

State: Arkansas **Filing Company:** HCC Life Insurance Company
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness
Product Name: Critical Illness
Project Name/Number: /

Filing at a Glance

Company: HCC Life Insurance Company
Product Name: Critical Illness
State: Arkansas
TOI: H07G Group Health - Specified Disease - Limited Benefit
Sub-TOI: H07G.001 Critical Illness
Filing Type: Form
Date Submitted: 08/02/2012
SERFF Tr Num: HCCH-128614139
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: HCCL CI IND AR
Implementation: On Approval
Date Requested:
Author(s): Brad Long, Misty Pagelsen, Marcella Pennington
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 08/07/2012
Disposition Status: Approved-Closed
Implementation Date:
State Filing Description:

State: Arkansas **Filing Company:** HCC Life Insurance Company
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General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: This filing was submitted to HCC Life's state of domicile, IN, on July 31, 2012 and is pending approval.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 08/07/2012
	State Status Changed: 08/07/2012
Deemer Date:	Created By: Misty Pagelsen
Submitted By: Misty Pagelsen	Corresponding Filing Tracking Number:
Filing Description:	
August 2, 2012	

Arkansas Insurance Department
 1200 West Third Street
 Little Rock, AR 72201

RE: HCC Life Insurance Company
 NAIC #: 92711 – FEIN #: 35-1817054
 Individual Critical Illness Policy
 Form Numbers: HCCL CI IND AR, et al.

HCC Life Insurance Company (“HCC Life”) is entering the individual Critical Illness market. We are submitting new, previously unused forms and rates that we will be offering immediately upon approval.

The table below indicates the new forms being filed and provides a brief description.

Form Number	Form Name
HCCL CI IND AR	Individual Critical Illness Policy form
HCCL CI APP	Individual Critical Illness Application form
HCCL CI IND OOC	Individual Critical Illness Outline of Coverage

Type of Submission: This filing is for a policy that provides critical illness benefits only. No additional ancillary benefits will be offered. Coverage can be continued to age 80 and contains a benefit reduction clause at age 65.

Variable Material: The Schedule of Insurance contains variables which will conform to the demographic information provided by the applicant and the coverage options selected at the time of application. There are also brackets around HCC Life’s address and phone number where appropriate. Therefore, we have not included a description of variable material.

It must be noted that no change in the variable areas will be made which will be in conflict with the law, rules and regulations of your state. In addition, no change in variability will be made which in any way expands the scope of the wording being

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changed.

Domiciliary State: This filing was submitted to HCC Life's state of domicile, Indiana on July 31, 2012 and is pending approval.

Thank you in advance for reviewing these new forms. If you have any questions or comments regarding this resubmission, please feel free to contact me. I will be glad to assist you in any way I can.

Respectfully,

Misty Pagelsen
 Associate Compliance Specialist
 800/447-0460 Ext. 455
 770/693-6455 – direct
 770/973-9854 – fax
 mpagelsen@hcclife.com

Company and Contact

Filing Contact Information

Misty Pagelsen, mpagelsen@hcclife.com
 225 TownPark Drive 770-693-6455 [Phone]
 Suite 145
 Kennesaw, GA 30144

Filing Company Information

HCC Life Insurance Company	CoCode: 92711	State of Domicile: Indiana
225 TownPark Dr., NW	Group Code:	Company Type:
Suite 145	Group Name:	State ID Number:
Kennesaw , GA 30144-5885	FEIN Number: 35-1817054	
(770) 693-6441 ext. [Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation: There is a \$50.00 fee for the rates
 There is a \$50.00 fee per form being filed for approval. There are three (3) forms being submitted with this filing for approval.
 Per Company: No

Company	Amount	Date Processed	Transaction #
HCC Life Insurance Company	\$200.00	08/02/2012	61390940

SERFF Tracking #:

HCCH-128614139

State Tracking #:

Company Tracking #:

HCCL CI IND AR

State: Arkansas

Filing Company:

