to Perform Normal Activities of Daily Living</b>] [<b>Multiple Sclerosis</b>] [<b>Cerebral Palsy</b>] [<b>Cleft Lip or Cleft Palate</b>] [<b>Cystic Fibrosis</b>] [<b>Down Syndrome</b>] [<b>Spina Bifida</b>].</p>	<p>The covered <b>Critical Illnesses</b> will be included. The conditions not covered will be deleted.</p>
<p>[<b>Benefit Waiting Period</b>:</p> <p>[0-30 days]</p>	<p>Included if <b>Benefit Waiting Period</b> imposed;</p> <p>Ranges will be as shown</p>
<p><b>Your</b> Benefit Amount [including Guaranteed Issue Benefit Amount]: [\$1,000 - \$5,000,000]  [Guaranteed Issue Benefit Amount for <b>You</b>: \$0 - \$5,000,000]</p> <p>[Covered <b>Spouse</b> [<b>Domestic Partner</b> ] Benefit Amount [including Guaranteed Issue Benefit Amount]: [[10%-100%] of <b>Your</b> Benefit Amount] or [\$0-\$5,000,000]  [Guaranteed Issue Benefit Amount for [<b>Spouse</b>] [<b>Domestic Partner</b> ]: \$0-\$5,000,000]</p>	<p>Ranges will be as shown  Guaranteed Issue either in or out. Included if Guaranteed Issued available</p>

<p>[Covered <b>Dependent Child(ren)</b> Benefit Amount [including Guaranteed Issue Benefit Amount]: [10%-100%] of <b>Your</b> Benefit Amount] or [\$1,000-\$5,000,000]  [Guaranteed Issue Benefit Amount for Covered <b>Dependent Child(ren)</b>: \$0-\$5,000,000]</p> <p>[Per Category Maximum Payout: For each category of <b>Critical Illnesses</b>, we will pay a maximum of [100%-400%] per category]</p> <p>Per Person Lifetime Benefit Maximum Payout: [100%-500%] of the Benefit Amount for all occurrences combined for all <b>Critical Illnesses</b>.</p>	<p>Will be in or out depending if per category cap is imposed.</p>				
<p>Categories [1,2, 3, 4, 5,6]</p>	<p>Each Category of <b>Critical Illnesses</b> will be in or out depending on the selection of the <b>Policyholder</b>.</p>				
<p>Percent of the Benefit Amount  [0%-300%]</p>	<p>Range will be as shown; range available for all <b>Critical Illnesses</b></p>				
<p>Example of how maximum benefits are calculated:</p> <p><b>Your</b> covered for all Category 1 and Category 5 <b>Critical Illnesses</b> and has program with Per Category Maximum and Lifetime Maximum. All benefits payable at 300% of Benefit Amount with 400% Category maximum and 500% Lifetime maximum*:</p> <p><b>Diagnosed</b> with <b>Stroke</b> – receives 300% of Benefit Amount.</p> <p>Suffers <b>Heart Attack</b> 12 months later which is in same category and the time period between first <b>Critical Illness Diagnosed (Stroke)</b> and “additional benefit” is satisfied. Benefit payable is only 100% of Benefit Amount as the cap is 400% within this category.</p> <p>12 months later, <b>Diagnosed</b> with <b>Parkinson’s</b> which is a new category. As the overall Lifetime Maximum is 500% and 400% has been paid, <b>Insured</b> will receive 100% of Benefit Amount.</p> <p>* Assumes that the Insured Person is not in age category for a benefit reduction. If over age [65-85], Benefit Amount payable reduced by percentages shown below.</p>					
<p>[Recurrence Benefits  Maximum Number Percent of Benefit  [0,1, 2]  Percent of Benefit  [0%-300%]</p>	<p>Included if recurrence benefit provided  Ranges as shown</p>				
<p>[Reduction in Coverage – Age Reductions  On the Premium Due Date on or next following the date <b>Your</b> attains age [65-85], his or her Benefit Amount will be reduced. The <b>Covered Dependent’s</b> Benefit Amount will be reduced on a pro rata basis when <b>Your</b> benefit amount is reduced. Reductions are based on the original Benefit Amount in effect for <b>Your</b>.  [Benefit Amount reduces at certain ages by the following percentage:</p> <table data-bbox="243 1701 730 1953"> <thead> <tr> <th>Age at Date Diagnosis Made or Procedure Recommended</th> <th>Percent of Benefit Amount</th> </tr> </thead> <tbody> <tr> <td>[65 - 69]</td> <td>[[1-99%]</td> </tr> </tbody> </table>	Age at Date Diagnosis Made or Procedure Recommended	Percent of Benefit Amount	[65 - 69]	[[1-99%]	<p>Reduction schedule included if there is reduction schedule. Deleted if not. Ranges as shown.</p>
Age at Date Diagnosis Made or Procedure Recommended	Percent of Benefit Amount				
[65 - 69]	[[1-99%]				

[70 - 74]	[1-99%]	
[75 – 79]	[1-99%]	
[80 – 84]	[1-99%]	
[85 over]]	[1-99%]]	
Optional Benefits		Included if selected by the <b>Policyholder</b>
[ <b>Bone Marrow Transplant</b> Benefit: [0-300%] of Benefit Amount paid for the <b>Critical Illness.</b> ]		Ranges as shown.
[*Evaluation Benefit: For one evaluation or consultation: [\$500-\$1,000] Additional Benefit if <b>Evaluation Center</b> more than 100 miles from [the <b>Covered Person's</b> ] [ <b>Your</b> ] primary residence [\$100-\$500]]		Ranges as shown.
[ <b>Hospital</b> Cash Benefit: Daily <b>Hospital Confinement</b> Benefit: [\$30-\$5000] Maximum Benefit Period: [30-365] days]]		Ranges as shown.
<b>Lymphedema</b> Testing Benefit: [\$50-\$5000] per test with an overall benefit maximum of [\$50-\$5000] per [ <b>Your</b> ][ <b>Covered Person</b> ] per <b>Critical Illness</b> ]		Ranges as shown.
[ <b>Lodging</b> Benefit: Daily Lodging Benefit: [\$60-\$2500] Maximum Benefit Period: [1-180] consecutive days per <b>Outpatient Treatment Session</b> ]]		Ranges as shown.
[*NCI Cancer Center Benefit: Consultation Benefit [\$500-\$5,000] Additional Benefit if Evaluation Center is more than 100 miles from [the <b>Covered Person's</b> ] [ <b>Your</b> ] primary residence [\$100-\$500]]		Ranges as shown.
[ <b>Stem Cell Therapy</b> Indemnity Benefit: [0-300%] of Benefit Amount paid for the <b>Critical Illness.</b> ]		Ranges as shown.
[Transportation Benefit: The greater of [\$.XX] or the current year's IRS mileage rate per mile for a maximum of [\$1,000 - \$2,500] per round trip <b>Plan</b> Year Maximum: [\$1,000 - \$10,000]		[\$.XX] will be in or out.  Ranges as shown. Ranges as shown.
[Waiver of Premium Benefit: [included] [not included] ] [Wellness Benefit: [\$50, \$100, \$150] per test with an overall benefit maximum of [\$50-\$5000] [ <b>Covered Person</b> ] per <b>Plan</b> year.]		Included if offered. Deleted if not  Test amounts of \$50, \$100 or \$150 will be available. Ranges as shown.
[* If [ <b>Your</b> ] [a <b>Covered Person</b> ] is covered for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid.]		Included if applicable

## SECTION II – ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

<b>[ELIGIBILITY OF YOUR DEPENDENTS:</b> A <b>Spouse</b> [/ <b>Domestic Partner</b> ] will not be eligible as a <b>Dependent</b> if he or she is also a Class I[,] [Class II, Class III, Class V or Class VI] <b>Eligible Person</b> and enrolls for insurance under this <b>Policy</b> . Only one Class I [,] [Class II, Class III, Class V or Class VI] <b>Eligible Person</b> may select a <b>Plan</b> covering their mutual <b>Dependents</b> if both parents are in such Eligible Class.]	<b>ELIGIBILITY OF YOUR DEPENDENTS</b> will be either in or out. If in, A <b>Spouse</b> and/or <b>Domestic Partner</b> may be in an <b>Eligible Class</b> as an <b>Insured</b> or an <b>Eligible Class</b> as a <b>Dependent</b> . Language will reflect correct Class numbers.
<b>ENROLLMENT:</b> An <b>Eligible Person</b> may enroll for coverage under this <b>Policy</b> by making written or electronic application for such coverage on an	

<p>enrollment form furnished or approved by <b>Us</b>. Coverage will not become effective until the <b>Eligible Person</b> has enrolled himself or herself [and his or her <b>Eligible Dependents</b>], paid the required premium, if any, and provided satisfactory proof of insurability, if required, on a form or electronic application approved by <b>Us</b>.</p> <p>Initial Enrollment: <b>Eligible Persons</b> should enroll themselves and their <b>Eligible Dependents</b> within [31 days] of the first to occur of:</p> <ol style="list-style-type: none"> <li>1. the date first eligible as described in the Schedule; or</li> <li>2. the date that the [<b>Service</b>][<b>Eligibility</b>] <b>Waiting Period</b> is satisfied if applicable to their eligibility Class.]</li> </ol> <p>[Individuals who enroll after this time are considered late entrants.]</p> <p>[Guaranteed Issue: <b>Eligible Persons</b> may enroll for up the Guaranteed Issue Benefit Amount without providing evidence of insurability. If an <b>Eligible Persons</b> enrolls for a Benefit Amount in excess of the Guaranteed Issue Benefit Amount, he or she must provide satisfactory evidence of insurability using a form or electronic application approved by <b>Us</b>.]</p> <p>[Open Enrollment: <b>Eligible Persons</b> may enroll themselves and their <b>Eligible Dependents</b> during an <b>Open Enrollment Period</b>, subject to providing satisfactory evidence of insurability on a form or electronic application approved by <b>Us</b>. Other changes including increases, decreases or terminations may also be restricted to <b>Open Enrollment Periods</b>. ]</p> <p>[Late Entrants: <b>Eligible Persons</b> who do not enroll themselves or their <b>Eligible Dependents</b> within their Initial <b>Enrollment Period</b>, may not enroll until the next <b>Open Enrollment Period</b> unless there is a Change in Family Status, as described below.]</p> <p>Change in Family Status: An <b>Eligible Person</b> may enroll or an <b>Insured</b> may change his or her coverage if a change in family status occurs, provided written or electronic application to enroll is made within [31 days] of the events:</p> <ol style="list-style-type: none"> <li>1. marriage [or establishment of a <b>Domestic Partnership</b>];</li> <li>2. divorce or legal separation;</li> <li>3. birth or adoption of a child; [or]</li> <li>4. death of a <b>Spouse</b> [<b>Domestic Partner</b>] or <b>Dependent Child</b>; [or]</li> <li>5. [other changes as permitted by the <b>Policyholder</b>].</li> </ol>	<p>This will be in or out.</p> <p>[31 days] The range will be [0-90 days]</p> <p><b>[Service]</b> or <b>[Eligibility] Waiting Period</b>, depending upon class of eligible person will be in or out</p> <p>If permitted to enroll any time, references to late entrants will be deleted. If may enroll only with conditions (full medical evidence or during an annual or open enrollment period), included.</p> <p>This will be in or out depending if Guaranteed Issue is available.</p> <p>This will be in or out depending if open enrollment is available to the <b>Policyholder</b>.</p> <p>This will be in or out depending if Late Entrants may enroll with conditions, deleted if person may enroll any time</p> <p>[31-90 days] This will be in or out if <b>Domestic Partner</b> is eligible.</p> <p>This will be in or out depending if additional changes in family status are permitted;</p>
<p><b>YOUR EFFECTIVE DATE</b> For <b>Insured</b>:</p> <p><b>Your</b> coverage begins on the later of the following dates, provided that any required premium is paid to <b>Us</b>:</p> <p>For Guaranteed Issue Benefit Amounts, the later of:</p> <ol style="list-style-type: none"> <li>1. the <b>Policyholder's</b> Inception Date as shown on the Schedule; or</li> <li>2. the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] date the <b>Eligible Person</b> meets all eligibility and enrollment requirements,</li> </ol> <p>[For Class I [or Class III] <b>Eligible Person</b> must be <b>Actively At</b></p>	<p>[first of the month following the] OR [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] will be in or out.</p> <p>Deferred Effective Date language for</p>

<p><b>Work</b> on the date his or her insurance becomes effective. (If the date that insurance was to go into effect is not a normally scheduled work day for him or her, he or she must have been <b>Actively at Work</b> on the last scheduled work day prior to the date insurance becomes effective under the <b>Policy</b>). If such Employee is not so <b>Actively at Work</b>, his or her insurance will be deferred until the date he or she is <b>Actively at Work</b>. [The Class II <b>Eligible Person</b> must be on the Board of Directors for the <b>Policyholder</b> on the date his or her insurance becomes effective.] [The Class IV <b>Eligible Person</b> must not be hospital confined on the date his or her insurance would otherwise become effective. If he or she is hospital confined, such insurance will be deferred until the date he or she is no longer confined.]</p> <p>For Benefits Amounts in excess of the Guaranteed Issue Amount, the additional coverage will be effective on the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by Us, following the] date <b>We</b> approve the <b>Eligible Person's</b> evidence of insurability, subject to payment of the premium due.</p>	<p>employee/labor union member included or deleted based on <b>Policyholder</b> specifications. Deferred Effective Date language based on hospital confinement for other non-working classes included or deleted based on <b>Policyholder</b> specifications.</p> <p>[first of the month following the] will be in or out. [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>US</b>, following the] will be in or out.</p>
<p><b>ELIGIBLE DEPENDENTS EFFECTIVE DATE</b></p> <p>For <b>Your Covered Dependents</b>:</p> <p>For Guaranteed Issue Benefit Amounts, the later of:</p> <ol style="list-style-type: none"> <li>1. the <b>Policyholder's</b> Effective Date, shown on the <b>Certificate</b> Schedule; or</li> <li>2. the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by Us, following the] date <b>Your</b> insurance becomes effective, subject to payment of premium when due.</li> </ol> <p>[The <b>Dependent</b> must not be hospital confined on the date his or her insurance would otherwise become effective. If he or she is hospital confined, such insurance will be deferred until the date he or she is no longer confined.]</p> <p>For <b>Eligible Dependents</b> acquired after an <b>Your</b> Effective Date of coverage, by reason of marriage, [Domestic Partnership,] birth or adoption coverage is effective [[30] days after][on] [the date such dependent was acquired.][the date specified by the <b>Policyholder</b>.]</p>	<p>[first of the month following the] – will be in or out [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] will be in or out</p> <p>This will be in or out.</p> <p>[[30] days after] The range will be 0 -60. [on] will be in or out. [the date such dependent was acquired.] will be in or out. [the date specified by the <b>Policyholder</b>.] will be in or out.</p>
<p>[Benefit Changes: Once an <b>You</b> have made <b>Your</b> benefit elections for a given year, <b>You</b> may not change the Benefit Amount until the <b>Policyholder's</b> next <b>Open Enrollment Period</b>, except for a Change in Family Status.</p> <p>Increases in the Benefit Amount are effective on the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] date <b>We</b> approve the evidence of insurability, provided he or she is <b>Actively at Work</b> on the date the increased benefit would otherwise become effective. Decreases in the Benefit Amount are effective on the first day of the month following the date of request.]</p>	<p>Benefit Changes will be in or out. If in,</p> <p>[first of the month following the] will be in or out. [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] will be in or out.</p>

**SECTION III – DEFINITIONS**

<p><b>[Accident or Accidental</b> means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place during the <b>Policy</b> term.]</p>	<p>This will be in or out.</p>
<p><b>[Active and Actively at Work</b> describes an employee of the <b>Policyholder</b> who is able and available for active performance of all of his or her regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered <b>Actively at Work</b> provided the employee is able and available for active performance of all of his or her regular duties and was working the day immediately prior to the date of his or her absence. <b>[Active</b> also includes member of a labor union who is able and available for active performance of all of his or her regular duties with the <b>Policyholder</b>.]</p>	<p>This will be in or out. If in,  This will be in or out depending if member is eligible</p>
<p><b>[Addison’s Disease</b> means is a rare, chronic endocrine disorder in a <b>[Covered Person] [You]</b> where the adrenal gland does not produce sufficient steroid hormones, as Diagnosed by a <b>Physician</b> who is a board certified endocrinologist. [This does not include adrenal insufficiency resulting from prolonged corticosteroid treatment.]</p>	<p>This will be in or out. If in,  This will be in or out.</p>
<p><b>[Advanced Alzheimer’s Disease</b> means the <b>Diagnosis</b>, by a <b>Physician</b> who is board certified as a neurologist, of <b>Advanced Alzheimer’s Disease</b>. [The <b>Covered Person] [You]</b> must exhibit loss of intellectual capacity involving impairment of memory and judgment as measured by clinical evidence and standardized testing that has persisted for a period of at least [120] consecutive days. It must result in significant reduction in mental and social functioning such that the <b>[Covered Person] [You]</b> requires <b>Substantial Assistance</b> in performing at least [two][three][four] of the six <b>Normal Activities of Daily Living</b>. No other dementing brain disorders or psychiatric illnesses shall meet the definition of <b>Advanced Alzheimer’s Disease</b>, nor will they be considered a <b>Critical Illness</b>.]</p>	<p>This will be in or out. If in,  The range will be 90 -180  Either [two] [three] or [four] will be in or out.</p>
<p><b>[Amyotrophic Lateral Sclerosis</b> means a neurological disease affecting the nerve cells in the brain and spinal cord of [a <b>Covered Person] [You]</b> that control voluntary muscle movement resulting in permanent clinical impairment of motor function as <b>Diagnosed</b> by a <b>Physician</b> who is a board-certified neurologist.]</p> <p><b>Benefit Waiting Period</b> means the number of consecutive days shown in the Schedule of Benefits immediately following [each <b>Covered Person’s] [Your]</b> Effective Date of insurance [or request for an increase in coverage].</p>	<p>This will be in or out. If in,  [or request for an increase in coverage] will be in or out depending if benefit changes are permitted.</p>
<p><b>[Blindness</b> means the clinically proven irreversible reduction of sight [due to [an Accident] [or] [Sickness] to [both eyes][either eye] that has persisted for a period of at least [3-180] consecutive days. Sight must be reduced to a corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (Snellen or E-Chart Acuity) or visual field restriction to 20° or less in [both eyes][either eye].</p> <p><b>Blindness</b> does not include:</p> <ol style="list-style-type: none"> <li>1. partial restoration of sight, if in general medical opinion any <b>Procedure</b>, device, or implant that could result in partial or total restoration of sight;</li> <li>2. reduction of sight in [any <b>Covered Person][You]</b> who has not attained Age [2,3,4,5] on the Date of <b>Diagnosis</b>;</li> <li>3. reduction of sight in [a <b>Covered Person][You]</b> as defined herein if the reduction of sight occurred prior to the Effective Date of the <b>[Covered Person’s][You]</b> coverage.]</li> </ol>	<p>This will be in or out. If in [both eyes] will be in or out. [either eye] will be in or out. [3-180] ranges will be as shown.  Either [2, 3, 4, 5] will be in or out.</p>

<p>[<b>Benign Brain Tumor</b> means an intracranial solid neoplasm [of at least one (1) centimeter in size] within the brain or the central spinal canal of [a <b>Covered Person</b>] [<b>Yours</b>] that is non-cancerous. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>. [<b>Benign Brain Tumor</b> [This does not include cysts, granulomas, angiomas, meningiomas, malformations of the intracranial arteries or veins, or tumors of the cranial nerves, pituitary gland or spinal cord.]]</p>	<p>This will be in or out. If in, This will be in or out.</p> <p>This will be in or out.</p>
<p>[<b>Bone Marrow Transplant</b> means a <b>Procedure</b> recommended by <b>Physician</b> who is board certified to replace damaged or destroyed bone marrow with healthy bone marrow stem cells. It must be required due to clinical evidence of the bone marrow's irreversible damage which requires that the damaged or destroyed bone marrow be replaced with bone marrow from a suitable donor. <b>Bone Marrow Transplant</b> includes autologous (self to self) and allogeneic (person to person) transplants.]</p>	<p>This will be in or out. If in,</p>
<p>[<b>Cerebral Palsy</b> means a non-progressive, non-contagious motor conditions that cause physical disability in [a <b>Covered Person's</b>][an <b>Your</b>] development, chiefly in the area of body movement as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make a <b>Diagnosis</b> of <b>Cerebral Palsy</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Cerebrospinal Meningitis</b> means a potentially life-threatening [bacterial][viral] inflammation of the protective membranes covering the brain and spinal cord of [a <b>Covered Person</b>][<b>Yours</b>] as <b>Diagnosed</b> by a <b>Physician</b> who is a board certified neurologist. [<b>Cerebrospinal Meningitis</b> does not include meningitis resulting from a viral infection or other non-bacterial forms of meningitis.]]</p>	<p>This will be in or out. If in, [bacterial][viral] each will be in or out.</p> <p>This will be in or out.</p>
<p>[<b>Cleft Lip</b> and <b>Cleft Palate</b> means a type of clefting congenital deformity caused by abnormal facial development of [a <b>Covered Person</b>] [<b>Yours</b>] during gestation. The <b>Diagnosis</b> must be made and <b>Procedure</b> for correction recommended by a <b>Physician</b> board certified to make such <b>Diagnosis</b> and recommendation.]</p>	<p>This will be in or out.</p>
<p>[<b>Clinical Diagnosis of Type 1 Cancer</b> means a <b>Diagnosis</b> of <b>Type 1 Cancer</b> based on the study of symptoms and diagnostic test results. <b>We</b> will accept a <b>Clinical Diagnosis of Type 1 Cancer</b> only if the following conditions are met:</p> <ol style="list-style-type: none"> <li>1. a <b>Pathological Diagnosis</b> cannot be made because it is medically inappropriate or life threatening;</li> <li>2. there is medical evidence to support the <b>Diagnosis</b>; and</li> <li>3. a <b>Physician</b> is treating [the <b>Covered Person</b>] [<b>You</b>] for <b>Invasive Cancer</b>.]</li> </ol>	<p>This will be in or out</p>
<p>[<b>Coma</b> means a profound state of unconsciousness due to <b>Accident</b> [or sickness] from which one cannot be aroused to consciousness, even by powerful stimulation, as determined by a <b>Physician</b>. [The <b>Covered Person</b>] [<b>You</b>] must be confined in a medical facility during a <b>Coma</b>, [and] remain in a <b>Coma</b> for [7-180] consecutive days, [and require life support measures to sustain life].]</p>	<p>This will be in or out. If in, [or sickness] will be in or out.</p> <p>[and] will be in or out. [7- 180] the range will be as shown. [and require life support measures to sustain life] will be in or out.</p>
<p>[<b>Contributory</b> means that the premium payments require that the <b>Insured</b> pays all or a portion of the premium.]</p>	<p>This will be in or out depending upon whether insured contributes to insurance.</p>
<p>[<b>Coronary Artery By-Pass Graft</b> means a major heart surgery for a [<b>Covered Person</b>] [<b>You</b>] requiring median sternotomy (division of the breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts. The surgery must be recommended by a <b>Physician</b> who is a board certified cardiologist.</p>	<p>This will be in or out.</p>

<p><b>Coronary Artery Bypass Graft</b> does not include non-surgical techniques such as balloon angioplasty, laser embolectomy or other non-bypass techniques; minimally invasive endoscopic or keyhole heart surgery, stent <b>Procedures</b>, and atherectomy.]</p>	
<p><b>Covered Loss</b> means [a <b>Diagnosis</b> is made for a <b>Critical Illness</b>], [a <b>Procedure</b> for a <b>Critical Illness</b> is recommended,] [a wellness screening test is performed][or ][another benefit covered under the <b>Policy</b>.] for which benefits are payable under this <b>Policy</b>.</p>	<p>[a <b>Diagnosis</b> is made for a <b>Critical Illness</b>] will be in or out.</p> <p>[a <b>Procedure</b> for a <b>Critical Illness</b> is recommended,] will be in or out.</p> <p>[a wellness screening test is performed] will be in or out.</p> <p>[or ] will be in or out.</p> <p>[another benefit covered under the <b>Policy</b>.] will be in or out.</p>
<p><b>Covered Person</b> means any person who has insurance under the terms of the <b>Policy</b>. It includes <b>You</b> [, and <b>Your Spouse[/Domestic Partner]</b> and/or <b>Dependent Child(ren)</b> if a <b>Plan</b> covering the <b>Spouse/Domestic Partner]</b> and/or <b>Dependent Child(ren)</b> is selected.]</p>	<p>[and <b>Your Spouse [/Domestic Partner]</b> will be in or out.</p>
<p><b>Critical Illness:</b> [Heart Attack] [Stroke] [Coronary Artery Bypass Graft][Non-Surgical Procedure for Coronary Artery Disease][Ruptured Aneurysm] [Type 1 Cancer] [Type 2 Cancer] [Skin Cancer] [Benign Brain Tumor] [Major Organ Transplant] [Heart Transplant][End Stage Renal Failure] [Paralysis] [Coma] [Blindness Both Eyes] [Blindness One Eye] [Loss of Speech and/or Hearing] [Severe Burns] [Loss of Hands and Feet] [Advanced Alzheimer's] [Amyotrophic Lateral Sclerosis] [Parkinson's Disease][Addison's Disease] [Cerebrospinal Meningitis] [Diphtheria] [Encephalitis][Huntington's Chorea][Legionnaire's Disease][Malaria][Muscular Dystrophy][Myasthenia Gravis][Necrotizing Fasciitis][Occupational HIV] [Occupational Hepatitis] [Osteomyelitis] [Poliomyelitis] [Rabies][Sickle Cell Anemia][Systemic Lupus Erythematosis] [Scleroderma][Tetanus][Tuberculosis][Loss of Ability to Perform Normal Activities of Daily Living] [Multiple Sclerosis] [Cerebral Palsy] [Cleft Lip or Cleft Palate] [Cystic Fibrosis] [Down Syndrome] [Spina Bifida].</p>	<p>Some combination of these illnesses as selected by the <b>Policyholder</b> will be in or out.</p>
<p>[<b>Cystic Fibrosis</b> means a life-threatening multi-system genetic disease that causes severe lung damage and nutritional deficiencies. It must be <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Dependent</b> means the <b>You</b> [<b>Spouse[/Domestic Partner]</b>] [and <b>Dependent Child(ren)</b>].]</p>	<p>This will be in or out. If in, [<b>Spouse[/Domestic Partner]</b>] [and <b>Dependent Child(ren)</b> will be in or out.</p> <p>[and <b>Dependent Child(ren)</b>] will be in or out</p>
<p>[<b>Dependent Child(ren)</b> means those unmarried child(ren) of the <b>Yours</b>, [and] [those unmarried child(ren) of <b>Your Spouse [/Domestic Partner ]</b>] [as defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>.] [a person who qualifies as a <b>Dependent Child(ren)</b> under the law of the state of residence.] [as defined in the <b>Policyholder's</b> [medical] plan as on file and approved by <b>Us</b>] who rely on the <b>You</b> for [more than 50% of] their support, and are either: 1) less than [19 (nineteen)] years of age; 2) less than [26 (twenty-six)] years of age and enrolled on a full-time basis in a college, university, or trade school, or who satisfy neither 1) nor 2), but who prior to his or her termination of</p>	<p>Will be in or out. If in, [and] will be in or out. [those unmarried child(ren) of his or her <b>Spouse [/Domestic Partner ]</b>] will be in or out. [as defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>.] will be in or out.</p> <p>[a person who qualifies as a <b>Dependent Child(ren)</b> under the law of the state of residence.] will be in or out.</p>

<p>coverage became incapable of self-sustaining employment by reason of mental or physical handicap. [The <b>Dependent Child(ren)</b> will only be <b>Covered Dependents</b> if a <b>Plan</b> covering <b>Dependents</b> is selected.]</p>	<p>[as defined in the <b>Policyholder's</b> [medical] plan as on file and approved by <b>Us</b>] will be in or out. If in, [medical] will be in or out. [more than 50% of] will be in or out [26 (twenty-six)] as selected by the <b>Policyholder</b> subject to state law</p> <p>[The <b>Dependent Child(ren)</b> will only be <b>Covered Dependents</b> if a <b>Plan</b> covering <b>Dependents</b> is selected.] will be in or out</p>
<p>[<b>Diagnosis</b> or <b>Diagnosed</b> means the definitive establishment of the <b>Critical Illness</b>, as defined herein, using clinical and/or laboratory findings. The <b>Diagnosis</b> must be made by a <b>Physician</b> who is a board certified specialist and qualified to make the <b>Diagnosis</b>. With respect to [ <b>Major Organ Transplant</b>] [<b>Coronary Artery By-Pass Surgery</b>], <b>Diagnosis</b> requires a <b>Physician's</b> recommendation that [the <b>Covered Person</b>] [<b>You</b>] undergoes such <b>Procedure</b>. The <b>Diagnosis</b> must be made while [the <b>Covered Person</b> is] [<b>You</b> are] alive.]</p>	<p>This will be in or out. If in,</p> <p>[<b>Major Organ Transplant</b>] This will be in or out. [<b>Coronary Artery By-Pass Surgery</b>] This will be in or out.</p> <p>This will be in or out.</p>
<p>[<b>Diphtheria</b> means an upper respiratory tract illness and an adherent membrane on the tonsils, pharynx, and/or nasal cavity caused by <i>Corynebacterium diphtheriae</i> as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Domestic Partner</b> means [a person who qualifies as a <b>Domestic Partner</b> under the <b>Policyholder's</b> written <b>Procedures</b> as on file and approved by <b>Us</b>.] [a person who qualifies as a <b>Domestic Partner</b> under the law of the state of residence.] [as defined in the <b>Policyholder's</b> [medical] plan as on file and approved by <b>Us</b>.]] To qualify as a <b>Domestic Partner</b> , the following requirements must be met:</p> <ol style="list-style-type: none"> <li>1. [<b>You</b> and the <b>Domestic Partner</b> must have an intimate, committed relationship of mutual caring, and have agreed to be responsible for each other's welfare;]</li> <li>2. [<b>You</b> and the <b>Domestic Partner</b> must have lived together in such a relationship for a period of not less than six (6) consecutive months at the same residence address;]</li> <li>3. [<b>You</b> and the <b>Domestic Partner</b> must both be at least eighteen (18) years of age;]</li> <li>4. [neither the <b>You</b> nor the <b>Domestic Partner</b> are legally married;]</li> <li>5. [<b>You</b> and the <b>Domestic Partner</b> are not <b>Related</b> by blood or adoption;]</li> <li>6. [<b>You</b> and the <b>Domestic Partner</b> are each other's sole <b>Domestic Partner</b> and intend to remain so indefinitely;] [and]</li> <li>7. [<b>You</b> and the <b>Domestic Partner</b> must be of the same sex, and if applicable law permitted, would be married.]</li> </ol> <p>The existence of the relationship between the <b>Domestic Partner</b> and the <b>You</b> must be evidenced by:</p> <ol style="list-style-type: none"> <li>1. [the <b>Domestic Partner</b> being named as the primary beneficiary in the event of <b>Your</b> death under the <b>Your</b> retirement plan or 401(k) plan, if <b>You</b> maintain such a plan;]</li> <li>2. [at least one of the following: <ol style="list-style-type: none"> <li>a. designation of the <b>Domestic Partner</b> as a primary beneficiary under <b>Your</b> will; or</li> <li>b. designation of the <b>Domestic Partner</b> as a primary beneficiary for <b>Your</b> life insurance;]</li> </ol> </li> <li>3. [at least one of the following: <ol style="list-style-type: none"> <li>a. joint ownership of real estate (whether by mortgage, lease</li> </ol> </li> </ol>	<p>This definition and all bracketed portions of the definition will be in or out.</p>

<p>or deed);</p> <ol style="list-style-type: none"> <li>b. joint ownership of a motor vehicle; or</li> <li>c. joint ownership of a bank account; and]</li> <li>4. [a completed, active certification of <b>Domestic Partner</b> status form on file with the <b>Policyholder</b>.]</li> </ol> <p>To be a covered <b>Domestic Partner</b>, <b>You</b> will not have completed a Termination of <b>Domestic Partner</b> status form with respect to the <b>Domestic Partner</b> who is to be covered under the <b>Policy</b>.]</p>	
<p>[<b>Down syndrome</b> means a genetic disorder that causes lifelong mental retardation, developmental delays and other problem as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Eligibility Waiting Period</b> means the [continuous] length of time an <b>Eligible Person</b> is in an Eligible Class with the <b>Policyholder</b> before eligible for coverage.]</p>	<p>This will be in or out depending if non-active working persons are eligible. If in, [continuous] will be in or out.</p>
<p>[<b>Encephalitis</b> means a [bacterial][viral] acute inflammation of the brain resulting in permanent neurological damage, as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>. This does not include encephalitis resulting from in the presence of any human immuno-deficiency virus (HIV) infection or other ancillary infections resulting from the HIV infection.]</p>	<p>This will be in or out.</p>
<p>[<b>End Stage Renal Failure</b> means chronic irreversible failure of both kidneys to function, as a result of which either regular renal or peritoneal dialysis is started and scheduled to occur on a weekly or biweekly basis unless [the <b>Covered Person</b> is] [<b>You</b> are] too ill to receive dialysis, or renal transplant is performed. The <b>Diagnosis</b> must be a <b>Physician</b> who is a board certified nephrologist.] The Covered Loss will be deemed to have occurred on the date the [<b>Covered Person</b> is][<b>You</b> are] is listed on the United Network for Organ Sharing (UNOS) .</p>	<p>This will be in or out.</p>
<p><b>First Occurrence</b> means, subject to any <b>Pre-existing Condition</b> limitation period, the first time that a <b>Diagnosis</b> is made or a <b>Procedure</b> is recommended for a <b>Critical Illness</b> [in [a <b>Covered Person's</b>][an <b>Insured's</b>] lifetime ] [while [the <b>Covered Person</b>][an <b>Insured</b>] is covered under the <b>Policy</b>]. A <b>Diagnosis</b> made or <b>Procedure</b> recommended for a <b>Critical Illness</b> after satisfaction of the <b>Pre-existing Condition</b> limitation period is considered a <b>First Occurrence</b>.</p>	<p>This will be in or out. If in, [while [the <b>Covered Person</b>][an <b>Insured</b>] is covered under the <b>Policy</b>]. Will be in or out.</p>
<p>[<b>Heart Attack (Myocardial Infarction)</b> means ischemic death of a portion of the heart muscle due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. This does not include a <b>Heart Attack</b> that occurs during a [heart related] medical procedure. The <b>Diagnosis</b> must be made by a <b>Physician</b> who is board certified as a cardiologist based on both:</p> <ol style="list-style-type: none"> <li>1. new clinical presentation and electrocardiographic changes consistent with an evolving <b>Heart Attack</b>; and</li> <li>2. serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a <b>Diagnosis</b> of <b>Heart Attack</b>.] </li></ol>	<p>This will be in or out.</p>
<p>[<b>Heart Transplant</b> means the transplantation of the heart from a patient who has died and whose heart was intact and capable of functioning in [the <b>Covered Person</b> recipient] [<b>You</b> as the recipient]. The transplanted heart must come from a human. The <b>Heart Transplant</b> must be required due to clinical evidence of the heart's irreversible failure which requires that the malfunctioning heart of [the <b>Covered Person</b>] [<b>Yours</b>] be replaced with a heart</p>	<p>This will be in or out. If in,</p>

<p>from a suitable human donor. [The Covered Loss will be deemed to have occurred on the date the <b>[Covered Person][Insured]</b> is listed on the United Network for Organ Sharing (UNOS) .]</p>	<p>This will be in or out.</p>
<p><b>[Huntington's Disease]</b> means a neurodegenerative genetic disease that affects muscle coordination and leads to cognitive decline and dementia as <b>Diagnosed</b> by a <b>Physician</b> who is a board certified neurologist ]</p>	<p>This will be in or out.</p>
<p><b>Insured</b> means a Class I, [Class II, Class III, Class IV, Class V, [or][and] Class VI] individual who is eligible for coverage under this <b>Policy</b> as provided in the Eligibility and Classification of <b>Insureds</b> part of the Schedule of Benefits, and who completes the enrollment material, if required.</p>	<p>This will be in or out. If in, [or] [and] will be either in or out.</p>
<p><b>[Legionnaire's Disease]</b> means a lung infection (pneumonia) caused by Legionella bacteria, and is <b>Diagnosed</b> through the discovery of such bacteria in the <b>[Covered Person's] [Your]</b> body. The <b>Diagnosis</b> must be made by a <b>Physician</b> qualified to make such <b>Diagnoses</b>, and must be supported by specialized laboratory tests searching for the Legionella bacteria, involving culture of [the <b>Covered Person's] [Your]</b> sputum, lung biopsy specimen, or respiratory secretions; and/or detecting the organism in urine. In order to make a claim, a finding of both pneumonia and the Legionella bacteria must be made by the <b>Physician</b> and there must be a community outbreak of Legionnaire's disease for [2-10] unrelated persons as verified by the Centers for Disease Control for that local geographical area.]</p>	<p>This will be in or out. If in, [2-10] The ranges will be as shown.</p>
<p><b>Loss of Hands and Feet</b> means that due to an <b>Accident</b> [or sickness] [a <b>Covered Person</b> sustains][<b>You</b> sustain] permanent physical severance of any combination of two or more limbs at or proximal to (above) the wrist or ankle joints. The loss of two or more limbs does not have to occur at the same time or due to the same cause, but the loss of each limb must occur while the person is a <b>Covered Person.</b>]</p>	<p>This will be in or out.</p>
<p><b>[Loss of Speech and/or Hearing]</b> means that due to an Accident [or sickness [a <b>Covered Person</b> is] [<b>You</b> are] <b>Diagnosed</b> by a <b>Physician</b> to have suffered a total and irreversible loss of speech and/or total and permanent loss of hearing in both ears with an auditory threshold of more than ninety (90) decibels in each ear,] for a minimum of [12 - 36] months. <b>Loss of Speech and/or Hearing</b> may not be the result of another covered <b>Critical Illness</b> or other Benefit.]</p>	<p>This will be in or out. If in, [or sickness] will be in or out.  [twelve (12 – 36) ranges will be as shown.</p>
<p><b>[Loss of Ability to Perform Normal Activities of Daily Living]</b> means that a [<b>Covered Person</b> is] [<b>You</b> are] is unable due to a sickness or injury to perform at least [two, three] <b>Normal Activities of Daily Living</b>. Such inability must be confirmed by a <b>Physician</b> qualified to make this determination. In the event this benefit is triggered by another covered benefit, <b>We</b> will only pay this benefit only once.]</p>	<p>This will be in or out. If in, [two, three] This will be in or out.</p>
<p><b>[Lymphedema]</b> means a condition, also known as lymphatic obstruction, of localized fluid retention and tissue swelling caused by a compromised lymphatic system that is <b>Diagnosed</b> as such by a <b>Physician</b> who is board certified to make this <b>Diagnosis.</b>]</p>	<p>This will be in or out.</p>
<p><b>[Major Organ Transplant]</b> means human to human organ transplant from a donor to [the <b>Covered Person] [You]</b> of transplant of an entire[ liver], [lung,][small intestine][kidney] or [pancreas] that is required due to clinical evidence of a major organ's irreversible failure which requires that the malfunctioning organ or tissue of [the <b>Covered Person] [Yours]</b> be replaced with</p>	<p>This will be in or out. If in, [liver], [lung,][small intestine][kidney] or [pancreas] each will be in or out as selected by the <b>Policyholder</b></p>

<p>an organ or tissue from a suitable human donor, excluding the <b>Covered Person</b>. [The <b>Covered Loss</b> will be deemed to have occurred on the date the <b>[Covered Person][Insured]</b> is listed on the United Network for Organ Sharing (UNOS)]</p>	<p>This will be in or out.</p>
<p><b>[Major Organ Transplant</b> does not include an organ transplant involving organs other than an entire kidney, liver, small intestine, lung, or pancreas;</p> <ol style="list-style-type: none"> <li>1. involving transplants of parts of organs, tissues or cells;</li> <li>2. involving organs transplanted from the same <b>[Covered Person] [You]</b>;</li> <li>3. involving organs received from non-human donors;</li> <li>4. involving implantation of mechanical devices or mechanical organs; or</li> <li>5. involving islet cell transplant.</li> </ol> <p>In order for the <b>Major Organ Transplant</b> to be considered eligible for benefits under the <b>Policy</b>, [the <b>Covered Person</b>] <b>[You]</b> must be registered by the United Network of Organ Sharing (UNOS) or the National Marrow Donor Program.]</p>	<p>This will be in or out.</p>
<p><b>[Malaria</b> means a mosquito-borne infectious disease resulting from infection from one of the five species of the genus Plasmodium; [falciparum,] [knowlesi] [malariae] [vivax,] [ovale] and <b>Diagnosed</b> as such by a <b>Physician</b> who is board certified to make such <b>Diagnosis.</b>]</p>	<p>This will be in or out. If in, [falciparum,] [knowlesi] [malariae] [vivax,] [ovale] each will be in or out.</p>
<p><b>[Multiple Sclerosis</b> means an inflammatory disease that persists for a minimum of six months in which the fatty myelin sheaths around the axons of the brain and spinal cord are damaged, leading to inability of nerve cells in the brain and spinal cord to communicate with each other effectively as <b>Diagnosed</b>, by a <b>Physician</b> who is a board certified neurologist.]</p>	<p>This will be in or out.</p>
<p><b>[Muscular Dystrophy</b> means a group of hereditary and non-hereditary muscle diseases that weaken the musculoskeletal system and hamper locomotion confirmed by electromyography and muscle biopsy and is <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis.</b>]</p>	<p>This will be in or out.</p>
<p><b>[Myasthenia Gravis</b> means an autoimmune neuromuscular disease leading to fluctuating muscle weakness and fatigability that is treated with medication and is <b>Diagnosed</b> as such by a <b>Physician</b> board certified to make such <b>Diagnosis.</b>]</p>	<p>This will be in or out.</p>
<p><b>[Necrotizing Fasciitis</b> means a rare quickly progressing infection of the deeper layers of the skin and subcutaneous tissues commonly known as flesh-eating disease or Flesh-eating bacteria syndrome requiring a surgical procedure to be performed. Such disease must be <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b> and perform the surgical procedure.]</p>	<p>This will be in or out</p>
<p><b>[Non-Surgical Procedure for Coronary Artery Disease</b> means a non-surgical technique is recommended by a <b>Physician</b> who is board-certified cardiologist due to coronary artery disease that occurs when the arteries that supply blood and oxygen to the heart become damaged and narrowed. <b>Procedures</b> for which the <b>Critical Illness</b> benefit is payable include the non-surgical techniques of balloon angioplasty, laser embolectomy or other non-bypass techniques; minimally invasive endoscopic or keyhole heart surgery, stent <b>Procedures</b>, and atherectomy.]</p>	<p>This will be in or out.</p>
<p><b>[Non-Contributory</b> means that the premium payments require no contribution from the <b>You.</b>]</p>	<p>This will be in or out depending if employer pays 100% of premium.</p>

<p><b>[Normal Activity(ies) of Daily Living (ADLs)</b> means certain basic daily tasks necessary to maintain [the <b>Covered Person's</b>] [Your] health and safety. In this <b>Policy</b>, <b>ADLs</b> refer to the activities described below. The loss of ability must be due to a <b>Critical Illness</b> that has persisted for a period of at least [120] consecutive days:</p> <ol style="list-style-type: none"> <li>1. Transfer and mobility - The ability to move into or out of a bed, chair or wheelchair or to move from place to place, either via walking, a wheelchair, cane, crutches, walker or other equipment.</li> <li>2. Continence - The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter, urostomy, or colostomy bag).</li> <li>3. Dressing - Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.</li> <li>4. Toileting - Getting to and from the toilet, transferring on and off the toilet and performing associated personal hygiene.</li> <li>5. Eating - Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.</li> <li>6. Bathing - Washing oneself by sponge bath; or in either a tub or a shower, including the task of getting into or out of the tub or shower.]</li> </ol>	<p>This will be in or out. If in,</p> <p>The range will be 90-180</p>
<p><b>[Occupational Hepatitis</b> means the <b>Diagnosis</b> of occupational Hepatitis resulting from an <b>Accident</b> which exposed [the <b>Covered Person</b>] [You] to Hepatitis [A,] B[,] and C. The <b>Accidental</b> injury must occur during the normal course of duties for the occupation in which [the <b>Covered Person</b> is] [You are] regularly engaged and for which remuneration is earned. The incident must be reported to the [<b>Policyholder</b>][[<b>Covered Person's</b>] [Your] employer]] within forty eight 48 hours of the Accident and [the <b>Covered Person</b>] [You] must seek immediate medical attention. ] Occupational Hepatitis does not include Infection as a result of drug use, sexual transmission, or other hepatitis infection determined to not to be <b>Accidental</b>.]</p>	<p>This will be in or out. If in,</p> <p>[A] [,] will be in or out.</p> <p>This will be in or out.</p>
<p><b>[Occupational Human Immunodeficiency Virus (HIV)</b> means the <b>Diagnosis</b> of Human Immunodeficiency Virus (HIV) infection resulting from an <b>Accident</b> which exposed [the <b>Covered Person</b>] [You] to HIV-contaminated body fluids. The <b>Accidental</b> injury must occur during the normal course of duties for the occupation in which [the <b>Covered Person</b> is] [You are] regularly engaged and for which remuneration is earned. The incident must be reported to the [<b>Policyholder</b>][[<b>Covered Person's</b>][Your] employer]] within 48 hours of the incident and [the <b>Covered Person</b>][You] must seek immediate medical attention. Within forty-eight (48) hours of the accidental injury, the [<b>Covered Person</b>][You] must submit to a blood test for HIV and/or AIDS and/or related complex (ARC). The blood test results must be sent directly to <b>Us</b>] <b>Occupational HIV</b> does not include HIV Infection as a result of drug use, sexual transmission, or HIV infection determined to not to be <b>Accidental</b>.]</p>	<p>This will be in or out.</p> <p>This will be in or out.</p>
<p><b>[Open Enrollment Period</b> means a period of time agreed to by the <b>Policyholder</b> and <b>Us</b> during which an eligible <b>Active Employee</b> may enroll for insurance under the <b>Policy</b> if he or she did not enroll when initially eligible, [increase <b>Your</b> insurance, decrease <b>Your</b> insurance or terminate <b>Your</b> insurance].</p>	<p>This will be in or out. If in,</p> <p>[increase his or her insurance, decrease his or her insurance or terminate his or her insurance]. will be in or out.</p>

<p>[<b>Osteomyelitis</b> means an infection of the bone or bone marrow requiring a surgical procedure. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>. It is a condition precedent that a surgical procedure be performed before payment of this benefit.]</p>	<p>This will be in or out.</p>
<p>[<b>Paralysis</b> means that due to an Accident [or sickness] [a <b>Covered Person</b> sustains][<b>You</b> sustain] the e complete and permanent loss of function of [one][two] or more limbs as <b>Diagnosed</b> by a board certified <b>Physician</b> who is board certified. This does not include <b>Paralysis</b> that occurs as a result of a <b>Stroke</b> [or other medical procedure].]</p>	<p>This will be in or out. If in, [or sickness] will be in or out. Either [one] or [two] will be in or out.</p> <p>This will be in or out.</p>
<p>[<b>Parkinson's Disease</b>] means a degenerative disorder of the central nervous system which is the result of the loss of dopamine-producing brain cells and permanent clinical impairment of motor function with associated tremor, rigidity of movements, and postural instability as <b>Diagnosed</b> by a <b>Physician</b> who is a board certified neurologist.]</p>	<p>This will be in or out</p>
<p>[<b>Pathological Diagnosis</b> means a <b>Diagnosis</b> of <b>Type 1 Cancer</b> based on a microscopic study of fixed tissue or preparations from the blood systems. This type of <b>Diagnosis</b> must be done by a <b>Physician</b> who is a board certified pathologist and who <b>Diagnosis</b> of malignancy conforms to the standards set by the American College of Pathology.]</p>	<p>This will be in or out depending if Cancer benefits are available.</p>
<p>[<b>Poliomyelitis</b> means a contagious viral illness resulting from poliovirus type 1, 2, or 3 that in its most severe form causes paralysis, difficulty breathing and sometimes death. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out</p>
<p>[<b>Pre-existing Condition</b> means a disease or physical condition for which symptoms existed within the [3, 6] month period prior to the effective date of [a <b>Covered Person's</b>] [<b>Yours</b>] coverage under this <b>Policy</b> that would cause a person to seek medical advice or treatment or; medical advice or treatment was recommended or received from a member of the medical profession within the [3, 6] month period prior to the Effective Date of [a <b>Covered Person's</b>] [<b>Your</b>] coverage under this <b>Policy</b>.]</p>	<p>This will be in or out. If in, Either [3] or [6] will be in or out.</p> <p>Either [3] or [6] will be in or out.</p>
<p>[<b>Prior Plan</b> means the Critical Illness Policy that was in effect with the <b>Policyholder</b> for a different insurance company on the date immediately preceding the Effective Date under this <b>Policy</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Procedure:</b> means a medical procedure involving an incision with instruments and performed to repair damage or arrest disease related to a <b>Critical Illness</b> in a [<b>Covered Person</b>] [<b>You</b>].]</p>	<p>This will be in or out.</p>
<p>[<b>Rabies</b> means an acute viral disease of the central nervous system caused by a virus in the Lyssavirus family that is transmitted through saliva from the bite of an infected animal. For this benefit to apply, it is required that clinical confirmation through isolation of the associated antibodies and/or presence of specific symptoms be obtained prior to payment Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p><b>Related</b> means [a <b>Covered Person's Spouse</b> [/<b>Domestic Partner</b>] or other adult living with the <b>Insured</b>][the <b>Insured's Spouse</b> [/<b>Domestic Partner</b>] or other adult living with the <b>Insured</b>], sibling, parent, step-parent, grandparent, aunt, uncle, niece, nephew, son, daughter, or grandchild or similar relationship in law.</p>	<p>This will be in or out.</p>
<p>[<b>Retiree</b> means a former employee of the <b>Policyholder</b>.]</p>	<p>This will be in or out. If in, items 1-5 will be in or out.</p>

<ol style="list-style-type: none"> <li>1. [whose age plus years of service equals at least [60-70];]</li> <li>2. [who has attained the normal retirement age;]</li> <li>3. [who has completed at least [1-10] years of active full-time or part-time service with the <b>Policyholder</b>;]</li> <li>4. [who is participating in a <b>Policyholder</b>-sponsored pension plan;][or]</li> </ol> <p>[who retired from the <b>Policyholder</b> immediately after the last day as an <b>Active</b> employee.]</p>	<p>[60-70] the ranges will be as shown.</p> <p>[1 10] the ranges will be as shown.</p>
<p>[<b>Ruptured Aneurysm</b> means a Ruptured Cerebral, Carotid or Aortic Aneurysm, the <b>Diagnosis</b> of a <b>Ruptured Aneurysm</b> must be supported by medical records, including radiographically specific diagnostic studies to objectively support the <b>Diagnosis</b> as established by [the American Academy of Radiologists.]</p>	<p>This will be in or out.</p>
<p>[<b>Sclerosis</b> (also <b>Scleroderma</b>) means a connective tissue disease that involves changes in the skin, blood vessels, muscles, and internal organs. Such <b>Diagnosis</b> must be confirmed with a biopsy and made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Service Waiting Period</b> means the [continuous] length of time an Eligible Person is required to be [in <b>Active</b> employment] with the <b>Policyholder</b> before being eligible for coverage.]</p>	<p>This will be in or out. If in, [continuous] will be in or out. [in <b>Active</b> employment] will be in or out.</p>
<p>[<b>Severe Burn</b> or <b>Severely Burned</b> means a cosmetic disfigurement of the surface of at least [25%-75%] of the body area due to an <b>Accidental</b> injury that is a full-thickness or third-degree burn, as determined by a <b>Physician</b>. (A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation).]</p>	<p>This will be in or out. If in, [25% -75%] the ranges will be as shown.</p>
<p>[<b>Skin Cancer</b> means a <b>Diagnosis</b> of squamous cell carcinoma as <b>Diagnosed</b> by a <b>Physician</b> who is board certified dermatologist or <b>Physician</b> as defined above. <b>Skin Cancer</b> does not include any cancer <b>Diagnosed</b> as <b>Type 1 Cancer</b> or <b>Type 2 Cancer</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Sickle Cell Anemia</b> means is a disorder of the blood caused by an inherited abnormal hemoglobin, which produces distorted (sickled) red blood cells. The irregular sickled cells can block blood vessels causing tissue and organ damage and pain. <b>Sickle Cell Anemia</b> does not include Sickle cell trait (or sicklemlia), which is a condition in which a person has one gene for the disease, but does not display the severe symptoms of the disease. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Spina Bifida</b> means a developmental congenital disorder, where some vertebrae overlying the spinal cord are not fully formed and remain unfused and open. as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Spouse</b> means the <b>Eligible Person's</b> legally married <b>Spouse</b> under age [65-99].</p> <p>[A <b>Spouse</b> will only be a covered <b>Spouse</b> if a <b>Plan</b> covering the <b>Eligible Person's Spouse</b> is selected.]</p>	<p>This will be in or out. If in, [65-99] the ranges will be as shown</p> <p>This will be in or out depending if <b>Spouse</b> is eligible.</p>
<p>[<b>Stem Cell Therapy</b> means a type of intervention strategy that introduces new cells into damaged tissue in order to treat a <b>Critical</b></p>	<p>This will be in or out.</p>

<p><b>Illness.]</b></p>	
<p>[<b>Stroke</b> means the death of brain tissue due to an acute cerebrovascular event. All of the following criteria must be satisfied:</p> <ol style="list-style-type: none"> <li>1. clinical evidence of infarction or brain tissue, or intracranial or subarachnoid hemorrhage;</li> <li>2. clear evidence on a CT, MRI or similar imaging technique that a <b>Stroke</b> has occurred; and</li> <li>3. permanent neurologic deficit measured [96 hours - three months] or more after the event that results in a score of two or higher on the Modified Rankin Scale for stroke outcome.</li> </ol> <p><b>Stroke</b> does not include symptoms due to:</p> <ol style="list-style-type: none"> <li>a) transient Ischemic Attack (TIA),</li> <li>b) migraine;</li> <li>c) Hypoxia</li> <li>d) traumatic injury to brain tissue or blood vessels; or</li> <li>e) chronic cerebrovascular insufficiency and reversible deficits;</li> <li>f) vascular disease affecting the eye, optic nerve, or vestibular functions.]</li> </ol> <p>The <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified neurologist.]</p>	<p>This will be in or out.</p>
<p>[<b>Substantial Assistance</b> means <b>Hands-on Assistance</b> and <b>Stand-by Assistance</b> as described below. For the purposes of the <b>Policy Stand-by Assistance</b> will be used to determine that <b>Substantial Assistance</b> by another person is required by the <b>[Covered Person] [You]</b> to perform the <b>Normal Activity of Daily Living</b>.</p> <ol style="list-style-type: none"> <li>1. <b>Hands-on Assistance</b> means the physical assistance of another person without which a [a <b>Covered Person</b>] <b>[You]</b> would be unable to perform the <b>Normal Activity of Daily Living</b>.</li> </ol> <p><b>Stand-by Assistance</b> means the presence of another person within [a <b>Covered Person's</b>] <b>[Your]</b> arm's reach, to prevent, by physical intervention, injury to [the <b>Covered Person</b>] <b>[Your]</b> while he or she performs a <b>Normal Activity of Daily Living</b> (such as being ready to catch him or her if he or she falls while getting into or out of the bathtub or shower as part of bathing, or being ready to remove food from the <b>[Covered Person's]</b> <b>[Your]</b> throat if he or she chokes while eating).]</p>	<p>This will be in or out.</p>
<p>[<b>Systemic Lupus Erythematosus</b> means a systemic autoimmune disease where the immune system attacks the body's cells and tissue, resulting in inflammation [and] tissue damage [and confirmed by permanent neurological damage and/or permanent impairment of kidney function]. Payment of this benefit is conditioned on the confirmation of permanent neurological damage and/or permanent impairment of kidney function. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out. [and] will be in or out. This will be in or out.</p>
<p>[<b>Tetanus</b> (commonly known as Lockjaw) means a potentially life-threatening bacterial disease resulting from toxin secreting clostridium tetani that affects the nervous system, leading to painful muscle contractions, particularly of the jaw and neck muscles, and which can interfere with the ability to breathe. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such</p>	<p>This will be in or out.</p>

<p><b>Diagnosis.]</b></p>	
<p>[<b>TNM Classification</b> means the classification standards for <b>Type 1 Cancer, Skin Cancer,</b> and <b>Type 2 Cancer</b> as developed by the American Joint Committee on Cancer.]</p>	<p>This is included depending if cancer benefits are provided.</p>
<p>[<b>Tuberculosis (TB)</b> is a potentially serious infectious disease that primarily affects the lungs. The <b>Diagnosis</b> must be made by a <b>Physician</b>, based on skin tests, chest X-rays, sputum analysis (smear and culture), and polymerase chain reaction tests to detect the genetic material of the causative bacteria.]</p>	<p>This will be in or out.</p>
<p>[<b>Type 1 Cancer</b> means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemia, Hodgkin’s disease, carcinoma, sarcoma, malignant tumor and lymphomas are included. <b>Type 1 Cancer</b> does not include:</p> <ol style="list-style-type: none"> <li>1. any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;</li> <li>2. any papillary tumor of the bladder classified as Ta under <b>TNM Classification</b>;</li> <li>3. any tumor of the prostate classified as T1N0M0 under <b>TNM Classification</b>;</li> <li>4. any papillary tumor of the thyroid that is classified as T1N0M0 or less under <b>TNM Classification</b> and is one centimeter or less in diameter;</li> <li>5. any tumor in the presence of human immuno-deficiency virus;</li> <li>6. any <b>Skin Cancers</b>, unless there is metastasis and the tumor is a malignant melanoma of greater than 1.0 millimeters maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method;</li> <li>7. <b>Type 2 Cancer</b>; and</li> <li>8. chronic Lymphocytic Leukemia (CLL), less than or equal to Stage I, as defined by RAI classification.</li> </ol> <p><b>Type 1 Cancer</b> must be <b>Diagnosed</b> according to a <b>Pathological Diagnosis</b> or <b>Clinical Diagnosis of Type 1 Cancer.</b>]</p>	<p>This will be in or out.</p>
<p>[<b>Type 2 Cancer</b> means a <b>Diagnosis</b> of cancer where the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. It also includes:</p> <ol style="list-style-type: none"> <li>1. any malignant melanoma less than or equal to 1.0 millimeters maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method;</li> <li>2. any melanoma not invading the dermis classified as T1N0M0 under <b>TNM Classification</b>;</li> <li>3. any tumor of the prostate classified as T1N0M0 under <b>TNM Classification</b>;</li> <li>4. any papillary tumor of the bladder classified as Ta under <b>TNM Classification</b>;</li> <li>5. any papillary tumor of the thyroid that is classified as T1N0M0 or less under <b>TNM Classification</b> and is one</li> </ol>	<p>This will be in or out.</p>

<p>centimeter or less in diameter;</p> <p>6. chronic Lymphocytic Leukemia (CLL), less than or equal to Stage I, as defined by RAI classification.</p> <p><b>Type 2 Cancer</b> does not include:</p> <ol style="list-style-type: none"> <li>1. any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;</li> <li>2. any tumor in the presence of human immuno-deficiency virus;</li> <li>3. any non-melanoma <b>Skin Cancer</b>;</li> <li>4. any melanoma in situ classified as TisNOM0 under <b>TNM Classification</b></li> <li>5. other skin malignancies; and</li> <li>6. any carcinoid tumor.</li> </ol> <p><b>Type 2 Cancer</b> must be <b>Diagnosed</b> pursuant to a <b>Pathological Diagnosis</b> or <b>Clinical Diagnosis</b>.]</p>	
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**SECTION IV - GENERAL EXCLUSIONS**

<p>Exclusions will be either in or out</p> <ol style="list-style-type: none"> <li>1. [suicide or attempted suicide while sane [or insane] or from intentionally self-inflicted injury.]</li> <li>2. [from a <b>Pre-existing Condition</b>.]</li> <li>3. [war or any act of war, whether declared or undeclared.]</li> <li>4. [involvement in any type of active military service [Reserve or National Guard active duty training is not excluded, unless it extends beyond [thirty-one (31) consecutive days].];][For purposes of this exclusion, orders to active military service for [sixty (60) days] or less will not be considered involvement in active military service.][This exclusion does not apply to the first [sixty (60) consecutive days] of active military service.]</li> <li>5. [participation in the commission or attempted commission of [any crime, [any felony,] [an assault] [insurrection] [or] [riot].]</li> <li>6. [due to engaging in an illegal occupation.]</li> <li>7. [being intoxicated while operating a motor vehicle.][being intoxicated.] <ol style="list-style-type: none"> <li>a. [a <b>Covered Person</b>] [You] will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the <b>Accident</b> occurred, to be intoxicated, if operating a motor vehicle.</li> <li>b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or</li> </ol> </li> </ol>	<p>Each exclusion will be in or out. If in, [or insane] will be in or out</p> <p>This will be in or out.</p> <p>This will be in or out. If in, [thirty-one (31) consecutive days] The range will be 0 – 60</p> <p>[For purposes of this exclusion, orders to active military service for [sixty (60) days] or less will not be considered involvement in active military service.] will be in or out. If in, [sixty (60) days] the range will be 30-90 days. [This exclusion does not apply to the first [sixty (60) consecutive days] of active military service.] will be in or out. If in, the range will be 30-90 days.</p> <p>This will be in or out. If in each of the following will be in or out, [any crime, [any felony,][an assault insurrection] [or] [riot].]</p> <p>This will be in or out. [being intoxicated while operating a motor vehicle.] will be in or out</p>
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<p>similar items will be considered proof of the <b>[Covered Person's] [Your]</b> intoxication.]</p> <p>8. [being under the influence of any prescription drug, controlled substance, or hallucinogen, unless such prescription drug, controlled substance, or hallucinogen was prescribed by a <b>Physician</b> and taken in accordance with the prescribed dosage.]</p> <p>9. [a <b>Diagnosis</b> for which proof is submitted by a <b>Physician</b> that is <b>Related</b> to [the <b>Covered Person</b>][<b>You</b>].]</p> <p>10.[refusing certain types of recommended medical treatment, as follows:</p> <p>a. [a <b>Physician</b> has recommended treatment with angioplasty or <b>Coronary Artery By-Pass Graft</b> for coronary artery disease, <b>You</b> refuse this treatment, and the <b>You</b> suffer a <b>Heart Attack</b>; [or] [.]</p> <p>b. [a <b>Physician</b> has recommended treatment for a brain aneurysm or carotid artery stenosis, <b>You</b> refuse treatment, and <b>You</b> suffer a <b>Stroke</b>;[or]</p> <p>c. [a <b>Physician</b> has recommended a diagnostic biopsy or diagnostic/therapeutic excision of a mass or lesion suspected of being cancer [the <b>Covered Person</b> refuses][<b>You</b> refuse] and [the <b>Covered Person</b> develops][<b>You</b> develop] <b>Type 1 Cancer, Skin Cancer, or Type 2 Cancer.</b>]]</p>	<p>This will be in or out.</p> <p>This will be in or out.</p> <p>This will be in or out. If in,</p> <p>[or] [.]Will be in or out. This will be in or out.</p> <p>[or] will be in or out. This will be in or out.</p>
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<p><b>[Pre-existing Condition</b> Limitation</p> <p>[6] [12] consecutive months.</p> <p>[If the <b>Policy</b> replaces a <b>Prior Plan</b>, <b>We</b> will pay for a <b>Pre-existing Condition</b> if [the <b>Covered Person</b>] [<b>You</b>] is insured under the <b>Policy</b> on its Effective Date and was covered under the <b>Prior Plan</b> on the date the <b>Prior Plan</b> terminated as follows:</p> <p>1. [The <b>Covered Person</b>][<b>You</b>] must satisfy the <b>Pre-existing Condition</b> provision under the <b>Policy</b>; or</p> <p>2. [The <b>Covered Person</b>][<b>You</b>] must have satisfied the <b>Pre-existing Conditions</b> provision under the <b>Prior Plan</b>, if benefits would otherwise have been paid had the <b>Prior Plan</b> remained in force, if earlier.]]</p>	<p>Will be in or out. If in,</p> <p>Either [6] or [12] will be in or out.</p> <p>This will be in or out depending if there is a takeover/replacement of a <b>Prior Plan</b>.</p>
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**SECTION V – PREMIUMS**

<p>A. Premiums: Premiums are due and payable to <b>Us</b> at the rates and in the manner described in the [Schedule][<b>Policyholder</b> Application].</p>	<p>[Schedule] will be in or out. <b>[Policyholder</b> Application] will be in or out.</p>
<p>B. Grace Period: Premiums are due for this <b>Policy</b> on or before the premium due date or renewal date, whichever applies. If the <b>Policyholder</b> does not pay a renewal premium when it is due, there is a [thirty-one (31)] day Grace Period to pay. During the Grace Period, the <b>Policy</b> will stay in force. The <b>Policyholder</b> will not have a Grace Period if <b>We</b> have given notice, at least [thirty (30)] days in advance, that <b>We</b> are going to terminate this <b>Policy</b>.</p>	<p>[thirty-one (31)] The range will be 31-120 days or as required by state law.</p> <p>[thirty (30)] The range will be 30-120 days or as required by state law.</p>

**SECTION VI - TERMINATION OF INSURANCE**

<p>A. Termination of <b>Covered Person's</b> Insurance.</p> <p>[For <b>You</b>. Insurance terminates at the end of the [month][date] for which premium has been paid and during which any of the following occurs:</p> <ol style="list-style-type: none"> <li>1. [the <b>Policy</b> is terminated [unless coverage for [the <b>Covered Person</b> continues] [<b>You</b> continue] according to SECTION XI, PORTABILITY PRIVILEGE];]</li> <li>2. <b>You</b> ceases to be eligible for insurance;</li> <li>3. <b>You</b> fails to pay the required premium, if the <b>You</b> is so required; [or]</li> <li>4. [<b>You</b> reaches age [65-99]];[or]</li> <li>5. the Per Person Lifetime Benefit Maximum Payout is paid to <b>You</b> [;or][.]</li> <li>6. [<b>You</b> retires].</li> </ol> <p>[<b>Covered Person</b> other than the <b>You</b>. Insurance terminates on the earliest of:</p> <ol style="list-style-type: none"> <li>1. the date the insurance of the Insured terminates;</li> <li>2. Per Person Lifetime Benefit Maximum Payout is paid to the <b>Covered Person</b>.</li> <li>3. the first premium due date after the person no longer qualifies as a <b>Covered Person</b>;</li> <li>4. [for the <b>Covered Spouse</b> [/Domestic Partner ], the date the <b>Covered Spouse</b> [/Domestic Partner ] reaches age [65-99].]</li> </ol>	<p>This will be in or out. If in, [month] will be in or out. [date] will be in or out.</p> <p>This will be in or out if portability provided.</p> <p>[or] This will be in or out.</p> <p>This will be in or out, If in, [65-99] the range will be as shown [or] will be in or out. [;or][.] will be in or out.</p> <p>This will be in or out depending if <b>Retirees</b> are Eligible Class per the <b>Policyholder</b>.</p> <p>This will be in or out depednig if <b>Dependents</b> are covered.</p> <p>This will be in or out. If in, [65-99] The range will be as shown.</p>
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**SECTION VII HOW TO FILE A CLAIM**

<p>A. Notice: [The <b>Covered Person</b>][<b>You</b>] or the beneficiary, or someone on their behalf, must give <b>Us</b> written notice of the <b>Covered Loss</b> within [ninety (90)] days of such <b>Covered Loss</b>, or as soon thereafter as reasonably possible. The notice must name [the <b>Covered Person</b>,][<b>You</b>], and the Policy Number. To request a claim form, [the <b>Covered Person</b>][<b>You</b>]or the beneficiary, or someone on their behalf may contact <b>Us</b> at [1-866-841-4771]. The notice must be sent to the address shown on the Schedule, or any of <b>Our</b> agents. Notice to <b>Our</b> agents is considered notice to <b>Us</b>.</p>	<p>[ninety (90)] days. The range will be 20-120 days.</p> <p>Appropriate phone number will be inserted.</p>
<p>B.Claim Forms: <b>We</b> will send the claimant Proof of Covered Loss forms within [fifteen (15)] days after <b>We</b> receive notice. If the claimant does not receive the Proof of Covered Loss form in [fifteen (15)] days after submitting notice, he or she can send <b>Us</b> a detailed written report of the claim and the extent of the <b>Covered Loss</b>. <b>We</b> will accept this report as a Proof of Covered Loss if sent within the time fixed below for filing a Proof of Covered Loss.</p>	<p>[fifteen (15)] days. The range will be 15-90 days.</p> <p>[fifteen (15)] days. The range will be 15-90 days.</p>
<p>C.Proof of Covered Loss: Written Proof of a <b>Covered Loss</b>, acceptable to <b>Us</b>, must be sent within [ninety (90)] days of the <b>Covered Loss</b>. Failure to furnish Proof of a <b>Covered Loss</b></p>	<p>[ninety (90)] days. The range will be 90-180 days.</p>

acceptable to **Us** within such time will neither invalidate nor reduce any claim if it was not reasonably possible to furnish the Proof of a **Covered Loss**, and the proof was provided as soon as reasonably possible.

**SECTION VIII - PAYMENT OF CLAIMS**

**B. Who We Will Pay.**

Benefits are to be paid to **You**, if alive. If **You** are not alive, benefits are payable to his or her estate. **You** may assign his or her interest in the **Policy** by giving **Our** agent or **Us** written notice at **Our** Administrative Office at [Claims Department, Zurich American Insurance Company, [P.O. Box 968041, Schaumburg, IL. 60196]] [1-866-841-4771]. The change or assignment will not be effective until **We** receive the written notice. **We** assume no responsibility for the validity of any assignment. Any payment **We** make will fully discharge **Us** to the extent of the payment.

Appropriate phone number and address inserted

**SECTION X COVERAGES**

[Critical Illness Benefit: **We** will pay benefits for:

1. A **Diagnosis** of a **Critical Illness** that is first made after the **Benefit Waiting Period**, subject to the **Pre-existing Condition** provision; or
2. A **Procedure** for a **Critical Illness** that is first recommended after the **Benefit Waiting Period**, subject to the **Pre-existing Condition** provision.

**We** will pay the Percent of the Benefit Amount shown in the Schedule of Benefits for each and every covered **Critical Illness** [up to the up to the Per Category Maximum Payout] up to the overall Per Person Lifetime Benefit Maximum Payout if the following conditions are met:

This will be in or out depending if there is an internal category cap.

1. With respect to [**Heart Attack**] [**Stroke**] [**Coronary Artery By-Pass Graft**][**Non-Surgical Procedure for Coronary Artery Disease**][**Ruptured Aneurysm**] [**Type 1 Cancer**] [**Type 2 Cancer**] [**Skin Cancer**] [**Benign Brain Tumor**] [**Major Organ Transplant**] [**Heart Transplant**][**End Stage Renal Failure**] [**Paralysis**] [**Coma**] [**Blindness Both Eyes**] [**Blindness One Eye**] [**Loss of Speech and/or Hearing**] [**Severe Burns**] [**Loss of Hands and Feet**] [**Advanced Alzheimer's**] [**Amyotrophic Lateral Sclerosis**] [**Parkinson's Disease**][**Addison's Disease**] [**Cerebrospinal Meningitis**] [**Diphtheria**] [**Encephalitis**][**Huntington's Chorea**][**Legionnaire's Disease**][**Malaria**][**Muscular Dystrophy**] [**Myasthenia Gravis**] [**Necrotizing Fasciitis**] [**Occupational HIV**] [**Occupational Hepatitis**] [**Osteomyelitis**] [**Poliomyelitis**] [**Rabies**][**Sickle Cell Anemia**] [**Systemic Lupus Erythematosus**] [**Scleroderma**][**Tetanus**][**Tuberculosis**] [**Loss of Ability to Perform Normal Activities of Daily Living**] [**Multiple Sclerosis**] [**Cerebral Palsy**] [**Cleft Lip or Cleft Palate**] [**Cystic Fibrosis**] [**Down Syndrome**] [**Spina Bifida**] and subject to the **Pre-existing Conditions** provision, the **First Occurrence** in [a **Covered Person's**] [**Your**] lifetime [during the time the [**Covered Person** is][**You** are] covered under the **Policy** that he or she experiences

Item 1 will be included to the extent **Critical Illnesses** are covered. Therefore, covered **Critical Illnesses** will be in or out.

<p>such <b>Critical Illness</b> and he or she is <b>Diagnosed</b> with such <b>Critical Illness</b>.</p> <p>2. [With respect to <b>Coronary Artery Bypass Graft</b> and subject to the <b>Pre-existing Conditions</b> provision, the <b>First Occurrence</b> in [a <b>Covered Person's</b>][ <b>Your</b> lifetime] [during the time [the <b>Covered Person</b> is][<b>You are</b>] covered under the <b>Policy</b>] that [he or she undergoes][ <b>You undergo</b>] such <b>Procedure</b>.]</p> <p>3. [With respect to [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>] and subject to the <b>Pre-existing Conditions</b> provision, the <b>First Occurrence</b> in [a <b>Covered Person's</b>][ <b>Your</b> lifetime] [during the time the [<b>Covered Person</b>][<b>Insured</b>] is covered under the <b>Policy</b>]] that [he or she undergoes][<b>You undergo</b>] a [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>].]</p> <p>4. [With respect to <b>Loss of Ability to Perform Normal Activities of Daily Living</b> and subject to the <b>Pre-existing Conditions</b> provision, the <b>First Occurrence</b> [in [a <b>Covered Person's</b>][<b>Your</b> lifetime] [during the time [the <b>Covered Person</b> is][<b>You are</b>] covered under the <b>Policy</b>] that he or she has after suffered such loss for [30-180] consecutive days. If the loss is due to a <b>Critical Illness</b>, this benefit will [be additional] [not be additional] to other benefits payable under the [a <b>Covered Person's</b>][<b>Your</b>] <b>Plan</b>. [If payable under two <b>Critical Illness</b> benefits, only the larger of the benefits will be provided.]]</p> <p>Benefits are paid [one] time for each category of <b>Critical Illness</b> [except as paid under the Recurrence Benefit Option]</p>	<p>This will be in or out. If in,</p> <p>This will be in or out.</p> <p>This will be in or out. If in, [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>] will be in or out.</p> <p>This will be in or out. This will be in or out.</p> <p>This will be in or out. If in,</p> <p>This will be in or out. This will be in or out.</p> <p>[30 – 180] Consecutive days The range will be as shown. [be additional] will be in or out. [not be additional] will be in or out. This will be in or out.</p> <p>[one] This will be in or out. This will be in or out.</p>
<p><b>[Benefit Waiting Period:</b> Benefits will not be paid for a <b>Critical Illness</b>:</p> <ol style="list-style-type: none"> <li>1. if the <b>Diagnosis</b> is made or the <b>Procedure</b> is recommended during the <b>Benefit Waiting Period</b>;</li> <li>or</li> <li>2. for which [a <b>Covered Person</b> exhibits] [<b>You exhibit</b>] symptoms that would cause a prudent person to seek medical treatment by a <b>Physician</b> of a covered <b>Critical Illness</b> during the <b>Benefit Waiting Period</b>.</li> </ol> <p>If :</p> <ol style="list-style-type: none"> <li>1. the date <b>Your Diagnosis</b> is made or the <b>Procedure</b> is recommended for a covered <b>Critical Illness</b> occurs during the <b>Benefit Waiting Period</b>; and</li> <li>2. the <b>Policy</b> is a new program for the <b>Policyholder</b> and there is no <b>Prior Plan</b>,</li> </ol> <p><b>You</b> may return the certificate for a full premium refund and the coverage will be terminated.]</p> <p>[If :</p> <ol style="list-style-type: none"> <li>1. the date of a <b>Covered Person's</b> (other than the <b>Your</b>) <b>Diagnosis</b> is made or the <b>Procedure</b> is recommended for a covered <b>Critical Illness</b> occurs during the <b>Benefit Waiting Period</b>; and</li> <li>2. the <b>Policy</b> is a new program for the <b>Policyholder</b> and there is no <b>Prior Plan</b>,</li> </ol> <p><b>You</b> may terminate the <b>Covered Person's</b> coverage under the <b>Policy</b> for a premium refund of that <b>Covered Person's</b> cost and his or her coverage will be terminated. <b>You</b> must notify <b>Us</b> in writing.]</p>	<p>This will be in or out depending if a benefit waiting period is imposed.</p> <p>This will be in or out depending if <b>Dependent</b> coverage and benefit waiting period are imposed.</p>

<p>[Additional Critical Illness Benefit: If [a <b>Covered Person</b>] [You] received benefits under the Critical Illness Benefit for a <b>Critical Illness</b> he or she will receive benefits for a <b>Diagnosis</b> made or <b>Procedure</b> recommended for a different <b>Critical Illness</b> as long as the date of <b>Diagnosis</b> or <b>Procedure</b> for each <b>Critical Illness</b> is separated by at least</p> <p>[6, 12, 18, 24] months for Category 1  [6,12,18,24] months for Category 2  [6,12,18,24] months for Category 3  [6,12,18,24] months for Category 4  [6,12,18,24] months for Category 5  [6,12,18,24] months for Category 6]</p> <p>consecutive months. <b>We</b> will pay the Percent of the Benefit Amount shown in the Schedule of Benefits.]</p>	<p>This will be in or out depending if additional Critical Illness benefit is available. If in,</p> <p>[6, 12, 18, or 24] will be in or out.</p>
<p>[Recurrence Benefit: If a benefit is paid for a <b>Critical Illness</b> and [a <b>Covered Person</b> has] [You have] not exhibited symptoms or received care and treatment for that same <b>Critical Illness</b> for at least</p> <p>[6, 12, 18, 24] months for Category 1  [6,12,18,24] months for Category 2  [6,12,18,24] months for Category 3  [6,12,18,24] months for Category 4  [6,12,18,24] months for Category 5  [6,12,18,24] months for Category 6]</p> <p>consecutive months since the benefit payment and [the <b>Covered Person</b> is] [You are] is re-diagnosed for the same <b>Critical Illness</b>, <b>We</b> will pay a Recurrence Benefit as follows:</p> <ol style="list-style-type: none"> <li>1. With respect to [<b>Heart Attack</b>] [<b>End Stage Renal Failure</b>][<b>Stroke</b>][<b>Paralysis</b>], the second [and third] time in [a <b>Covered Person's</b>] [Your] lifetime that: (a) he or she experiences such <b>Critical Illness</b>; and (b) he or she is <b>Diagnosed</b> with such <b>Critical Illness</b>.</li> <li>2. With respect to [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>], the second [and third] time in [a <b>Covered Person's</b>] [Your] lifetime that he or she or she undergoes a [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>].</li> </ol> <p>The Recurrence Benefit is shown in the Schedule of Benefits. Benefits are not payable for any recurrence of a <b>Critical Illness</b> not shown in the Recurrence Benefit. ]</p>	<p>This will be in or out depending if recurrence benefit is provided for covered <b>Critical Illnesses</b>, If in,</p> <p>[6, 12, 18 or 24] will be in or out.</p> <p><b>[Heart Attack] [End Stage Renal Failure][Stroke][Paralysis]</b> each will be in or out. [and third] will be in or out.</p> <p><b>[Major Organ Transplant][Heart Transplant]</b> will be in or out.</p>
<p>[Per Category Maximum Payout: Within each category, the most <b>We</b> will pay for the <b>Critical Illness</b> Benefit, [all Additional Critical Illness Benefits], [and all Recurrence Benefits] combined is the Per Category Maximum Payout shown in the Schedule of Benefits.]</p>	<p>This will be in or out depending if per category cap is available. If in,</p> <p>[all Additional Critical Illness Benefits] will be in or out. [and all Recurrence Benefits] will be in or out.</p>
<p>Additional Benefits</p> <p>[Bone Marrow Transplant Indemnity Benefit: If a <b>Procedure</b> or <b>Diagnosis</b> of a covered <b>Critical Illness</b> for which a Benefit Amount is paid under the <b>Policy</b> requires a <b>Bone Marrow</b></p>	<p>Each will be in or out if included in the Schedule, included in Section X Coverages.</p> <p>This will be in or out.</p>

<p><b>Transplant, We</b> will pay an additional lump sum benefit. The benefit is shown in the Schedule of Benefits as a percentage of the Benefit Amount paid for the <b>Critical Illness.</b>]</p>	
<p>[Evaluation Benefit: This benefit is available after <b>Your</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months.]</p> <p>If [a <b>Covered Person is</b>][<b>You are</b>] <b>Diagnosed</b> with a <b>Critical Illness</b> or has a <b>Procedure</b> for a <b>Critical Illness</b> recommended for which benefits are payable, <b>We</b> will pay the Evaluation Benefit shown in the Schedule of Benefits. The purpose of the Evaluation Benefit is to provide [a <b>Covered Person</b>][<b>You</b>] with options for treatment of the <b>Critical Illness</b>. Benefits are provided for an evaluation at an <b>Evaluation Center</b> following payment for a <b>First Occurrence</b> Benefit [or a <b>Recurrence Benefit</b>]. The Evaluation Benefit is limited to one payment for each <b>First Occurrence</b> [or a <b>Recurrence</b>] of a <b>Critical Illness</b>.</p> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b> [with the exception of the NCI Cancer Center Benefit. If a [<b>Covered Person</b>][<b>Insured</b>] is covered for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid. The [<b>Covered Person's</b>][<b>Insured's</b>] insurance must be in effect on the date the evaluation is provided for benefits to be payable under the <b>Policy</b>.</p> <p>For purposes of this benefit only, <b>Evaluation Center</b> means a facility that is:</p> <ol style="list-style-type: none"> <li>1. licensed or certified under the laws where it is located to provide diagnostic services for the <b>Critical Illness</b> for which evaluation is sought; and</li> <li>2. which has been recognized by the <b>Policyholder</b> in writing as an evaluation center for purposes of the Evaluation Benefit.]</li> </ol>	<p>This will be in or out, if In, [1 -12] consecutive months. The range will be as shown</p> <p>[or a <b>Recurrence Benefit</b>] Will be in or out depending if recurrence benefit is covered.</p> <p>This will be in or out.</p>
<p>[Hospital Cash Benefit: [Hospital Cash Benefit: <b>We</b> will pay the Daily Hospital Confinement Benefit shown in the Schedule of Benefits if [a <b>Covered Person is</b>][<b>You are</b>] <b>Hospital Confined</b> due to treatment following the <b>Diagnosis</b> of a <b>Critical Illness</b> or due to a <b>Procedure</b> recommended for a <b>Critical Illness</b>. Benefit payments will end on the first of the following dates:</p> <ol style="list-style-type: none"> <li>1. the date the <b>Hospital</b> stay ends;</li> <li>2. the date [the <b>Covered Person dies</b>][the <b>You die</b>];</li> <li>3. the date the Maximum Benefit Period for this benefit ends per Plan Year;</li> <li>4. [the date [a <b>Covered Person attains</b>][<b>You attain</b>] age [65-99];]</li> <li>5. the date insurance under the <b>Policy</b> ends.]</li> </ol>	<p>This will be in or out. If in,</p> <p>This will be in or out. If in [65-99] the range will be as shown.</p>
<p>[Lodging Benefit: This benefit is available after the <b>Your</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months.</p> <p>If [a <b>Covered Person is</b>][<b>You are</b>] <b>Diagnosed</b> with a <b>Critical</b></p>	<p>This will be in or out. If in, [1 -12] consecutive months. The range will be as shown.</p>

<p><b>Illness</b> or has a <b>Procedure</b> relating to a <b>Critical Illness</b> recommended and requires an <b>Outpatient Treatment Session</b> for the <b>Critical Illness</b>, <b>We</b> will pay the benefit shown in the Schedule of Benefits. Benefits are payable for each day <b>Lodging</b> is required while [the <b>Covered Person</b> is][<b>You</b> are] receiving the treatment during an <b>Outpatient Treatment Session</b>. This benefit is subject to the following:</p> <ol style="list-style-type: none"> <li>1. the treatment facility must be at least [100-1,000] miles from [the <b>Covered Person's</b>][<b>Your</b>] primary residence;</li> <li>2. benefits will only be provided for twenty-four (24) hours prior to [the <b>Covered Person's</b>][<b>Your</b>] receipt of treatment, during an <b>Outpatient Treatment Session</b>, and for twenty-four (24) hours following receipt of treatment;</li> <li>3. <b>You</b> must provide written proof that the treatment was received; and</li> <li>4. <b>You</b> must provide written proof that <b>Lodging</b> was required and an expense was incurred for such <b>Lodging</b>.</li> </ol> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b>. [The <b>Covered Person's</b>][<b>Your</b>] insurance must be in effect on the date <b>Lodging</b> is required for benefits to be payable under the <b>Policy</b>.]</p>	<p>[100 -1,000] miles. The range will be as shown.</p>
<p>[<b>Outpatient Treatment Session</b> means a stated session where services and supplies are provided by a <b>Physician</b> to a [<b>Covered Person</b>][<b>Insured</b>] for treatment of a covered <b>Critical Illness</b> at an appropriately licensed outpatient treatment facility.]</p>	<p>This will be in or out.</p>
<p>[<b>Lymphedema</b> Testing: If a <b>Physician</b> recommends that [a <b>Covered Person</b>][<b>You</b>] who, during the course of treatment for a <b>Critical Illness</b> where such treatment might cause the onset of <b>Lymphedema</b>, receive a <b>Lymphadema</b> test, we will pay the benefit shown in the Schedule of Benefits.]</p>	<p>This will be in or out.</p>
<p>[NCI Cancer Center Benefit: [This benefit is available after the <b>Insured's</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months.]</p> <p>If [a <b>Covered Person</b> is][<b>You</b> are] <b>Diagnosed</b> with an [<b>Type 1 Cancer</b>][<b>Type 2 Cancer in Situ</b>][<b>Skin Cancer</b>] and receives an evaluation at an <b>NCI Cancer Center</b> while insured under the <b>Policy</b>, <b>We</b> will pay the benefit shown in the Schedule of Benefits. The benefit is subject to the following:</p> <ol style="list-style-type: none"> <li>1. the benefit is limited to one payment for each Benefit Amount paid for the <b>First Occurrence</b> and received by [a <b>Covered Person</b>][<b>You</b>] for [<b>Type 1 Cancer</b>][<b>Type 2 Cancer in Situ</b>][<b>Skin Cancer</b>] and only if an <b>NCI Cancer Center</b> evaluation is received by [a <b>Covered Person</b>][<b>You</b>];</li> <li>2. <b>We</b> will only pay this benefit if <b>We</b> have already paid a Benefit Amount for the <b>First Occurrence</b> of [<b>Type 1 Cancer</b>][<b>Type 2 Cancer</b>][<b>Skin Cancer</b>]; and</li> <li>3. <b>You</b> submit proof that the evaluation was received.</li> </ol> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b> [with the exception of the Evaluation Benefit]. [If [a <b>Covered Person</b>][<b>You</b>] is covered</p>	<p>This will be in or out. If in, [1 -12] consecutive months. The range will be as shown</p> <p>[<b>Type 1 Cancer</b>][<b>Type 2 Cancer</b>][<b>Skin Cancer</b>] each will be in or out.</p> <p>This will be in or out.</p>