HCC Life Insurance Company

TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness

Product Name: Critical Illness

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/07/2012	08/07/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/03/2012	08/03/2012

Response Letters

Responded By	Created On	Date Submitted
Misty Pagelsen	08/06/2012	08/06/2012

State: Arkansas

Filing Company:

HCC Life Insurance Company

TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness

Product Name: Critical Illness

Project Name/Number: /

Disposition

Disposition Date: 08/07/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Supporting Document	Redline	Approved-Closed	Yes
Form (revised)	CRITICAL ILLNESS INSURANCE POLICY	Approved-Closed	Yes
Form	CRITICAL ILLNESS INSURANCE POLICY	Replaced	Yes
Form	Critical Illness Insurance Application	Approved-Closed	Yes

State: Arkansas **Filing Company:** HCC Life Insurance Company
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness
Product Name: Critical Illness
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/03/2012
Submitted Date 08/03/2012
Respond By Date

Dear Misty Pagelsen,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- CRITICAL ILLNESS INSURANCE POLICY, HCCL CI IND AR (Form)

Comments:

This is to advise that our Department will not approve exclusions for terrorism in life or accident and health contracts. Please delete the language,"including terrorist attacks".

Thank you for your understanding and cooperaiton.

Conclusion:

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

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking #:

HCCH-128614139

State Tracking #:

Company Tracking #:

HCCL CI IND AR

State: Arkansas

Filing Company:

HCC Life Insurance Company

TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness

Product Name: Critical Illness

Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/06/2012
Submitted Date	08/06/2012

Dear Rosalind Minor,

Introduction:

Response 1

Comments:

including terrorist attacks has been removed from the policy. The final version is attached under the Form Schedule and the redline version has been attached under the supporting documentation tab.

Related Objection 1

Applies To:

- CRITICAL ILLNESS INSURANCE POLICY, HCCL CI IND AR (Form)

Comments:

This is to advise that our Department will not approve exclusions for terrorism in life or accident and health contracts. Please delete the language,"including terrorist attacks".

Thank you for your understanding and cooperaiton.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Redline

Comment:

State: Arkansas

Filing Company:

HCC Life Insurance Company

TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness

Product Name: Critical Illness

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Form Schedule Item Changes

Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	HCCL CI IND AR	POL	CRITICAL ILLNESS INSURANCE POLICY	Initial		HCCL CI IND AR - clean.pdf	Date Submitted: 08/06/2012 By: Misty Pagelsen

Previous Version

1	HCCL CI IND AR	POL	CRITICAL ILLNESS INSURANCE POLICY	Initial		HCCL CI IND AR - clean.pdf	Date Submitted: 08/06/2012 By: Misty Pagelsen
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No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Misty Pagelsen

State: Arkansas

Filing Company:

HCC Life Insurance Company

TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness

Product Name: Critical Illness

Project Name/Number: /

Form Schedule

Lead Form Number: HCCL CI IND AR

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 08/07/2012	HCCL CI IND AR	POL	CRITICAL ILLNESS INSURANCE POLICY	Initial:		HCCL CI IND AR - clean.pdf
2	Approved-Closed 08/07/2012	HCCL CI APP	AEF	Critical Illness Insurance Application	Initial:		HCCL CI APP.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

HCC LIFE INSURANCE COMPANY
[225 TownPark Drive, Suite 350
Kennesaw, Georgia 30144]
[800-447-0460]

CRITICAL ILLNESS INSURANCE POLICY

HCC Life Insurance Company (hereinafter the Company, We, Our, or Us) agrees to pay the insurance benefits herein provided, subject to the terms and conditions of this policy. Benefits are payable in United States Dollars only.

This policy is issued to the Policyholder (hereinafter the Insured, You or Your) in consideration of the application and payment of premiums, to take effect as of the Effective Date. This policy will terminate as hereinafter provided.

The first premium is due on or before the Effective Date and future premiums are due as stated herein during the continuance of this policy.

All periods indicated herein begin and end at 12:01 A.M. Standard Time at the address of the Policyholder.