<p>for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid.] [The <b>Covered Person's</b>][<b>Your</b>] insurance must be in effect on the date of the evaluation for benefits to be payable under the <b>Policy</b>.]</p>	<p>This will be in or out.  This will be in or out.</p>
<p>[Stem Cell Indemnity Benefit: If a <b>Procedure</b> or <b>Diagnosis</b> of a covered <b>Critical Illness</b> for which a Benefit Amount is paid under the <b>Policy</b> requires <b>Stem Cell Therapy</b>, <b>We</b> will pay an additional lump sum benefit. The benefit is shown in the Schedule of Benefits as a percentage of the Benefit Amount paid for the <b>Critical Illness</b>.]</p>	<p>This will be in or out.</p>
<p>[Supplemental Benefit for High Deductible Health Plan: If [a <b>Covered Person</b> is][ <b>You</b> are] covered under a <b>High Deductible Health Plan</b> and [receives][receive] medical treatment for a <b>Critical Illness</b> for which benefits are otherwise payable under the <b>Policy</b>, <b>We</b> will pay the benefit shown in the Schedule of Benefits. This benefit is payable in addition to any other benefits payable under the <b>Policy</b>.</p> <p>For purposes of this benefit only, <b>High Deductible Health Plan</b> means a health plan that satisfies the requirements of Section 223 of the Internal Revenue Code with regard to minimum deductibles and out-of-pocket costs and issued in conjunction with a Health Savings Account.]</p>	<p>This will be in or out.</p>
<p>[Transportation Benefit: This benefit is available after the <b>Your</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months. If [a <b>Covered Person</b> is][<b>You</b> are] <b>Diagnosed</b> with a <b>Critical Illness</b> or has a <b>Procedure</b> for a <b>Critical Illness</b> recommended and requires treatment for the <b>Critical Illness</b> at an appropriately licensed treatment facility, <b>We</b> will pay the benefit shown in the Schedule of Benefits.</p> <p>This benefit is subject to the following:</p> <ol style="list-style-type: none"> <li>1. the treatment facility must be at least [100-1,000] miles from the [<b>Covered Person's</b>][<b>Your</b>] primary residence. Mileage is measured from the [<b>Covered Person's</b>][<b>Your</b>] primary residence to the appropriately licensed treatment facility;</li> <li>2. <b>You</b> must provide written proof that the treatment was received; and</li> <li>3. <b>You</b> must provide written proof that he or she drove to the treatment facility in a personal or borrowed vehicle.</li> </ol> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b>. [The <b>Covered Person's</b>][<b>Your</b>] insurance must be in effect on the date transportation is provided for benefits to be payable under the <b>Policy</b></p>	<p>This will be in or out. If in, [1 -12] consecutive months. The range will be as shown.</p> <p>[100 -1,000] miles. The range will be as shown.</p>
<p>[Waiver of Premium for <b>Total Disability</b>:</p> <p>Subject to all of the terms and conditions of the <b>Policy</b>, if:</p> <ol style="list-style-type: none"> <li>1. a Class I [or Class III] <b>You</b> become <b>Totally Disabled</b> while he or she is insured under the <b>Policy</b> prior to [the <b>Your</b> [50<sup>th</sup>-99<sup>th</sup> birthday]][reaching <b>Your</b> Social Security Normal Retirement Age (SSNRA)]; and</li> <li>2. <b>Total Disability</b> continues for [3, 6, 9, 12] continuous months while the <b>Your</b> covered under the <b>Policy</b>,</li> </ol>	<p>This will be in or out. If in, [or Class III] will be in or out.</p> <p>[50<sup>th</sup>-99<sup>th</sup> birthday] This will be in or out. If in, the range will be as shown. [reaching <b>Your</b> Social Security Normal Retirement Age (SSNRA)]. Will be in or out. [3, 6, 9, or 12] will be in or out.</p>

<p><b>We</b> will waive the premium requirements and no premium payment will be due for <b>Your</b> insurance to continue if he or she satisfies both of these requirements.</p> <p>[The Benefit Amount will be the Benefit Amount in effect as of the date <b>You</b> became <b>Totally Disabled</b>, subject to any age reductions listed Schedule of Benefits.]</p> <p>Premiums for <b>Dependents'</b> insurance coverage will not be waived. Once <b>You</b> are no longer considered <b>Totally Disabled</b>, he or she must pay the premium when due.</p> <p>Premium for <b>You</b> will be waived until the first to occur of:</p> <ol style="list-style-type: none"> <li>1. the date the <b>You</b> are no longer <b>Totally Disabled</b>;</li> <li>2. when premiums have been waived for [1 - 5] consecutive years; or</li> <li>3. the date the <b>You</b> attain age 65.</li> </ol> <p>Once the Waiver of Premium period has expired, premium is due if <b>You</b> are an <b>Eligible Person</b> and the <b>Policy</b> is in effect. If coverage would otherwise terminate for <b>You</b> under Section VI.B. Termination of Covered Person's Insurance, if <b>You</b> are on Waiver of Premium, such provision will not act to terminate his or her insurance except as described above.</p> <p>For purposes of this benefit only, the following additional definitions apply:</p> <p><b>Totally Disabled and Total Disability</b> means <b>You</b>, during a [3, 6, 9, 12] month period and thereafter because of a <b>Sickness</b> or <b>Injury</b>:</p> <ol style="list-style-type: none"> <li>1. is unable to perform the <b>Material and Substantial Duties</b> of any occupation for which he or she is or may become reasonably qualified by education, training, or experience; and</li> <li>2. is receiving <b>Regular Care</b> from a <b>Physician</b> for that <b>Sickness</b> or <b>Injury</b>.</li> </ol>	<p>This will be in or out.</p> <p>[1 -5] the range will be as shown.</p> <p>[3, 6, 9, or 12] will be in or out.</p>
<p>[Wellness Benefit</p> <p><b>We</b> will pay this benefit if <b>You</b> [or <b>Your</b> [<b>Spouse</b>]/[<b>Domestic Partner</b> has]] have one or more of the following screening tests performed [after the <b>Benefit Waiting Period</b> and] while coverage under this <b>Policy</b> is in force. <b>We</b> will pay the amount shown in the Schedule of Benefits</p> <p>[for each of the following screening tests [once in a <b>Plan</b> year].] Payment of this benefit will not reduce the Benefit Amount payable for a <b>Critical Illness</b>. This benefit is subject to the benefit maximum shown in the Schedule of Benefits for all covered tests for <b>You</b> [or <b>Your</b> [<b>Spouse</b>]/[<b>Domestic Partner</b>] in a <b>Plan</b> year.</p> <p>Screening tests include:</p> <ul style="list-style-type: none"> <li>• [Preventative services as defined by the Patient Protection Affordable Care Act as amended]</li> </ul>	<p>Will be in or out. If in, [or <b>Your</b> [<b>Spouse</b>]/[<b>Domestic Partner</b> has] will be in or out. If in, either [<b>Spouse</b>] or [<b>Domestic Partner</b>] will be in or out. [after the <b>Benefit Waiting Period</b> and] will be in or out.</p> <p>This will be in or out. If in, [once in a <b>Plan</b> year] will be in or out.</p> <p>This will be in or out.</p> <p>Combination of screening tests listed will be covered based on <b>Policyholder</b> selection</p>
<p>[SECTION XI – PORTABILITY PRIVILEGE</p>	<p>Included if selected by <b>Policyholder</b></p>
<p>PORTABILITY If <b>Your</b> coverage under the <b>Policy</b> terminates for any of the</p>	

reasons described below, he or she may continue (hereinafter "port") the insurance provided under this **Policy**. **You** must have been insured under the **Policy** [or the one it replaces] for group **Critical Illness** insurance coverage for at least [3-12 consecutive months] prior to the date his or her coverage under the **Policy** ends.

[The amount of insurance **You** can port is [subject to any Benefit Amount reductions based on his or her age; and] reduced by the amount of any Benefit Amount benefit paid by this **Policy**.]

[The amount of insurance **You** can port for each **Covered Dependent** is [subject to any Benefit Amount reductions based on his or her age; and] reduced by the amount of any Benefit Amount benefit paid by this **Policy** on behalf of each such **Dependent**].

**You** may port his or her group **Critical Illness** insurance coverage [and **Dependent** group **Critical Illness** Insurance coverage,] if coverage under the **Policy** ends because he or she is no longer in an Eligible Class.

**You** may port: . . .

2. [his or her coverage and coverage of his or her **Spouse** [/**Domestic Partner**];] . . .

**You** may not port his or her coverage [or coverage for any of his or her **Covered Dependents**] if:

1. coverage ends due to failure to pay any required premiums; or
2. he or she has reached age [65-99] on or before the date his or her coverage under the **Policy** ends;
3. if he or she reached the Per Person Lifetime Benefit Maximum Payout under the Group Critical Illness Policy; or
4. the **Policy** ends.

[**You** may not port coverage for any **Covered Dependents** who received a benefit under the Group Critical Illness Policy.]

No other combinations will be allowed. To be eligible to port, a **Dependent** must be covered under the **Policy** on the day the **Insured's** coverage under the **Policy** ends.

**You** must notify **Us** in writing of his or her request to continue coverage within [30-90] days of the date insurance would otherwise terminate and provide **Us** with a billing address. **We** will verify **Your** eligibility for ported coverage based on the reason for the termination with the **Policyholder**. After confirming **Your** eligibility to continue coverage, **We** will direct bill **You** for the premium due on a [monthly] [quarterly] [semiannually] [annually] basis.

The premium will be based on: (a) **You** [and/or **Dependent's**] rate class under this portability provision and (b) the **Your** [or **Your** surviving **Spouse** [or **Domestic Partner**]'s] age bracket. The premium due will be shown in the Group Critical Illness Portability Coverage Premium Notice.

Termination of Portability Coverage

[3-12 consecutive months]. The range will be as shown.

This will be in or out. If in, [subject to any Benefit Amount reductions based on his or her age; and] this will be in or out.

This will be in or out. If in, [subject to any Benefit Amount reductions based on his or her age; and] this will be in or out.

This will be in or out depending if **Dependents** are Eligible Class

Will be in or out.

Will be in or out depending if **Dependents** are Eligible Class.

[65-99] The range will be as shown.

This will be in or out.

[30-90] days. The range will be as shown.

Either [monthly], [quarterly] [semiannually] or [annually] will be in or out.

[and/or **Dependent's**] will be in or out.

<p>Insurance terminates for all <b>Covered Persons</b> at the end of the month on the last to occur of:</p> <ol style="list-style-type: none"> <li>1. [the <b>Policy</b> is terminated;]</li> <li>2. the date that <b>Your</b> coverage has been in effect for [3, 6, 9, 12, 18, 24, 36, 60, 120] consecutive months;</li> <li>3. <b>You</b> fails to pay the required premium due, subject to the <b>Grace Period</b>;</li> <li>4. <b>You</b> reaches age [65-99];</li> <li>5. the Per Person Lifetime Benefit Maximum Payout is paid to <b>You</b>.</li> </ol> <p>In addition, for a <b>Covered Person</b> other than <b>You</b>, his or her insurance terminates on the earliest of:</p> <ol style="list-style-type: none"> <li>1. the date Per Person Lifetime Benefit Maximum Payout is paid to the <b>Covered Person</b>; [or]</li> <li>2. the first premium due date after the person no longer qualifies as a <b>Covered Person</b>; [or][.]</li> <li>3. [for the covered <b>Spouse</b> [/<b>Domestic Partner</b>], the date the covered <b>Spouse</b> [/<b>Domestic Partner</b>] reaches age [65-99].]</li> </ol>	<p>Will be in or out.</p> <p>[3, 6, 9, 12, 18, 24, 36, 60, 120] will be in or out.</p> <p>[65-99] The range will be as shown.</p> <p>[or] will be in or out.</p> <p>[or] [.] will be in or out.</p> <p>This will be in or out. If in, [65-99] the range will be as shown.</p>
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**ENROLLMENT FORM U-GCI-103-A ARCW (05/12)**

[Master Policy Number:]	Insurance Company will provide.
<b>ELIGIBLE PERSON INFORMATION</b> – If you are not actively employed [full-time] at least [20] hours per week, do not complete this form, you are an ineligible person.	Full-time language included only if employee is determined to meet the requirements of full-time employment. [20] The range will be 15 -20.
<input type="checkbox"/> Domestic Partnership]	<b>Domestic Partnership</b> choice is in or out.
<b>SPOUSE [/DOMESTIC PARTNER] INFORMATION</b> (If enrollee is applying for <b>Dependent</b> coverage.)	<b>Domestic Partner</b> is in or out.
<b>CRITICAL ILLNESS INSURANCE REQUESTED</b> <input type="checkbox"/> Spouse [/Domestic Partner Only] <input type="checkbox"/> Dependent Child(ren) Only] <input type="checkbox"/> Spouse [/Domestic Partner] and Dependent Child(ren)]	<b>Domestic Partner</b> is in or out. <b>Dependent Child(ren)</b> is in or out. <b>Domestic Partner</b> and/or <b>Child(ren)</b> is in or out.
the [first of the month following the] [date defined under the Policyholder’s written procedures as on file and approved by us following the] date the <b>Eligible Person</b> meets all the eligibility and enrollment requirements; and	[first of the month following the] OR [date defined under the <b>Policyholder’s</b> written procedures as on file and approved by us following the]
for Benefits Amounts in excess of the Guaranteed Issue Amount, the Evidence of Insurability Form U-GCI-105-A CW (05/12) must be completed. The additional coverage will be effective on the [first of the month following the] [date defined under the Policyholder's written procedures as on file and approved by Us, following the] date <b>We</b> approve the <b>Eligible Person’s</b> evidence of insurability;	[first of the month following the] OR [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b> , following the]
[the <b>Eligible Person</b> must become an <b>Insured</b> under this <b>Plan</b> in order for insurance to be available for Eligible Dependents; and]	<b>Dependent</b> coverage is in or out.
[the Eligible Person must be <b>Actively at Work</b> on the date his or her coverage becomes effective.]	This will be included if Policyholder imposes an <b>Actively at Work</b>
<b>[AGENT INFORMATION</b> Name of Agent: Agent's State License Number: Agent's Signature: [Producer Number:            ]]	This information will be provided by the Insurance Company.

**ADMINISTRATIVE CHANGE ENDORSEMENT – U-GCI-104-A CW (05/12)**

<p>[This endorsement will be used to make the following types of administrative changes to the Group Critical Illness Insurance Policy/Certificate at the <b>Policyholder's</b> request:</p> <ol style="list-style-type: none"><li>1. <b>Policyholder's</b> Name or Address;</li><li>2. Addition or deletion of subsidiaries or affiliates of the <b>Policyholder</b>;</li><li>3. Changes to the class(es) of eligible persons;</li><li>4. Addition or deletion of Coverage(s);</li><li>5. Increase or decrease in Coverage Amount(s);</li><li>6. Addition or deletion of Benefit Riders;</li><li>7. Increase or decrease in Benefit Amount(s);</li><li>8. Renewal of the Policy; or</li><li>9. Amending previously chosen variability language.]</li></ol>	<p>This endorsement will be used to make administrative changes to the Group Critical Illness Policy at the <b>Policyholder's</b> request.</p>
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**EVIDENCE OF INSURABILITY FORM U-GCI-105-A CW (05/12)**  
**Used when there is medical underwriting**

[Master Policy Number:]	Insurance Company will provide.
Name of <b>Spouse[/Domestic Partner]</b> , if applicable:	<b>Domestic Partner</b> in or out.
<b>[Tier 1] SECTION B:</b> Complete questions 1 – [5] if applying for a benefit amount greater than the Guarantee Issue amount. These questions apply to the <b>Eligible Person, Spouse [/Domestic Partner]</b> and <b>Dependent Child(ren)</b> for whom coverage is being requested.	Tier 1 is illustrated for underwriting purposes and will be in or out. Question 2-5 will be included only if Insured is applying for a benefit amount greater than the Guarantee Issue amount.
<p>1. <b>[All]</b> Please confirm that you, or any <b>Eligible Person</b>, are performing all of the normal duties of your regular occupation or performing the normal activities of a person of like age and gender for the past 3 months; minor illnesses or injury for up to seven (7) days or routine pregnancy with no significant adverse test results for mother or child are considered normal.</p> <p>Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Spouse[/Domestic Partner]:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Child(ren):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Included if Insured is applying for a benefit amount greater than the Guarantee Issue amount. <b>Domestic Partner</b> is in or out.
2. <b>[Category 1 &amp; 3]</b> Have you or any <b>Eligible Person</b> :	Included only if <b>Policyholder</b> chooses category 1 or category 3 coverage and is for illustrative purposes.
3. <b>[Category 2]</b> In the past two (10) years, have you or any <b>Eligible Person</b> been:	Included only if <b>Policyholder</b> chooses category 2 coverage and is for illustrative purposes.
4. <b>[If Category 4 Included]</b> Have you or any <b>Eligible Person</b> been treated for, or been told by a member of the medical profession that he or she has: Diabetes; Glaucoma; Retinitis Pigmentosa; Macular Degenerations; Optic Neuritis, or intermittent or persistent Paralysis?	Included only if <b>Policyholder</b> chooses category 4 coverage and is for illustrative purposes.
5. <b>[If Category 5 Included]</b> Have you or any <b>Eligible Person</b> been treated for, or been told by a member of the medical profession that he or she has: <b>Addison’s Disease, Huntington’s Chorea, Muscular Dystrophy, Myasthenia Gravis, Lupus, Scleroderma, Sickle Cell Anemia</b> ; any neurological disease or disorder, including but not limited to <b>Parkinson’s Disease, Multiple Sclerosis, Amyotrophic Lateral Sclerosis (ALS); Alzheimer’s, Senility, Dementia or Organic Brain Disease</b> ?	Included only if <b>Policyholder</b> chooses category 5 coverage and is for illustrative purposes.
<b>[Tier 2] SECTION C:</b> Complete questions [6 – 10] if you are applying for a benefits amount greater than [\$50,000]. These questions apply to the <b>Eligible Person, Spouse[/Domestic Partner]</b> and <b>Dependent Child(ren)</b> for whom coverage is being requested.	Tier 2 is illustrated for underwriting purposes and will be in or out. Questions 6-10 will be included only if <b>Insured</b> is applying for benefits amount greater than \$0-\$5,000,000. <b>Domestic Partner</b> is in or out.
<p>6. Have you our any <b>Eligible Person</b> tested positive for HIV infection or been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex caused by the HIV infection?</p> <p>Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<b>Domestic Partner</b> is in or out.

<p>Spouse[/Domestic Partner]: <input type="checkbox"/> Yes <input type="checkbox"/> No  Child(ren): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>7. Are you or any <b>Eligible Person</b> now disabled, been seen by a physician or treated in a medical facility, including a doctor's office, in the past 6 months for illness or disease, other than flu, colds or normal pregnancy?</p> <p>Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Spouse[/Domestic Partner]:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Child(ren):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Domestic Partner</b> is in or out.</p>
<p>8. Have you or any <b>Eligible Person</b> ever had or received treatment, counseling or rehabilitation for any alcohol or substance abuse, dependence, intoxication, withdrawal or disorder?</p> <p>Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Spouse[/Domestic Partner]:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Child(ren): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Domestic Partner</b> is in or out.</p>
<p>9. Have two or more members of your or any <b>Eligible Person's</b> immediate family (natural parents, brothers or sisters, living or deceased) experienced the same condition: cancer (excluding skin cancer) diabetes, heart disease, stroke or <b>[If Category 5 Included] [Alzheimer's, Senility, Dementia or Organic Brain Disease]</b> prior to the age of sixty (60)?</p> <p>Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Spouse[/Domestic Partner]:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Child(ren):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Insured chooses category 5 coverage, <b>[Alzheimer's, Senility, Dementia or Organic Brain Disease]</b> will be included.</p> <p><b>Domestic Partner</b> is in our out.</p>
<p><b>[Tier 3] SECTION D:</b> Complete this section if you answered "yes" to questions 6 – 9.</p>	<p>Tier 3 is illustrated for underwriting purposes and will be in or out.</p>
<p>10. Have you or any <b>Eligible Person</b> been diagnosed with Diabetes that is not gestational or diet controlled?</p> <p>Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Spouse[/Domestic Partner]:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Child(ren): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Domestic Partner</b> is in or out.</p>
<p>11. Have you or any <b>Eligible Person</b> been diagnosed with Hypertension or High Blood Pressure that is controlled by more than two medications?</p> <p>12. Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Spouse[/Domestic Partner]:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Child(ren): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Domestic Partner</b> is in or out.</p>
<p><b>[AGENT INFORMATION]</b>  Name of Agent:  Agent's State License Number:  Agent's Signature:  [Producer Number:            ]]</p>	<p>Insurance Company will add based on agent used, if agent used.</p>

SERFF Tracking Number: ZURC-128492539 State: Arkansas  
 Filing Company: Zurich American Insurance Company State Tracking Number:  
 Company Tracking Number: CW AH 34661  
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness  
 Limited Benefit  
 Product Name: Group Critical Illness Policy  
 Project Name/Number: CW AH 34661 Group Critical Illness Policy /CW AH 34661

## 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)
06/20/2012	Form	Enrollment Form	07/08/2012	U-GCI-103-A CW Enrollment Form-(0512).pdf (Superseded)
06/20/2012	Supporting Document	Statement of Variables	07/08/2012	U-GCI-1000-A AR (05-12) Statement of Variables (0512).pdf (Superseded)



ZURICH®

# Enrollment Form

Group Critical Illness Insurance

Zurich American Insurance Company  
1400 American Lane  
Schaumburg, Illinois 60196

POLICYHOLDER INFORMATION	
Name of <b>Policyholder</b> :	[Master Policy Number:]

ELIGIBLE PERSON INFORMATION – If you are not actively employed [full-time ] at least [20] hours per week, do not complete this form, you are an ineligible person.			
Full Legal Name (First, Middle Initial and Last):		Last 4 Digits of SSN: XXX-XX-	
Street Address:	City:	State:	Zip Code:
Mailing Address (if different from above):	City:	State:	Zip Code:
Date of Birth (MM/DD/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married [ <input type="checkbox"/> Domestic Partnership]	
Email Address:	Home Phone: - -	Work Phone: - -	Cell Phone: - -

SPOUSE [/DOMESTIC PARTNER] INFORMATION (If enrollee is applying for <b>Dependent</b> coverage.)			
Full Legal Name (First, Middle Initial and Last):		Last 4 Digits of SSN: XXX-XX-	
Street Address (if different than Employee's):	City:	State:	Zip Code:
Date of Birth (MM/DD/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

DEPENDENT CHILD(REN) INFORMATION (If enrollee is applying for <b>Dependent</b> coverage)		
Full Legal Name (First, Middle Initial and Last):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):
Full Legal Name (First, Middle Initial and Last):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):
Full Legal Name (First, Middle Initial and Last):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):

CRITICAL ILLNESS INSURANCE REQUESTED	
<b>Plan Selected</b> (please check each box that applies):	<b>Benefit Amount Selected</b>
<input type="checkbox"/> <b>Eligible Person</b>	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> *\$30,000 <input type="checkbox"/> *\$40,000 <input type="checkbox"/> *\$50,000
<input type="checkbox"/> <b>Spouse [/Domestic Partner Only]</b>	<input type="checkbox"/> *\$10,000 <input type="checkbox"/> *\$20,000 <input type="checkbox"/> *\$30,000 <input type="checkbox"/> *\$40,000 <input type="checkbox"/> *\$50,000
<input type="checkbox"/> <b>Dependent Child(ren) Only]</b>	<input type="checkbox"/> *\$10,000 <input type="checkbox"/> *\$20,000 <input type="checkbox"/> *\$30,000 <input type="checkbox"/> *\$40,000 <input type="checkbox"/> *\$50,000
<input type="checkbox"/> <b>Spouse [/Domestic Partner] and Dependent Child(ren)]</b>	<input type="checkbox"/> *\$10,000 <input type="checkbox"/> *\$20,000 <input type="checkbox"/> *\$30,000 <input type="checkbox"/> *\$40,000 <input type="checkbox"/> *\$50,000
*Amounts above the Guarantee Issue are subject to Evidence of Insurability.	

<b>BENEFICIARY DESIGNATION</b>		
<b>Primary Beneficiary:</b>		
Full Legal Name (First, Middle Initial and Last):	Relationship:	% Share:
Full Legal Name (First, Middle Initial and Last):	Relationship:	% Share:
<b>Contingent Beneficiary:</b>		
Full Legal Name (First, Middle Initial and Last):	Relationship:	% Share:

<b>PREMIUM INFORMATION:</b>	
Premium: \$	Frequency of Payment: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
Method of Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Bank Draft <input type="checkbox"/> Direct Bill <input type="checkbox"/> Agency Bill The Enrollee, or if the Enrollee is a minor, the Enrollee's Parent or Legal Guardian, must complete a separate authorization form for a Credit Card or Bank Draft payment.	

**INSURANCE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

The undersigned hereby enrolls for Group Critical Illness Insurance and declares that all information provided in this enrollment form and any attachments hereto is true and accurate to the best of the undersigned's knowledge and belief. The undersigned understands that all information provided in this enrollment form and any attachments hereto is material to Zurich American Insurance Company's decision to provide this insurance, and that insurance will be provided, at Zurich American Insurance Company's sole discretion, in reliance upon the truth of such information. Signing of this enrollment form does not bind the undersigned or Zurich American Insurance Company. The undersigned understands that the insurance, if provided, requires contributions and authorizes payment via payroll deduction.

**It is hereby understood and agreed that:**

1. this insurance is provided by Zurich American Insurance Company in consideration of payment of the required premium; and
2. for Guaranteed Issue Benefit Amounts, this insurance is effective on the later of:
  - a. the **Policyholder's** Inception Date; or
  - b. the [first of the month following the] [date defined under the Policyholder's written procedures as on file and approved by us following the] date the **Eligible Person** meets all the eligibility and enrollment requirements; and
3. for Benefits Amounts in excess of the Guaranteed Issue Amount, the Evidence of Insurability Form U-GCI-105-A CW (05/12) must be completed. The additional coverage will be effective on the [first of the month following the] [date defined under the Policyholder's written procedures as on file and approved by Us, following the] date **We** approve the **Eligible Person's** evidence of insurability; and
4. no coverage is available for a **Pre-existing Condition** except as described in the Certificate of Insurance; and
5. [the **Eligible Person** must become an **Insured** under this **Plan** in order for insurance to be available for **Eligible Dependents**; and]
6. [the **Eligible Person** must be **Actively at Work** on the date his or her coverage becomes effective.]

Eligible Person Signature (may be electronic):

Date:

<b>[AGENT INFORMATION</b>	
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Name of Agent:	Agent's State License Number:
Agent's Signature:	[Producer Number:     ]]



ZURICH®

# Statement of Variables for Arkansas

Zurich American Insurance Company  
1400 American Lane  
Schaumburg, Illinois

## GROUP CRITICAL ILLNESS POLICY U-GCI-100-A AR et al.

NOTE: [Domestic Partner] Will always be in or out. Where an Insured only is covered, reference will be to [Insured] where Insured plus Dependents are covered, reference will be [Covered Person] for benefits and Insured for any incidents of ownership which would not apply to a Covered Dependent. If Dependents are eligible and covered, references to Dependents are included. If Dependents are not an Eligible Class, they are deleted from issued Policy form.

### GROUP CRITICAL ILLNESS POLICY – U-GCI-100-A AR (05/12)

#### Face Page

<p>[BENEFITS ARE REDUCED UPON ATTAINMENT OF SPECIFIED AGES.]</p> <p>[CONTRIBUTORY][NON-CONTRIBUTORY]</p>	<p>Included if there is a reduction schedule</p> <p>Either contributory if insured contributes any portion of premium or non-contributory if policyholder pays all premium</p>
<p style="text-align: center;"><b>IMPORTANT NOTICE</b></p> <p>The [Insured] [Covered Person] may call [XXX-XXX-XXXX] to present inquiries or to obtain information about coverage or if they need assistance in resolving any complaints. Or, the [Insured] [Covered Person] can write to Zurich American Insurance Company at their administrative offices at [XXXXXX].</p> <p>Should the [Insured] [Covered Person] wish to contact the Arkansas Insurance Department for assistance, they may do so by calling [1-800-852-5494]. Or, the [Insured] [Covered Person] may send written correspondence to the Arkansas Insurance Department at [1200 West Third Street, Little Rock, AR 72201-1904].</p>	<p>Company and State contact information may change. Therefore, current contact information will be inserted as necessary.</p>
<p><b>TABLE OF CONTENTS</b> [Section XI PORTABILITY PRIVILEGE]</p>	<p>Included if portability feature is offered.</p>

### SECTION I – SCHEDULE

<p><b>I. POLICYHOLDER:</b> [John Doe Corporation] [123 Main Street] [Anywhere, XX 10011]</p> <p>[COVERED SUBSIDIARIES OR AFFILIATED COMPANIES:]</p> <p><b>II. POLICY NUMBER:</b> [ABC-1234567]</p> <p><b>III. POLICY INCEPTION DATE:</b> [January 1, 2012]</p> <p><b>IV. POLICY PERIOD:</b> [Effective Date] to [Expiration Date]</p>	<p>Name of <b>Policyholder</b> will be inserted. Address of <b>Policyholder</b> will be inserted. City and State of <b>Policyholder</b> will be inserted.</p> <p>This will be either in or out.</p> <p><b>Policy</b> number of <b>Policy</b> will be inserted.</p> <p>Policy Inception Date will be inserted.</p> <p>Effective Date will be inserted. Expiration Date will be in-or-out. If in, the</p>
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<p style="text-align: center;">[Continuous]</p> <p><b>V. CONTRACT SITUS:</b> [ ]</p>	<p>Expiration Date will be inserted. Continuous will be in-or-out.</p> <p>State <b>Policy</b> is issued.</p>
<p><b>VI. ELIGIBILITY AND CLASSIFICATION OF INSURED:</b> [completion of the <b>[Service][Eligibility] Waiting Period</b> as indicated below, and]</p>	<p>This will be either in or out. <b>Service Waiting Period</b> included for classes where <b>Eligible Persons</b> are in <b>Active</b> work. <b>Eligibility Waiting Period</b> for Eligible Classes where persons are not in <b>Active</b> work with the <b>Policyholder</b>. If in, either <b>Eligibility</b> or <b>Service Waiting Period</b> will be decided by the <b>Policyholder</b>.</p>
<p>Class I: <b>[Active]</b> employees working a minimum of [15-40 hours] per week and includes [salaried employees of the <b>Policyholder</b>][hourly employees of the <b>Policyholder</b>].</p> <p>[Class [ II ]: [Members of the <b>Policyholder's</b> Board of Directors]</p> <p>[Class [ III ]: <b>[Active]</b> members of a labor union employed by the <b>Policyholder</b>]</p> <p>[Class [IV]: <b>[Spouse [/Domestic Partner]</b> of Class 1 [and] [,] [Class III] [and Class VI] <b>Eligible Persons</b> when such <b>Spouse[/Domestic Partner]</b> is under age [65-99]]</p> <p>[Class [ V ]: <b>[Retirees of the Policyholder]</b></p> <p>[Class [VI]: [As defined by the <b>Policyholder</b>]</p>	<p>This will be a variable of active full-time and/or active part-time; variable of salaried and/or hourly employees. Included if Board of Directors are Eligible Class per the <b>Policyholder</b>.</p> <p>Included if members of labor union are Eligible Class per the <b>Policyholder</b></p> <p>Included if spouses are Eligible Class per the <b>Policyholder</b> on stand alone basis. Classes will be reflective of other Eligible Classes selected by the <b>Policyholder</b></p> <p>Included if <b>Retirees</b> are Eligible Class per the <b>Policyholder</b>.</p> <p>As defined by <b>Policyholder</b> if no other defined class appropriate</p> <p>Numbers will be sequential for Classes I – VI based on classes selected by policyholder</p>
<p><b>[Eligible Dependent</b> means:</p> <p><b>[Dependent Child(ren)</b> of a Class I, [and Class III][,][and][Class IV] [and Class VI] <b>Eligible Persons</b> are eligible to become <b>Covered Persons</b> if a parent becomes an <b>Insured</b>.]</p> <p><b>[Spouse [/Domestic Partner]</b> of Class I [and Class III and Class VI] <b>Eligible Persons</b> are eligible to become <b>Covered Persons</b> if the <b>Eligible Person</b> becomes an <b>Insured</b>. Such <b>Spouse[/Domestic Partner]</b> must be under age [65-99].]</p>	<p>Included if <b>Dependents</b> are eligible</p> <p>Included if <b>Dependent Children</b> are eligible; references to classes [III][IV] and [VI] included if in Eligible Class.</p> <p>Included if <b>Spouse</b> and/or <b>Domestic Partner</b> eligible person; references to Classes [III] and [VI]</p>
<p><b>[SERVICE WAITING PERIOD FOR CLASS [[I, III, VI]:</b></p> <p>[1-365] days of <b>[Active][continuous]</b> service.]</p>	<p><b>Service Waiting Period</b> included if a <b>Service Waiting Period</b> is imposed on eligible person prior to enrollment. Will reflect covered classes.</p> <p>Range as shown; either <b>Active</b> service; continuous service, or <b>Active</b> continuous service</p>
<p><b>[ELIGIBILITY WAITING PERIOD FOR CLASS [[II, IV, V, VI]</b></p> <p>[1-365 days as an <b>Eligible Person</b>.]</p>	<p>For classes with employment status or service requirement, will impose <b>Eligibility Waiting Period</b> for those classes</p> <p>Range as shown.</p>
<p><b>REPORTING AND NOTICE ADDRESSES:</b></p> <p>Claim Reporting: [Claims Department Zurich American Insurance Company, [P.O. Box 968041, Schaumburg, IL. 60196]]</p>	<p>This is variable in the event there is a change in the Company's mailing address and telephone number.</p>

[1-877-287-4805]	
<b>SCHEDULE OF BENEFITS</b>	
<p>Covered <b>Critical Illnesses</b>: [Heart Attack] [Stroke] [Coronary Artery By-Pass Graft][Non-Surgical Procedure for Coronary Artery Disease][Ruptured Aneurysm] [Type 1 Cancer] [Type 2 Cancer] [Skin Cancer] [Benign Brain Tumor] [Major Organ Transplant] [Heart Transplant][End Stage Renal Failure] [Paralysis] [Coma] [Blindness Both Eyes] [Blindness One Eye] [Loss of Speech and/or Hearing] [Severe Burns] [Loss of Hands and Feet] [Advanced Alzheimer's] [Amyotrophic Lateral Sclerosis] [Parkinson's Disease][Addison's Disease] [Cerebrospinal Meningitis] [Diphtheria] [Encephalitis][Huntington's Chorea][Legionnaire's Disease][Malaria][Muscular Dystrophy][Myasthenia Gravis][Necrotizing Fasciitis][Occupational HIV] [Occupational Hepatitis] [Osteomyelitis] [Poliomyelitis] [Rabies][Sickle Cell Anemia][Systemic Lupus Erythematosus][Scleroderma][Tetanus][Tuberculosis][Loss of Ability to Perform Normal Activities of Daily Living] [Multiple Sclerosis] [Cerebral Palsy] [Cleft Lip or Cleft Palate] [Cystic Fibrosis] [Down Syndrome] [Spina Bifida].</p>	<p>The covered <b>Critical Illnesses</b> will be included. The conditions not covered will be deleted.</p>
<p><b>Benefit Waiting Period:</b> [0-30 days]</p>	<p>Included if <b>Benefit Waiting Period</b> imposed; Ranges will be as shown</p>
<p><b>Insured</b> Benefit Amount [including Guaranteed Issue Benefit Amount]: [\$1,000 - \$5,000,000] [Guaranteed Issue Benefit Amount for <b>You</b>: \$0 - \$5,000,000]</p> <p>[Covered <b>Spouse</b> [<b>Domestic Partner</b> ] Benefit Amount [including Guaranteed Issue Benefit Amount]: [[10%-100%] of <b>Insured's</b> Benefit Amount] or [\$0-\$5,000,000] [Guaranteed Issue Benefit Amount for [<b>Spouse</b> [<b>Domestic Partner</b> ]]: \$0-\$5,000,000]</p> <p>[<b>Covered Dependent Child(ren)</b> Benefit Amount [including Guaranteed Issue Benefit Amount]: [10%-100%] of <b>Insured's</b> Benefit Amount] or [\$1,000-\$5,000,000] [Guaranteed Issue Benefit Amount for Covered <b>Dependent Child(ren)</b>: \$0-\$5,000,000]</p> <p>[Per Category Maximum Payout: For each category of <b>Critical Illnesses</b>, we will pay a maximum of [100%-400%] per category]</p> <p>Per Person Lifetime Benefit Maximum Payout: [100%-500%] of the Benefit Amount for all occurrences combined for all <b>Critical Illnesses</b>.</p>	<p>Ranges will be as shown Guaranteed Issue either in or out. Included if Guaranteed Issued available</p> <p>Will be in or out depending if per category cap is imposed.</p>
<p>Categories [1, 2, 3, 4, 5,6]</p>	<p>Each Category of <b>Critical Illnesses</b> will be in or out depending on the selection of the <b>Policyholder</b>.</p>
<p>Percent of the Benefit Amount [0%-300%]</p>	<p>Range will be as shown; range available for all <b>Critical Illnesses</b></p>
<p>Example of how maximum benefits are calculated: <b>Insured</b> covered for all Category 1 and Category 5 <b>Critical</b></p>	

<p><b>Illnesses</b> and has program with Per Category Maximum and Lifetime Maximum. All benefits payable at 300% of Benefit Amount with 400% Category maximum and 500% Lifetime maximum*:</p> <p><b>Diagnosed with Stroke</b> – receives 300% of Benefit Amount.</p> <p>Suffers <b>Heart Attack</b> 12 months later which is in same category and the time period between first <b>Critical Illness Diagnosed (Stroke)</b> and “additional benefit” is satisfied. Benefit payable is only 100% of Benefit Amount as the cap is 400% within this category.</p> <p>12 months later, <b>Diagnosed with Parkinson’s</b> which is a new category. As the overall Lifetime Maximum is 500% and 400% has been paid, <b>Insured</b> will receive 100% of Benefit Amount.</p> <p>* Assumes that the Insured Person is not in age category for a benefit reduction. If over age [65-85], Benefit Amount payable reduced by percentages shown below.</p>													
<p>[Recurrence Benefits Maximum Number Percent of Benefit [0,1, 2] Percent of Benefit [0%-300%]</p>	<p>Included if recurrence benefit provided Ranges as shown</p>												
<p>[Reduction in Coverage – Age Reductions On the Premium Due Date on or next following the date an <b>Insured</b> attains age [65-85], his or her Benefit Amount will be reduced. The <b>Covered Dependent’s</b> Benefit Amount will be reduced on a pro rata basis when an <b>Insured’s</b> benefit amount is reduced. Reductions are based on the original Benefit Amount in effect for the <b>Insured</b>. [Benefit Amount reduces at certain ages by the following percentage:</p> <table border="0" data-bbox="243 1134 730 1499"> <thead> <tr> <th style="text-align: center;">Age at Date Diagnosis Made or Procedure Recommended Percent of Benefit Amount</th> <th style="text-align: center;">Percent of Benefit Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">[[65 - 69]</td> <td style="text-align: center;">[[1-99%]</td> </tr> <tr> <td style="text-align: center;">[70 - 74]</td> <td style="text-align: center;">[1-99%]</td> </tr> <tr> <td style="text-align: center;">[75 – 79]</td> <td style="text-align: center;">[1-99%]</td> </tr> <tr> <td style="text-align: center;">[80 – 84]</td> <td style="text-align: center;">[1-99%]</td> </tr> <tr> <td style="text-align: center;">[85 over]]</td> <td style="text-align: center;">[1-99%]]</td> </tr> </tbody> </table>	Age at Date Diagnosis Made or Procedure Recommended Percent of Benefit Amount	Percent of Benefit Amount	[[65 - 69]	[[1-99%]	[70 - 74]	[1-99%]	[75 – 79]	[1-99%]	[80 – 84]	[1-99%]	[85 over]]	[1-99%]]	<p>Reduction schedule included if there is reduction schedule. Deleted if not. Ranges as shown.</p>
Age at Date Diagnosis Made or Procedure Recommended Percent of Benefit Amount	Percent of Benefit Amount												
[[65 - 69]	[[1-99%]												
[70 - 74]	[1-99%]												
[75 – 79]	[1-99%]												
[80 – 84]	[1-99%]												
[85 over]]	[1-99%]]												
<p>Optional Benefits</p>	<p>Included if selected by the <b>Policyholder</b></p>												
<p>[<b>Bone Marrow Transplant</b> Benefit: [0-300%] of Benefit Amount paid for the <b>Critical Illness</b>.]</p>	<p>Ranges as shown.</p>												
<p>[*Evaluation Benefit: For one evaluation or consultation: [\$500-\$1,000] Additional Benefit if <b>Evaluation Center</b> more than 100 miles from the <b>Covered Person’s</b> [<b>Insured’s</b>] primary residence [\$100-\$500]]</p>	<p>Ranges as shown.</p>												
<p>[<b>Hospital</b> Cash Benefit: Daily <b>Hospital Confinement</b> Benefit: [\$30-\$5000] Maximum Benefit Period: [30-365] days]]</p>	<p>Ranges as shown.</p>												
<p><b>Lymphedema</b> Testing Benefit: [\$50-\$5000] per test with an overall benefit maximum of [\$50-\$5000] per [<b>Insured</b>][<b>Covered</b></p>	<p>Ranges as shown.</p>												

<b>Person] per Critical Illness]</b>	
<b>[Lodging Benefit:</b> Daily Lodging Benefit: [\$60-\$2500] Maximum Benefit Period: [1-180] consecutive days per <b>Outpatient Treatment Session]</b>	Ranges as shown.
<b>[*NCI Cancer Center Benefit:</b> Consultation Benefit [\$500-\$5,000] Additional Benefit if Evaluation Center is more than 100 miles from the <b>[Covered Person's] [Insured's]</b> primary residence [\$100-\$500]	Ranges as shown.
<b>[Stem Cell Therapy Indemnity Benefit:</b> [0-300%] of Benefit Amount paid for the <b>Critical Illness.</b>	Ranges as shown.
<b>[Transportation Benefit:</b> The greater of [\$.XX] or the current year's IRS mileage rate per mile for a maximum of [\$1,000 - \$2,500] per round trip <b>Plan</b> Year Maximum: [\$1,000 - \$10,000]	[\$.XX] will be in or out.  Ranges as shown. Ranges as shown.
<b>[Waiver of Premium Benefit:</b> [included] [not included] ] <b>[Wellness Benefit:</b> [\$50, \$100, \$150] per test with an overall benefit maximum of [\$50-\$5000] per <b>[Covered Person] [Insured]</b> per <b>Plan</b> year.]	Included if offered. Deleted if not  Test amounts of \$50, \$100 or \$150 will be available. Ranges as shown.
<b>[* If [a Covered Person] [an Insured] is covered for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid.]</b>	Included if applicable

<b>ELIGIBLE PERSON</b> To be eligible for coverage under the <b>Policy</b> , a person must:  1. be an <b>Eligible Person</b> as described in the Schedule ; and 2. satisfy the <b>[Service][Eligibility] Waiting Period</b> , if any.	<b>[Service] or [Eligibility] Waiting Period</b> , depending upon class of eligible person will be in or out.
<b>[ELIGIBILITY OF INSURED'S DEPENDENTS:</b> A <b>Spouse [/Domestic Partner]</b> will not be eligible as a <b>Dependent</b> if he or she is also a Class I[,] [Class II, Class III, Class V or Class VI] <b>Eligible Person</b> and enrolls for insurance under this <b>Policy</b> . Only one Class I [,] [Class II, Class III, Class V or Class VI] <b>Eligible Person</b> may select a <b>Plan</b> covering their mutual <b>Dependents</b> if both parents are in such Eligible Class.]	<b>ELIGIBILITY OF INSURED'S DEPENDENTS</b> will be either in or out. If in, A <b>Spouse</b> and/or <b>Domestic Partner</b> may be in an <b>Eligible Class</b> as an <b>Insured</b> or an <b>Eligible Class</b> as a <b>Dependent</b> . Language will reflect correct Class numbers.
<b>ENROLLMENT:</b> An <b>Eligible Person</b> may enroll for coverage under this <b>Policy</b> by making written or electronic application for such coverage on an enrollment form furnished or approved by <b>Us</b> . Coverage will not become effective until the <b>Eligible Person</b> has enrolled himself or herself [and his or her <b>Eligible Dependents</b> ], paid the required premium, if any, and provided satisfactory proof of insurability, if required, on a form or electronic application approved by <b>Us</b> .  Initial Enrollment: <b>Eligible Persons</b> should enroll themselves and their <b>Eligible Dependents</b> within [31 days] of the first to occur of: 1. the date first eligible as described in the Schedule; or 2. the date that the <b>[Service][Eligibility] Waiting Period</b> is satisfied if applicable to their eligibility Class.]  [Individuals who enroll after this time are considered late entrants.]	This will be in or out.  [31 days] The range will be [0-90 days]  <b>[Service] or [Eligibility] Waiting Period</b> , depending upon class of eligible person will be in or out  If permitted to enroll any time, references to late entrants will be deleted. If may enroll only with

<p>[Guaranteed Issue: <b>Eligible Persons</b> may enroll for up the Guaranteed Issue Benefit Amount without providing evidence of insurability. If an <b>Eligible Persons</b> enrolls for a Benefit Amount in excess of the Guaranteed Issue Benefit Amount, he or she must provide satisfactory evidence of insurability using a form or electronic application approved by <b>Us</b>.]</p> <p>[Open Enrollment: <b>Eligible Persons</b> may enroll themselves and their <b>Eligible Dependents</b> during an <b>Open Enrollment Period</b>, subject to providing satisfactory evidence of insurability on a form or electronic application approved by <b>Us</b>. Other changes including increases, decreases or terminations may also be restricted to <b>Open Enrollment Periods</b>.]</p> <p>[Late Entrants: <b>Eligible Persons</b> who do not enroll themselves or their <b>Eligible Dependents</b> within their Initial <b>Enrollment Period</b>, may not enroll until the next <b>Open Enrollment Period</b> unless there is a Change in Family Status, as described below.]</p> <p>Change in Family Status: An <b>Eligible Person</b> may enroll or an <b>Insured</b> may change his or her coverage if a change in family status occurs, provided written or electronic application to enroll is made within [31 days] of the events:</p> <ol style="list-style-type: none"> <li>1. marriage [or establishment of a <b>Domestic Partnership</b>];</li> <li>2. divorce or legal separation;</li> <li>3. birth or adoption of a child;</li> <li>4. death of a <b>Spouse</b> [/<b>Domestic Partner</b>] or <b>Dependent Child</b>; [or][.]</li> <li>5. [other changes as permitted by the <b>Policyholder</b>].</li> </ol>	<p>conditions (full medical evidence or during an annual or open enrollment period), included.</p> <p>This will be in or out depending if Guaranteed Issue is available.</p> <p>This will be in or out depending if open enrollment is available to the <b>Policyholder</b>.</p> <p>This will be in or out depending if Late Entrants may enroll with conditions, deleted if person may enroll any time</p> <p>[31-90 days] This will be in or out if <b>Domestic Partner</b> is eligible.</p> <p>This will be in or out depending if additional changes in family status are permitted;</p>
<p><b>[COVERED PERSON'S] [INSURED'S] EFFECTIVE DATE</b> For <b>Insured</b>:</p> <p>An <b>Eligible Person's</b> coverage begins on the later of the following dates, provided that any required premium is paid to <b>Us</b>:</p> <p>For Guaranteed Issue Benefit Amounts, the later of:</p> <ol style="list-style-type: none"> <li>1. the <b>Policyholder's</b> Inception Date as shown on the Schedule; or</li> <li>2. the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] date the <b>Eligible Person</b> meets all eligibility and enrollment requirements.</li> </ol> <p>[The Class I [or Class III] <b>Eligible Person</b> must be <b>Actively At Work</b> on the date his or her insurance becomes effective. (If the date that insurance was to go into effect is not a normally scheduled work day for him or her, he or she must have been <b>Actively at Work</b> on the last scheduled work day prior to the date insurance becomes effective under the <b>Policy</b>). If such Employee is not so <b>Actively at Work</b>, his or her insurance will be deferred until the date he or she is <b>Actively at Work</b>. [The Class II <b>Eligible Person</b> must be on the Board of Directors for the <b>Policyholder</b> on the date his or her insurance becomes effective.] [The Class IV <b>Eligible Person</b> must not be hospital confined on the date his or her insurance would otherwise become effective. If he or she is hospital confined, such insurance will be deferred until the date he or she is no longer confined.]</p>	<p>[first of the month following the] OR [date defined under the <b>Policyholder's</b> written procedures as on file and approved by Us, following the] will be in or out.</p> <p>Deferred Effective Date language for employee/labor union member included or deleted based on <b>Policyholder</b> specifications. Deferred Effective Date language based on hospital confinement for other non-working classes included or deleted based on <b>Policyholder</b> specifications.</p>

<p>For Benefits Amounts in excess of the Guaranteed Issue Amount, the additional coverage will be effective on the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] date <b>We</b> approve the <b>Eligible Person's</b> evidence of insurability, subject to payment of the premium due.</p>	<p>[first of the month following the] will be in or out.  [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>US</b>, following the] will be in or out.</p>
<p>[For an <b>Insured's Covered Dependents</b>:</p> <p>For Guaranteed Issue Benefit Amounts, the later of:</p> <ol style="list-style-type: none"> <li>1. the <b>Policyholder's</b> Effective Date, shown on the <b>Certificate</b> Schedule; or</li> <li>2. [first of the month following the] [date defined under the Policyholder's written procedures as on file and approved by Us, following the] date an <b>Insured's</b> insurance becomes effective, subject to payment of premium when due.</li> </ol> <p>[The <b>Dependent</b> must not be hospital confined on the date his or her insurance would otherwise become effective. If he or she is hospital confined, such insurance will be deferred until the date he or she is no longer confined.]</p> <p>For <b>Eligible Dependents</b> acquired after an <b>Insured's</b> Effective Date of coverage, by reason of marriage, [Domestic Partnership,] birth or adoption coverage is effective [[30] days after][on] [the date such dependent was acquired.][the date specified by the <b>Policyholder</b>.]</p>	<p>[first of the month following the] – will be in or out [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] will be in or out</p> <p>This will be in or out.</p> <p>[[30] days after] The range will be 0 -60. [on] will be in or out. [the date such dependent was acquired.] will be in or out. [the date specified by the <b>Policyholder</b>.] will be in or out.</p>
<p>[Benefit Changes:</p> <p>Increases in the Benefit Amount are effective on the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] ]</p>	<p>Benefit Changes will be in or out. If in,  [first of the month following the] will be in or out. [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] will be in or out.</p>

**SECTION III – DEFINITIONS**

<p>[<b>Accident</b> or <b>Accidental</b> means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place during the <b>Policy</b> term.]</p>	<p>This will be in or out.</p>
<p>[<b>Active</b> and <b>Actively at Work</b> describes an employee of the <b>Policyholder</b> who is able and available for active performance of all of his or her regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered <b>Actively at Work</b> provided the employee is able and available for active performance of all of his or her regular duties and was working the day immediately prior to the date of his or her absence. [<b>Active</b> also includes member of a labor union who is able and available for active performance of all of his or her regular duties with the <b>Policyholder</b>.]</p>	<p>This will be in or out. If in,  This will be in or out depending if member is eligible</p>
<p>[<b>Addison's Disease</b> means is a rare, chronic endocrine disorder in a [<b>Covered Person</b>] [<b>Insured</b>] where the adrenal gland does not produce sufficient steroid hormones, as Diagnosed by a <b>Physician</b> who is a board certified endocrinologist. [This does not include</p>	<p>This will be in or out. If in,</p>

adrenal insufficiency resulting from prolonged corticosteroid treatment.]]	This will be in or out.
[ <b>Advanced Alzheimer’s Disease</b> means the <b>Diagnosis</b> , by a <b>Physician</b> who is board certified as a neurologist, of advanced Alzheimer’s Disease. The [ <b>Covered Person</b> ] [ <b>Insured</b> ] must exhibit loss of intellectual capacity involving impairment of memory and judgment as measured by clinical evidence and standardized testing that has persisted for a period of at least [120] consecutive days. It must result in significant reduction in mental and social functioning such that the [ <b>Covered Person</b> ] [ <b>Insured</b> ] requires <b>Substantial Assistance</b> in performing at least [two][three][four] of the six <b>Normal Activities of Daily Living</b> . No other dementing brain disorders or psychiatric illnesses shall meet the definition of <b>Advanced Alzheimer’s Disease</b> , nor will they be considered a <b>Critical Illness</b> .]	This will be in or out. If in,  The range will be 90 -180  Either [two] [three] or [four] will be in or out.
[ <b>Amyotrophic Lateral Sclerosis</b> means a neurological disease affecting the nerve cells in the brain and spinal cord of a [ <b>Covered Person</b> ] [ <b>Insured</b> ]that control voluntary muscle movement resulting in permanent clinical impairment of motor function as <b>Diagnosed</b> by a <b>Physician</b> who is a board-certified neurologist.]  <b>Benefit Waiting Period</b> means the number of consecutive days shown in the Schedule of Benefits immediately following each [ <b>Covered Person’s</b> ] [ <b>Insured’s</b> ] Effective Date of insurance [or request for an increase in coverage].	This will be in or out. If in,  [or request for an increase in coverage] will be in or out depending if benefit changes are permitted.
[ <b>Blindness</b> means the clinically proven irreversible reduction of sight [due to [an Accident] [or] [Sickness] to [both eyes][either eye] that has persisted for a period of at least [3-180] consecutive days. Sight must be reduced to a corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (Snellen or E-Chart Acuity) or visual field restriction to 20° or less in [both eyes][either eye]. <b>Blindness</b> does not include: 1. partial restoration of sight, if in general medical opinion any <b>Procedure</b> , device, or implant that could result in partial or total restoration of sight; 2. reduction of sight in any [ <b>Covered Person</b> ][ <b>Insured</b> ] who has not attained Age [2][3][4][5] on the Date of <b>Diagnosis</b> ; 3. reduction of sight in [a <b>Covered Person</b> ][an <b>Insured</b> ] as defined herein if the reduction of sight occurred prior to the Effective Date of the [ <b>Covered Person’s</b> ][ <b>Insured’s</b> ] coverage..]	This will be in or out. If in’ [due to [an Accident] [or] [Sickness] will be in or out. [both eyes] will be in or out. [either eye] will be in or out. [3-180] ranges will be as shown.  Either [2][3][4] or [5] will be in or out.
[ <b>Benign Brain Tumor</b> means an intracranial solid neoplasm [of at least one (1) centimeter in size] within the brain of a [ <b>Covered Person</b> ] [ <b>Insured</b> ] that is non-cancerous. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b> . [ <b>Benign Brain Tumor</b> [This does not include cysts, granulomas, angiomas, meningiomas, malformations of the intracranial arteries or veins, or tumors of the cranial nerves, pituitary gland or spinal cord.]]	This will be in or out. If in, This will be in or out.  This will be in or out.
[ <b>Bone Marrow Transplant</b> means a <b>Procedure</b> recommended by a <b>Physician</b> who is board certified to replace damaged or destroyed bone marrow with healthy bone marrow stem cells. It must be required due to clinical evidence of the bone marrow’s irreversible damage which requires that the damaged or destroyed bone marrow be replaced with bone marrow from a suitable donor. <b>Bone Marrow Transplant</b> includes autologous (self to self) and	This will be in or out.

allogeneic (person to person) transplants.]	
[ <b>Cerebral Palsy</b> means a non-progressive, non-contagious motor conditions that cause physical disability in [a <b>Covered Person's</b> ][an <b>Insured's</b> ] development, chiefly in the area of body movement as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make a <b>Diagnosis of Cerebral Palsy.</b> ]	This will be in or out.
[ <b>Cerebrospinal Meningitis</b> means a potentially life-threatening [bacterial][viral] inflammation of the protective membranes covering the brain and spinal cord of a [ <b>Covered Person</b> ] [ <b>Insured</b> ] as <b>Diagnosed</b> by a <b>Physician</b> who is a board certified neurologist. [ <b>Cerebrospinal Meningitis</b> does not include meningitis resulting from a viral infection or other non-bacterial forms of meningitis.]]	This will be in or out. If in, [bacterial][viral] each will be in or out.  This will be in or out.
[ <b>Cleft Lip</b> and <b>Cleft Palate</b> means a type of clefting congenital deformity caused by abnormal facial development of a [ <b>Covered Person</b> ] [ <b>Insured</b> ] during gestation. The <b>Diagnosis</b> must be made and <b>Procedure</b> for correction recommended by a <b>Physician</b> board certified to make such <b>Diagnosis</b> and recommendation.]	This will be in or out.
[ <b>Clinical Diagnosis of Type 1 Cancer</b> means a <b>Diagnosis of Type 1 Cancer</b> based on the study of symptoms and diagnostic test results. <b>We</b> will accept a <b>Clinical Diagnosis of Type 1 Cancer</b> only if the following conditions are met: 1. a <b>Pathological Diagnosis</b> cannot be made because it is medically inappropriate or life threatening; 2. there is medical evidence to support the <b>Diagnosis</b> ; and 3. a <b>Physician</b> is treating the [ <b>Covered Person</b> ] [ <b>Insured</b> ] for <b>Type 1 Cancer.</b> ]	This will be in or out
[ <b>Coma</b> means a profound state of unconsciousness due to <b>Accident</b> [or sickness] from which one cannot be aroused to consciousness, even by powerful stimulation, as determined by a <b>Physician</b> . [The <b>Covered Person</b> ] [An <b>Insured</b> ] must be confined in a medical facility during a <b>Coma</b> , [and] remain in a <b>Coma</b> for [7-180] consecutive days, [and require life support measures to sustain life].]	This will be in or out. If in, [or sickness] will be in or out.  [and] will be in or out. [7- 180] the range will be as shown. [and require life support measures to sustain life] will be in or out.
[ <b>Contributory</b> means that the premium payments require that the <b>Insured</b> pays all or a portion of the premium.]	This will be in or out depending upon whether insured contributes to insurance.
[ <b>Coronary Artery By-Pass Graft</b> means a major heart surgery for a [ <b>Covered Person</b> ] [ <b>Insured</b> ] requiring median sternotomy (division of the breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts. The surgery must be recommended by a <b>Physician</b> who is a board certified cardiologist. <b>Coronary Artery Bypass Graft</b> does not include non-surgical techniques such as balloon angioplasty, laser embolectomy or other non-bypass techniques; minimally invasive endoscopic or keyhole heart surgery, stent <b>Procedures</b> , and atherectomy.]	This will be in or out.
<b>Covered Loss</b> means [a <b>Diagnosis</b> is made for a <b>Critical Illness</b> ], [a <b>Procedure</b> for a <b>Critical Illness</b> is recommended,] [a wellness screening test is performed][or ][another benefit covered under the <b>Policy.</b> ] for which benefits are payable under this <b>Policy.</b>	[a <b>Diagnosis</b> is made for a <b>Critical Illness</b> ] will be in or out.  [a <b>Procedure</b> for a <b>Critical Illness</b> is recommended,] will be in or out.  [a wellness screening test is performed] will be in or out.  [or ] will be in or out.

	[another benefit covered under the <b>Policy</b> .] will be in or out.
<b>Covered Person</b> means any person who has insurance under the terms of this <b>Policy</b> . It includes the <b>Insured</b> .[.] [and his or her <b>Spouse</b> [/ <b>Domestic Partner</b> ] and/or <b>Dependent Child(ren)</b> if a <b>Plan</b> covering the <b>Spouse</b> [/ <b>Domestic Partner</b> ] and/or <b>Dependent Child(ren)</b> is selected.	[.] [and his or her <b>Spouse</b> [/ <b>Domestic Partner</b> ] will be in or out.
<b>Critical Illness</b> means [Heart Attack] [Stroke] [Coronary Artery By-Pass Graft][Non-Surgical Procedure for Coronary Artery Disease][Ruptured Aneurysm] [Type 1 Cancer] [Type 2 Cancer] [Skin Cancer] [Benign Brain Tumor] [Major Organ Transplant] [Heart Transplant][End Stage Renal Failure] [Paralysis] [Coma] [Blindness Both Eyes] [Blindness One Eye] [Loss of Speech and/or Hearing] [Severe Burns] [Loss of Hands and Feet] [Advanced Alzheimer's] [Amyotrophic Lateral Sclerosis] [Parkinson's Disease][Addison's Disease] [Cerebrospinal Meningitis] [Diphtheria] [Encephalitis][Huntington's Chorea][Legionnaire's Disease][Malaria][Muscular Dystrophy][Myasthenia Gravis][Necrotizing Fasciitis][Occupational HIV] [Occupational Hepatitis] [Osteomyelitis] [Poliomyelitis] [Rabies][Sickle Cell Anemia][Systemic Lupus Erythematosis] [Scleroderma][Tetanus][Tuberculosis][Loss of Ability to Perform Normal Activities of Daily Living] [Multiple Sclerosis] [Cerebral Palsy] [Cleft Lip or Cleft Palate] [Cystic Fibrosis] [Down Syndrome] [Spina Bifida].	Some combination of these illnesses as selected by the <b>Policyholder</b> will be in or out.
[ <b>Cystic Fibrosis</b> means a life-threatening multi-system genetic disease that causes severe lung damage and nutritional deficiencies. It must be <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b> .]	This will be in or out.
[ <b>Dependent</b> means the <b>Insured's</b> [Spouse[/ <b>Domestic Partner</b> ]] [and <b>Dependent Child(ren)</b> ].]	This will be in or out. If in, [ <b>Spouse</b> [/ <b>Domestic Partner</b> ]] [and <b>Dependent Child(ren)</b> will be in or out.  [and <b>Dependent Child(ren)</b> ] will be in or out
[ <b>Dependent Child(ren)</b> means those unmarried child(ren) of the <b>Insured</b> , [and] [those unmarried child(ren) of his or her <b>Spouse</b> [/ <b>Domestic Partner</b> ]] [as defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b> .] [a person who qualifies as a <b>Dependent Child(ren)</b> under the law of the state of residence.] [as defined in the <b>Policyholder's</b> [medical] plan as on file and approved by <b>Us</b> ] who rely on the <b>Insured</b> for [more than 50% of] their support, and are either: 1) less than [19 (nineteen)] years of age; 2) less than [26 (twenty-six)] years of age and enrolled on a full-time basis in a college, university, or trade school, or who satisfy neither 1) nor 2), but who prior to his or her termination of coverage became incapable of self-sustaining employment by reason of mental or physical handicap. [The <b>Dependent Child(ren)</b> will only be <b>Covered Dependents</b> if a <b>Plan</b> covering <b>Dependents</b> is selected.]]	Will be in or out. If in, [and] will be in or out. [those unmarried child(ren) of his or her <b>Spouse</b> [/ <b>Domestic Partner</b> ]] will be in or out. [as defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b> .] will be in or out.  [a person who qualifies as a <b>Dependent Child(ren)</b> under the law of the state of residence.] will be in or out. [as defined in the <b>Policyholder's</b> [medical] plan as on file and approved by <b>Us</b> ] will be in or out. If in, [medical] will be in or out. [more than 50% of] will be in or out [26 (twenty-six)] as selected by the <b>Policyholder</b> subject to state law  [The <b>Dependent Child(ren)</b> will only be <b>Covered Dependents</b> if a <b>Plan</b> covering <b>Dependents</b> is selected.]] will be in or out
[ <b>Diagnosis</b> or <b>Diagnosed</b> means the definitive establishment of	This will be in or out. If in,

<p>the <b>Critical Illness</b>, as defined herein, using clinical and/or laboratory findings. The <b>Diagnosis</b> must be made by a <b>Physician</b> who is a board certified specialist and qualified to make the <b>Diagnosis</b>. With respect to [ <b>Major Organ Transplant</b>] [<b>Coronary Artery By-Pass Surgery</b>], <b>Diagnosis</b> requires a <b>Physician's</b> recommendation that [the <b>Covered Person</b>] [the <b>Insured</b>] undergoes such <b>Procedure</b>. The <b>Diagnosis</b> must be made while the [ <b>Covered Person</b>] [ <b>Insured</b>] is alive.]</p>	<p>[<b>Major Organ Transplant</b>] This will be in or out. [<b>Coronary Artery By-Pass Surgery</b>] This will be in or out.</p> <p>This will be in or out.</p>
<p>[<b>Diphtheria</b> means an upper respiratory tract illness and an adherent membrane on the tonsils, pharynx, and/or nasal cavity caused by <i>Corynebacterium diphtheriae</i> as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Domestic Partner</b> means [a person who qualifies as a <b>Domestic Partner</b> under the <b>Policyholder's</b> written <b>Procedures</b> as on file and approved by <b>Us</b>.] [a person who qualifies as a <b>Domestic Partner</b> under the law of the state of residence.] [as defined in the <b>Policyholder's</b> [medical] plan as on file and approved by <b>Us</b>.] To qualify as a <b>Domestic Partner</b> , the following requirements must be met:</p> <ol style="list-style-type: none"> <li>1. [the <b>Insured</b> and the <b>Domestic Partner</b> must have an intimate, committed relationship of mutual caring, and have agreed to be responsible for each other's welfare;]</li> <li>2. [the <b>Insured</b> and the <b>Domestic Partner</b> must have lived together in such a relationship for a period of not less than six (6) consecutive months at the same residence address;]</li> <li>3. [the <b>Insured</b> and the <b>Domestic Partner</b> must both be at least eighteen (18) years of age;]</li> <li>4. [neither the <b>Insured</b> nor the <b>Domestic Partner</b> are legally married;]</li> <li>5. [the <b>Insured</b> and the <b>Domestic Partner</b> are not <b>Related</b> by blood or adoption;]</li> <li>6. [the <b>Insured</b> and the <b>Domestic Partner</b> are each other's sole <b>Domestic Partner</b> and intend to remain so indefinitely;] [and]</li> <li>7. [the <b>Insured</b> and the <b>Domestic Partner</b> must be of the same sex, and if applicable law permitted, would be married.]</li> </ol> <p>The existence of the relationship between the <b>Domestic Partner</b> and the <b>Insured</b> must be evidenced by:</p> <ol style="list-style-type: none"> <li>1. [the <b>Domestic Partner</b> being named as the primary beneficiary in the event of the <b>Insured's</b> death under the <b>Insured's</b> retirement plan or 401(k) plan, if the <b>Insured</b> maintains such a plan;]</li> <li>2. [at least one of the following: <ol style="list-style-type: none"> <li>a. designation of the <b>Domestic Partner</b> as a primary beneficiary under the <b>Insured's</b> will; or</li> <li>b. designation of the <b>Domestic Partner</b> as a primary beneficiary for the <b>Insured's</b> life insurance;]</li> </ol> </li> <li>3. [at least one of the following: <ol style="list-style-type: none"> <li>a. joint ownership of real estate (whether by mortgage, lease or deed);</li> <li>b. joint ownership of a motor vehicle; or</li> <li>c. joint ownership of a bank account;] [and]</li> </ol> </li> <li>4. [a completed, active certification of <b>Domestic Partner</b> status form on file with the <b>Policyholder</b>.]</li> </ol> <p>To be a covered <b>Domestic Partner</b>, the <b>Insured</b> will not have completed a Termination of <b>Domestic Partner</b> status form with respect to the <b>Domestic Partner</b> who is to be covered under the</p>	<p>This definition and all bracketed portions of the definition will be in or out.</p>

<b>Policy.]</b>	
[ <b>Down syndrome</b> means a genetic disorder that causes lifelong mental retardation, developmental delays and other problem as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis.</b> ]	This will be in or out.
[ <b>Eligibility Waiting Period</b> means the [continuous] length of time an <b>Eligible Person</b> is in an Eligible Class with the <b>Policyholder</b> before eligible for coverage.]	This will be in or out depending if non-active working persons are eligible. If in, [continuous] will be in or out.
[ <b>Encephalitis</b> means a [bacterial][viral] acute inflammation of the brain resulting in permanent neurological damage, as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis.</b> This does not include encephalitis resulting from in the presence of any human immuno-deficiency virus (HIV) infection or other ancillary infections resulting from the HIV infection.]	This will be in or out. If in, [bacterial][viral] will be in or out.
[ <b>End Stage Renal Failure</b> means chronic irreversible failure of both kidneys to function, as a result of which either regular renal or peritoneal dialysis is started or scheduled to occur on a weekly or biweekly basis unless the <b>Covered Person</b> is too ill to receive dialysis, or renal transplant is performed. The <b>Diagnosis</b> must be made by a <b>Physician</b> who is a board-certified nephrologist.] The Covered Loss will be deemed to have occurred on the date the [ <b>Covered Person</b> ][ <b>Insured</b> ] is listed on the United Network for Organ Sharing (UNOS) .]	This will be in or out.
[ <b>First Occurrence</b> means, subject to any <b>Pre-existing Condition</b> limitation period, the first time that a <b>Diagnosis</b> is made or a <b>Procedure</b> is recommended for a <b>Critical Illness</b> [in [a <b>Covered Person's</b> ][an <b>Insured's</b> ] lifetime ] [while [the <b>Covered Person</b> ][an <b>Insured</b> ] is covered under the <b>Policy</b> ]. A <b>Diagnosis</b> made or <b>Procedure</b> recommended for a <b>Critical Illness</b> after satisfaction of the <b>Pre-existing Condition</b> limitation period is considered a <b>First Occurrence</b> .	This will be in or out. If in, [while [the <b>Covered Person</b> ][an <b>Insured</b> ] is covered under the <b>Policy</b> ]. Will be in or out.
[ <b>Heart Attack (Myocardial Infarction)</b> means ischemic death of a portion of the heart muscle due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. This does not include a <b>Heart Attack</b> that occurs during a [heart related] medical procedure. The <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified cardiologist based on both: <ol style="list-style-type: none"> <li>1. new clinical presentation and electrocardiographic changes consistent with an evolving <b>Heart Attack</b>; and</li> <li>2. serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a <b>Diagnosis of Heart Attack.</b>]</li> </ol>	This will be in or out.
[ <b>Heart Transplant</b> means the transplantation of the heart from a patient who has died and whose heart was intact and capable of functioning in the recipient [the <b>Covered Person</b> ] [an <b>Insured</b> ]. The transplanted heart must come from a human. The <b>Heart Transplant</b> must be required due to clinical evidence of the heart's irreversible failure which requires that the malfunctioning heart of [the <b>Covered Person</b> ] [an <b>Insured</b> ] be replaced with a heart from a suitable human donor. [The Covered Loss will be deemed to have occurred on the date the [ <b>Covered Person</b> ][ <b>Insured</b> ] is listed on the United Network for Organ Sharing (UNOS) .]]	This will be in or out. If in,  This will be in or out.
[ <b>Huntington's Disease</b> means a neurodegenerative genetic disease that affects muscle coordination and leads to cognitive decline and dementia as <b>Diagnosed</b> by a <b>Physician</b> who is a	This will be in or out.

board certified neurologist ]	
<b>Insured</b> means a Class I, [Class II, Class III, Class IV, Class V, [or][and] Class VI] individual who is eligible for coverage under this <b>Policy</b> as provided in the Eligibility and Classification of <b>Insureds</b> part of the Schedule of Benefits, and who completes the enrollment material, if required.	This will be in or out. If in, [or] [and] will be either in or out.
[ <b>Legionnaire’s Disease</b> means a lung infection (pneumonia) caused by Legionella bacteria, and is <b>Diagnosed</b> through the discovery of such bacteria in the [ <b>Covered Person’s</b> ] [ <b>Insured’s</b> ] body. The <b>Diagnosis</b> must be made by a <b>Physician</b> qualified to make such <b>Diagnoses</b> , and must be supported by specialized laboratory tests searching for the Legionella bacteria, involving culture of the [ <b>Covered Person’s</b> ] [ <b>Insured’s</b> ] sputum, lung biopsy specimen, or respiratory secretions; and/or detecting the organism in urine. In order to make a claim, a finding of both pneumonia and the Legionella bacteria must be made by the <b>Physician</b> and there must be a community outbreak of Legionnaire’s disease for [2-10] unrelated persons as verified by the Centers for Disease Control for that local geographical area.]	This will be in or out. If in,  [2-10] The ranges will be as shown.
<b>Loss of Hands and Feet</b> means that due to an <b>Accident</b> [or sickness] a [ <b>Covered Person</b> ][ <b>Insured</b> ] sustains permanent physical severance of any combination of two or more limbs at or proximal to (above) the wrist or ankle joints. The loss of two or more limbs does not have to occur at the same time or due to the same cause, but the loss of each limb must occur while the person is a <b>Covered Person</b> .]	This will be in or out.
[ <b>Loss of Speech and/or Hearing</b> means that due to an Accident [or sickness] a [ <b>Covered Person</b> ] [ <b>Insured</b> ] is <b>Diagnosed</b> by a <b>Physician</b> to have suffered a total and irreversible loss of speech and/or total and permanent loss of hearing in both ears with an auditory threshold of more than ninety (90) decibels in each ear, for a minimum of [12 - 36] months. <b>Loss of Speech and/or Hearing</b> may not be the result of another covered <b>Critical Illness</b> or other Benefit.]) ]	This will be in or out. If in, [or sickness] will be in or out.  [twelve (12 – 36) ranges will be as shown.
[ <b>Loss of Ability to Perform Normal Activities of Daily Living</b> means that a [ <b>Covered Person</b> ] [ <b>Insured</b> ] is unable due to a sickness or injury to perform at least [two, three] <b>Normal Activities of Daily Living</b> . Such inability must be confirmed by a <b>Physician</b> qualified to make this determination. In the event this benefit is triggered by another covered benefit, <b>We</b> will only pay this benefit only once.]	This will be in or out. If in,  [two, three] This will be in or out.
[ <b>Lymphedema</b> means a condition, also known as lymphatic obstruction, of localized fluid retention and tissue swelling caused by a compromised lymphatic system that is <b>Diagnosed</b> as such by a <b>Physician</b> who is board certified to make this <b>Diagnosis</b> .]	This will be in or out.
[ <b>Major Organ Transplant</b> means human to human organ transplant from a donor to [the <b>Covered Person</b> ] [an <b>Insured</b> ] of transplant of an entire[ liver], [lung,][small intestine][kidney] or [pancreas] that is required due to clinical evidence of a major organ’s irreversible failure which requires that the malfunctioning organ or tissue of the [ <b>Covered Person</b> ] [ <b>Insured</b> ] be replaced with an organ or tissue from a suitable human donor, excluding the [ <b>Covered Person</b> ][ <b>Insured</b> ]. [The <b>Covered Loss</b> will be deemed to have occurred on the date the [ <b>Covered Person</b> ][ <b>Insured</b> ] is listed on the United Network for Organ Sharing (UNOS)]	This will be in or out. If in,  [liver], [lung,][small intestine][kidney] or [pancreas] each will be in or out as selected by the <b>Policyholder</b> .  This will be in or out.

<p><b>[Major Organ Transplant</b> does not include an organ transplant involving organs other than an entire kidney, liver, small intestine, lung, or pancreas;</p> <ol style="list-style-type: none"> <li>1. involving transplants of parts of organs, tissues or cells;</li> <li>2. involving organs transplanted from the same <b>[Covered Person][Insured]</b>;</li> <li>3. involving organs received from non-human donors;</li> <li>4. involving implantation of mechanical devices or mechanical organs; or</li> <li>5. involving islet cell transplant.</li> </ol>	<p>This will be in or out.</p>
<p><b>[Malaria</b> means a mosquito-borne infectious disease resulting from infection from one of the five species of the genus Plasmodium; [falciparum,] [knowlesi] [malariae] [vivax,] [ovale] and <b>Diagnosed</b> as such by a <b>Physician</b> who is board certified to make such <b>Diagnosis.</b>]</p>	<p>This will be in or out.</p> <p>[falciparum,] [knowlesi] [malariae] [vivax,] [ovale] each will be in or out.</p>
<p><b>[Multiple Sclerosis</b> means an inflammatory disease that persists for a minimum of six months in which the fatty myelin sheaths around the axons of the brain and spinal cord are damaged, leading to inability of nerve cells in the brain and spinal cord to communicate with each other effectively as <b>Diagnosed</b>, by a <b>Physician</b> who is a board certified neurologist.]</p>	<p>This will be in or out.</p>
<p><b>[Muscular Dystrophy</b> means a group of hereditary and non-hereditary muscle diseases that weaken the musculoskeletal system and hamper locomotion confirmed by electromyography and muscle biopsy and <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis.</b></p>	<p>This will be in or out.</p>
<p><b>[Myasthenia Gravis</b> means an autoimmune neuromuscular disease leading to fluctuating muscle weakness and fatigability that is treated with medication and is <b>Diagnosed</b> as such by a <b>Physician</b> board certified to make such <b>Diagnosis.</b>]</p>	<p>This will be in or out.</p>
<p><b>[Necrotizing Fasciitis</b> means a rare quickly progressing infection of the deeper layers of the skin and subcutaneous tissues commonly known as flesh-eating disease or Flesh-eating bacteria syndrome requiring a surgical procedure to be performed. Such disease must be <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b> and perform the surgical procedure.]</p>	<p>This will be in or out</p>
<p><b>[Non-Surgical Procedure for Coronary Artery Disease</b> means a non-surgical technique is recommended by a <b>Physician</b> who is board-certified cardiologist due to coronary artery disease that occurs when the arteries that supply blood and oxygen to the heart become damaged and narrowed. <b>Procedures</b> for which the <b>Critical Illness</b> benefit is payable include the non-surgical techniques of balloon angioplasty, laser embolectomy or other non-bypass techniques; minimally invasive endoscopic or keyhole heart surgery, stent <b>Procedures</b>, and atherectomy.]</p>	<p>This will be in or out.</p>
<p><b>[Non-Contributory</b> means that the premium payments require no contribution from the <b>Insured.</b>]</p>	<p>This will be in or out depending if employer pays 100% of premium.</p>
<p><b>[Normal Activity(ies) of Daily Living (ADLs)</b> means certain basic daily tasks necessary to maintain [the <b>Covered Person's</b>] [an <b>Insured's</b>] health and safety. In this <b>Policy</b>, <b>ADLs</b> refer to the activities described below. The loss of ability must be due to a <b>Critical Illness</b> that has persisted for a period of at least [120] consecutive days:</p> <ol style="list-style-type: none"> <li>1. Transfer and mobility - The ability to move into or out of a bed, chair or wheelchair or to move from place to place,</li> </ol>	<p>This will be in or out. If in,</p> <p>The range will be 90-180</p>

<p>either via walking, a wheelchair, cane, crutches, walker or other equipment.</p> <ol style="list-style-type: none"> <li>2. Continence - The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter, urostomy, or colostomy bag).</li> <li>3. Dressing - Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.</li> <li>4. Toileting - Getting to and from the toilet, transferring on and off the toilet and performing associated personal hygiene.</li> <li>5. Eating - Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.</li> <li>6. Bathing - Washing oneself by sponge bath; or in either a tub or a shower, including the task of getting into or out of the tub or shower.]</li> </ol>	
<p>[<b>Occupational Hepatitis</b> means the <b>Diagnosis</b> of occupational Hepatitis resulting from an <b>Accident</b> which exposed the [the <b>Covered Person</b>] [an <b>Insured</b>] to Hepatitis [A,] B[,] and C. The <b>Accidental</b> injury must occur during the normal course of duties for the occupation in which [the <b>Covered Person</b>] [an <b>Insured</b>] is regularly engaged and for which remuneration is earned. The incident must be reported to the [<b>Policyholder</b>][[<b>Covered Person's</b>] [<b>Insured's</b>] employer]] within forty-eight (48) hours of the <b>Accident</b> and [the <b>Covered Person</b>] [an <b>Insured</b>] must seek immediate medical attention. ] Occupational Hepatitis does not include Infection as a result of drug use, sexual transmission, or other hepatitis infection determined to not to be <b>Accidental</b>.]</p>	<p>This will be in or out. If in, [A] [,] will be in o rout.</p> <p>This will be in or out.</p>
<p>[<b>Occupational Human Immunodeficiency Virus (Occupational HIV)</b> means the <b>Diagnosis</b> of Human Immunodeficiency Virus (HIV) infection resulting from an <b>Accident</b> which exposed the [the <b>Covered Person</b>][an <b>Insured</b>] to HIV-contaminated body fluids. The <b>Accidental</b> injury must occur during the normal course of duties for the occupation in which [the <b>Covered Person</b>] [an <b>Insured</b>] is regularly engaged and for which remuneration is earned. The incident must be reported to the [<b>Policyholder</b>][[<b>Covered Person's</b>] [<b>Insured's</b>] employer]] within 48 hours of the incident and [the <b>Covered Person</b>] [an <b>Insured</b>] must seek immediate medical attention. Within forty-eight (48) hours of the accidental injury, the [<b>Covered Person</b>][<b>Insured</b>] must submit to a blood test for HIV and/or AIDS and/or related complex (ARC). The blood test results must be sent directly to <b>Us</b>] <b>Occupational HIV</b> does not include HIV Infection as a result of drug use, sexual transmission, or HIV infection determined to not to be <b>Accidental</b>.]</p>	<p>This will be in or out.</p> <p>This will be in or out.</p>
<p>[<b>Open Enrollment Period</b> means a period of time agreed to by the <b>Policyholder</b> and <b>Us</b> during which an eligible <b>Active Employee</b> may enroll for insurance under the <b>Policy</b> if he or she did not enroll when initially eligible, [increase his or her insurance, decrease his or her insurance or terminate his or her insurance].</p>	<p>This will be in or out. If in, [increase his or her insurance, decrease his or her insurance or terminate his or her insurance]. will be in or out.</p>
<p>[<b>Osteomyelitis</b> means an infection of the bone or bone marrow requiring a surgical procedure. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Paralysis</b> means that due to an Accident [or sickness] a [<b>Covered</b></p>	<p>This will be in or out. If in,</p>

<p><b>Person</b>[[<b>Insured</b>] sustains the complete and permanent loss of function of [one][two] or more limbs as <b>Diagnosed</b> by a <b>Physician</b> who is board certified. This does not include <b>Paralysis</b> that occurs as a result of a <b>Stroke</b> [or other medical procedure]. .</p>	<p>[or sickness] will be in or out. Either [one] or [two] will be in or out.  This will be in or out.</p>
<p><b>[Parkinson’s Disease)</b> means a degenerative disorder of the central nervous system which is the result of the loss of dopamine-producing brain cells and permanent clinical impairment of motor function with associated tremor, rigidity of movements, and postural instability as <b>Diagnosed</b> by a <b>Physician</b> who is a board certified neurologist.]</p>	<p>This will be in or out</p>
<p><b>[Pathological Diagnosis</b> means a <b>Diagnosis of Type 1 Cancer</b> based on a microscopic study of fixed tissue or preparations from the blood systems. This type of <b>Diagnosis</b> must be done by a <b>Physician</b> who is a board certified pathologist and whose <b>Diagnosis</b> of malignancy conforms to the standards set by the American College of Pathology.]</p>	<p>This will be in or out depending if Cancer benefits are available.</p>
<p><b>[Poliomyelitis</b> means a contagious viral illness resulting from poliovirus type 1, 2, or 3 that in its most severe form causes paralysis, difficulty breathing and sometimes death. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out</p>
<p><b>[Pre-existing Condition</b> means a disease or physical condition for which:</p> <ol style="list-style-type: none"> <li>1. symptoms existed within the [3] [6] month period prior to the effective date of [a <b>Covered Person’s</b>][an <b>Insured’s</b>] coverage under this <b>Policy</b> that would cause a person to seek medical advice or treatment or;</li> <li>2. medical advice or treatment was recommended or received from a member of the medical profession within the [3, 6] month period prior to the Effective Date of [a <b>Covered Person’s</b>][an <b>Insured’s</b>] coverage under this <b>Policy</b>.]</li> </ol>	<p>This will be in or out. If in,  Either [3] or [6] will be in or out.          Either [3] or [6] will be in or out.</p>
<p><b>[Prior Plan</b> means the Critical Illness Policy that was in effect with the <b>Policyholder</b> for a different insurance company on the date immediately preceding the Effective Date under this <b>Policy</b>.]</p>	<p>This will be in or out.</p>
<p><b>[Procedure:</b> means a medical procedure involving an incision with instruments and performed to repair damage or arrest disease related to a <b>Critical Illness</b> in a [<b>Covered Person</b>][<b>Insured</b>].</p>	<p>This will be in or out.</p>
<p><b>[Rabies</b> means an acute viral disease of the central nervous system caused by a virus in the Lyssavirus family that is transmitted through saliva from the bite of an infected animal. For this benefit to apply, it is required that clinical confirmation through isolation of the associated antibodies and/or presence of specific symptoms be obtained prior to payment. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p><b>Related</b> means [a <b>Covered Person’s Spouse</b> [/<b>Domestic Partner</b>] or other adult living with the <b>Insured</b>][the <b>Insured’s Spouse</b> [/<b>Domestic Partner</b>] or other adult living with the <b>Insured</b>], sibling, parent, step-parent, grandparent, aunt, uncle, niece,</p>	<p>This will be in or out.</p>

nephew, son, daughter, or grandchild or similar relationship in law.	
<p>[<b>Retiree</b> means a former employee of the <b>Policyholder</b>.]</p> <ol style="list-style-type: none"> <li>1. [whose age plus years of service equals at least [60-70];]</li> <li>2. [who has attained the normal retirement age;]</li> <li>3. [who has completed at least [1-10] years of active full-time or part-time service with the <b>Policyholder</b>;]</li> <li>4. [who is participating in a <b>Policyholder</b>-sponsored pension plan;][or]</li> </ol> <p>[who retired from the <b>Policyholder</b> immediately after the last day as an <b>Active</b> employee.]</p>	This will be in or out.
<p>[<b>Ruptured Aneurysm</b> means a ruptured Cerebral, Carotid or Aortic Aneurysm, the <b>Diagnosis</b> of a <b>Ruptured Aneurysm</b> must be supported by medical records, including radiographically specific diagnostic studies to objectively support the <b>Diagnosis</b> as established by [the American Academy of Radiologists.]</p>	This will be in or out.
<p>[<b>Sclerosis</b> (also <b>Scleroderma</b>) means a connective tissue disease that involves changes in the skin, blood vessels, muscles, and internal organs. Such <b>Diagnosis</b> must be confirmed with a biopsy and made by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	This will be in or out.
<p>[<b>Service Waiting Period</b> means the [continuous] length of time an Eligible Person is required to be [in <b>Active</b> employment] with the <b>Policyholder</b> before being eligible for coverage.]</p>	This will be in or out. If in, [continuous] will be in or out. [in <b>Active</b> employment] will be in or out.
<p>[<b>Severe Burn</b> or <b>Severely Burned</b> means a cosmetic disfigurement of the surface of at least [25%-75%] of the body area due to an <b>Accidental</b> injury that is a full-thickness or third-degree burn, as determined by a <b>Physician</b>. (A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation).]</p>	This will be in or out. If in, [25% -75%] the ranges will be as shown.
<p>[<b>Skin Cancer</b> means squamous cell carcinoma as <b>Diagnosed</b> by a <b>Physician</b> who is board certified dermatologist or <b>Physician</b> as defined above. <b>Skin Cancer</b> does not include any cancer <b>Diagnosed</b> as <b>Type 1 Cancer</b> or <b>Type 2 Cancer</b>.]</p>	This will be in or out.
<p>[<b>Sickle Cell Anemia</b> means is a disorder of the blood caused by an inherited abnormal hemoglobin, which produces distorted (sickled) red blood cells. The irregular sickled cells can block blood vessels causing tissue and organ damage and pain. <b>Sickle Cell Anemia</b> does not include Sickle cell trait (or sicklemia), which is a condition in which a person has one gene for the disease, but does not display the severe symptoms of the disease. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	This will be in or out.
<p>[<b>Spina Bifida</b> means a developmental congenital disorder, where some vertebrae overlying the spinal cord are not fully formed and remain unfused and open as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	This will be in or out.
<p>[<b>Spouse</b> means the <b>Eligible Person's</b> legally married <b>Spouse</b> under age [65-99].</p> <p>[A <b>Spouse</b> will only be a covered <b>Spouse</b> if a <b>Plan</b> covering the <b>Eligible Person's Spouse</b> is selected.]</p>	<p>This will be in or out. If in, [65-99] the ranges will be as shown</p> <p>This will be in or out depending if <b>Spouse</b> is eligible.</p>
<p>[<b>Stem Cell Therapy</b> means a type of intervention strategy that</p>	This will be in or out.

introduces new cells into damaged tissue in order to treat a <b>Critical Illness.</b> ]	
<p>[<b>Stroke</b> means the death of brain tissue due to an acute cerebrovascular event. All of the following criteria must be satisfied:</p> <ol style="list-style-type: none"> <li>1. clinical evidence of infarction or brain tissue, or intracranial or subarachnoid hemorrhage;</li> <li>2. clear evidence on a CT, MRI or similar imaging technique that a <b>Stroke</b> has occurred; and</li> <li>3. permanent neurologic deficit measured [96 hours - three months] or more after the event that results in a score of two or higher on the Modified Rankin Scale for stroke outcome.</li> </ol> <p><b>Stroke</b> does not include symptoms due to:</p> <ol style="list-style-type: none"> <li>a) transient Ischemic Attack (TIA),</li> <li>b) migraine;</li> <li>c) Hypoxia</li> <li>d) traumatic injury to brain tissue or blood vessels;</li> <li>e) chronic cerebrovascular insufficiency and reversible deficits; or</li> <li>f) vascular disease affecting the eye, optic nerve, or vestibular functions.]</li> </ol> <p>The <b>Diagnosis</b> must be made by a <b>Physician</b> who is a board certified neurologist.]</p>	This will be in or out.
<p>[<b>Substantial Assistance</b> means <b>Hands-on Assistance</b> and <b>Stand-by Assistance</b> as described below. For the purposes of the <b>Policy Stand-by Assistance</b> will be used to determine that <b>Substantial Assistance</b> by another person is required by the <b>[Covered Person] [Insured]</b> to perform the <b>Normal Activity of Daily Living</b>.</p> <ol style="list-style-type: none"> <li>1. <b>Hands-on Assistance</b> means the physical assistance of another person without which a <b>[Covered Person][Insured]</b> would be unable to perform the <b>Normal Activity of Daily Living</b>.</li> <li>2. <b>Stand-by Assistance</b> means the presence of another person within a <b>[Covered Person's] [Insured's]</b> arm's reach to prevent by physical intervention, injury to the <b>[Covered Person] [Insured]</b> while he or she performs a <b>Normal Activity of Daily Living</b> (such as being ready to catch him or her if he or she falls while getting into or out of the bathtub or shower as part of bathing, or being ready to remove food from the <b>[Covered Person's][Insured's]</b> throat if he or she chokes while eating).]</li> </ol>	This will be in or out.
<p>[<b>Systemic Lupus Erythematosus</b> means a systemic autoimmune disease where the immune system attacks the body's cells and tissue, resulting in inflammation and tissue damage [and is confirmed by permanent neurological damage and/or permanent impairment of kidney function]. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board certified to make such <b>Diagnosis.</b>]</p>	This will be in or out.  [and] will be in or out. This will be in or out.
<p>[<b>Tetanus</b> (commonly known as Lockjaw) means a potentially life-threatening bacterial disease resulting from toxin secreting clostridium tetani that affects the nervous system, leading to painful muscle contractions, particularly of the jaw and neck muscles, and which can interfere with the ability to breathe. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such</p>	This will be in or out.

<b>Diagnosis.]</b>	
<b>[TNM Classification</b> means the classification standards for <b>Type 1 Cancer, Skin Cancer,</b> and <b>Type 2 Cancer</b> as developed by the American Joint Committee on Cancer.]	This is included depending if cancer benefits are provided.
<b>[Tuberculosis (TB)</b> is a potentially serious infectious disease that primarily affects the lungs. The <b>Diagnosis</b> must be made by a <b>Physician</b> , based on skin tests, chest X-rays, sputum analysis (smear and culture), and polymerase chain reaction tests to detect the genetic material of the causative bacteria.]	This will be in or out.
<p><b>[Type 1 Cancer</b> means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemia, Hodgkin's disease, carcinoma, sarcoma, malignant tumor and lymphomas are included. <b>Type 1 Cancer</b> does not include:</p> <ol style="list-style-type: none"> <li>1. any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;</li> <li>2. any papillary tumor of the bladder classified as Ta under TNM Classification;</li> <li>3. any tumor of the prostate classified as T1N0M0 under TNM Classification;</li> <li>4. any papillary tumor of the thyroid that is classified as T1N0M0 or less under <b>TNM Classification</b> and is one centimeter or less in diameter;</li> <li>5. any tumor in the presence of human immuno-deficiency virus;</li> <li>6. any <b>Skin Cancers</b>, unless there is metastasis and the tumor is a malignant melanoma of greater than 1.0 millimeters maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method;</li> <li>7. <b>Type 2 Cancer</b>;</li> <li>8. chronic Lymphocytic Leukemia (CLL), less than or equal to Stage I, as defined by RAI classification..</li> </ol> <p><b>Type 1 Cancer</b> must be <b>Diagnosed</b> according to a <b>Pathological Diagnosis</b> or <b>Clinical Diagnosis</b> of <b>Type 1 Cancer</b>.]</p>	This will be in or out.
<p><b>[Type 2 Cancer</b> means a <b>Diagnosis</b> of cancer where the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. It also includes:</p> <ol style="list-style-type: none"> <li>1. any malignant melanoma less than or equal to 1.0 millimeters maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method;</li> <li>2. any melanoma not invading the dermis classified as T1N0M0 under <b>TNM Classification</b>;</li> <li>3. any tumor of the prostate classified as T1N0M0 under <b>TNM Classification</b>;</li> <li>4. any papillary tumor of the bladder classified as Ta under <b>TNM Classification</b>;</li> <li>5. any papillary tumor of the thyroid that is classified as T1N0M0 or less under <b>TNM Classification</b> and is one centimeter or less in diameter;</li> <li>6. chronic Lymphocytic Leukemia (CLL), less than or equal to Stage I, as defined by RAI classification</li> </ol> <p><b>Type 2 Cancer</b> does not include:</p> <ol style="list-style-type: none"> <li>1. any benign tumor, dysplasia, intraepithelial neoplasia or</li> </ol>	This will be in or out.

<p>pre-malignant growth;</p> <ol style="list-style-type: none"> <li>2. any tumor in the presence of human immuno-deficiency virus;</li> <li>3. any non-melanoma <b>Skin Cancer</b>;</li> <li>4. any melanoma in situ classified as TisN0M0 under <b>TNM Classification</b></li> <li>5. other skin malignancies; and</li> <li>6. any carcinoid tumor.</li> </ol> <p><b>Type 2 Cancer in Situ</b> must be <b>Diagnosed</b> pursuant to a <b>Pathological Diagnosis</b> or <b>Clinical Diagnosis.</b>]</p>	

**SECTION IV - GENERAL EXCLUSIONS**

<p>Exclusions will be either in or out</p> <ol style="list-style-type: none"> <li>1. [suicide or attempted suicide while sane [or insane] or from intentionally self-inflicted injury.]</li> <li>2. [from a <b>Pre-existing Condition</b>.]</li> <li>3. [war or any act of war, whether declared or undeclared.]</li> <li>4. [involvement in any type of active military service [Reserve or National Guard active duty training is not excluded, unless it extends beyond [thirty-one (31) consecutive days].];][For purposes of this exclusion, orders to active military service for [sixty (60) days] or less will not be considered involvement in active military service.][This exclusion does not apply to the first [sixty (60) consecutive days] of active military service.]</li> <li>5. [participation in the commission or attempted commission of [any crime, [any felony,] [an assault,][insurrection] [or] [riot].]</li> <li>6. [due to engaging in an illegal occupation.]</li> <li>7. [being intoxicated while operating a motor vehicle.][being intoxicated.] <ol style="list-style-type: none"> <li>a) [a <b>Covered Person</b>] [an <b>Insured</b>] will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the <b>Accident</b> occurred, to be intoxicated, if operating a motor vehicle.</li> <li>b) an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the <b>[Covered Person's][Insured's]</b> intoxication.]</li> </ol> </li> <li>8. [being under the influence of any prescription drug, controlled substance, or hallucinogen, unless such prescription drug, controlled substance, or hallucinogen</li> </ol>	<p>Each exclusion will be in or out. If in, [or insane] will be in or out</p> <p>This will be in or out. If in, [thirty-one (31) consecutive days] The range will be 0 - 60</p> <p>[For purposes of this exclusion, orders to active military service for [sixty (60) days] or less will not be considered involvement in active military service.] will be in or out. If in, [sixty (60) days] the range will be 30-90 days. [This exclusion does not apply to the first [sixty (60) consecutive days] of active military service.] will be in or out. If in, the range will be 30-90 days.</p> <p>This will be in or out. If in each of the following will be in or out, [any crime, [any felony,][an assault,] [insurrection] [or] [riot].]</p> <p>This will be in or out.</p> <p>[being intoxicated while operating a motor vehicle.] will be in or out [being intoxicated.] will be in or out.</p> <p>This will be in or out.</p> <p>This will be in or out.</p>
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<p>was prescribed by a <b>Physician</b> and taken in accordance with the prescribed dosage.]</p> <p>9. [a <b>Diagnosis</b> for which proof is submitted by a <b>Physician</b> that is <b>Related</b> to the [<b>Covered Person</b>][<b>Insured</b>.][refusing certain types of recommended medical treatment, as follows:</p> <p>a) [a <b>Physician</b> has recommended treatment with angioplasty or <b>Coronary Artery By-Pass Graft</b> for coronary artery disease, the [<b>Covered Person</b>][<b>Insured</b>] refuses this treatment, and the <b>Insured</b> suffers a <b>Heart Attack</b>; [or] [.]</p> <p>b) [a <b>Physician</b> has recommended treatment for a brain aneurysm or carotid artery stenosis, the <b>Insured</b> refuses treatment, and the[<b>Covered Person</b>][<b>Insured</b>] suffers a <b>Stroke</b>;[or][.]</p> <p>c) [a <b>Physician</b> has recommended a diagnostic biopsy or diagnostic/therapeutic excision of a mass or lesion suspected of being cancer the [<b>Covered Person</b>][<b>Insured</b>] refuses, and the [<b>Covered Person</b>][<b>Insured</b>] develops <b>Type 1 Cancer</b>, <b>Skin Cancer</b>, or <b>Type 2 Cancer in Situ</b>.]</p>	<p>This will be in or out.</p> <p>This will be in or out.</p> <p>[or] [.] will be in or out.</p> <p>[or][.] will be in or out.</p> <p>This will be in or out.</p>
<p><b>[Pre-existing Condition</b> Limitation</p> <p>[6] [12] consecutive months.</p> <p>[If the <b>Policy</b> replaces a <b>Prior Plan</b>, <b>We</b> will pay for a <b>Pre-existing Condition</b> if the [<b>Covered Person</b>][<b>Insured</b>] is insured under the <b>Policy</b> on its Effective Date and was covered under the <b>Prior Plan</b> on the date the <b>Prior Plan</b> terminated as follows:</p> <ol style="list-style-type: none"> <li>1. the [<b>Covered Person</b>][<b>Insured</b>] must satisfy the <b>Pre-existing Condition</b> provision under the <b>Policy</b>; or</li> <li>2. the [<b>Covered Person</b>][<b>Insured</b>] must have satisfied the <b>Pre-existing Conditions</b> provision under the <b>Prior Plan</b>, if benefits would otherwise have been paid had the <b>Prior Plan</b> remained in force, if earlier.]]</li> </ol>	<p>Will be in or out. If in,</p> <p>Either [6] or [12] will be in or out.</p> <p>This will be in or out depending if there is a takeover/replacement of a <b>Prior Plan</b>.</p>

### SECTION V – PREMIUMS

<p>A.Premiums: Premiums are due and payable to <b>Us</b> at the rates and in the manner described in the [Schedule][<b>Policyholder</b> Application].</p>	<p>[Schedule] will be in or out. [<b>Policyholder</b> Application] will be in or out.</p>
<p>B. Grace Period: Premiums are due for this <b>Policy</b> on or before the premium due date or renewal date, whichever applies. If the <b>Policyholder</b> does not pay a renewal premium when it is due, there is a [thirty-one (31)] day Grace Period to pay. During the Grace Period, the <b>Policy</b> will stay in force. The <b>Policyholder</b> will not have a Grace Period if <b>We</b> have given notice, at least [thirty (30)] days in advance, that <b>We</b> are going to terminate this <b>Policy</b>.</p>	<p>[thirty-one (31)] The range will be 31-120 days or as required by state law.</p> <p>[thirty (30)] The range will be 30-120 days or as required by state law.</p>
<p>C.Change in Premium: <b>We</b> may change the premium as a condition of any renewal of this <b>Policy</b> by giving at least [31] days written notice to the <b>Policyholder</b>. <b>We</b> may also change premium at any time when any change, agreed upon in writing, between the <b>Policyholder</b> and <b>Us</b> is made that affects coverage or if it is discovered that there was a material misrepresentation in the</p>	<p>[31] days. The range will be 31-90 days or as required by state law.</p>

information relied upon in establishing the premiums.

## SECTION VI - TERMINATION OF INSURANCE

### A. **Policy** Renewal and Termination.

Termination by **Policyholder**: The **Policyholder** may terminate this **Policy** on the first renewal date or at any time after that date by delivering to **Us** a written notice to end this **Policy** at least [thirty (30)] days in advance of such termination. **We** will calculate and return the unearned premium, if any, using a standard short rate table. The **Policyholder** will send **Us** any additional amounts owed, if any, between the **Policy's** paid to date and the official date of termination.

Termination by **Us**: **We** may terminate this **Policy** by giving the **Policyholder** at least [thirty (30)] days notice of **Our** intent to terminate. Such notice will state the exact date the **Policy** will terminate. **We** may also end this **Policy** for non-payment of premium on any premium due date if the payment is not received prior to the end of the Grace Period. **We** will mail a notice of such termination to the **Policyholder's** last address shown in **Our** records.

[thirty (30)] The range will be 14-180 days

[thirty (30)] The range will be 14-180 day

### B. Termination of **Covered Person's** Insurance.

**[Insured]**. Insurance terminates at the end of the [month][date] for which premium has been paid and during which any of the following occurs:

1. [the **Policy** is terminated [unless coverage for the **[Covered Person]** **[Insured]** continues according to SECTION XI, PORTABILITY PRIVILEGE];]
2. the **Insured** ceases to be eligible for insurance;
3. the **Insured** fails to pay the required premium, if the **Insured** is so required; [or]
4. [the **Insured** reaches age [65-99]; [or]
5. the Per Person Lifetime Benefit Maximum Payout is paid to the **Insured** [;or][.]
6. [the **Insured** retires.]

**[Covered Person other than the Insured]**. Insurance terminates on the earliest of:

1. the date the insurance of the **Insured** terminates;
2. the Per Person Lifetime Benefit Maximum Payout is paid to the **Covered Person**;
3. the first premium due date after the person no longer qualifies as a **Covered Person**[; or][.]
4. [for the covered **Spouse** [/Domestic Partner ], the date the covered **Spouse** [/Domestic Partner ] reaches age [65-99].]

This will be in or out. If in, [month] will be in or out. [date] will be in or out.

This will be in or out if portability provided.

This will be in or our

This will be in or out, If in, [65-99] the range will be as shown. [or] will be in or out

[; or] [.] This will be in or out.

This will be in or out depending if **Retirees** are Eligible Class per the **Policyholder**.

This will be in or out depednig if **Dependents** are covered.

[; or][.] This will be in or out.

This will be in or out. If in, [65-99] The range will be as shown.

**SECTION VII HOW TO FILE A CLAIM**

<p>Notice: The [<b>Covered Person</b>][<b>Insured</b>] or the beneficiary, or someone on their behalf, must give <b>Us</b> written notice of the <b>Covered Loss</b> within [ninety (90)] days of such <b>Covered Loss</b>, or as soon thereafter as reasonably possible. The notice must name the [<b>Covered Person</b>][<b>Insured</b>], and the Policy Number. To request a claim form, the [<b>Covered Person</b>][<b>Insured</b>] or the beneficiary, or someone on their behalf may contact <b>Us</b> at [1-866-841-4771]. The notice must be sent to the address shown on the Schedule, or any of <b>Our</b> agents. Notice to <b>Our</b> agents is considered notice to <b>Us</b>.</p>	<p>[ninety (90)] days. The range will be 20-120 days.</p> <p>Appropriate phone number will be inserted.</p>
<p>Claim Forms: <b>We</b> will send the claimant Proof of Covered Loss forms within [fifteen (15)] days after <b>We</b> receive notice. If the claimant does not receive the Proof of Covered Loss form in [fifteen (15)] days after submitting notice, he or she can send <b>Us</b> a detailed written report of the claim and the extent of the <b>Covered Loss</b>. <b>We</b> will accept this report as a Proof of Covered Loss if sent within the time fixed below for filing a Proof of Covered Loss.</p>	<p>[fifteen (15)] days. The range will be 15-90 days.</p> <p>[fifteen (15)] days. The range will be 15-90 days.</p>
<p>Proof of Covered Loss: Written Proof of a <b>Covered Loss</b>, acceptable to <b>Us</b>, must be sent within [ninety (90)] days of the <b>Covered Loss</b>. Failure to furnish Proof of a <b>Covered Loss</b> acceptable to <b>Us</b> within such time will neither invalidate nor reduce any claim if it was not reasonably possible to furnish the Proof of a <b>Covered Loss</b>, and the proof was provided as soon as reasonably possible.</p>	<p>[ninety (90)] days. The range will be 90-180 days.</p>

**SECTION VIII - PAYMENT OF CLAIMS**

<p>B. Who We Will Pay. Benefits are to be paid to the <b>Insured</b>, if alive. If the <b>Insured</b> is not alive, benefits are payable to his or her estate. The <b>Insured</b> may assign his or her interest in the <b>Policy</b> by giving <b>Our</b> agent or <b>Us</b> written notice at <b>Our</b> Administrative Office at [Claims Department, Zurich American Insurance Company, [P.O. Box 968041, Schaumburg, IL. 60196]] [1-866-841-4771]. The change or assignment will not be effective until <b>We</b> receive the written notice. <b>We</b> assume no responsibility for the validity of any assignment. Any payment <b>We</b> make will fully discharge <b>Us</b> to the extent of the payment.</p>	<p>Appropriate phone number and address inserted</p>
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**SECTION IX - GENERAL POLICY CONDITIONS**

<p>D. Entire Contract: This <b>Policy</b>, the <b>Policyholder</b> application, <b>Insured</b> enrollment materials[,] [Benefit Riders,] and any other attachments represent the entire insurance contract between the <b>Policyholder</b> and <b>Us</b>.</p> <p>H. <b>Policyholder</b> Records: The <b>Policyholder</b> will keep a record of the coverage, premium and other pertinent administrative information for each <b>Insured</b>, which, if acceptable to <b>Us</b> will be deemed to be a part of the <b>Policy</b>. <b>We</b> may examine these records at reasonable times while the <b>Policy</b> is in force and for six (6) years after the termination of the <b>Policy</b>. The <b>Policyholder</b> will report to <b>Us</b> within a reasonable time all changes in information regarding an <b>Insured</b>. [The <b>Policyholder</b> will indemnify <b>Us</b> for any Benefits or other payments that are caused in whole or in part by the <b>Policyholder's</b> negligence or error in performing the record keeping function.]</p>	<p>[,][Benefit Riders] Either in or out depending if there are benefit riders</p> <p>This will be in or out.</p>
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<p>3. [With respect to <b>[Major Organ Transplant][Heart Transplant]</b> and subject to the <b>Pre-existing Conditions</b> provision, the <b>First Occurrence</b> [in [a <b>Covered Person's</b>][an <b>Insured's</b>] lifetime] [during the time the <b>[Covered Person][Insured]</b> is covered under the <b>Policy</b>] [that he or she undergoes a <b>[Major Organ Transplant][Heart Transplant].</b>]</p> <p>4. [With respect to <b>Loss of Ability to Perform Normal Activities of Daily Living</b> and subject to the <b>Pre-existing Conditions</b> provision, the <b>First Occurrence</b> [in after [a <b>Covered Person's</b>][an <b>Insured's</b>] lifetime] [during the time the that <b>[Covered Person][Insured]</b> is covered under the <b>Policy</b>] that he or she has suffered such loss for [30-180] consecutive days. If the loss is due to a <b>Critical Illness</b>, this benefit will [be additional] [not be additional] to other benefits payable under the [a <b>Covered Person's</b>] [an <b>Insured's</b>] <b>Plan</b>. [If payable under two <b>Critical Illness</b> benefits, only the larger of the benefits will be provided.]</p> <p>Benefits are paid [one] time for each category of <b>Critical Illness</b> [except as paid under the Recurrence Benefit Option]</p>	<p>This will be in or out. If in, <b>[Major Organ Transplant][Heart Transplant]</b> will be in or out. This will be in or out. This will be in or out.</p> <p>This will be in or out. If in, This will be in or out. This will be in or out, [30 – 180] Consecutive days The range will be as shown. [be additional] will be in or out. [not be additional] will be in or out. This will be in or out.</p> <p>[one] This will be in or out. This will be in or out.</p>
<p><b>[Benefit Waiting Period:</b> Benefits will not be paid for a <b>Critical Illness:</b></p> <ol style="list-style-type: none"> <li>1. if the <b>Diagnosis</b> is made or the <b>Procedure</b> is recommended during the <b>Benefit Waiting Period</b>; or</li> <li>2. for which [a <b>Covered Person</b>] [an <b>Insured</b>] exhibits symptoms that would cause a prudent person to seek medical treatment by a <b>Physician</b> of a covered <b>Critical Illness</b> during the <b>Benefit Waiting Period</b>.</li> </ol> <p>If :</p> <ol style="list-style-type: none"> <li>1. the date an <b>Insured's Diagnosis</b> is made or the <b>Procedure</b> is recommended for a covered <b>Critical Illness</b> occurs during the <b>Benefit Waiting Period</b>; and</li> <li>2. the <b>Policy</b> is a new program for the <b>Policyholder</b> and there is no <b>Prior Plan</b>,</li> </ol> <p>the <b>Insured</b> may return the certificate for a full premium refund and the coverage will be terminated.]</p> <p>[If :</p> <ol style="list-style-type: none"> <li>1. the date of a <b>Covered Person's</b> (other than the <b>Insured's</b>) <b>Diagnosis</b> is made or the <b>Procedure</b> is recommended for a covered <b>Critical Illness</b> occurs during the <b>Benefit Waiting Period</b>; and</li> <li>2. the <b>Policy</b> is a new program for the <b>Policyholder</b> and there is no <b>Prior Plan</b>,</li> </ol> <p>the <b>Insured</b> may terminate the <b>Covered Person's</b> coverage under the <b>Policy</b> for a premium refund of that <b>Covered Person's</b> cost and his or her coverage will be terminated. The <b>Insured</b> must notify <b>Us</b> in writing.]</p>	<p>This will be in or out depending if a benefit waiting period is imposed.</p> <p>This will be in or out depending if <b>Dependent</b> coverage and benefit waiting period are imposed.</p>
<p>[Additional Critical Illness Benefit: If [a <b>Covered Person</b>][an <b>Insured</b>] received benefits under the Critical Illness Benefit for a <b>Critical Illness</b>, he or she will receive benefits for a <b>Diagnosis</b> made or <b>Procedure</b> recommended for a different <b>Critical Illness</b> as long as the date of <b>Diagnosis</b> or <b>Procedure</b> for each <b>Critical Illness</b> is separated by at least</p> <p>[6, 12, 18, 24] months for Category 1 [6,12,18,24] months for Category 2 [6,12,18,24] months for Category 3</p>	<p>This will be in or out depending if additional Critical Illness benefit is available. If in, [6, 12, 18, or 24] will be in or out.</p>

<p>[6,12,18,24] months for Category 4  [6,12,18,24] months for Category 5  [6,12,18,24] months for Category 6]  consecutive months. <b>We</b> will pay the Percent of the Benefit Amount shown in the Schedule of Benefits.]</p>	
<p>[Recurrence Benefit: If a benefit is paid for a <b>Critical Illness</b> and [a <b>Covered Person</b>] [an <b>Insured</b>] has not exhibited symptoms or received care and treatment for that same <b>Critical Illness</b> for at least;</p> <p>[6, 12, 18, 24] months for Category 1  [6,12,18,24] months for Category 2  [6,12,18,24] months for Category 3  [6,12,18,24] months for Category 4  [6,12,18,24] months for Category 5  [6,12,18,24] months for Category 6]  consecutive months since the benefit payment and [the <b>Covered Person</b>] [the <b>Insured</b>] is re-diagnosed for the same <b>Critical Illness</b>, <b>We</b> will pay a Recurrence Benefit as follows:</p> <ol style="list-style-type: none"> <li>1. With respect to [<b>Heart Attack</b>][<b>End Stage Renal Failure</b>][<b>Stroke</b>][<b>Paralysis</b>], the second [and third] time in [a <b>Covered Person's</b>][an <b>Insured's</b>] lifetime that: (a) he or she experiences such <b>Critical Illness</b>; and (b) he or she is <b>Diagnosed</b> with such <b>Critical Illness</b>.</li> <li>2. With respect to [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>], the second [and third] time in [a <b>Covered Person's</b>] [an <b>Insured's</b>] lifetime that he or she or she undergoes a [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>].</li> </ol> <p>The Recurrence Benefit is shown in the Schedule of Benefits. Benefits are not payable for any recurrence of a <b>Critical Illness</b> not shown in the Recurrence Benefit. ]</p>	<p>This will be in or out depending if recurrence benefit is provided for covered <b>Critical Illnesses</b>, If in,</p> <p>[6, 12, 18 or 24] will be in or out.</p> <p>[<b>Heart Attack</b>] [<b>End Stage Renal Failure</b>][<b>Stroke</b>][<b>Paralysis</b>] each will be in or out. [and third] will be in or out.</p> <p>[<b>Major Organ Transplant</b>][<b>Heart Transplant</b>] will be in or out.</p>
<p>[Per Category Maximum Payout: Within each category, the most <b>We</b> will pay for the <b>Critical Illness</b> Benefit[,] [and] [all Additional Critical Illness Benefits][,] [and all Recurrence Benefits] combined is the Per Category Maximum Payout shown in the Schedule of Benefits.]</p>	<p>This will be in or out depending if per category cap is available. If in,</p> <p>[all Additional Critical Illness Benefits] will be in or out.  [and all Recurrence Benefits] will be in or out.</p>
<p>Additional Benefits</p> <p>[Bone Marrow Transplant Indemnity Benefit: If a <b>Procedure</b> or <b>Diagnosis</b> of a covered <b>Critical Illness</b> for which a Benefit Amount is paid under the <b>Policy</b> requires a <b>Bone Marrow Transplant</b>, <b>We</b> will pay an additional lump sum benefit. The benefit is shown in the Schedule of Benefits as a percentage of the Benefit Amount paid for the <b>Critical Illness</b>.]</p>	<p>Each will be in or out if included in the Schedule, included in Section X Coverages.</p> <p>This will be in or out.</p>
<p>[Evaluation Benefit: This benefit is available after the <b>Insured's</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months.]</p> <p>If [a <b>Covered Person</b>][an <b>Insured</b>] is <b>Diagnosed</b> with a <b>Critical Illness</b> or has a <b>Procedure</b> for a <b>Critical Illness</b> recommended for which benefits are payable, <b>We</b> will pay the Evaluation Benefit</p>	<p>This will be in or out, if In, [1 -12] consecutive months. The range will be as shown</p>

<p>shown in the Schedule of Benefits. The purpose of the Evaluation Benefit is to provide [a <b>Covered Person</b>][an <b>Insured</b>] with options for treatment of the <b>Critical Illness</b>. Benefits are provided for an evaluation at an <b>Evaluation Center</b> following payment for a <b>First Occurrence</b> Benefit [or a Recurrence Benefit]. The Evaluation Benefit is limited to one payment for each <b>First Occurrence</b> [or a Recurrence] of a <b>Critical Illness</b>.</p> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b> [with the exception of the NCI Cancer Center Benefit. If a [<b>Covered Person</b>][<b>Insured</b>] is covered for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid. The [<b>Covered Person's</b>][<b>Insured's</b>] insurance must be in effect on the date the evaluation is provided for benefits to be payable under the <b>Policy</b>.</p> <p>For purposes of this benefit only, <b>Evaluation Center</b> means a facility that is:</p> <ol style="list-style-type: none"> <li>1. licensed or certified under the laws where it is located to provide diagnostic services for the <b>Critical Illness</b> for which evaluation is sought; and</li> <li>2. which has been recognized by the <b>Policyholder</b> in writing as an evaluation center for purposes of the Evaluation Benefit.]</li> </ol>	<p>[or a Recurrence Benefit] Will be in or out depending if recurrence benefit is covered.</p> <p>This will be in or out.</p>
<p>[Hospital Cash Benefit: <b>We</b> will pay the Daily Hospital Confinement Benefit shown in the Schedule of Benefits if [a <b>Covered Person</b>][an <b>Insured</b>] is <b>Hospital Confined</b> due to treatment following the <b>Diagnosis</b> of a <b>Critical Illness</b> or due to a <b>Procedure</b> recommended for a <b>Critical Illness</b>. Benefit payments will end on the first of the following dates:</p> <ol style="list-style-type: none"> <li>1. the date the <b>Hospital</b> stay ends;</li> <li>2. the date the [<b>Covered Person</b>][<b>Insured</b>] dies;</li> <li>3. the date the Maximum Benefit Period for this benefit ends per Plan Year; [or]</li> <li>4. [the date [a <b>Covered Person</b>][an <b>Insured</b>] attains age [65-99]; or]</li> <li>5. the date insurance under the <b>Policy</b> ends.</li> </ol> <p>Termination will not prejudice an existing claim. This benefit is paid in addition to any other benefit paid under the <b>Policy</b>.]</p>	<p>This will be in or out. If in,</p> <p>This will be in or out. If in [65-99] the range will be as shown.</p>
<p>[Lodging Benefit: This benefit is available after the [<b>Covered Person's</b>][<b>Insured's</b>] coverage has been in force under the <b>Policy</b> for [1-12] consecutive months.</p> <p>If [a <b>Covered Person</b>][an <b>Insured</b>] is <b>Diagnosed</b> with a <b>Critical Illness</b> or has a <b>Procedure</b> relating to a <b>Critical Illness</b> recommended and requires an <b>Outpatient Treatment Session</b> for the <b>Critical Illness</b>, <b>We</b> will pay the benefit shown in the Schedule of Benefits. Benefits are payable for each day <b>Lodging</b> is required while the [<b>Covered Person</b>][<b>Insured</b>] is receiving the treatment during an <b>Outpatient Treatment Session</b>. This benefit is subject to the following:</p> <ol style="list-style-type: none"> <li>1. the treatment facility must be at least [100-1,000] miles from the [<b>Covered Person's</b>][<b>Insured's</b>] primary residence;</li> <li>2. benefits will only be provided for twenty-four (24) hours prior to the [<b>Covered Person's</b>][<b>Insured's</b>] receipt of</li> </ol>	<p>This will be in or out. If in, [1 -12] consecutive months. The range will be as shown.</p> <p>[100 -1,000] miles. The range will be as shown.</p>

<p>treatment, during an <b>Outpatient Treatment Session</b>, and for twenty-four (24) hours following receipt of treatment;</p> <ol style="list-style-type: none"> <li>the <b>Insured</b> must provide written proof that the treatment was received; and</li> <li>the <b>Insured</b> must provide written proof that <b>Lodging</b> was required and an expense was incurred for such <b>Lodging</b>.</li> </ol> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b>. The <b>[Covered Person's][Insured's]</b> insurance must be in effect on the date <b>Lodging</b> is required for benefits to be payable under the <b>Policy</b>.]</p>	
<p><b>[Outpatient Treatment Session</b> means a stated session where services and supplies are provided by a <b>Physician</b> to a <b>[Covered Person][Insured]</b> for treatment of a covered <b>Critical Illness</b> at an appropriately licensed outpatient treatment facility.]</p>	<p>This will be in or out.</p>
<p><b>[Lymphedema Testing:</b> If a <b>Physician</b> recommends that [a <b>Covered Person</b>][an <b>Insured</b>] who, during the course of treatment for a <b>Critical Illness</b> where such treatment might cause the onset of <b>Lymphedema</b>, receive a <b>Lymphadema</b> test, we will pay the benefit shown in the Schedule of Benefits.]</p>	<p>This will be in or out.</p>
<p><b>[NCI Cancer Center Benefit:</b> [This benefit is available after the <b>Insured's</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months.]</p> <p>If [a <b>Covered Person</b>][an <b>Insured</b>] is <b>Diagnosed</b> with an <b>[Type 1 Cancer][Type 2 Cancer][Skin Cancer]</b> and receives an evaluation at an <b>NCI Cancer Center</b> while insured under the <b>Policy</b>, <b>We</b> will pay the benefit shown in the Schedule of Benefits. The benefit is subject to the following:</p> <ol style="list-style-type: none"> <li>the benefit is limited to one payment for each Benefit Amount paid for the <b>First Occurrence</b> and received by [a <b>Covered Person</b>][an <b>Insured</b>] for <b>[Type 1 Cancer][Type 2 Cancer][Skin Cancer]</b> and only if an <b>NCI Cancer Center</b> evaluation is received by [a <b>Covered Person</b>][an <b>Insured</b>];</li> <li><b>We</b> will only pay this benefit if <b>We</b> have already paid a Benefit Amount for the <b>First Occurrence</b> of <b>[Type 1 Cancer][Type 2 Cancer][Skin Cancer]</b>; and</li> <li>the <b>Insured</b> submits proof that the evaluation was received.</li> </ol> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b> [with the exception of the Evaluation Benefit. [If a <b>[Covered Person][Insured]</b> is covered for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid.] The <b>[Covered Person's][Insured's]</b> insurance must be in effect on the date of the evaluation for benefits to be payable under the <b>Policy</b>.]</p>	<p>This will be in or out. If in, [1 -12] consecutive months. The range will be as shown</p> <p><b>[Type 1 Cancer][Type 2 Cancer][Skin Cancer]</b> each will be in or out.</p> <p>This will be in or out.</p>
<p><b>[Stem Cell Indemnity Benefit:</b> If a <b>Procedure</b> or <b>Diagnosis</b> of a covered <b>Critical Illness</b> for which a Benefit Amount is paid under the <b>Policy</b> requires <b>Stem Cell Therapy</b>, <b>We</b> will pay an additional lump sum benefit. The benefit is shown in the Schedule of Benefits as a percentage of the Benefit Amount paid for the <b>Critical Illness</b>.]</p>	<p>This will be in or out.</p>

<p>[Supplemental Benefit for High Deductible Health Plan: If [a <b>Covered Person</b>][an <b>Insured</b>] is covered under a <b>High Deductible Health Plan</b> and receives medical treatment for a <b>Critical Illness</b> for which benefits are otherwise payable under the <b>Policy</b>, <b>We</b> will pay the benefit shown in the Schedule of Benefits. This benefit is payable in addition to any other benefits payable under the <b>Policy</b>.</p> <p>For purposes of this benefit only, <b>High Deductible Health Plan</b> means a health plan that satisfies the requirements of Section 223 of the Internal Revenue Code with regard to minimum deductibles and out-of-pocket costs and issued in conjunction with a Health Savings Account.]</p>	<p>This will be in or out.</p>
<p>[Transportation Benefit: This benefit is available after the <b>Insured's</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months. If [a <b>Covered Person</b>][an <b>Insured</b>] is <b>Diagnosed</b> with a <b>Critical Illness</b> or has a <b>Procedure</b> for a <b>Critical Illness</b> recommended and requires treatment for the <b>Critical Illness</b> at an appropriately licensed treatment facility, <b>We</b> will pay the benefit shown in the Schedule of Benefits. This benefit is subject to the following:</p> <ol style="list-style-type: none"> <li>1. the treatment facility must be at least [100-1,000] miles from the [<b>Covered Person's</b>][<b>Insured's</b>] primary residence. Mileage is measured from the [<b>Covered Person's</b>][<b>Insured's</b>] primary residence to the appropriately licensed treatment facility;</li> <li>2. the <b>Insured</b> must provide written proof that the treatment was received; and</li> <li>3. the <b>Insured</b> must provide written proof that he or she drove to the treatment facility in a personal or borrowed vehicle.</li> </ol> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b>. The [<b>Covered Person's</b>][<b>Insured's</b>] insurance must be in effect on the date transportation is provided for benefits to be payable under the <b>Policy</b>]</p>	<p>This will be in or out. If in, [1 -12] consecutive months. The range will be as shown.</p> <p>[100 -1,000] miles. The range will be as shown.</p>
<p>[Waiver of Premium for <b>Total Disability</b>:</p> <ol style="list-style-type: none"> <li>1. Subject to all of the terms and conditions of the <b>Policy</b>, if: a Class I [or Class III] <b>Insured</b> becomes <b>Totally Disabled</b> while he or she is insured under the <b>Policy</b> prior to [the <b>Insured's</b> [50<sup>th</sup>-99<sup>th</sup> birthday][reaching <b>Insured's</b> Social Security Normal Retirement Age (SSNRA)]; and</li> <li>2. <b>Total Disability</b> continues for [3, 6, 9, 12] continuous months while the <b>Insured</b> is covered under the <b>Policy</b>,</li> </ol> <p><b>We</b> will waive the premium requirements and no premium payment will be due for the <b>Insured's</b> insurance to continue if he or she satisfies both of these requirements.</p> <p>[The Benefit Amount will be the Benefit Amount in effect as of the date an <b>Insured</b> became <b>Totally Disabled</b>, subject to any age reductions listed Schedule of Benefits.]</p> <p>Premiums for <b>Dependents'</b> insurance coverage will not be waived. Once an <b>Insured</b> is no longer considered <b>Totally Disabled</b>, he or she must pay the premium when due.</p> <p>Premium for the <b>Insured</b> will be waived until the first to occur of:</p> <ol style="list-style-type: none"> <li>1. the date the <b>Insured</b> is no longer <b>Totally Disabled</b>;</li> </ol>	<p>This will be in or out. If in, [or Class III] will be in or out.</p> <p>[50<sup>th</sup>-99<sup>th</sup> birthday] This will be in or out. If in, the range will be as shown. [reaching <b>Insured's</b> Social Security Normal Retirement Age (SSNRA)]. Will be in or out. [3, 6, 9, or 12] will be in or out.</p> <p>This will be in or out.</p>

<p>2. when premiums have been waived for [1 - 5] consecutive years; or</p> <p>3. the date the <b>Insured</b> attains age 65.</p> <p>Once the Waiver of Premium period has expired, premium for the <b>Insured</b> is due if the <b>Insured</b> is an <b>Eligible Person</b> and the <b>Policy</b> is in effect. If coverage would otherwise terminate for an <b>Insured</b> under Section VI.B. Termination of Covered Person's Insurance, if an <b>Insured</b> is on Waiver of Premium, such provision will not act to terminate his or her insurance except as described above.]</p> <p>For purposes of this benefit only, the following additional definitions apply:</p> <p><b>Totally Disabled and Total Disability</b> means an <b>Insured</b>, during a [3, 6, 9, 12] month period and thereafter because of a <b>Sickness</b> or <b>Injury</b>:</p> <ol style="list-style-type: none"> <li>1. is unable to perform the <b>Material and Substantial Duties</b> of any occupation for which he or she is or may become reasonably qualified by education, training, or experience; and</li> <li>2. is receiving <b>Regular Care</b> from a <b>Physician</b> for that <b>Sickness</b> or <b>Injury</b>.</li> </ol>	<p>[1 -5] the range will be as shown.</p> <p>[3, 6, 9, or 12] will be in or out.</p>
<p>[Wellness Benefit  <b>We</b> will pay this benefit if an <b>Insured</b> [or the <b>Insured's</b> <b>[Spouse]/[Domestic Partner]</b>] has one or more of the following screening tests performed [after the <b>Benefit Waiting Period</b> and] while coverage under this <b>Policy</b> is in force. [<b>We</b> will pay the amount shown in the Schedule of Benefits  [for each of the following screening tests [once in a <b>Plan</b> year].] Payment of this benefit will not reduce the Benefit Amount payable for a <b>Critical Illness</b>. This benefit is subject to the benefit maximum shown in the Schedule of Benefits for all covered tests for an <b>Insured</b> [or the <b>Insured's</b> <b>[Spouse]/[Domestic Partner]</b>] in a <b>Plan</b> year.</p> <p>Screening tests include:</p> <ul style="list-style-type: none"> <li>• [Preventative services as defined by the Patient Protection Affordable Care Act as amended]]</li> </ul>	<p>Will be in or out. If in, [or the <b>Insured's</b> <b>[Spouse]/[Domestic Partner]</b>] will be in or out. If in, either <b>[Spouse]</b> or <b>[Domestic Partner]</b> will be in or out. [after the <b>Benefit Waiting Period</b> and] will be in or out.</p> <p>This will be in or out. If in, [once in a <b>Plan</b> year] will be in or out.</p> <p>This will be in or out.</p> <p>Combination of screening tests listed will be covered based on <b>Policyholder</b> selection</p>
<p>[SECTION XI – PORTABILITY PRIVILEGE</p>	<p>Included if selected by <b>Policyholder</b></p>
<p>PORTABILITY  If an <b>Insured's</b> coverage under the <b>Policy</b> terminates for any of the reasons described below, he or she may continue (hereinafter "port") the insurance provided under this <b>Policy</b>. The <b>Insured</b> must have been insured under the <b>Policy</b> [or the one it replaces] for group <b>Critical Illness</b> insurance coverage for at least [3-12 consecutive months] prior to the date his or her coverage under the <b>Policy</b> ends.</p> <p>[The amount of insurance an <b>Insured</b> can port is [subject to any Benefit Amount reductions based on his or her age; and] reduced by the amount of any Benefit Amount paid by this <b>Policy</b>.]</p> <p>[The amount of insurance an <b>Insured</b> can port for each <b>Covered Dependent</b> is [subject to any Benefit Amount reductions based on</p>	<p>If in,</p> <p>[3-12 consecutive months]. The range will be as shown.</p> <p>This will be in or out. If in, [subject to any Benefit Amount reductions based on his or her age; and] this will be in or out.</p> <p>This will be in or out. If in, [subject to any Benefit Amount reductions based on his or her age; and]</p>

<p>his or her age; and] reduced by the amount of any Benefit Amount paid by this <b>Policy</b> on behalf of each such <b>Dependent</b>].</p> <p>An <b>Insured</b> may port his or her group <b>Critical Illness</b> insurance coverage [and <b>Dependent</b> group <b>Critical Illness</b> Insurance coverage,] if coverage under the <b>Policy</b> ends because he or she is no longer in an Eligible Class.</p> <p>An <b>Insured</b> may port: . . .</p> <p>2. [his or her coverage and coverage of his or her <b>Spouse</b> [/<b>Domestic Partner</b>];] . . .</p> <p>An <b>Insured</b> may not port his or her coverage [or coverage for any of his or her <b>Covered Dependents</b>] if:</p> <ol style="list-style-type: none"> <li>1. coverage ends due to failure to pay any required premiums; or</li> <li>2. he or she has reached age [65-99] on or before the date his or her coverage under the <b>Policy</b> ends;</li> <li>3. if he or she reached the Per Person Lifetime Benefit Maximum Payout under the Group Critical Illness Policy; or</li> <li>4. the <b>Policy</b> ends.</li> </ol> <p>[An <b>Insured</b> may not port coverage for any of his or her <b>Covered Dependents</b> who received a benefit under the Group Critical Illness Policy.]</p> <p>No other combinations will be allowed. To be eligible to port, a <b>Dependent</b> must be covered under the <b>Policy</b> on the day the <b>Insured's</b> coverage under the <b>Policy</b> ends.</p> <p>The <b>Insured</b> must notify <b>Us</b> in writing of his or her request to continue coverage within [30-90] days of the date insurance would otherwise terminate and provide <b>Us</b> with a billing address. <b>We</b> will verify the <b>Insured's</b> eligibility for ported coverage based on the reason for the termination with the <b>Policyholder</b>. After confirming the <b>Insured's</b> eligibility to continue coverage, <b>We</b> will direct bill the <b>Insured</b> for the premium due on a [monthly] [quarterly] [semiannually] [annually] basis.</p> <p>The premium will be based on: (a) the <b>Insured's</b> [and/or <b>Dependent's</b>] rate class under this portability provision and (b) the <b>Insured's</b> [or surviving <b>Spouse's</b> [or <b>Domestic Partner's</b>]] age bracket. The premium due will be shown in the Group Critical Illness Portability Coverage Premium Notice.</p> <p>Termination of Portability Coverage</p> <p>Insurance terminates for all <b>Covered Persons</b> at the end of the month on the last to occur of:</p> <ol style="list-style-type: none"> <li>1. [the <b>Policy</b> is terminated;]</li> <li>2. the date that the <b>Insured's</b> coverage has been in effect for [3, 6, 9, 12, 18, 24, 36, 60, 120] consecutive months;</li> <li>3. the <b>Insured</b> fails to pay the required premium due, subject to the Grace Period;</li> <li>4. the <b>Insured</b> reaches age [65-99]; or</li> <li>5. the Per Person Lifetime Benefit Maximum Payout is paid to the <b>Insured</b>.</li> </ol> <p>In addition, for a <b>Covered Person</b> other than the <b>Insured</b>, his or her insurance terminates on the earliest of:</p>	<p>this will be in or out.</p> <p>This will be in or out depending if <b>Dependents</b> are Eligible Class</p> <p>Will be in or out.</p> <p>Will be in or out depending if <b>Dependents</b> are Eligible Class.</p> <p>[65-99] The range will be as shown.</p> <p>This will be in or out.</p> <p>[30-90] days. The range will be as shown.</p> <p>Either [monthly], [quarterly] [semiannually] or [annually] will be in or out.</p> <p>[and/or <b>Dependent's</b>] will be in or out.</p> <p>Will be in or out.</p> <p>[3, 6, 9, 12, 18, 24, 36, 60, 120] will be in or out.</p> <p>[65-99] The range will be as shown.</p>
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<ol style="list-style-type: none"> <li>1. the date Per Person Lifetime Benefit Maximum Payout is paid to the <b>Covered Person</b>; [or]</li> <li>2. the first premium due date after the person no longer qualifies as a <b>Covered Person</b>;;or][.]</li> <li>3. [for the covered <b>Spouse</b> [/Domestic Partner], the date the covered <b>Spouse</b> [/Domestic Partner] reaches age [65-99].]</li> </ol>	<p>[or] will be in or out.</p> <p>[or] [.] will be in or out.</p> <p>This will be in or out. If in, [65-99] the range will be as shown.</p>
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**GROUP APPLICATION FORM U-GCI-101-A AR (05/12)**

Applicant's Legal Name:	Will show applicant's name
Street Address:	Will show applicant's address
Mailing Address:	Will show applicant's mailing address
Telephone: Facsimile: Website Contact Email:	Will show, phone number, facsimile number and website contact email
Contact Person and Email	Will show contact person name and email address
Nature of Business	Employer will describe the nature of the business
Federal Tax ID #	Federal tax ID number will be inserted
Are Subsidiaries/Affiliates to be covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide a list of complete names and addresses of all to be covered.
Requested Policy Inception Date	Applicable date
Policy Number	Assigned Policy Number
Employer will indicate enrollment method and billing method by checking off appropriate items	
Proposed Policy Effective Date/Proposed Policy Expiration Date	Applicable date
[Class II: [Class III: [Class IV: [Class V: [Class VI:	Eligible classes will be described based on eligible classes of employer: [Class [II]: [Members of the <b>Policyholder's</b> Board of Directors] [Class [III]: <b>Active</b> members of a labor union employed by the <b>Policyholder</b> [Class [IV]: <b>Spouse [/Domestic Partner]</b> of Class I [and] [,][Class III] [and Class VI] <b>Eligible Persons</b> when such <b>Spouse[/Domestic Partner]</b> is under age [65-99] [Class [V]: <b>Retirees</b> of the <b>Policyholder</b> [Class [VI]: [As defined by the <b>Policyholder</b> ]
<input type="checkbox"/> <b>Spouse/Domestic Partner</b> <input type="checkbox"/> <b>Dependent Children</b>	Class numbers will be renumbered as appropriate Will indicate if dependent coverage is available
Select <b>Eligibility Waiting Period</b>	Ranges based on policy and certificate ranges above
Select <b>Service Waiting Period</b>	Ranges based on policy and certificate ranges above
# Employees: _____ # Eligible Employees: _____ # of Employees with Dependents: _____	Employer will indicate information
Participation Requirements	Agreed upon participation requirements will be reflected here
<input type="checkbox"/> Category 1 - [ <b>Heart Attack</b> ] [ <b>Stroke</b> ] [ <b>Coronary Artery By-Pass Graft</b> ][ <b>Non-Surgical Procedure for Coronary Artery Disease</b> ][ <b>Ruptured Aneurysm</b> ] <input type="checkbox"/> Category 2 – [ <b>Type 1 Cancer</b> ] [ <b>Type 2 Cancer</b> ] [ <b>Skin Cancer</b> ] [ <b>Benign Brain Tumor</b> ] <input type="checkbox"/> Category 3 - [ <b>Major Organ Transplant</b> ] [ <b>Heart Transplant</b> ][ <b>End Stage Renal Failure</b> ] <input type="checkbox"/> Category 4 - [ <b>Paralysis</b> ] [ <b>Coma</b> ] [ <b>Blindness Both Eyes</b> ] [ <b>Blindness One Eye</b> ] [ <b>Loss of Speech and/or Hearing</b> ]	Categories and <b>Critical Illnesses</b> selected by the <b>Policyholder</b> will be indicated

<p><b>[Severe Burns] [Loss of Hands and Feet]</b></p> <p><input type="checkbox"/> Category 5 - <b>[Advanced Alzheimer's] [Amyotrophic Lateral Sclerosis] [Parkinson's Disease][Addison's Disease] [Cerebrospinal Meningitis] [Diphtheria] [Encephalitis][Huntington's Chorea][Legionnaire's Disease][Malaria][Muscular Dystrophy][Myasthenia Gravis][Necrotizing Fasciitis][Occupational HIV] [Occupational Hepatitis] [Osteomyelitis] [Poliomyelitis] [Rabies][Sickle Cell Anemia][Systemic Lupus Erythematosis][Scleroderma][Tetanus][Tuberculosis][Loss of Ability to Perform Normal Activities of Daily Living]</b></p> <p><input type="checkbox"/> Category 6 - <b>[Multiple Sclerosis] [Cerebral Palsy] [Cleft Lip or Cleft Palate] [Cystic Fibrosis] [Down Syndrome] [Spina Bifida]</b></p>	
<p>Select Occurrence Type: <input type="checkbox"/> First Ever <input type="checkbox"/> First After</p>	<p>Employer will indicate plan selected</p>
<p>Pre-Existing Condition Limitation: <input type="checkbox"/> 6/12 <input type="checkbox"/> 3/12 <input type="checkbox"/> Other _____</p>	<p>Will indicate any pre-existing condition limitations subject to state law</p>
<p>Select Benefit Amount Options:</p> <p>Guaranteed Issue Amount Selected for:</p> <p>Employee: [ \$0 - \$5,000,000 in \$1,000 increments]</p> <p>Spouse/Domestic Partner: [<u>\$10%-100%</u>] of Employee's Benefit Amount] or [<u>\$0-\$5,000,000</u>] in \$1,000 increments]</p> <p>Dependent Child(ren): [<u>\$10%-100%</u>] of Employee's Benefit Amount] or [<u>\$0-\$5,000,000</u>] in \$1,000 increments]</p> <p>Benefit Amount Selected (including Guaranteed Issue Benefit Amount:</p> <p>Employee: [<u>\$1,000 - \$5,000,000</u>] in \$1,000 increments]</p> <p>Spouse/Domestic Partner: [<u>\$10%-100%</u>] of Employee's Benefit Amount] or [<u>\$0-\$5,000,000</u>] in \$1,000 increments]</p> <p>Dependent Child(ren): [<u>\$10%-100%</u>] of Employee's Benefit Amount] or [<u>\$0-\$5,000,000</u>] in \$1,000 increments]</p>	<p>Benefit Amounts and eligible persons selected will be reflected here; ranges as shown</p>
<p>Category Maximum: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Category Maximum: [<u>100%-400%</u>]</p>	<p>If category maximum imposed, will indicate Yes. Range as shown.</p>
<p>Select Per Person Lifetime Benefit Maximum: [<u>100%- 500%</u>] of Benefit Amount</p>	<p>Lifetime benefit – ranges as shown</p>
<p>Additional Benefit: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes,</p> <p><input type="checkbox"/> Category 1 [<u>6,12,18,24</u>] months; <input type="checkbox"/> Category 2 [<u>6,12,18,24</u>] months; <input type="checkbox"/> Category 3 [<u>6,12,18,24</u>] months;</p> <p><input type="checkbox"/> Category 4 [<u>6,12,18,24</u>] months; <input type="checkbox"/> Category 5 [<u>6,12,18,24</u>] months; <input type="checkbox"/> Category 6 [<u>6,12,18,24</u>] months</p>	<p>Indicates whether or not additional benefit included.</p> <p>Will indicate categories selected and ranges as shown</p>
<p>Recurrence Benefit: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes,</p> <p><input type="checkbox"/> Category 1 [<u>6,12,18,24</u>] months; <input type="checkbox"/> Category 2</p>	<p>Indicates whether or not recurrence benefit included.</p> <p>Will indicate categories selected and ranges as shown</p>

<p>[6,12,18,24] months: <input type="checkbox"/> Category 3 [6,12,18,24] months:  <input type="checkbox"/> Category 4 [6,12,18,24] months: <input type="checkbox"/> Category 5  [6,12,18,24] months: <input type="checkbox"/> Category 6 [6,12,18,24] months</p>	
<p>D. OPTIONAL BENEFITS</p>	<p>Employer will select optional benefits available by checking off correct box(es)</p>
<p>Offering: ___ *Base Only ___ Voluntary Only  *Base &amp; Voluntary ___ Contributory</p> <p>If, contributory what is the employer/organization's contribution? _____ percentage/dollar</p>	<p>Employer will indicate offering selected</p> <p>If contributory, will indicate contribution level</p>
<p>Rate Type: ___ Composite ___ Age Rated  Smoker/Non-Smoker ___ Male/Female ___ Unisex</p>	<p>Rate type will be indicated, subject to any state requirements or limitations on age or sex</p>
<p>Section 125 Pre-Tax: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Will indicate yes or no</p>
<p>Rate Guarantee: [1, 2, 3] years</p>	<p>Range as shown</p>
<p>E. PORTABILITY: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Will indicate yes or no</p>
<p>PRODUCER INFORMATION  Commission: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, _____% requested</p>	<p>Producer name and contact information will be included  Indicate yes or no and include commission %</p>

**GROUP CRITICAL ILLNESS INSURANCE CERTIFICATE – U-GCI-102-A AR (05/12)**

**Face Page**

<p><b>[BENEFITS ARE REDUCED UPON ATTAINMENT OF SPECIFIED AGES.]</b></p> <p>The [Insured] [Covered Person] may call [XXX-XXX-XXXX] to present inquiries or to obtain information about coverage or if they need assistance in resolving any complaints. Or, the [Insured] [Covered Person] can write to Zurich American Insurance Company at their administrative offices at [XXXXXX].</p> <p>Should the [Insured] [Covered Person] wish to contact the Arkansas Insurance Department for assistance, they may do so by calling [1-800-852-5494]. Or, the [Insured] [Covered Person] may send written correspondence to the Arkansas Insurance Department at [1200 West Third Street, Little Rock, AR 72201-1904].</p>	<p>Included if there is a reduction schedule</p> <p>Company and State contact information may change. Therefore, current contact information will be inserted as necessary.</p>
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**SECTION I – SCHEDULE**

<p><b>I. POLICYHOLDER:</b> [John Doe Corporation] [123 Main Street] [Anywhere, XX 10011]</p> <p>[COVERED SUBSIDIARIES OR AFFILIATED COMPANIES:]</p> <p><b>II. POLICY NUMBER:</b> [ABC-1234567]</p> <p><b>III. POLICY INCEPTION DATE:</b> [January 1, 2012]</p> <p><b>IV. POLICY PERIOD:</b> [Effective Date] to [Expiration Date]</p> <p>[Continuous]</p> <p><b>V. INSURED:</b> [Insured's Name] [Street Address] [City, State Zip]</p>	<p>Name of <b>Policyholder</b> will be inserted. Address of <b>Policyholder</b> will be inserted. City and State of <b>Policyholder</b> will be inserted.</p> <p>This will be either in or out.</p> <p><b>Policy</b> number of <b>Policy</b> will be inserted.</p> <p>Policy Inception Date will be inserted.</p> <p>Effective Date will be inserted. Expiration Date will be in-or-out. If in, the Expiration Date will be inserted. Continuous will be in-or-out.</p> <p>Name, Address and City, State, Zip will be inserted</p>
<p><b>VI. CERTIFICATE NUMBER</b> [[XXXXXXXX-XX]]</p>	<p>Certificate number will be inserted.</p>
<p><b>VII. COVERED DEPENDENTS</b></p> <p>[Spouse's[/Domestic Partner's] Name] [Dependent Child(ren)'s Name(s)]</p>	<p>The name of the <b>Spouse, Domestic Partner</b> or the name <b>Dependent Child</b> will be inserted.</p>
<p><b>VIII. PREMIUMS</b> [\$00.00] Payable [Monthly]</p>	<p>[\$00.00] Payable Premium amount will be inserted. [Monthly] Monthly, quarterly, semi-annual or annual will be inserted.</p>
<p><b>IX. ELIGIBILITY AND CLASSIFICATION OF INSUREDS</b> [completion of the [Service][Eligibility] Waiting Period as indicated below, and]</p> <p>Class I: [Active employees working a minimum of [15-40 hours] per week and includes [salaried employees of the Policyholder][hourly employees of the Policyholder].</p>	<p>This will be either in or out. <b>Service Waiting Period</b> included for classes where <b>Eligible Persons</b> are in <b>Active</b> work. <b>Eligibility Waiting Period</b> for Eligible Classes where persons are not in <b>Active</b> work with the <b>Policyholder</b>. If in, either <b>Eligibility</b> or <b>Service Waiting Period</b> will be decided by the <b>Policyholder</b>.</p> <p>This will be a variable of active full-time and/or active part-time; variable of salaried and/or hourly employees.</p>

<p>[Class [ II]: [Members of the <b>Policyholder's</b> Board of Directors]</p> <p>[Class [ III]: [<b>Active</b> members of a labor union employed by the <b>Policyholder</b>]</p> <p>[Class [IV]: [<b>Spouse</b> [/Domestic Partner] of Class 1 [and Class III and Class VI] <b>Eligible Persons</b> when such <b>Spouse</b>[/Domestic Partner] is under age [65-99]]</p> <p>[Class [ V]: [<b>Retirees</b> of the <b>Policyholder</b>]</p> <p>[Class [VI]: [As defined by the <b>Policyholder</b>]</p>	<p>Included if Board of Directors are Eligible Class per the <b>Policyholder</b>.</p> <p>Included if members of labor union are Eligible Class per the <b>Policyholder</b></p> <p>Included if spouses are Eligible Class per the <b>Policyholder</b> on stand alone basis. Classes will be reflective of other Eligible Classes selected by the <b>Policyholder</b></p> <p>Included if <b>Retirees</b> are Eligible Class per the <b>Policyholder</b>.</p> <p>As defined by <b>Policyholder</b> if no other defined class appropriate</p> <p>Numbers will be sequential for Classes I – VI based on classes selected by policyholder</p>
<p>X. REPORTING AND NOTICE ADDRESSES:</p> <p>Claim Reporting:  [Claims Department  Zurich American Insurance Company,  [P.O. Box 968041, Schaumburg, IL. 60196]  [1-877-287-4805]</p>	<p>This is variable in the event there is a change in the Company's mailing address and telephone number.</p>
<p>SCHEDULE OF BENEFITS:</p> <p>Covered <b>Critical Illnesses</b>: [<b>Heart Attack</b>] [<b>Stroke</b>] [<b>Coronary Artery By-Pass Graft</b>][<b>Non-Surgical Procedure for Coronary Artery Disease</b>][<b>Ruptured Aneurysm</b>] [<b>Type 1 Cancer</b>] [<b>Type 2 Cancer</b>] [<b>Skin Cancer</b>] [<b>Benign Brain Tumor</b>] [<b>Major Organ Transplant</b>] [<b>Heart Transplant</b>][<b>End Stage Renal Failure</b>] [<b>Paralysis</b>] [<b>Coma</b>] [<b>Blindness Both Eyes</b>] [<b>Blindness One Eye</b>] [<b>Loss of Speech and/or Hearing</b>] [<b>Severe Burns</b>] [<b>Loss of Hands and Feet</b>] [<b>Advanced Alzheimer's</b>] [<b>Amyotrophic Lateral Sclerosis</b>] [<b>Parkinson's Disease</b>][<b>Addison's Disease</b>] [<b>Cerebrospinal Meningitis</b>] [<b>Diphtheria</b>] [<b>Encephalitis</b>][<b>Huntington's Chorea</b>][<b>Legionnaire's Disease</b>][<b>Malaria</b>][<b>Muscular Dystrophy</b>][<b>Myasthenia Gravis</b>][<b>Necrotizing Fasciitis</b>][<b>Occupational HIV</b>] [<b>Occupational Hepatitis</b>] [<b>Osteomyelitis</b>] [<b>Poliomyelitis</b>] [<b>Rabies</b>][<b>Sickle Cell Anemia</b>][<b>Systemic Lupus Erythematosus</b>] [<b>Scleroderma</b>][<b>Tetanus</b>][<b>Tuberculosis</b>][<b>Loss of Ability to Perform Normal Activities of Daily Living</b>] [<b>Multiple Sclerosis</b>] [<b>Cerebral Palsy</b>] [<b>Cleft Lip or Cleft Palate</b>] [<b>Cystic Fibrosis</b>] [<b>Down Syndrome</b>] [<b>Spina Bifida</b>].</p>	<p>The covered <b>Critical Illnesses</b> will be included. The conditions not covered will be deleted.</p>
<p>[<b>Benefit Waiting Period</b>:</p> <p>[0-30 days]</p>	<p>Included if <b>Benefit Waiting Period</b> imposed;</p> <p>Ranges will be as shown</p>
<p><b>Your</b> Benefit Amount [including Guaranteed Issue Benefit Amount]: [\$1,000 - \$5,000,000]  [Guaranteed Issue Benefit Amount for <b>You</b>: \$0 - \$5,000,000]</p> <p>[Covered <b>Spouse</b> [<b>Domestic Partner</b> ] Benefit Amount [including Guaranteed Issue Benefit Amount]: [[10%-100%] of <b>Your</b> Benefit Amount] or [\$0-\$5,000,000]  [Guaranteed Issue Benefit Amount for [<b>Spouse</b>] [<b>Domestic Partner</b> ]: \$0-\$5,000,000]</p>	<p>Ranges will be as shown  Guaranteed Issue either in or out. Included if Guaranteed Issued available</p>

<p>[Covered <b>Dependent Child(ren)</b> Benefit Amount [including Guaranteed Issue Benefit Amount]: [10%-100%] of <b>Your</b> Benefit Amount] or [\$1,000-\$5,000,000]  [Guaranteed Issue Benefit Amount for Covered <b>Dependent Child(ren)</b>: \$0-\$5,000,000]</p> <p>[Per Category Maximum Payout: For each category of <b>Critical Illnesses</b>, we will pay a maximum of [100%-400%] per category]</p> <p>Per Person Lifetime Benefit Maximum Payout: [100%-500%] of the Benefit Amount for all occurrences combined for all <b>Critical Illnesses</b>.</p>	<p>Will be in or out depending if per category cap is imposed.</p>												
<p>Categories [1,2, 3, 4, 5,6]</p>	<p>Each Category of <b>Critical Illnesses</b> will be in or out depending on the selection of the <b>Policyholder</b>.</p>												
<p>Percent of the Benefit Amount  [0%-300%]</p>	<p>Range will be as shown; range available for all <b>Critical Illnesses</b></p>												
<p>Example of how maximum benefits are calculated:</p> <p><b>Your</b> covered for all Category 1 and Category 5 <b>Critical Illnesses</b> and has program with Per Category Maximum and Lifetime Maximum. All benefits payable at 300% of Benefit Amount with 400% Category maximum and 500% Lifetime maximum*:</p> <p><b>Diagnosed</b> with <b>Stroke</b> – receives 300% of Benefit Amount.</p> <p>Suffers <b>Heart Attack</b> 12 months later which is in same category and the time period between first <b>Critical Illness Diagnosed (Stroke)</b> and “additional benefit” is satisfied. Benefit payable is only 100% of Benefit Amount as the cap is 400% within this category.</p> <p>12 months later, <b>Diagnosed</b> with <b>Parkinson’s</b> which is a new category. As the overall Lifetime Maximum is 500% and 400% has been paid, <b>Insured</b> will receive 100% of Benefit Amount.</p> <p>* Assumes that the Insured Person is not in age category for a benefit reduction. If over age [65-85], Benefit Amount payable reduced by percentages shown below.</p>													
<p>[Recurrence Benefits  Maximum Number Percent of Benefit  [0,1, 2]  Percent of Benefit  [0%-300%]</p>	<p>Included if recurrence benefit provided  Ranges as shown</p>												
<p>[Reduction in Coverage – Age Reductions  On the Premium Due Date on or next following the date <b>Your</b> attains age [65-85], his or her Benefit Amount will be reduced. The <b>Covered Dependent’s</b> Benefit Amount will be reduced on a pro rata basis when <b>Your</b> benefit amount is reduced. Reductions are based on the original Benefit Amount in effect for <b>Your</b>.  [Benefit Amount reduces at certain ages by the following percentage:</p> <table border="0" style="margin-left: 40px;"> <tr> <td style="padding-right: 20px;">Age at Date</td> <td>Percent of</td> </tr> <tr> <td>Diagnosis Made or</td> <td>Benefit Amount</td> </tr> <tr> <td>Procedure</td> <td></td> </tr> <tr> <td>Recommended</td> <td></td> </tr> <tr> <td>Percent of</td> <td></td> </tr> <tr> <td>Benefit Amount</td> <td></td> </tr> </table> <p style="text-align: center;">[[65 - 69]                      [[1-99%]</p>	Age at Date	Percent of	Diagnosis Made or	Benefit Amount	Procedure		Recommended		Percent of		Benefit Amount		<p>Reduction schedule included if there is reduction schedule. Deleted if not. Ranges as shown.</p>
Age at Date	Percent of												
Diagnosis Made or	Benefit Amount												
Procedure													
Recommended													
Percent of													
Benefit Amount													

[70 - 74]	[1-99%]	
[75 – 79]	[1-99%]	
[80 – 84]	[1-99%]	
[85 over]]	[1-99%]]	
Optional Benefits		Included if selected by the <b>Policyholder</b>
[ <b>Bone Marrow Transplant</b> Benefit: [0-300%] of Benefit Amount paid for the <b>Critical Illness.</b> ]		Ranges as shown.
[*Evaluation Benefit: For one evaluation or consultation: [\$500-\$1,000] Additional Benefit if <b>Evaluation Center</b> more than 100 miles from [the <b>Covered Person's</b> ] [ <b>Your</b> ] primary residence [\$100-\$500]]		Ranges as shown.
[ <b>Hospital</b> Cash Benefit: Daily <b>Hospital Confinement</b> Benefit: [\$30-\$5000] Maximum Benefit Period: [30-365] days]]		Ranges as shown.
<b>Lymphedema</b> Testing Benefit: [\$50-\$5000] per test with an overall benefit maximum of [\$50-\$5000] per [ <b>Your</b> ][ <b>Covered Person</b> ] per <b>Critical Illness</b> ]		Ranges as shown.
[ <b>Lodging</b> Benefit: Daily Lodging Benefit: [\$60-\$2500] Maximum Benefit Period: [1-180] consecutive days per <b>Outpatient Treatment Session</b> ]]		Ranges as shown.
[*NCI Cancer Center Benefit: Consultation Benefit [\$500-\$5,000] Additional Benefit if Evaluation Center is more than 100 miles from [the <b>Covered Person's</b> ] [ <b>Your</b> ] primary residence [\$100-\$500]]		Ranges as shown.
[ <b>Stem Cell Therapy</b> Indemnity Benefit: [0-300%] of Benefit Amount paid for the <b>Critical Illness.</b> ]		Ranges as shown.
[Transportation Benefit: The greater of [\$.XX] or the current year's IRS mileage rate per mile for a maximum of [\$1,000 - \$2,500] per round trip <b>Plan</b> Year Maximum: [\$1,000 - \$10,000]		[\$.XX] will be in or out.  Ranges as shown. Ranges as shown.
[Waiver of Premium Benefit: [included] [not included] ] [Wellness Benefit: [\$50, \$100, \$150] per test with an overall benefit maximum of [\$50-\$5000] [ <b>Covered Person</b> ] per <b>Plan</b> year.]		Included if offered. Deleted if not  Test amounts of \$50, \$100 or \$150 will be available. Ranges as shown.
[* If [ <b>Your</b> ] [a <b>Covered Person</b> ] is covered for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid.]		Included if applicable

## SECTION II – ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

<b>[ELIGIBILITY OF YOUR DEPENDENTS:</b> A <b>Spouse</b> [/ <b>Domestic Partner</b> ] will not be eligible as a <b>Dependent</b> if he or she is also a Class I[,] [Class II, Class III, Class V or Class VI] <b>Eligible Person</b> and enrolls for insurance under this <b>Policy</b> . Only one Class I [,] [Class II, Class III, Class V or Class VI] <b>Eligible Person</b> may select a <b>Plan</b> covering their mutual <b>Dependents</b> if both parents are in such Eligible Class.]	<b>ELIGIBILITY OF YOUR DEPENDENTS</b> will be either in or out. If in, A <b>Spouse</b> and/or <b>Domestic Partner</b> may be in an <b>Eligible Class</b> as an <b>Insured</b> or an <b>Eligible Class</b> as a <b>Dependent</b> . Language will reflect correct Class numbers.
<b>ENROLLMENT:</b> An <b>Eligible Person</b> may enroll for coverage under this <b>Policy</b> by making written or electronic application for such coverage on an	

<p>enrollment form furnished or approved by <b>Us</b>. Coverage will not become effective until the <b>Eligible Person</b> has enrolled himself or herself [and his or her <b>Eligible Dependents</b>], paid the required premium, if any, and provided satisfactory proof of insurability, if required, on a form or electronic application approved by <b>Us</b>.</p> <p>Initial Enrollment: <b>Eligible Persons</b> should enroll themselves and their <b>Eligible Dependents</b> within [31 days] of the first to occur of:</p> <ol style="list-style-type: none"> <li>1. the date first eligible as described in the Schedule; or</li> <li>2. the date that the [<b>Service</b>][<b>Eligibility</b>] <b>Waiting Period</b> is satisfied if applicable to their eligibility Class.]</li> </ol> <p>[Individuals who enroll after this time are considered late entrants.]</p> <p>[Guaranteed Issue: <b>Eligible Persons</b> may enroll for up the Guaranteed Issue Benefit Amount without providing evidence of insurability. If an <b>Eligible Persons</b> enrolls for a Benefit Amount in excess of the Guaranteed Issue Benefit Amount, he or she must provide satisfactory evidence of insurability using a form or electronic application approved by <b>Us</b>.]</p> <p>[Open Enrollment: <b>Eligible Persons</b> may enroll themselves and their <b>Eligible Dependents</b> during an <b>Open Enrollment Period</b>, subject to providing satisfactory evidence of insurability on a form or electronic application approved by <b>Us</b>. Other changes including increases, decreases or terminations may also be restricted to <b>Open Enrollment Periods</b>. ]</p> <p>[Late Entrants: <b>Eligible Persons</b> who do not enroll themselves or their <b>Eligible Dependents</b> within their Initial <b>Enrollment Period</b>, may not enroll until the next <b>Open Enrollment Period</b> unless there is a Change in Family Status, as described below.]</p> <p>Change in Family Status: An <b>Eligible Person</b> may enroll or an <b>Insured</b> may change his or her coverage if a change in family status occurs, provided written or electronic application to enroll is made within [31 days] of the events:</p> <ol style="list-style-type: none"> <li>1. marriage [or establishment of a <b>Domestic Partnership</b>];</li> <li>2. divorce or legal separation;</li> <li>3. birth or adoption of a child; [or]</li> <li>4. death of a <b>Spouse</b> [/<b>Domestic Partner</b>] or <b>Dependent Child</b>; [or]</li> <li>5. [other changes as permitted by the <b>Policyholder</b>].</li> </ol>	<p>This will be in or out.</p> <p>[31 days] The range will be [0-90 days]</p> <p><b>[Service]</b> or <b>[Eligibility] Waiting Period</b>, depending upon class of eligible person will be in or out</p> <p>If permitted to enroll any time, references to late entrants will be deleted. If may enroll only with conditions (full medical evidence or during an annual or open enrollment period), included.</p> <p>This will be in or out depending if Guaranteed Issue is available.</p> <p>This will be in or out depending if open enrollment is available to the <b>Policyholder</b>.</p> <p>This will be in or out depending if Late Entrants may enroll with conditions, deleted if person may enroll any time</p> <p>[31-90 days] This will be in or out if <b>Domestic Partner</b> is eligible.</p> <p>This will be in or out depending if additional changes in family status are permitted;</p>
<p><b>YOUR EFFECTIVE DATE</b> For <b>Insured</b>:</p> <p><b>Your</b> coverage begins on the later of the following dates, provided that any required premium is paid to <b>Us</b>:</p> <p>For Guaranteed Issue Benefit Amounts, the later of:</p> <ol style="list-style-type: none"> <li>1. the <b>Policyholder's</b> Inception Date as shown on the Schedule; or</li> <li>2. the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] date the <b>Eligible Person</b> meets all eligibility and enrollment requirements,</li> </ol> <p>[For Class I [or Class III] <b>Eligible Person</b> must be <b>Actively At</b></p>	<p>[first of the month following the] OR [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] will be in or out.</p> <p>Deferred Effective Date language for</p>

<p><b>Work</b> on the date his or her insurance becomes effective. (If the date that insurance was to go into effect is not a normally scheduled work day for him or her, he or she must have been <b>Actively at Work</b> on the last scheduled work day prior to the date insurance becomes effective under the <b>Policy</b>). If such Employee is not so <b>Actively at Work</b>, his or her insurance will be deferred until the date he or she is <b>Actively at Work</b>. [The Class II <b>Eligible Person</b> must be on the Board of Directors for the <b>Policyholder</b> on the date his or her insurance becomes effective.] [The Class IV <b>Eligible Person</b> must not be hospital confined on the date his or her insurance would otherwise become effective. If he or she is hospital confined, such insurance will be deferred until the date he or she is no longer confined.]</p> <p>For Benefits Amounts in excess of the Guaranteed Issue Amount, the additional coverage will be effective on the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by Us, following the] date <b>We</b> approve the <b>Eligible Person's</b> evidence of insurability, subject to payment of the premium due.</p>	<p>employee/labor union member included or deleted based on <b>Policyholder</b> specifications. Deferred Effective Date language based on hospital confinement for other non-working classes included or deleted based on <b>Policyholder</b> specifications.</p> <p>[first of the month following the] will be in or out. [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>US</b>, following the] will be in or out.</p>
<p><b>ELIGIBLE DEPENDENTS EFFECTIVE DATE</b></p> <p>For <b>Your Covered Dependents</b>:</p> <p>For Guaranteed Issue Benefit Amounts, the later of:</p> <ol style="list-style-type: none"> <li>1. the <b>Policyholder's</b> Effective Date, shown on the <b>Certificate</b> Schedule; or</li> <li>2. the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by Us, following the] date <b>Your</b> insurance becomes effective, subject to payment of premium when due.</li> </ol> <p>[The <b>Dependent</b> must not be hospital confined on the date his or her insurance would otherwise become effective. If he or she is hospital confined, such insurance will be deferred until the date he or she is no longer confined.]</p> <p>For <b>Eligible Dependents</b> acquired after an <b>Your</b> Effective Date of coverage, by reason of marriage, [Domestic Partnership,] birth or adoption coverage is effective [[30] days after][on] [the date such dependent was acquired.][the date specified by the <b>Policyholder</b>.]</p>	<p>[first of the month following the] – will be in or out [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] will be in or out</p> <p>This will be in or out.</p> <p>[[30] days after] The range will be 0 -60. [on] will be in or out. [the date such dependent was acquired.] will be in or out. [the date specified by the <b>Policyholder</b>.] will be in or out.</p>
<p>[Benefit Changes: Once an <b>You</b> have made <b>Your</b> benefit elections for a given year, <b>You</b> may not change the Benefit Amount until the <b>Policyholder's</b> next <b>Open Enrollment Period</b>, except for a Change in Family Status.</p> <p>Increases in the Benefit Amount are effective on the [first of the month following the] [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] date <b>We</b> approve the evidence of insurability, provided he or she is <b>Actively at Work</b> on the date the increased benefit would otherwise become effective. Decreases in the Benefit Amount are effective on the first day of the month following the date of request.]</p>	<p>Benefit Changes will be in or out. If in,</p> <p>[first of the month following the] will be in or out. [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>, following the] will be in or out.</p>

**SECTION III – DEFINITIONS**

<p><b>[Accident or Accidental</b> means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place during the <b>Policy</b> term.]</p>	<p>This will be in or out.</p>
<p><b>[Active and Actively at Work</b> describes an employee of the <b>Policyholder</b> who is able and available for active performance of all of his or her regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered <b>Actively at Work</b> provided the employee is able and available for active performance of all of his or her regular duties and was working the day immediately prior to the date of his or her absence. <b>[Active</b> also includes member of a labor union who is able and available for active performance of all of his or her regular duties with the <b>Policyholder</b>.]</p>	<p>This will be in or out. If in,  This will be in or out depending if member is eligible</p>
<p><b>[Addison’s Disease</b> means is a rare, chronic endocrine disorder in a <b>[Covered Person] [You]</b> where the adrenal gland does not produce sufficient steroid hormones, as Diagnosed by a <b>Physician</b> who is a board certified endocrinologist. [This does not include adrenal insufficiency resulting from prolonged corticosteroid treatment.])</p>	<p>This will be in or out. If in,  This will be in or out.</p>
<p><b>[Advanced Alzheimer’s Disease</b> means the <b>Diagnosis</b>, by a <b>Physician</b> who is board certified as a neurologist, of <b>Advanced Alzheimer’s Disease</b>. [The <b>Covered Person] [You]</b> must exhibit loss of intellectual capacity involving impairment of memory and judgment as measured by clinical evidence and standardized testing that has persisted for a period of at least [120] consecutive days. It must result in significant reduction in mental and social functioning such that the <b>[Covered Person] [You]</b> requires <b>Substantial Assistance</b> in performing at least [two][three][four] of the six <b>Normal Activities of Daily Living</b>. No other dementing brain disorders or psychiatric illnesses shall meet the definition of <b>Advanced Alzheimer’s Disease</b>, nor will they be considered a <b>Critical Illness</b>.]</p>	<p>This will be in or out. If in,  The range will be 90 -180  Either [two] [three] or [four] will be in or out.</p>
<p><b>[Amyotrophic Lateral Sclerosis</b> means a neurological disease affecting the nerve cells in the brain and spinal cord of [a <b>Covered Person] [You]</b> that control voluntary muscle movement resulting in permanent clinical impairment of motor function as <b>Diagnosed</b> by a <b>Physician</b> who is a board-certified neurologist.]</p> <p><b>Benefit Waiting Period</b> means the number of consecutive days shown in the Schedule of Benefits immediately following [each <b>Covered Person’s] [Your]</b> Effective Date of insurance [or request for an increase in coverage].</p>	<p>This will be in or out. If in,  [or request for an increase in coverage] will be in or out depending if benefit changes are permitted.</p>
<p><b>[Blindness</b> means the clinically proven irreversible reduction of sight [due to [an Accident] [or] [Sickness] to [both eyes][either eye] that has persisted for a period of at least [3-180] consecutive days. Sight must be reduced to a corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (Snellen or E-Chart Acuity) or visual field restriction to 20° or less in [both eyes][either eye].</p> <p><b>Blindness</b> does not include:</p> <ol style="list-style-type: none"> <li>1. partial restoration of sight, if in general medical opinion any <b>Procedure</b>, device, or implant that could result in partial or total restoration of sight;</li> <li>2. reduction of sight in [any <b>Covered Person][You]</b> who has not attained Age [2,3,4,5] on the Date of <b>Diagnosis</b>;</li> <li>3. reduction of sight in [a <b>Covered Person][You]</b> as defined herein if the reduction of sight occurred prior to the Effective Date of the <b>[Covered Person’s][You]</b> coverage.]</li> </ol>	<p>This will be in or out. If in [both eyes] will be in or out. [either eye] will be in or out. [3-180] ranges will be as shown.  Either [2, 3, 4, 5] will be in or out.</p>

<p>[<b>Benign Brain Tumor</b> means an intracranial solid neoplasm [of at least one (1) centimeter in size] within the brain or the central spinal canal of [a <b>Covered Person</b>] [<b>Yours</b>] that is non-cancerous. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>. [<b>Benign Brain Tumor</b> [This does not include cysts, granulomas, angiomas, meningiomas, malformations of the intracranial arteries or veins, or tumors of the cranial nerves, pituitary gland or spinal cord.]]</p>	<p>This will be in or out. If in, This will be in or out.</p> <p>This will be in or out.</p>
<p>[<b>Bone Marrow Transplant</b> means a <b>Procedure</b> recommended by <b>Physician</b> who is board certified to replace damaged or destroyed bone marrow with healthy bone marrow stem cells. It must be required due to clinical evidence of the bone marrow's irreversible damage which requires that the damaged or destroyed bone marrow be replaced with bone marrow from a suitable donor. <b>Bone Marrow Transplant</b> includes autologous (self to self) and allogeneic (person to person) transplants.]</p>	<p>This will be in or out. If in,</p>
<p>[<b>Cerebral Palsy</b> means a non-progressive, non-contagious motor conditions that cause physical disability in [a <b>Covered Person's</b>][an <b>Your</b>] development, chiefly in the area of body movement as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make a <b>Diagnosis of Cerebral Palsy.</b>]</p>	<p>This will be in or out.</p>
<p>[<b>Cerebrospinal Meningitis</b> means a potentially life-threatening [bacterial][viral] inflammation of the protective membranes covering the brain and spinal cord of [a <b>Covered Person</b>][<b>Yours</b>] as <b>Diagnosed</b> by a <b>Physician</b> who is a board certified neurologist. [<b>Cerebrospinal Meningitis</b> does not include meningitis resulting from a viral infection or other non-bacterial forms of meningitis.]]</p>	<p>This will be in or out. If in, [bacterial][viral] each will be in or out.</p> <p>This will be in or out.</p>
<p>[<b>Cleft Lip</b> and <b>Cleft Palate</b> means a type of clefting congenital deformity caused by abnormal facial development of [a <b>Covered Person</b>] [<b>Yours</b>] during gestation. The <b>Diagnosis</b> must be made and <b>Procedure</b> for correction recommended by a <b>Physician</b> board certified to make such <b>Diagnosis</b> and recommendation.]</p>	<p>This will be in or out.</p>
<p>[<b>Clinical Diagnosis of Type 1 Cancer</b> means a <b>Diagnosis of Type 1 Cancer</b> based on the study of symptoms and diagnostic test results. <b>We</b> will accept a <b>Clinical Diagnosis of Type 1 Cancer</b> only if the following conditions are met:</p> <ol style="list-style-type: none"> <li>1. a <b>Pathological Diagnosis</b> cannot be made because it is medically inappropriate or life threatening;</li> <li>2. there is medical evidence to support the <b>Diagnosis</b>; and</li> <li>3. a <b>Physician</b> is treating [the <b>Covered Person</b>] [<b>You</b>] for <b>Invasive Cancer.</b>]</li> </ol>	<p>This will be in or out</p>
<p>[<b>Coma</b> means a profound state of unconsciousness due to <b>Accident</b> [or sickness] from which one cannot be aroused to consciousness, even by powerful stimulation, as determined by a <b>Physician</b>. [The <b>Covered Person</b>] [<b>You</b>] must be confined in a medical facility during a <b>Coma</b>, [and] remain in a <b>Coma</b> for [7-180] consecutive days, [and require life support measures to sustain life].]</p>	<p>This will be in or out. If in, [or sickness] will be in or out.</p> <p>[and] will be in or out. [7- 180] the range will be as shown. [and require life support measures to sustain life] will be in or out.</p>
<p>[<b>Contributory</b> means that the premium payments require that the <b>Insured</b> pays all or a portion of the premium.]</p>	<p>This will be in or out depending upon whether insured contributes to insurance.</p>
<p>[<b>Coronary Artery By-Pass Graft</b> means a major heart surgery for a [<b>Covered Person</b>] [<b>You</b>] requiring median sternotomy (division of the breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts. The surgery must be recommended by a <b>Physician</b> who is a board certified cardiologist.</p>	<p>This will be in or out.</p>

<p><b>Coronary Artery Bypass Graft</b> does not include non-surgical techniques such as balloon angioplasty, laser embolectomy or other non-bypass techniques; minimally invasive endoscopic or keyhole heart surgery, stent <b>Procedures</b>, and atherectomy.]</p>	
<p><b>Covered Loss</b> means [a <b>Diagnosis</b> is made for a <b>Critical Illness</b>], [a <b>Procedure</b> for a <b>Critical Illness</b> is recommended,] [a wellness screening test is performed][or ][another benefit covered under the <b>Policy</b>.] for which benefits are payable under this <b>Policy</b>.</p>	<p>[a <b>Diagnosis</b> is made for a <b>Critical Illness</b>] will be in or out.</p> <p>[a <b>Procedure</b> for a <b>Critical Illness</b> is recommended,] will be in or out.</p> <p>[a wellness screening test is performed] will be in or out.</p> <p>[or ] will be in or out.</p> <p>[another benefit covered under the <b>Policy</b>.] will be in or out.</p>
<p><b>Covered Person</b> means any person who has insurance under the terms of the <b>Policy</b>. It includes <b>You</b> [, and <b>Your Spouse[/Domestic Partner]</b> and/or <b>Dependent Child(ren)</b> if a <b>Plan</b> covering the <b>Spouse/Domestic Partner]</b> and/or <b>Dependent Child(ren)</b> is selected.]</p>	<p>[and <b>Your Spouse [/Domestic Partner]</b> will be in or out.</p>
<p><b>Critical Illness:</b> [Heart Attack] [Stroke] [Coronary Artery Bypass Graft][Non-Surgical Procedure for Coronary Artery Disease][Ruptured Aneurysm] [Type 1 Cancer] [Type 2 Cancer] [Skin Cancer] [Benign Brain Tumor] [Major Organ Transplant] [Heart Transplant][End Stage Renal Failure] [Paralysis] [Coma] [Blindness Both Eyes] [Blindness One Eye] [Loss of Speech and/or Hearing] [Severe Burns] [Loss of Hands and Feet] [Advanced Alzheimer's] [Amyotrophic Lateral Sclerosis] [Parkinson's Disease][Addison's Disease] [Cerebrospinal Meningitis] [Diphtheria] [Encephalitis][Huntington's Chorea][Legionnaire's Disease][Malaria][Muscular Dystrophy][Myasthenia Gravis][Necrotizing Fasciitis][Occupational HIV] [Occupational Hepatitis] [Osteomyelitis] [Poliomyelitis] [Rabies][Sickle Cell Anemia][Systemic Lupus Erythematosis] [Scleroderma][Tetanus][Tuberculosis][Loss of Ability to Perform Normal Activities of Daily Living] [Multiple Sclerosis] [Cerebral Palsy] [Cleft Lip or Cleft Palate] [Cystic Fibrosis] [Down Syndrome] [Spina Bifida].</p>	<p>Some combination of these illnesses as selected by the <b>Policyholder</b> will be in or out.</p>
<p>[<b>Cystic Fibrosis</b> means a life-threatening multi-system genetic disease that causes severe lung damage and nutritional deficiencies. It must be <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Dependent</b> means the <b>You</b> [<b>Spouse[/Domestic Partner]</b>] [and <b>Dependent Child(ren)</b>].]</p>	<p>This will be in or out. If in, [<b>Spouse[/Domestic Partner]</b>] [and <b>Dependent Child(ren)</b> will be in or out.</p> <p>[and <b>Dependent Child(ren)</b>] will be in or out</p>
<p>[<b>Dependent Child(ren)</b> means those unmarried child(ren) of the <b>Yours</b>, [and] [those unmarried child(ren) of <b>Your Spouse [/Domestic Partner ]</b>] [as defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>.] [a person who qualifies as a <b>Dependent Child(ren)</b> under the law of the state of residence.] [as defined in the <b>Policyholder's</b> [medical] plan as on file and approved by <b>Us</b>] who rely on the <b>You</b> for [more than 50% of] their support, and are either: 1) less than [19 (nineteen)] years of age; 2) less than [26 (twenty-six)] years of age and enrolled on a full-time basis in a college, university, or trade school, or who satisfy neither 1) nor 2), but who prior to his or her termination of</p>	<p>Will be in or out. If in, [and] will be in or out. [those unmarried child(ren) of his or her <b>Spouse [/Domestic Partner ]</b>] will be in or out. [as defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b>.] will be in or out.</p> <p>[a person who qualifies as a <b>Dependent Child(ren)</b> under the law of the state of residence.] will be in or out.</p>

<p>coverage became incapable of self-sustaining employment by reason of mental or physical handicap. [The <b>Dependent Child(ren)</b> will only be <b>Covered Dependents</b> if a <b>Plan</b> covering <b>Dependents</b> is selected.]</p>	<p>[as defined in the <b>Policyholder's</b> [medical] plan as on file and approved by <b>Us</b>] will be in or out. If in, [medical] will be in or out. [more than 50% of] will be in or out [26 (twenty-six)] as selected by the <b>Policyholder</b> subject to state law</p> <p>[The <b>Dependent Child(ren)</b> will only be <b>Covered Dependents</b> if a <b>Plan</b> covering <b>Dependents</b> is selected.] will be in or out</p>
<p>[<b>Diagnosis</b> or <b>Diagnosed</b> means the definitive establishment of the <b>Critical Illness</b>, as defined herein, using clinical and/or laboratory findings. The <b>Diagnosis</b> must be made by a <b>Physician</b> who is a board certified specialist and qualified to make the <b>Diagnosis</b>. With respect to [ <b>Major Organ Transplant</b>] [<b>Coronary Artery By-Pass Surgery</b>], <b>Diagnosis</b> requires a <b>Physician's</b> recommendation that [the <b>Covered Person</b>] [<b>You</b>] undergoes such <b>Procedure</b>. The <b>Diagnosis</b> must be made while [the <b>Covered Person</b> is] [<b>You</b> are] alive.]</p>	<p>This will be in or out. If in,</p> <p>[<b>Major Organ Transplant</b>] This will be in or out. [<b>Coronary Artery By-Pass Surgery</b>] This will be in or out.</p> <p>This will be in or out.</p>
<p>[<b>Diphtheria</b> means an upper respiratory tract illness and an adherent membrane on the tonsils, pharynx, and/or nasal cavity caused by <i>Corynebacterium diphtheriae</i> as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Domestic Partner</b> means [a person who qualifies as a <b>Domestic Partner</b> under the <b>Policyholder's</b> written <b>Procedures</b> as on file and approved by <b>Us</b>.] [a person who qualifies as a <b>Domestic Partner</b> under the law of the state of residence.] [as defined in the <b>Policyholder's</b> [medical] plan as on file and approved by <b>Us</b>.]] To qualify as a <b>Domestic Partner</b> , the following requirements must be met:</p> <ol style="list-style-type: none"> <li>1. [<b>You</b> and the <b>Domestic Partner</b> must have an intimate, committed relationship of mutual caring, and have agreed to be responsible for each other's welfare;]</li> <li>2. [<b>You</b> and the <b>Domestic Partner</b> must have lived together in such a relationship for a period of not less than six (6) consecutive months at the same residence address;]</li> <li>3. [<b>You</b> and the <b>Domestic Partner</b> must both be at least eighteen (18) years of age;]</li> <li>4. [neither the <b>You</b> nor the <b>Domestic Partner</b> are legally married;]</li> <li>5. [<b>You</b> and the <b>Domestic Partner</b> are not <b>Related</b> by blood or adoption;]</li> <li>6. [<b>You</b> and the <b>Domestic Partner</b> are each other's sole <b>Domestic Partner</b> and intend to remain so indefinitely;] [and]</li> <li>7. [<b>You</b> and the <b>Domestic Partner</b> must be of the same sex, and if applicable law permitted, would be married.]</li> </ol> <p>The existence of the relationship between the <b>Domestic Partner</b> and the <b>You</b> must be evidenced by:</p> <ol style="list-style-type: none"> <li>1. [the <b>Domestic Partner</b> being named as the primary beneficiary in the event of <b>Your</b> death under the <b>Your</b> retirement plan or 401(k) plan, if <b>You</b> maintain such a plan;]</li> <li>2. [at least one of the following: <ol style="list-style-type: none"> <li>a. designation of the <b>Domestic Partner</b> as a primary beneficiary under <b>Your</b> will; or</li> <li>b. designation of the <b>Domestic Partner</b> as a primary beneficiary for <b>Your</b> life insurance;]</li> </ol> </li> <li>3. [at least one of the following: <ol style="list-style-type: none"> <li>a. joint ownership of real estate (whether by mortgage, lease</li> </ol> </li> </ol>	<p>This definition and all bracketed portions of the definition will be in or out.</p>

<p>or deed);</p> <ol style="list-style-type: none"> <li>b. joint ownership of a motor vehicle; or</li> <li>c. joint ownership of a bank account; and]</li> <li>4. [a completed, active certification of <b>Domestic Partner</b> status form on file with the <b>Policyholder</b>.]</li> </ol> <p>To be a covered <b>Domestic Partner</b>, <b>You</b> will not have completed a Termination of <b>Domestic Partner</b> status form with respect to the <b>Domestic Partner</b> who is to be covered under the <b>Policy</b>.]</p>	
<p>[<b>Down syndrome</b> means a genetic disorder that causes lifelong mental retardation, developmental delays and other problem as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Eligibility Waiting Period</b> means the [continuous] length of time an <b>Eligible Person</b> is in an Eligible Class with the <b>Policyholder</b> before eligible for coverage.]</p>	<p>This will be in or out depending if non-active working persons are eligible. If in, [continuous] will be in or out.</p>
<p>[<b>Encephalitis</b> means a [bacterial][viral] acute inflammation of the brain resulting in permanent neurological damage, as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>. This does not include encephalitis resulting from in the presence of any human immuno-deficiency virus (HIV) infection or other ancillary infections resulting from the HIV infection.]</p>	<p>This will be in or out.</p>
<p>[<b>End Stage Renal Failure</b> means chronic irreversible failure of both kidneys to function, as a result of which either regular renal or peritoneal dialysis is started and scheduled to occur on a weekly or biweekly basis unless [the <b>Covered Person</b> is] [<b>You</b> are] too ill to receive dialysis, or renal transplant is performed. The <b>Diagnosis</b> must be a <b>Physician</b> who is a board certified nephrologist.] The Covered Loss will be deemed to have occurred on the date the [<b>Covered Person</b> is][<b>You</b> are] is listed on the United Network for Organ Sharing (UNOS) .</p>	<p>This will be in or out.</p>
<p><b>First Occurrence</b> means, subject to any <b>Pre-existing Condition</b> limitation period, the first time that a <b>Diagnosis</b> is made or a <b>Procedure</b> is recommended for a <b>Critical Illness</b> [in [a <b>Covered Person's</b>][an <b>Insured's</b>] lifetime ] [while [the <b>Covered Person</b>][an <b>Insured</b>] is covered under the <b>Policy</b>]. A <b>Diagnosis</b> made or <b>Procedure</b> recommended for a <b>Critical Illness</b> after satisfaction of the <b>Pre-existing Condition</b> limitation period is considered a <b>First Occurrence</b>.</p>	<p>This will be in or out. If in, [while [the <b>Covered Person</b>][an <b>Insured</b>] is covered under the <b>Policy</b>]. Will be in or out.</p>
<p>[<b>Heart Attack (Myocardial Infarction)</b> means ischemic death of a portion of the heart muscle due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. This does not include a <b>Heart Attack</b> that occurs during a [heart related] medical procedure. The <b>Diagnosis</b> must be made by a <b>Physician</b> who is board certified as a cardiologist based on both:</p> <ol style="list-style-type: none"> <li>1. new clinical presentation and electrocardiographic changes consistent with an evolving <b>Heart Attack</b>; and</li> <li>2. serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a <b>Diagnosis</b> of <b>Heart Attack</b>.]</li> </ol>	<p>This will be in or out.</p>
<p>[<b>Heart Transplant</b> means the transplantation of the heart from a patient who has died and whose heart was intact and capable of functioning in [the <b>Covered Person</b> recipient] [<b>You</b> as the recipient]. The transplanted heart must come from a human. The <b>Heart Transplant</b> must be required due to clinical evidence of the heart's irreversible failure which requires that the malfunctioning heart of [the <b>Covered Person</b>] [<b>Yours</b>] be replaced with a heart</p>	<p>This will be in or out. If in,</p>

<p>from a suitable human donor. [The Covered Loss will be deemed to have occurred on the date the <b>[Covered Person][Insured]</b> is listed on the United Network for Organ Sharing (UNOS) .]</p>	<p>This will be in or out.</p>
<p><b>[Huntington's Disease]</b> means a neurodegenerative genetic disease that affects muscle coordination and leads to cognitive decline and dementia as <b>Diagnosed</b> by a <b>Physician</b> who is a board certified neurologist ]</p>	<p>This will be in or out.</p>
<p><b>Insured</b> means a Class I, [Class II, Class III, Class IV, Class V, [or][and] Class VI] individual who is eligible for coverage under this <b>Policy</b> as provided in the Eligibility and Classification of <b>Insureds</b> part of the Schedule of Benefits, and who completes the enrollment material, if required.</p>	<p>This will be in or out. If in, [or] [and] will be either in or out.</p>
<p><b>[Legionnaire's Disease]</b> means a lung infection (pneumonia) caused by Legionella bacteria, and is <b>Diagnosed</b> through the discovery of such bacteria in the <b>[Covered Person's] [Your]</b> body. The <b>Diagnosis</b> must be made by a <b>Physician</b> qualified to make such <b>Diagnoses</b>, and must be supported by specialized laboratory tests searching for the Legionella bacteria, involving culture of [the <b>Covered Person's] [Your]</b> sputum, lung biopsy specimen, or respiratory secretions; and/or detecting the organism in urine. In order to make a claim, a finding of both pneumonia and the Legionella bacteria must be made by the <b>Physician</b> and there must be a community outbreak of Legionnaire's disease for [2-10] unrelated persons as verified by the Centers for Disease Control for that local geographical area.]</p>	<p>This will be in or out. If in, [2-10] The ranges will be as shown.</p>
<p><b>Loss of Hands and Feet</b> means that due to an <b>Accident</b> [or sickness] [a <b>Covered Person</b> sustains][<b>You</b> sustain] permanent physical severance of any combination of two or more limbs at or proximal to (above) the wrist or ankle joints. The loss of two or more limbs does not have to occur at the same time or due to the same cause, but the loss of each limb must occur while the person is a <b>Covered Person.</b>]</p>	<p>This will be in or out.</p>
<p><b>[Loss of Speech and/or Hearing]</b> means that due to an Accident [or sickness [a <b>Covered Person</b> is] [<b>You</b> are] <b>Diagnosed</b> by a <b>Physician</b> to have suffered a total and irreversible loss of speech and/or total and permanent loss of hearing in both ears with an auditory threshold of more than ninety (90) decibels in each ear,] for a minimum of [12 - 36] months. <b>Loss of Speech and/or Hearing</b> may not be the result of another covered <b>Critical Illness</b> or other Benefit.]</p>	<p>This will be in or out. If in, [or sickness] will be in or out.  [twelve (12 – 36) ranges will be as shown.</p>
<p><b>[Loss of Ability to Perform Normal Activities of Daily Living]</b> means that a [<b>Covered Person</b> is] [<b>You</b> are] is unable due to a sickness or injury to perform at least [two, three] <b>Normal Activities of Daily Living</b>. Such inability must be confirmed by a <b>Physician</b> qualified to make this determination. In the event this benefit is triggered by another covered benefit, <b>We</b> will only pay this benefit only once.]</p>	<p>This will be in or out. If in, [two, three] This will be in or out.</p>
<p><b>[Lymphedema]</b> means a condition, also known as lymphatic obstruction, of localized fluid retention and tissue swelling caused by a compromised lymphatic system that is <b>Diagnosed</b> as such by a <b>Physician</b> who is board certified to make this <b>Diagnosis.</b>]</p>	<p>This will be in or out.</p>
<p><b>[Major Organ Transplant]</b> means human to human organ transplant from a donor to [the <b>Covered Person] [You]</b> of transplant of an entire[ liver], [lung,][small intestine][kidney] or [pancreas] that is required due to clinical evidence of a major organ's irreversible failure which requires that the malfunctioning organ or tissue of [the <b>Covered Person] [Yours]</b> be replaced with</p>	<p>This will be in or out. If in, [liver], [lung,][small intestine][kidney] or [pancreas] each will be in or out as selected by the <b>Policyholder</b></p>

<p>an organ or tissue from a suitable human donor, excluding the <b>Covered Person</b>. [The <b>Covered Loss</b> will be deemed to have occurred on the date the <b>[Covered Person][Insured]</b> is listed on the United Network for Organ Sharing (UNOS)]</p>	<p>This will be in or out.</p>
<p><b>[Major Organ Transplant</b> does not include an organ transplant involving organs other than an entire kidney, liver, small intestine, lung, or pancreas;</p> <ol style="list-style-type: none"> <li>1. involving transplants of parts of organs, tissues or cells;</li> <li>2. involving organs transplanted from the same <b>[Covered Person] [You]</b>;</li> <li>3. involving organs received from non-human donors;</li> <li>4. involving implantation of mechanical devices or mechanical organs; or</li> <li>5. involving islet cell transplant.</li> </ol> <p>In order for the <b>Major Organ Transplant</b> to be considered eligible for benefits under the <b>Policy</b>, [the <b>Covered Person</b>] <b>[You]</b> must be registered by the United Network of Organ Sharing (UNOS) or the National Marrow Donor Program.]</p>	<p>This will be in or out.</p>
<p><b>[Malaria</b> means a mosquito-borne infectious disease resulting from infection from one of the five species of the genus Plasmodium; [falciparum,] [knowlesi] [malariae] [vivax,] [ovale] and <b>Diagnosed</b> as such by a <b>Physician</b> who is board certified to make such <b>Diagnosis.</b>]</p>	<p>This will be in or out. If in, [falciparum,] [knowlesi] [malariae] [vivax,] [ovale] each will be in or out.</p>
<p><b>[Multiple Sclerosis</b> means an inflammatory disease that persists for a minimum of six months in which the fatty myelin sheaths around the axons of the brain and spinal cord are damaged, leading to inability of nerve cells in the brain and spinal cord to communicate with each other effectively as <b>Diagnosed</b>, by a <b>Physician</b> who is a board certified neurologist.]</p>	<p>This will be in or out.</p>
<p><b>[Muscular Dystrophy</b> means a group of hereditary and non-hereditary muscle diseases that weaken the musculoskeletal system and hamper locomotion confirmed by electromyography and muscle biopsy and is <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis.</b>]</p>	<p>This will be in or out.</p>
<p><b>[Myasthenia Gravis</b> means an autoimmune neuromuscular disease leading to fluctuating muscle weakness and fatigability that is treated with medication and is <b>Diagnosed</b> as such by a <b>Physician</b> board certified to make such <b>Diagnosis.</b>]</p>	<p>This will be in or out.</p>
<p><b>[Necrotizing Fasciitis</b> means a rare quickly progressing infection of the deeper layers of the skin and subcutaneous tissues commonly known as flesh-eating disease or Flesh-eating bacteria syndrome requiring a surgical procedure to be performed. Such disease must be <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b> and perform the surgical procedure.]</p>	<p>This will be in or out</p>
<p><b>[Non-Surgical Procedure for Coronary Artery Disease</b> means a non-surgical technique is recommended by a <b>Physician</b> who is board-certified cardiologist due to coronary artery disease that occurs when the arteries that supply blood and oxygen to the heart become damaged and narrowed. <b>Procedures</b> for which the <b>Critical Illness</b> benefit is payable include the non-surgical techniques of balloon angioplasty, laser embolectomy or other non-bypass techniques; minimally invasive endoscopic or keyhole heart surgery, stent <b>Procedures</b>, and atherectomy.]</p>	<p>This will be in or out.</p>
<p><b>[Non-Contributory</b> means that the premium payments require no contribution from the <b>You.</b>]</p>	<p>This will be in or out depending if employer pays 100% of premium.</p>

<p><b>[Normal Activity(ies) of Daily Living (ADLs)</b> means certain basic daily tasks necessary to maintain [the <b>Covered Person's</b>] [Your] health and safety. In this <b>Policy</b>, <b>ADLs</b> refer to the activities described below. The loss of ability must be due to a <b>Critical Illness</b> that has persisted for a period of at least [120] consecutive days:</p> <ol style="list-style-type: none"> <li>1. Transfer and mobility - The ability to move into or out of a bed, chair or wheelchair or to move from place to place, either via walking, a wheelchair, cane, crutches, walker or other equipment.</li> <li>2. Continence - The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter, urostomy, or colostomy bag).</li> <li>3. Dressing - Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.</li> <li>4. Toileting - Getting to and from the toilet, transferring on and off the toilet and performing associated personal hygiene.</li> <li>5. Eating - Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.</li> <li>6. Bathing - Washing oneself by sponge bath; or in either a tub or a shower, including the task of getting into or out of the tub or shower.]</li> </ol>	<p>This will be in or out. If in,</p> <p>The range will be 90-180</p>
<p><b>[Occupational Hepatitis</b> means the <b>Diagnosis</b> of occupational Hepatitis resulting from an <b>Accident</b> which exposed [the <b>Covered Person</b>] [You] to Hepatitis [A,] B[,] and C. The <b>Accidental</b> injury must occur during the normal course of duties for the occupation in which [the <b>Covered Person</b> is] [You are] regularly engaged and for which remuneration is earned. The incident must be reported to the [Policyholder][[<b>Covered Person's</b>] [Your] employer]] within forty eight 48 hours of the Accident and [the <b>Covered Person</b>] [You] must seek immediate medical attention. ] Occupational Hepatitis does not include Infection as a result of drug use, sexual transmission, or other hepatitis infection determined to not to be <b>Accidental</b>.]</p>	<p>This will be in or out. If in,</p> <p>[A] [,] will be in or out.</p> <p>This will be in or out.</p>
<p><b>[Occupational Human Immunodeficiency Virus (HIV)</b> means the <b>Diagnosis</b> of Human Immunodeficiency Virus (HIV) infection resulting from an <b>Accident</b> which exposed [the <b>Covered Person</b>] [You] to HIV-contaminated body fluids. The <b>Accidental</b> injury must occur during the normal course of duties for the occupation in which [the <b>Covered Person</b> is] [You are] regularly engaged and for which remuneration is earned. The incident must be reported to the [Policyholder][[<b>Covered Person's</b>][Your] employer]] within 48 hours of the incident and [the <b>Covered Person</b>][You] must seek immediate medical attention. Within forty-eight (48) hours of the accidental injury, the [Covered Person][You] must submit to a blood test for HIV and/or AIDS and/or related complex (ARC). The blood test results must be sent directly to <b>Us</b>] <b>Occupational HIV</b> does not include HIV Infection as a result of drug use, sexual transmission, or HIV infection determined to not to be <b>Accidental</b>.]</p>	<p>This will be in or out.</p> <p>This will be in or out.</p>
<p><b>[Open Enrollment Period</b> means a period of time agreed to by the <b>Policyholder</b> and <b>Us</b> during which an eligible <b>Active Employee</b> may enroll for insurance under the <b>Policy</b> if he or she did not enroll when initially eligible, [increase <b>Your</b> insurance, decrease <b>Your</b> insurance or terminate <b>Your</b> insurance].</p>	<p>This will be in or out. If in,</p> <p>[increase his or her insurance, decrease his or her insurance or terminate his or her insurance]. will be in or out.</p>

<p>[<b>Osteomyelitis</b> means an infection of the bone or bone marrow requiring a surgical procedure. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>. It is a condition precedent that a surgical procedure be performed before payment of this benefit.]</p>	<p>This will be in or out.</p>
<p>[<b>Paralysis</b> means that due to an Accident [or sickness] [a <b>Covered Person</b> sustains][<b>You</b> sustain] the e complete and permanent loss of function of [one][two] or more limbs as <b>Diagnosed</b> by a board certified <b>Physician</b> who is board certified. This does not include <b>Paralysis</b> that occurs as a result of a <b>Stroke</b> [or other medical procedure].]</p>	<p>This will be in or out. If in, [or sickness] will be in or out. Either [one] or [two] will be in or out.</p> <p>This will be in or out.</p>
<p>[<b>Parkinson's Disease</b>] means a degenerative disorder of the central nervous system which is the result of the loss of dopamine-producing brain cells and permanent clinical impairment of motor function with associated tremor, rigidity of movements, and postural instability as <b>Diagnosed</b> by a <b>Physician</b> who is a board certified neurologist.]</p>	<p>This will be in or out</p>
<p>[<b>Pathological Diagnosis</b> means a <b>Diagnosis</b> of <b>Type 1 Cancer</b> based on a microscopic study of fixed tissue or preparations from the blood systems. This type of <b>Diagnosis</b> must be done by a <b>Physician</b> who is a board certified pathologist and who <b>Diagnosis</b> of malignancy conforms to the standards set by the American College of Pathology.]</p>	<p>This will be in or out depending if Cancer benefits are available.</p>
<p>[<b>Poliomyelitis</b> means a contagious viral illness resulting from poliovirus type 1, 2, or 3 that in its most severe form causes paralysis, difficulty breathing and sometimes death. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out</p>
<p>[<b>Pre-existing Condition</b> means a disease or physical condition for which symptoms existed within the [3, 6] month period prior to the effective date of [a <b>Covered Person's</b>] [<b>Yours</b>] coverage under this <b>Policy</b> that would cause a person to seek medical advice or treatment or; medical advice or treatment was recommended or received from a member of the medical profession within the [3, 6] month period prior to the Effective Date of [a <b>Covered Person's</b>] [<b>Your</b>] coverage under this <b>Policy</b>.]</p>	<p>This will be in or out. If in, Either [3] or [6] will be in or out.</p> <p>Either [3] or [6] will be in or out.</p>
<p>[<b>Prior Plan</b> means the Critical Illness Policy that was in effect with the <b>Policyholder</b> for a different insurance company on the date immediately preceding the Effective Date under this <b>Policy</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Procedure:</b> means a medical procedure involving an incision with instruments and performed to repair damage or arrest disease related to a <b>Critical Illness</b> in a [<b>Covered Person</b>] [<b>You</b>].]</p>	<p>This will be in or out.</p>
<p>[<b>Rabies</b> means an acute viral disease of the central nervous system caused by a virus in the Lyssavirus family that is transmitted through saliva from the bite of an infected animal. For this benefit to apply, it is required that clinical confirmation through isolation of the associated antibodies and/or presence of specific symptoms be obtained prior to payment Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p><b>Related</b> means [a <b>Covered Person's Spouse</b> [/<b>Domestic Partner</b>] or other adult living with the <b>Insured</b>][the <b>Insured's Spouse</b> [/<b>Domestic Partner</b>] or other adult living with the <b>Insured</b>], sibling, parent, step-parent, grandparent, aunt, uncle, niece, nephew, son, daughter, or grandchild or similar relationship in law.</p>	<p>This will be in or out.</p>
<p>[<b>Retiree</b> means a former employee of the <b>Policyholder</b>.]</p>	<p>This will be in or out. If in, items 1-5 will be in or out.</p>

<ol style="list-style-type: none"> <li>1. [whose age plus years of service equals at least [60-70];]</li> <li>2. [who has attained the normal retirement age;]</li> <li>3. [who has completed at least [1-10] years of active full-time or part-time service with the <b>Policyholder</b>;]</li> <li>4. [who is participating in a <b>Policyholder</b>-sponsored pension plan;][or]</li> </ol> <p>[who retired from the <b>Policyholder</b> immediately after the last day as an <b>Active</b> employee.]</p>	<p>[60-70] the ranges will be as shown.</p> <p>[1 10] the ranges will be as shown.</p>
<p>[<b>Ruptured Aneurysm</b> means a Ruptured Cerebral, Carotid or Aortic Aneurysm, the <b>Diagnosis</b> of a <b>Ruptured Aneurysm</b> must be supported by medical records, including radiographically specific diagnostic studies to objectively support the <b>Diagnosis</b> as established by [the American Academy of Radiologists.]</p>	<p>This will be in or out.</p>
<p>[<b>Sclerosis</b> (also <b>Scleroderma</b>) means a connective tissue disease that involves changes in the skin, blood vessels, muscles, and internal organs. Such <b>Diagnosis</b> must be confirmed with a biopsy and made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Service Waiting Period</b> means the [continuous] length of time an Eligible Person is required to be [in <b>Active</b> employment] with the <b>Policyholder</b> before being eligible for coverage.]</p>	<p>This will be in or out. If in, [continuous] will be in or out. [in <b>Active</b> employment] will be in or out.</p>
<p>[<b>Severe Burn</b> or <b>Severely Burned</b> means a cosmetic disfigurement of the surface of at least [25%-75%] of the body area due to an <b>Accidental</b> injury that is a full-thickness or third-degree burn, as determined by a <b>Physician</b>. (A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation).]</p>	<p>This will be in or out. If in, [25% -75%] the ranges will be as shown.</p>
<p>[<b>Skin Cancer</b> means a <b>Diagnosis</b> of squamous cell carcinoma as <b>Diagnosed</b> by a <b>Physician</b> who is board certified dermatologist or <b>Physician</b> as defined above. <b>Skin Cancer</b> does not include any cancer <b>Diagnosed</b> as <b>Type 1 Cancer</b> or <b>Type 2 Cancer</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Sickle Cell Anemia</b> means is a disorder of the blood caused by an inherited abnormal hemoglobin, which produces distorted (sickled) red blood cells. The irregular sickled cells can block blood vessels causing tissue and organ damage and pain. <b>Sickle Cell Anemia</b> does not include Sickle cell trait (or sicklemlia), which is a condition in which a person has one gene for the disease, but does not display the severe symptoms of the disease. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Spina Bifida</b> means a developmental congenital disorder, where some vertebrae overlying the spinal cord are not fully formed and remain unfused and open. as <b>Diagnosed</b> by a <b>Physician</b> who is board certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out.</p>
<p>[<b>Spouse</b> means the <b>Eligible Person's</b> legally married <b>Spouse</b> under age [65-99].</p> <p>[A <b>Spouse</b> will only be a covered <b>Spouse</b> if a <b>Plan</b> covering the <b>Eligible Person's Spouse</b> is selected.]</p>	<p>This will be in or out. If in, [65-99] the ranges will be as shown</p> <p>This will be in or out depending if <b>Spouse</b> is eligible.</p>
<p>[<b>Stem Cell Therapy</b> means a type of intervention strategy that introduces new cells into damaged tissue in order to treat a <b>Critical</b></p>	<p>This will be in or out.</p>

<p><b>Illness.]</b></p>	
<p>[<b>Stroke</b> means the death of brain tissue due to an acute cerebrovascular event. All of the following criteria must be satisfied:</p> <ol style="list-style-type: none"> <li>1. clinical evidence of infarction or brain tissue, or intracranial or subarachnoid hemorrhage;</li> <li>2. clear evidence on a CT, MRI or similar imaging technique that a <b>Stroke</b> has occurred; and</li> <li>3. permanent neurologic deficit measured [96 hours - three months] or more after the event that results in a score of two or higher on the Modified Rankin Scale for stroke outcome.</li> </ol> <p><b>Stroke</b> does not include symptoms due to:</p> <ol style="list-style-type: none"> <li>a) transient Ischemic Attack (TIA),</li> <li>b) migraine;</li> <li>c) Hypoxia</li> <li>d) traumatic injury to brain tissue or blood vessels; or</li> <li>e) chronic cerebrovascular insufficiency and reversible deficits;</li> <li>f) vascular disease affecting the eye, optic nerve, or vestibular functions.]</li> </ol> <p>The <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified neurologist.]</p>	<p>This will be in or out.</p>
<p>[<b>Substantial Assistance</b> means <b>Hands-on Assistance</b> and <b>Stand-by Assistance</b> as described below. For the purposes of the <b>Policy Stand-by Assistance</b> will be used to determine that <b>Substantial Assistance</b> by another person is required by the <b>[Covered Person] [You]</b> to perform the <b>Normal Activity of Daily Living</b>.</p> <ol style="list-style-type: none"> <li>1. <b>Hands-on Assistance</b> means the physical assistance of another person without which a [a <b>Covered Person] [You]</b> would be unable to perform the <b>Normal Activity of Daily Living</b>.</li> </ol> <p><b>Stand-by Assistance</b> means the presence of another person within [a <b>Covered Person's] [Your]</b> arm's reach, to prevent, by physical intervention, injury to [the <b>Covered Person] [Your]</b> while he or she performs a <b>Normal Activity of Daily Living</b> (such as being ready to catch him or her if he or she falls while getting into or out of the bathtub or shower as part of bathing, or being ready to remove food from the <b>[Covered Person's] [Your]</b> throat if he or she chokes while eating).]</p>	<p>This will be in or out.</p>
<p>[<b>Systemic Lupus Erythematosus</b> means a systemic autoimmune disease where the immune system attacks the body's cells and tissue, resulting in inflammation [and] tissue damage [and confirmed by permanent neurological damage and/or permanent impairment of kidney function]. Payment of this benefit is conditioned on the confirmation of permanent neurological damage and/or permanent impairment of kidney function. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such <b>Diagnosis</b>.]</p>	<p>This will be in or out. [and] will be in or out. This will be in or out.</p>
<p>[<b>Tetanus</b> (commonly known as Lockjaw) means a potentially life-threatening bacterial disease resulting from toxin secreting clostridium tetani that affects the nervous system, leading to painful muscle contractions, particularly of the jaw and neck muscles, and which can interfere with the ability to breathe. Such <b>Diagnosis</b> must be made by a <b>Physician</b> who is board-certified to make such</p>	<p>This will be in or out.</p>

<p><b>Diagnosis.]</b></p>	
<p>[<b>TNM Classification</b> means the classification standards for <b>Type 1 Cancer, Skin Cancer,</b> and <b>Type 2 Cancer</b> as developed by the American Joint Committee on Cancer.]</p>	<p>This is included depending if cancer benefits are provided.</p>
<p>[<b>Tuberculosis (TB)</b> is a potentially serious infectious disease that primarily affects the lungs. The <b>Diagnosis</b> must be made by a <b>Physician</b>, based on skin tests, chest X-rays, sputum analysis (smear and culture), and polymerase chain reaction tests to detect the genetic material of the causative bacteria.]</p>	<p>This will be in or out.</p>
<p>[<b>Type 1 Cancer</b> means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemia, Hodgkin’s disease, carcinoma, sarcoma, malignant tumor and lymphomas are included. <b>Type 1 Cancer</b> does not include:</p> <ol style="list-style-type: none"> <li>1. any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;</li> <li>2. any papillary tumor of the bladder classified as Ta under <b>TNM Classification</b>;</li> <li>3. any tumor of the prostate classified as T1N0M0 under <b>TNM Classification</b>;</li> <li>4. any papillary tumor of the thyroid that is classified as T1N0M0 or less under <b>TNM Classification</b> and is one centimeter or less in diameter;</li> <li>5. any tumor in the presence of human immuno-deficiency virus;</li> <li>6. any <b>Skin Cancers</b>, unless there is metastasis and the tumor is a malignant melanoma of greater than 1.0 millimeters maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method;</li> <li>7. <b>Type 2 Cancer</b>; and</li> <li>8. chronic Lymphocytic Leukemia (CLL), less than or equal to Stage I, as defined by RAI classification.</li> </ol> <p><b>Type 1 Cancer</b> must be <b>Diagnosed</b> according to a <b>Pathological Diagnosis</b> or <b>Clinical Diagnosis of Type 1 Cancer.</b>]</p>	<p>This will be in or out.</p>
<p>[<b>Type 2 Cancer</b> means a <b>Diagnosis</b> of cancer where the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. It also includes:</p> <ol style="list-style-type: none"> <li>1. any malignant melanoma less than or equal to 1.0 millimeters maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method;</li> <li>2. any melanoma not invading the dermis classified as T1N0M0 under <b>TNM Classification</b>;</li> <li>3. any tumor of the prostate classified as T1N0M0 under <b>TNM Classification</b>;</li> <li>4. any papillary tumor of the bladder classified as Ta under <b>TNM Classification</b>;</li> <li>5. any papillary tumor of the thyroid that is classified as T1N0M0 or less under <b>TNM Classification</b> and is one</li> </ol>	<p>This will be in or out.</p>

<p>centimeter or less in diameter;</p> <p>6. chronic Lymphocytic Leukemia (CLL), less than or equal to Stage I, as defined by RAI classification.</p> <p><b>Type 2 Cancer</b> does not include:</p> <ol style="list-style-type: none"> <li>1. any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;</li> <li>2. any tumor in the presence of human immuno-deficiency virus;</li> <li>3. any non-melanoma <b>Skin Cancer</b>;</li> <li>4. any melanoma in situ classified as TisNOM0 under <b>TNM Classification</b></li> <li>5. other skin malignancies; and</li> <li>6. any carcinoid tumor.</li> </ol> <p><b>Type 2 Cancer</b> must be <b>Diagnosed</b> pursuant to a <b>Pathological Diagnosis</b> or <b>Clinical Diagnosis</b>.]</p>	
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**SECTION IV - GENERAL EXCLUSIONS**

<p>Exclusions will be either in or out</p> <ol style="list-style-type: none"> <li>1. [suicide or attempted suicide while sane [or insane] or from intentionally self-inflicted injury.]</li> <li>2. [from a <b>Pre-existing Condition</b>.]</li> <li>3. [war or any act of war, whether declared or undeclared.]</li> <li>4. [involvement in any type of active military service [Reserve or National Guard active duty training is not excluded, unless it extends beyond [thirty-one (31) consecutive days].];][For purposes of this exclusion, orders to active military service for [sixty (60) days] or less will not be considered involvement in active military service.][This exclusion does not apply to the first [sixty (60) consecutive days] of active military service.]</li> <li>5. [participation in the commission or attempted commission of [any crime, [any felony,] [an assault] [insurrection] [or] [riot].]</li> <li>6. [due to engaging in an illegal occupation.]</li> <li>7. [being intoxicated while operating a motor vehicle.][being intoxicated.] <ol style="list-style-type: none"> <li>a. [a <b>Covered Person</b>] [You] will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the <b>Accident</b> occurred, to be intoxicated, if operating a motor vehicle.</li> <li>b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or</li> </ol> </li> </ol>	<p>Each exclusion will be in or out. If in, [or insane] will be in or out</p> <p>This will be in or out.</p> <p>This will be in or out. If in, [thirty-one (31) consecutive days] The range will be 0 – 60</p> <p>[For purposes of this exclusion, orders to active military service for [sixty (60) days] or less will not be considered involvement in active military service.] will be in or out. If in, [sixty (60) days] the range will be 30-90 days. [This exclusion does not apply to the first [sixty (60) consecutive days] of active military service.] will be in or out. If in, the range will be 30-90 days.</p> <p>This will be in or out. If in each of the following will be in or out, [any crime, [any felony,][an assault insurrection] [or] [riot].]</p> <p>This will be in or out. [being intoxicated while operating a motor vehicle.] will be in or out</p>
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<p>similar items will be considered proof of the <b>[Covered Person's] [Your]</b> intoxication.]</p> <p>8. [being under the influence of any prescription drug, controlled substance, or hallucinogen, unless such prescription drug, controlled substance, or hallucinogen was prescribed by a <b>Physician</b> and taken in accordance with the prescribed dosage.]</p> <p>9. [a <b>Diagnosis</b> for which proof is submitted by a <b>Physician</b> that is <b>Related</b> to [the <b>Covered Person</b>][<b>You</b>].]</p> <p>10.[refusing certain types of recommended medical treatment, as follows:</p> <p>a. [a <b>Physician</b> has recommended treatment with angioplasty or <b>Coronary Artery By-Pass Graft</b> for coronary artery disease, <b>You</b> refuse this treatment, and the <b>You</b> suffer a <b>Heart Attack</b>; [or] [.]</p> <p>b. [a <b>Physician</b> has recommended treatment for a brain aneurysm or carotid artery stenosis, <b>You</b> refuse treatment, and <b>You</b> suffer a <b>Stroke</b>;[or]</p> <p>c. [a <b>Physician</b> has recommended a diagnostic biopsy or diagnostic/therapeutic excision of a mass or lesion suspected of being cancer [the <b>Covered Person</b> refuses][<b>You</b> refuse] and [the <b>Covered Person</b> develops][<b>You</b> develop] <b>Type 1 Cancer, Skin Cancer, or Type 2 Cancer.</b>]]</p>	<p>This will be in or out.</p> <p>This will be in or out.</p> <p>This will be in or out. If in,</p> <p>[or] [.]Will be in or out. This will be in or out.</p> <p>[or] will be in or out. This will be in or out.</p>
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<p><b>[Pre-existing Condition</b> Limitation</p> <p>[6] [12] consecutive months.</p> <p>[If the <b>Policy</b> replaces a <b>Prior Plan</b>, <b>We</b> will pay for a <b>Pre-existing Condition</b> if [the <b>Covered Person</b>] [<b>You</b>] is insured under the <b>Policy</b> on its Effective Date and was covered under the <b>Prior Plan</b> on the date the <b>Prior Plan</b> terminated as follows:</p> <p>1. [The <b>Covered Person</b>][<b>You</b>] must satisfy the <b>Pre-existing Condition</b> provision under the <b>Policy</b>; or</p> <p>2. [The <b>Covered Person</b>][<b>You</b>] must have satisfied the <b>Pre-existing Conditions</b> provision under the <b>Prior Plan</b>, if benefits would otherwise have been paid had the <b>Prior Plan</b> remained in force, if earlier.]]</p>	<p>Will be in or out. If in,</p> <p>Either [6] or [12] will be in or out.</p> <p>This will be in or out depending if there is a takeover/replacement of a <b>Prior Plan</b>.</p>
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**SECTION V – PREMIUMS**

<p>A. Premiums: Premiums are due and payable to <b>Us</b> at the rates and in the manner described in the [Schedule][<b>Policyholder</b> Application].</p>	<p>[Schedule] will be in or out. <b>[Policyholder</b> Application] will be in or out.</p>
<p>B. Grace Period: Premiums are due for this <b>Policy</b> on or before the premium due date or renewal date, whichever applies. If the <b>Policyholder</b> does not pay a renewal premium when it is due, there is a [thirty-one (31)] day Grace Period to pay. During the Grace Period, the <b>Policy</b> will stay in force. The <b>Policyholder</b> will not have a Grace Period if <b>We</b> have given notice, at least [thirty (30)] days in advance, that <b>We</b> are going to terminate this <b>Policy</b>.</p>	<p>[thirty-one (31)] The range will be 31-120 days or as required by state law.</p> <p>[thirty (30)] The range will be 30-120 days or as required by state law.</p>

**SECTION VI - TERMINATION OF INSURANCE**

<p>A. Termination of <b>Covered Person's</b> Insurance.</p> <p>[For <b>You</b>. Insurance terminates at the end of the [month][date] for which premium has been paid and during which any of the following occurs:</p> <ol style="list-style-type: none"> <li>1. [the <b>Policy</b> is terminated [unless coverage for [the <b>Covered Person</b> continues] [<b>You</b> continue] according to SECTION XI, PORTABILITY PRIVILEGE];]</li> <li>2. <b>You</b> ceases to be eligible for insurance;</li> <li>3. <b>You</b> fails to pay the required premium, if the <b>You</b> is so required; [or]</li> <li>4. [<b>You</b> reaches age [65-99]];[or]</li> <li>5. the Per Person Lifetime Benefit Maximum Payout is paid to <b>You</b> [;or][.]</li> <li>6. [<b>You</b> retires].</li> </ol> <p>[<b>Covered Person</b> other than the <b>You</b>. Insurance terminates on the earliest of:</p> <ol style="list-style-type: none"> <li>1. the date the insurance of the Insured terminates;</li> <li>2. Per Person Lifetime Benefit Maximum Payout is paid to the <b>Covered Person</b>.</li> <li>3. the first premium due date after the person no longer qualifies as a <b>Covered Person</b>;</li> <li>4. [for the <b>Covered Spouse</b> [/Domestic Partner ], the date the <b>Covered Spouse</b> [/Domestic Partner ] reaches age [65-99].]</li> </ol>	<p>This will be in or out. If in, [month] will be in or out. [date] will be in or out.</p> <p>This will be in or out if portability provided.</p> <p>[or] This will be in or out.</p> <p>This will be in or out, If in, [65-99] the range will be as shown [or] will be in or out. [;or][.] will be in or out.</p> <p>This will be in or out depending if <b>Retirees</b> are Eligible Class per the <b>Policyholder</b>.</p> <p>This will be in or out depednig if <b>Dependents</b> are covered.</p> <p>This will be in or out. If in, [65-99] The range will be as shown.</p>
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**SECTION VII HOW TO FILE A CLAIM**

<p>A. Notice: [The <b>Covered Person</b>][<b>You</b>] or the beneficiary, or someone on their behalf, must give <b>Us</b> written notice of the <b>Covered Loss</b> within [ninety (90)] days of such <b>Covered Loss</b>, or as soon thereafter as reasonably possible. The notice must name [the <b>Covered Person</b>,][<b>You</b>], and the Policy Number. To request a claim form, [the <b>Covered Person</b>][<b>You</b>]or the beneficiary, or someone on their behalf may contact <b>Us</b> at [1-866-841-4771]. The notice must be sent to the address shown on the Schedule, or any of <b>Our</b> agents. Notice to <b>Our</b> agents is considered notice to <b>Us</b>.</p>	<p>[ninety (90)] days. The range will be 20-120 days.</p> <p>Appropriate phone number will be inserted.</p>
<p>B.Claim Forms: <b>We</b> will send the claimant Proof of Covered Loss forms within [fifteen (15)] days after <b>We</b> receive notice. If the claimant does not receive the Proof of Covered Loss form in [fifteen (15)] days after submitting notice, he or she can send <b>Us</b> a detailed written report of the claim and the extent of the <b>Covered Loss</b>. <b>We</b> will accept this report as a Proof of Covered Loss if sent within the time fixed below for filing a Proof of Covered Loss.</p>	<p>[fifteen (15)] days. The range will be 15-90 days.</p> <p>[fifteen (15)] days. The range will be 15-90 days.</p>
<p>C.Proof of Covered Loss: Written Proof of a <b>Covered Loss</b>, acceptable to <b>Us</b>, must be sent within [ninety (90)] days of the <b>Covered Loss</b>. Failure to furnish Proof of a <b>Covered Loss</b></p>	<p>[ninety (90)] days. The range will be 90-180 days.</p>

acceptable to **Us** within such time will neither invalidate nor reduce any claim if it was not reasonably possible to furnish the Proof of a **Covered Loss**, and the proof was provided as soon as reasonably possible.

**SECTION VIII - PAYMENT OF CLAIMS**

**B. Who We Will Pay.**

Benefits are to be paid to **You**, if alive. If **You** are not alive, benefits are payable to his or her estate. **You** may assign his or her interest in the **Policy** by giving **Our** agent or **Us** written notice at **Our** Administrative Office at [Claims Department, Zurich American Insurance Company, [P.O. Box 968041, Schaumburg, IL. 60196]] [1-866-841-4771]. The change or assignment will not be effective until **We** receive the written notice. **We** assume no responsibility for the validity of any assignment. Any payment **We** make will fully discharge **Us** to the extent of the payment.

Appropriate phone number and address inserted

**SECTION X COVERAGES**

[Critical Illness Benefit: **We** will pay benefits for:

1. A **Diagnosis** of a **Critical Illness** that is first made after the **Benefit Waiting Period**, subject to the **Pre-existing Condition** provision; or
2. A **Procedure** for a **Critical Illness** that is first recommended after the **Benefit Waiting Period**, subject to the **Pre-existing Condition** provision.

**We** will pay the Percent of the Benefit Amount shown in the Schedule of Benefits for each and every covered **Critical Illness** [up to the up to the Per Category Maximum Payout] up to the overall Per Person Lifetime Benefit Maximum Payout if the following conditions are met:

This will be in or out depending if there is an internal category cap.

1. With respect to [**Heart Attack**] [**Stroke**] [**Coronary Artery By-Pass Graft**][**Non-Surgical Procedure for Coronary Artery Disease**][**Ruptured Aneurysm**] [**Type 1 Cancer**] [**Type 2 Cancer**] [**Skin Cancer**] [**Benign Brain Tumor**] [**Major Organ Transplant**] [**Heart Transplant**][**End Stage Renal Failure**] [**Paralysis**] [**Coma**] [**Blindness Both Eyes**] [**Blindness One Eye**] [**Loss of Speech and/or Hearing**] [**Severe Burns**] [**Loss of Hands and Feet**] [**Advanced Alzheimer's**] [**Amyotrophic Lateral Sclerosis**] [**Parkinson's Disease**][**Addison's Disease**] [**Cerebrospinal Meningitis**] [**Diphtheria**] [**Encephalitis**][**Huntington's Chorea**][**Legionnaire's Disease**][**Malaria**][**Muscular Dystrophy**] [**Myasthenia Gravis**] [**Necrotizing Fasciitis**] [**Occupational HIV**] [**Occupational Hepatitis**] [**Osteomyelitis**] [**Poliomyelitis**] [**Rabies**][**Sickle Cell Anemia**] [**Systemic Lupus Erythematosus**] [**Scleroderma**][**Tetanus**][**Tuberculosis**] [**Loss of Ability to Perform Normal Activities of Daily Living**] [**Multiple Sclerosis**] [**Cerebral Palsy**] [**Cleft Lip or Cleft Palate**] [**Cystic Fibrosis**] [**Down Syndrome**] [**Spina Bifida**] and subject to the **Pre-existing Conditions** provision, the **First Occurrence** in [a **Covered Person's**] [**Your**] lifetime [during the time the [**Covered Person** is][**You** are] covered under the **Policy** that he or she experiences

Item 1 will be included to the extent **Critical Illnesses** are covered. Therefore, covered **Critical Illnesses** will be in or out.

<p>such <b>Critical Illness</b> and he or she is <b>Diagnosed</b> with such <b>Critical Illness</b>.</p> <p>2. [With respect to <b>Coronary Artery Bypass Graft</b> and subject to the <b>Pre-existing Conditions</b> provision, the <b>First Occurrence</b> in [a <b>Covered Person's</b>][ <b>Your</b> lifetime] [during the time [the <b>Covered Person</b> is][<b>You are</b>] covered under the <b>Policy</b>] that [he or she undergoes][ <b>You undergo</b>] such <b>Procedure</b>.]</p> <p>3. [With respect to [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>] and subject to the <b>Pre-existing Conditions</b> provision, the <b>First Occurrence</b> in [a <b>Covered Person's</b>][ <b>Your</b> lifetime] [during the time the [<b>Covered Person</b>][<b>Insured</b>] is covered under the <b>Policy</b>]] that [he or she undergoes][<b>You undergo</b>] a [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>].]</p> <p>4. [With respect to <b>Loss of Ability to Perform Normal Activities of Daily Living</b> and subject to the <b>Pre-existing Conditions</b> provision, the <b>First Occurrence</b> [in [a <b>Covered Person's</b>][<b>Your</b> lifetime] [during the time [the <b>Covered Person</b> is][<b>You are</b>] covered under the <b>Policy</b>] that he or she has after suffered such loss for [30-180] consecutive days. If the loss is due to a <b>Critical Illness</b>, this benefit will [be additional] [not be additional] to other benefits payable under the [a <b>Covered Person's</b>][<b>Your</b>] <b>Plan</b>. [If payable under two <b>Critical Illness</b> benefits, only the larger of the benefits will be provided.]]</p> <p>Benefits are paid [one] time for each category of <b>Critical Illness</b> [except as paid under the Recurrence Benefit Option]</p>	<p>This will be in or out. If in,</p> <p>This will be in or out.</p> <p>This will be in or out. If in, [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>] will be in or out.</p> <p>This will be in or out. This will be in or out.</p> <p>This will be in or out. If in,</p> <p>This will be in or out. This will be in or out.</p> <p>[30 – 180] Consecutive days The range will be as shown. [be additional] will be in or out. [not be additional] will be in or out. This will be in or out.</p> <p>[one] This will be in or out. This will be in or out.</p>
<p><b>[Benefit Waiting Period:</b> Benefits will not be paid for a <b>Critical Illness</b>:</p> <ol style="list-style-type: none"> <li>1. if the <b>Diagnosis</b> is made or the <b>Procedure</b> is recommended during the <b>Benefit Waiting Period</b>;</li> <li>2. for which [a <b>Covered Person</b> exhibits] [<b>You exhibit</b>] symptoms that would cause a prudent person to seek medical treatment by a <b>Physician</b> of a covered <b>Critical Illness</b> during the <b>Benefit Waiting Period</b>.</li> </ol> <p>If :</p> <ol style="list-style-type: none"> <li>1. the date <b>Your Diagnosis</b> is made or the <b>Procedure</b> is recommended for a covered <b>Critical Illness</b> occurs during the <b>Benefit Waiting Period</b>; and</li> <li>2. the <b>Policy</b> is a new program for the <b>Policyholder</b> and there is no <b>Prior Plan</b>,</li> </ol> <p><b>You</b> may return the certificate for a full premium refund and the coverage will be terminated.]</p> <p>[If :</p> <ol style="list-style-type: none"> <li>1. the date of a <b>Covered Person's</b> (other than the <b>Your</b>) <b>Diagnosis</b> is made or the <b>Procedure</b> is recommended for a covered <b>Critical Illness</b> occurs during the <b>Benefit Waiting Period</b>; and</li> <li>2. the <b>Policy</b> is a new program for the <b>Policyholder</b> and there is no <b>Prior Plan</b>,</li> </ol> <p><b>You</b> may terminate the <b>Covered Person's</b> coverage under the <b>Policy</b> for a premium refund of that <b>Covered Person's</b> cost and his or her coverage will be terminated. <b>You</b> must notify <b>Us</b> in writing.]</p>	<p>This will be in or out depending if a benefit waiting period is imposed.</p> <p>This will be in or out depending if <b>Dependent</b> coverage and benefit waiting period are imposed.</p>

<p>[Additional Critical Illness Benefit: If [a <b>Covered Person</b>] [You] received benefits under the Critical Illness Benefit for a <b>Critical Illness</b> he or she will receive benefits for a <b>Diagnosis</b> made or <b>Procedure</b> recommended for a different <b>Critical Illness</b> as long as the date of <b>Diagnosis</b> or <b>Procedure</b> for each <b>Critical Illness</b> is separated by at least</p> <p>[6, 12, 18, 24] months for Category 1  [6,12,18,24] months for Category 2  [6,12,18,24] months for Category 3  [6,12,18,24] months for Category 4  [6,12,18,24] months for Category 5  [6,12,18,24] months for Category 6]</p> <p>consecutive months. <b>We</b> will pay the Percent of the Benefit Amount shown in the Schedule of Benefits.]</p>	<p>This will be in or out depending if additional Critical Illness benefit is available. If in,</p> <p>[6, 12, 18, or 24] will be in or out.</p>
<p>[Recurrence Benefit: If a benefit is paid for a <b>Critical Illness</b> and [a <b>Covered Person</b> has] [You have] not exhibited symptoms or received care and treatment for that same <b>Critical Illness</b> for at least</p> <p>[6, 12, 18, 24] months for Category 1  [6,12,18,24] months for Category 2  [6,12,18,24] months for Category 3  [6,12,18,24] months for Category 4  [6,12,18,24] months for Category 5  [6,12,18,24] months for Category 6]</p> <p>consecutive months since the benefit payment and [the <b>Covered Person</b> is] [You are] is re-diagnosed for the same <b>Critical Illness</b>, <b>We</b> will pay a Recurrence Benefit as follows:</p> <ol style="list-style-type: none"> <li>1. With respect to [<b>Heart Attack</b>] [<b>End Stage Renal Failure</b>][<b>Stroke</b>][<b>Paralysis</b>], the second [and third] time in [a <b>Covered Person's</b>] [Your] lifetime that: (a) he or she experiences such <b>Critical Illness</b>; and (b) he or she is <b>Diagnosed</b> with such <b>Critical Illness</b>.</li> <li>2. With respect to [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>], the second [and third] time in [a <b>Covered Person's</b>] [Your] lifetime that he or she or she undergoes a [<b>Major Organ Transplant</b>][<b>Heart Transplant</b>].</li> </ol> <p>The Recurrence Benefit is shown in the Schedule of Benefits. Benefits are not payable for any recurrence of a <b>Critical Illness</b> not shown in the Recurrence Benefit. ]</p>	<p>This will be in or out depending if recurrence benefit is provided for covered <b>Critical Illnesses</b>, If in,</p> <p>[6, 12, 18 or 24] will be in or out.</p> <p><b>[Heart Attack] [End Stage Renal Failure][Stroke][Paralysis]</b> each will be in or out. [and third] will be in or out.</p> <p><b>[Major Organ Transplant][Heart Transplant]</b> will be in or out.</p>
<p>[Per Category Maximum Payout: Within each category, the most <b>We</b> will pay for the <b>Critical Illness</b> Benefit, [all Additional Critical Illness Benefits], [and all Recurrence Benefits] combined is the Per Category Maximum Payout shown in the Schedule of Benefits.]</p>	<p>This will be in or out depending if per category cap is available. If in,</p> <p>[all Additional Critical Illness Benefits] will be in or out. [and all Recurrence Benefits] will be in or out.</p>
<p>Additional Benefits</p> <p>[Bone Marrow Transplant Indemnity Benefit: If a <b>Procedure</b> or <b>Diagnosis</b> of a covered <b>Critical Illness</b> for which a Benefit Amount is paid under the <b>Policy</b> requires a <b>Bone Marrow</b></p>	<p>Each will be in or out if included in the Schedule, included in Section X Coverages.</p> <p>This will be in or out.</p>

<p><b>Transplant, We</b> will pay an additional lump sum benefit. The benefit is shown in the Schedule of Benefits as a percentage of the Benefit Amount paid for the <b>Critical Illness.</b>]</p>	
<p>[Evaluation Benefit: This benefit is available after <b>Your</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months.]</p> <p>If [a <b>Covered Person is</b>][<b>You are</b>] <b>Diagnosed</b> with a <b>Critical Illness</b> or has a <b>Procedure</b> for a <b>Critical Illness</b> recommended for which benefits are payable, <b>We</b> will pay the Evaluation Benefit shown in the Schedule of Benefits. The purpose of the Evaluation Benefit is to provide [a <b>Covered Person</b>][<b>You</b>] with options for treatment of the <b>Critical Illness</b>. Benefits are provided for an evaluation at an <b>Evaluation Center</b> following payment for a <b>First Occurrence</b> Benefit [or a Recurrence Benefit]. The Evaluation Benefit is limited to one payment for each <b>First Occurrence</b> [or a Recurrence] of a <b>Critical Illness</b>.</p> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b> [with the exception of the NCI Cancer Center Benefit. If a [<b>Covered Person</b>][<b>Insured</b>] is covered for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid. The [<b>Covered Person's</b>][<b>Insured's</b>] insurance must be in effect on the date the evaluation is provided for benefits to be payable under the <b>Policy</b>.</p> <p>For purposes of this benefit only, <b>Evaluation Center</b> means a facility that is:</p> <ol style="list-style-type: none"> <li>1. licensed or certified under the laws where it is located to provide diagnostic services for the <b>Critical Illness</b> for which evaluation is sought; and</li> <li>2. which has been recognized by the <b>Policyholder</b> in writing as an evaluation center for purposes of the Evaluation Benefit.]</li> </ol>	<p>This will be in or out, if In, [1 -12] consecutive months. The range will be as shown</p> <p>[or a Recurrence Benefit] Will be in or out depending if recurrence benefit is covered.</p> <p>This will be in or out.</p>
<p>[Hospital Cash Benefit: [Hospital Cash Benefit: <b>We</b> will pay the Daily Hospital Confinement Benefit shown in the Schedule of Benefits if [a <b>Covered Person is</b>][<b>You are</b>] <b>Hospital Confined</b> due to treatment following the <b>Diagnosis</b> of a <b>Critical Illness</b> or due to a <b>Procedure</b> recommended for a <b>Critical Illness</b>. Benefit payments will end on the first of the following dates:</p> <ol style="list-style-type: none"> <li>1. the date the <b>Hospital</b> stay ends;</li> <li>2. the date [the <b>Covered Person dies</b>][the <b>You die</b>];</li> <li>3. the date the Maximum Benefit Period for this benefit ends per Plan Year;</li> <li>4. [the date [a <b>Covered Person attains</b>][<b>You attain</b>] age [65-99];]</li> <li>5. the date insurance under the <b>Policy</b> ends.]</li> </ol>	<p>This will be in or out. If in,</p> <p>This will be in or out. If in [65-99] the range will be as shown.</p>
<p>[Lodging Benefit: This benefit is available after the <b>Your</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months.</p> <p>If [a <b>Covered Person is</b>][<b>You are</b>] <b>Diagnosed</b> with a <b>Critical</b></p>	<p>This will be in or out. If in, [1 -12] consecutive months. The range will be as shown.</p>

<p><b>Illness</b> or has a <b>Procedure</b> relating to a <b>Critical Illness</b> recommended and requires an <b>Outpatient Treatment Session</b> for the <b>Critical Illness</b>, <b>We</b> will pay the benefit shown in the Schedule of Benefits. Benefits are payable for each day <b>Lodging</b> is required while [the <b>Covered Person</b> is][<b>You</b> are] receiving the treatment during an <b>Outpatient Treatment Session</b>. This benefit is subject to the following:</p> <ol style="list-style-type: none"> <li>1. the treatment facility must be at least [100-1,000] miles from [the <b>Covered Person's</b>][<b>Your</b>] primary residence;</li> <li>2. benefits will only be provided for twenty-four (24) hours prior to [the <b>Covered Person's</b>][<b>Your</b>] receipt of treatment, during an <b>Outpatient Treatment Session</b>, and for twenty-four (24) hours following receipt of treatment;</li> <li>3. <b>You</b> must provide written proof that the treatment was received; and</li> <li>4. <b>You</b> must provide written proof that <b>Lodging</b> was required and an expense was incurred for such <b>Lodging</b>.</li> </ol> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b>. [The <b>Covered Person's</b>][<b>Your</b>] insurance must be in effect on the date <b>Lodging</b> is required for benefits to be payable under the <b>Policy</b>.]</p>	<p>[100 -1,000] miles. The range will be as shown.</p>
<p>[<b>Outpatient Treatment Session</b> means a stated session where services and supplies are provided by a <b>Physician</b> to a [<b>Covered Person</b>][<b>Insured</b>] for treatment of a covered <b>Critical Illness</b> at an appropriately licensed outpatient treatment facility.]</p>	<p>This will be in or out.</p>
<p>[<b>Lymphedema</b> Testing: If a <b>Physician</b> recommends that [a <b>Covered Person</b>][<b>You</b>] who, during the course of treatment for a <b>Critical Illness</b> where such treatment might cause the onset of <b>Lymphedema</b>, receive a <b>Lymphadema</b> test, we will pay the benefit shown in the Schedule of Benefits.]</p>	<p>This will be in or out.</p>
<p>[NCI Cancer Center Benefit: [This benefit is available after the <b>Insured's</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months.]</p> <p>If [a <b>Covered Person</b> is][<b>You</b> are] <b>Diagnosed</b> with an [<b>Type 1 Cancer</b>][<b>Type 2 Cancer in Situ</b>][<b>Skin Cancer</b>] and receives an evaluation at an <b>NCI Cancer Center</b> while insured under the <b>Policy</b>, <b>We</b> will pay the benefit shown in the Schedule of Benefits. The benefit is subject to the following:</p> <ol style="list-style-type: none"> <li>1. the benefit is limited to one payment for each Benefit Amount paid for the <b>First Occurrence</b> and received by [a <b>Covered Person</b>][<b>You</b>] for [<b>Type 1 Cancer</b>][<b>Type 2 Cancer in Situ</b>][<b>Skin Cancer</b>] and only if an <b>NCI Cancer Center</b> evaluation is received by [a <b>Covered Person</b>][<b>You</b>];</li> <li>2. <b>We</b> will only pay this benefit if <b>We</b> have already paid a Benefit Amount for the <b>First Occurrence</b> of [<b>Type 1 Cancer</b>][<b>Type 2 Cancer</b>][<b>Skin Cancer</b>]; and</li> <li>3. <b>You</b> submit proof that the evaluation was received.</li> </ol> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b> [with the exception of the Evaluation Benefit]. [If [a <b>Covered Person</b>][<b>You</b>] is covered</p>	<p>This will be in or out. If in, [1 -12] consecutive months. The range will be as shown</p> <p>[<b>Type 1 Cancer</b>][<b>Type 2 Cancer</b>][<b>Skin Cancer</b>] each will be in or out.</p> <p>This will be in or out.</p>

<p>for both the NCI Cancer Center Benefit and the Evaluation Benefit, only one benefit, the largest, will be paid.] [The <b>Covered Person's</b>][<b>Your</b>] insurance must be in effect on the date of the evaluation for benefits to be payable under the <b>Policy</b>.]</p>	<p>This will be in or out.  This will be in or out.</p>
<p>[Stem Cell Indemnity Benefit: If a <b>Procedure</b> or <b>Diagnosis</b> of a covered <b>Critical Illness</b> for which a Benefit Amount is paid under the <b>Policy</b> requires <b>Stem Cell Therapy</b>, <b>We</b> will pay an additional lump sum benefit. The benefit is shown in the Schedule of Benefits as a percentage of the Benefit Amount paid for the <b>Critical Illness</b>.]</p>	<p>This will be in or out.</p>
<p>[Supplemental Benefit for High Deductible Health Plan: If [a <b>Covered Person</b> is][ <b>You</b> are] covered under a <b>High Deductible Health Plan</b> and [receives][receive] medical treatment for a <b>Critical Illness</b> for which benefits are otherwise payable under the <b>Policy</b>, <b>We</b> will pay the benefit shown in the Schedule of Benefits. This benefit is payable in addition to any other benefits payable under the <b>Policy</b>.</p> <p>For purposes of this benefit only, <b>High Deductible Health Plan</b> means a health plan that satisfies the requirements of Section 223 of the Internal Revenue Code with regard to minimum deductibles and out-of-pocket costs and issued in conjunction with a Health Savings Account.]</p>	<p>This will be in or out.</p>
<p>[Transportation Benefit: This benefit is available after the <b>Your</b> coverage has been in force under the <b>Policy</b> for [1-12] consecutive months. If [a <b>Covered Person</b> is][<b>You</b> are] <b>Diagnosed</b> with a <b>Critical Illness</b> or has a <b>Procedure</b> for a <b>Critical Illness</b> recommended and requires treatment for the <b>Critical Illness</b> at an appropriately licensed treatment facility, <b>We</b> will pay the benefit shown in the Schedule of Benefits.</p> <p>This benefit is subject to the following:</p> <ol style="list-style-type: none"> <li>1. the treatment facility must be at least [100-1,000] miles from the [<b>Covered Person's</b>][<b>Your</b>] primary residence. Mileage is measured from the [<b>Covered Person's</b>][<b>Your</b>] primary residence to the appropriately licensed treatment facility;</li> <li>2. <b>You</b> must provide written proof that the treatment was received; and</li> <li>3. <b>You</b> must provide written proof that he or she drove to the treatment facility in a personal or borrowed vehicle.</li> </ol> <p>This benefit is payable in addition to any other benefit payable under the <b>Policy</b>. [The <b>Covered Person's</b>][<b>Your</b>] insurance must be in effect on the date transportation is provided for benefits to be payable under the <b>Policy</b></p>	<p>This will be in or out. If in, [1 -12] consecutive months. The range will be as shown.</p> <p>[100 -1,000] miles. The range will be as shown.</p>
<p>[Waiver of Premium for <b>Total Disability</b>:</p> <p>Subject to all of the terms and conditions of the <b>Policy</b>, if:</p> <ol style="list-style-type: none"> <li>1. a Class I [or Class III] <b>You</b> become <b>Totally Disabled</b> while he or she is insured under the <b>Policy</b> prior to [the <b>Your</b> [50<sup>th</sup>-99<sup>th</sup> birthday]][reaching <b>Your</b> Social Security Normal Retirement Age (SSNRA)]; and</li> <li>2. <b>Total Disability</b> continues for [3, 6, 9, 12] continuous months while the <b>Your</b> covered under the <b>Policy</b>,</li> </ol>	<p>This will be in or out. If in, [or Class III] will be in or out.</p> <p>[50<sup>th</sup>-99<sup>th</sup> birthday] This will be in or out. If in, the range will be as shown. [reaching <b>Your</b> Social Security Normal Retirement Age (SSNRA)]. Will be in or out. [3, 6, 9, or 12] will be in or out.</p>

<p><b>We</b> will waive the premium requirements and no premium payment will be due for <b>Your</b> insurance to continue if he or she satisfies both of these requirements.</p> <p>[The Benefit Amount will be the Benefit Amount in effect as of the date <b>You</b> became <b>Totally Disabled</b>, subject to any age reductions listed Schedule of Benefits.]</p> <p>Premiums for <b>Dependents'</b> insurance coverage will not be waived. Once <b>You</b> are no longer considered <b>Totally Disabled</b>, he or she must pay the premium when due.</p> <p>Premium for <b>You</b> will be waived until the first to occur of:</p> <ol style="list-style-type: none"> <li>1. the date the <b>You</b> are no longer <b>Totally Disabled</b>;</li> <li>2. when premiums have been waived for [1 - 5] consecutive years; or</li> <li>3. the date the <b>You</b> attain age 65.</li> </ol> <p>Once the Waiver of Premium period has expired, premium is due if <b>You</b> are an <b>Eligible Person</b> and the <b>Policy</b> is in effect. If coverage would otherwise terminate for <b>You</b> under Section VI.B. Termination of Covered Person's Insurance, if <b>You</b> are on Waiver of Premium, such provision will not act to terminate his or her insurance except as described above.</p> <p>For purposes of this benefit only, the following additional definitions apply:</p> <p><b>Totally Disabled and Total Disability</b> means <b>You</b>, during a [3, 6, 9, 12] month period and thereafter because of a <b>Sickness</b> or <b>Injury</b>:</p> <ol style="list-style-type: none"> <li>1. is unable to perform the <b>Material and Substantial Duties</b> of any occupation for which he or she is or may become reasonably qualified by education, training, or experience; and</li> <li>2. is receiving <b>Regular Care</b> from a <b>Physician</b> for that <b>Sickness</b> or <b>Injury</b>.</li> </ol>	<p>This will be in or out.</p> <p>[1 -5] the range will be as shown.</p> <p>[3, 6, 9, or 12] will be in or out.</p>
<p>[Wellness Benefit</p> <p><b>We</b> will pay this benefit if <b>You</b> [or <b>Your</b> [<b>Spouse</b>]/[<b>Domestic Partner</b> has]] have one or more of the following screening tests performed [after the <b>Benefit Waiting Period</b> and] while coverage under this <b>Policy</b> is in force. <b>We</b> will pay the amount shown in the Schedule of Benefits</p> <p>[for each of the following screening tests [once in a <b>Plan</b> year].] Payment of this benefit will not reduce the Benefit Amount payable for a <b>Critical Illness</b>. This benefit is subject to the benefit maximum shown in the Schedule of Benefits for all covered tests for <b>You</b> [or <b>Your</b> [<b>Spouse</b>]/[<b>Domestic Partner</b>] in a <b>Plan</b> year.</p> <p>Screening tests include:</p> <ul style="list-style-type: none"> <li>• [Preventative services as defined by the Patient Protection Affordable Care Act as amended]</li> </ul>	<p>Will be in or out. If in, [or <b>Your</b> [<b>Spouse</b>]/[<b>Domestic Partner</b> has] will be in or out. If in, either [<b>Spouse</b>] or [<b>Domestic Partner</b>] will be in or out. [after the <b>Benefit Waiting Period</b> and] will be in or out.</p> <p>This will be in or out. If in, [once in a <b>Plan</b> year] will be in or out.</p> <p>This will be in or out.</p> <p>Combination of screening tests listed will be covered based on <b>Policyholder</b> selection</p>
<p>[SECTION XI – PORTABILITY PRIVILEGE</p>	<p>Included if selected by <b>Policyholder</b></p>
<p>PORTABILITY If <b>Your</b> coverage under the <b>Policy</b> terminates for any of the</p>	

reasons described below, he or she may continue (hereinafter "port") the insurance provided under this **Policy**. **You** must have been insured under the **Policy** [or the one it replaces] for group **Critical Illness** insurance coverage for at least [3-12 consecutive months] prior to the date his or her coverage under the **Policy** ends.

[The amount of insurance **You** can port is [subject to any Benefit Amount reductions based on his or her age; and] reduced by the amount of any Benefit Amount benefit paid by this **Policy**.]

[The amount of insurance **You** can port for each **Covered Dependent** is [subject to any Benefit Amount reductions based on his or her age; and] reduced by the amount of any Benefit Amount benefit paid by this **Policy** on behalf of each such **Dependent**].

**You** may port his or her group **Critical Illness** insurance coverage [and **Dependent** group **Critical Illness** Insurance coverage,] if coverage under the **Policy** ends because he or she is no longer in an Eligible Class.

**You** may port: . . .

2. [his or her coverage and coverage of his or her **Spouse** [/**Domestic Partner**];] . . .

**You** may not port his or her coverage [or coverage for any of his or her **Covered Dependents**] if:

1. coverage ends due to failure to pay any required premiums; or
2. he or she has reached age [65-99] on or before the date his or her coverage under the **Policy** ends;
3. if he or she reached the Per Person Lifetime Benefit Maximum Payout under the Group Critical Illness Policy; or
4. the **Policy** ends.

[**You** may not port coverage for any **Covered Dependents** who received a benefit under the Group Critical Illness Policy.]

No other combinations will be allowed. To be eligible to port, a **Dependent** must be covered under the **Policy** on the day the **Insured's** coverage under the **Policy** ends.

**You** must notify **Us** in writing of his or her request to continue coverage within [30-90] days of the date insurance would otherwise terminate and provide **Us** with a billing address. **We** will verify **Your** eligibility for ported coverage based on the reason for the termination with the **Policyholder**. After confirming **Your** eligibility to continue coverage, **We** will direct bill **You** for the premium due on a [monthly] [quarterly] [semiannually] [annually] basis.

The premium will be based on: (a) **You** [and/or **Dependent's**] rate class under this portability provision and (b) the **Your** [or **Your** surviving **Spouse** [or **Domestic Partner**]'s] age bracket. The premium due will be shown in the Group Critical Illness Portability Coverage Premium Notice.

Termination of Portability Coverage

[3-12 consecutive months]. The range will be as shown.

This will be in or out. If in, [subject to any Benefit Amount reductions based on his or her age; and] this will be in or out.

This will be in or out. If in, [subject to any Benefit Amount reductions based on his or her age; and] this will be in or out.

This will be in or out depending if **Dependents** are Eligible Class

Will be in or out.

Will be in or out depending if **Dependents** are Eligible Class.

[65-99] The range will be as shown.

This will be in or out.

[30-90] days. The range will be as shown.

Either [monthly], [quarterly] [semiannually] or [annually] will be in or out.

[and/or **Dependent's**] will be in or out.

<p>Insurance terminates for all <b>Covered Persons</b> at the end of the month on the last to occur of:</p> <ol style="list-style-type: none"> <li>1. [the <b>Policy</b> is terminated;]</li> <li>2. the date that <b>Your</b> coverage has been in effect for [3, 6, 9, 12, 18, 24, 36, 60, 120] consecutive months;</li> <li>3. <b>You</b> fails to pay the required premium due, subject to the <b>Grace Period</b>;</li> <li>4. <b>You</b> reaches age [65-99];</li> <li>5. the Per Person Lifetime Benefit Maximum Payout is paid to <b>You</b>.</li> </ol> <p>In addition, for a <b>Covered Person</b> other than <b>You</b>, his or her insurance terminates on the earliest of:</p> <ol style="list-style-type: none"> <li>1. the date Per Person Lifetime Benefit Maximum Payout is paid to the <b>Covered Person</b>; [or]</li> <li>2. the first premium due date after the person no longer qualifies as a <b>Covered Person</b>; [or][.]</li> <li>3. [for the covered <b>Spouse</b> [/<b>Domestic Partner</b>], the date the covered <b>Spouse</b> [/<b>Domestic Partner</b>] reaches age [65-99].]</li> </ol>	<p>Will be in or out.</p> <p>[3, 6, 9, 12, 18, 24, 36, 60, 120] will be in or out.</p> <p>[65-99] The range will be as shown.</p> <p>[or] will be in or out.</p> <p>[or] [.] will be in or out.</p> <p>This will be in or out. If in, [65-99] the range will be as shown.</p>
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**ENROLLMENT FORM U-GCI-103-A CW (05/12)**

[Master Policy Number:]	Insurance Company will provide.
<b>ELIGIBLE PERSON INFORMATION</b> – If you are not actively employed [full-time] at least [20] hours per week, do not complete this form, you are an ineligible person.	Full-time language included only if employee is determined to meet the requirements of full-time employment. [20] The range will be 15 -20.
[ <input type="checkbox"/> Domestic Partnership]	<b>Domestic Partnership</b> choice is in or out.
<b>SPOUSE [/DOMESTIC PARTNER] INFORMATION</b> (If enrollee is applying for <b>Dependent</b> coverage.)	<b>Domestic Partner</b> is in or out.
<b>CRITICAL ILLNESS INSURANCE REQUESTED</b> <input type="checkbox"/> Spouse [/Domestic Partner Only] <input type="checkbox"/> Dependent Child(ren) Only] <input type="checkbox"/> Spouse [/Domestic Partner] and Dependent Child(ren)]	<b>Domestic Partner</b> is in or out. <b>Dependent Child(ren)</b> is in or out. <b>Domestic Partner</b> and/or <b>Child(ren)</b> is in or out.
the [first of the month following the] [date defined under the Policyholder’s written procedures as on file and approved by us following the] date the <b>Eligible Person</b> meets all the eligibility and enrollment requirements; and	[first of the month following the] OR [date defined under the <b>Policyholder’s</b> written procedures as on file and approved by us following the]
for Benefits Amounts in excess of the Guaranteed Issue Amount, the Evidence of Insurability Form U-GCI-105-A CW (05/12) must be completed. The additional coverage will be effective on the [first of the month following the] [date defined under the Policyholder's written procedures as on file and approved by Us, following the] date <b>We</b> approve the <b>Eligible Person’s</b> evidence of insurability;	[first of the month following the] OR [date defined under the <b>Policyholder's</b> written procedures as on file and approved by <b>Us</b> , following the]
[the <b>Eligible Person</b> must become an <b>Insured</b> under this <b>Plan</b> in order for insurance to be available for Eligible Dependents; and]	<b>Dependent</b> coverage is in or out.
[the Eligible Person must be <b>Actively at Work</b> on the date his or her coverage becomes effective.]	This will be included if Policyholder imposes an <b>Actively at Work</b>
<b>[AGENT INFORMATION]</b> Name of Agent: Agent's State License Number: Agent's Signature: [Producer Number:            ]]	This information will be provided by the Insurance Company.

**ADMINISTRATIVE CHANGE ENDORSEMENT – U-GCI-104-A CW (05/12)**

<p>[This endorsement will be used to make the following types of administrative changes to the Group Critical Illness Insurance Policy/Certificate at the <b>Policyholder's</b> request:</p> <ol style="list-style-type: none"><li>1. <b>Policyholder's</b> Name or Address;</li><li>2. Addition or deletion of subsidiaries or affiliates of the <b>Policyholder</b>;</li><li>3. Changes to the class(es) of eligible persons;</li><li>4. Addition or deletion of Coverage(s);</li><li>5. Increase or decrease in Coverage Amount(s);</li><li>6. Addition or deletion of Benefit Riders;</li><li>7. Increase or decrease in Benefit Amount(s);</li><li>8. Renewal of the Policy; or</li><li>9. Amending previously chosen variability language.]</li></ol>	<p>This endorsement will be used to make administrative changes to the Group Critical Illness Policy at the <b>Policyholder's</b> request.</p>
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**EVIDENCE OF INSURABILITY FORM U-GCI-105-A CW (05/12)**  
**Used when there is medical underwriting**

[Master Policy Number:]	Insurance Company will provide.
Name of <b>Spouse[/Domestic Partner]</b> , if applicable:	<b>Domestic Partner</b> in or out.
<b>[Tier 1] SECTION B:</b> Complete questions 1 – [5] if applying for a benefit amount greater than the Guarantee Issue amount. These questions apply to the <b>Eligible Person, Spouse [/Domestic Partner]</b> and <b>Dependent Child(ren)</b> for whom coverage is being requested.	Tier 1 is illustrated for underwriting purposes and will be in or out. Question 2-5 will be included only if Insured is applying for a benefit amount greater than the Guarantee Issue amount.
<p>1. <b>[All]</b> Please confirm that you, or any <b>Eligible Person</b>, are performing all of the normal duties of your regular occupation or performing the normal activities of a person of like age and gender for the past 3 months; minor illnesses or injury for up to seven (7) days or routine pregnancy with no significant adverse test results for mother or child are considered normal.</p> <p>Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Spouse[/Domestic Partner]:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Child(ren):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Included if Insured is applying for a benefit amount greater than the Guarantee Issue amount. <b>Domestic Partner</b> is in or out.
2. <b>[Category 1 &amp; 3]</b> Have you or any <b>Eligible Person</b> :	Included only if <b>Policyholder</b> chooses category 1 or category 3 coverage and is for illustrative purposes.
3. <b>[Category 2]</b> In the past two (10) years, have you or any <b>Eligible Person</b> been:	Included only if <b>Policyholder</b> chooses category 2 coverage and is for illustrative purposes.
4. <b>[If Category 4 Included]</b> Have you or any <b>Eligible Person</b> been treated for, or been told by a member of the medical profession that he or she has: Diabetes; Glaucoma; Retinitis Pigmentosa; Macular Degenerations; Optic Neuritis, or intermittent or persistent Paralysis?	Included only if <b>Policyholder</b> chooses category 4 coverage and is for illustrative purposes.
5. <b>[If Category 5 Included]</b> Have you or any <b>Eligible Person</b> been treated for, or been told by a member of the medical profession that he or she has: <b>Addison’s Disease, Huntington’s Chorea, Muscular Dystrophy, Myasthenia Gravis, Lupus, Scleroderma, Sickle Cell Anemia</b> ; any neurological disease or disorder, including but not limited to <b>Parkinson’s Disease, Multiple Sclerosis, Amyotrophic Lateral Sclerosis (ALS); Alzheimer’s, Senility, Dementia or Organic Brain Disease</b> ?	Included only if <b>Policyholder</b> chooses category 5 coverage and is for illustrative purposes.
<b>[Tier 2] SECTION C:</b> Complete questions [6 – 10] if you are applying for a benefits amount greater than [\$50,000]. These questions apply to the <b>Eligible Person, Spouse[/Domestic Partner]</b> and <b>Dependent Child(ren)</b> for whom coverage is being requested.	Tier 2 is illustrated for underwriting purposes and will be in or out. Questions 6-10 will be included only if <b>Insured</b> is applying for benefits amount greater than \$0-\$5,000,000. <b>Domestic Partner</b> is in or out.
<p>6. Have you our any <b>Eligible Person</b> tested positive for HIV infection or been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex caused by the HIV infection?</p> <p>Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<b>Domestic Partner</b> is in or out.

Spouse[/Domestic Partner]: <input type="checkbox"/> Yes <input type="checkbox"/> No Child(ren): <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Are you or any <b>Eligible Person</b> now disabled, been seen by a physician or treated in a medical facility, including a doctor's office, in the past 6 months for illness or disease, other than flu, colds or normal pregnancy?  Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Spouse[/Domestic Partner]:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Child(ren):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Domestic Partner</b> is in or out.
8. Have you or any <b>Eligible Person</b> ever had or received treatment, counseling or rehabilitation for any alcohol or substance abuse, dependence, intoxication, withdrawal or disorder?  Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Spouse[/Domestic Partner]:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Child(ren): <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Domestic Partner</b> is in or out.
9. Have two or more members of your or any <b>Eligible Person's</b> immediate family (natural parents, brothers or sisters, living or deceased) experienced the same condition: cancer (excluding skin cancer) diabetes, heart disease, stroke or <b>[If Category 5 Included] [Alzheimer's, Senility, Dementia or Organic Brain Disease]</b> prior to the age of sixty (60)?  Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Spouse[/Domestic Partner]:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Child(ren):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If Insured chooses category 5 coverage, <b>[Alzheimer's, Senility, Dementia or Organic Brain Disease]</b> will be included.  <b>Domestic Partner</b> is in our out.
<b>[Tier 3] SECTION D:</b> Complete this section if you answered "yes" to questions 6 – 9.	Tier 3 is illustrated for underwriting purposes and will be in or out.
10. Have you or any <b>Eligible Person</b> been diagnosed with Diabetes that is not gestational or diet controlled?  Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Spouse[/Domestic Partner]:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Child(ren): <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Domestic Partner</b> is in or out.
11. Have you or any <b>Eligible Person</b> been diagnosed with Hypertension or High Blood Pressure that is controlled by more than two medications?  12. Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Spouse[/Domestic Partner]:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Child(ren): <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Domestic Partner</b> is in or out.
<b>[AGENT INFORMATION]</b> Name of Agent: Agent's State License Number: Agent's Signature: [Producer Number:        ]]	Insurance Company will add based on agent used, if agent used.