RIGHT TO RETURN POLICY

You may return the policy to Us at the address above within thirty (30) days of its delivery and have the premium refunded if, after examination of the policy, you are not satisfied for any reason.

GUARANTEED RENEWABLE TO AGE 80

You can keep this policy to age 80 by paying all premiums as due. Your premium can be changed if We change the premium on all policies in Your policy's premium class.

The benefits and provisions set forth on the following pages, riders or endorsements are a part of this policy as if recited over the parties' signatures.

Signed for HCC Life Insurance Company.

President

Secretary and General Counsel

NOTICE TO BUYER: THIS IS A SPECIFIED DISEASE POLICY AND IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. THIS POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. READ YOUR POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE [AND THE BUYER'S GUIDE].

**THIS POLICY IS A CONTRACT
BETWEEN THE POLICY HOLDER AND THE COMPANY**

For service or complaints about this policy, please address any inquiries to the address shown above or call [800-447-0460].

TABLE OF CONTENTS

PART I	GENERAL DEFINITIONS.....	Page 3
PART II	ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE.....	Page 7
PART III	TERMINATION OF INSURANCE.....	Page 8
PART IV	PREMIUMS	Page 8
PART V	BENEFITS	Page 8
PART VI	EXCLUSIONS AND LIMITATIONS.....	Page 9
PART VII	CLAIM PROVISIONS	Page 9
PART VIII	GENERAL PROVISIONS	Page 10
PART IX	SCHEDULE OF BENEFITS.....	Page 11
	OPTIONAL BENEFIT RIDERS, IF ANY	
	AMENDMENT RIDERS, IF ANY	

PART I – GENERAL DEFINITIONS

“Accident” means a sudden, unforeseeable event that causes You injury.

“Aortic Surgery” means that You have been diagnosed by a Specialist as requiring surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches. Aortic Surgery does not include:

1. Any other surgical procedure, for example the insertion of stents or endovascular repair; or
2. Surgery following traumatic injury to the aorta.

“Benefit Category” means any of the three groups of illnesses for which benefits are available under this policy. These are:

1. Cancer Category, which includes Life-Threatening Cancer and Non-Life-Threatening Cancer;
2. Vascular Category, which includes Heart Attack, Stroke, Coronary Artery Bypass, Heart Transplant, Ruptured Aneurysm, Aortic Surgery and Heart Valve Surgery;
3. Other Critical Illness Category, which includes Coma, Kidney (Renal Failure), Major Organ Transplant, Paralysis, Severe Burns, Deafness, Blindness, Benign Brain Tumor, Loss of Speech, Loss of Limbs and Occupational Infections.

“Benign Brain Tumor” means a definite diagnosis of a non-malignant tumor located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumor must require surgical or radiation treatment or cause irreversible objective neurological deficit(s). Benign Brain Tumor does not include pituitary adenomas less than 10 mm. Benign Brain Tumor must be diagnosed by a Specialist.

“Blindness” means total and permanent loss of sight in both eyes as a result of Injury. Total loss of sight is defined as 20/200 or worse, in both eyes, after correction. The loss must be present for a continuous period of at least ninety (90) days and be expected to be permanent.

No benefit for Blindness will be paid if, in general medical opinion, surgery, a device, or implant could result in the partial or total restoration of sight.

“Coma” means a state of unconsciousness for a continuous period of at least ninety-six (96) hours during which there is no reaction to external stimuli or response to internal needs. Coma does not include a medically induced coma. The Diagnosis of Coma must be supported by a Glasgow Coma Scale score of four (4) or less.

“Coronary Artery Bypass” means that the You have been diagnosed by a Specialist as requiring the use of non-coronary blood vessel or blood vessels (either artery or vein) to surgically bypass obstructions in a native coronary artery or arteries supplying blood to the heart performed via median sternotomy (incision along and spreading open of the sternum).

The term “Coronary Artery Bypass” does not mean recommendation for any other procedure not requiring median sternotomy such as, but not limited to, balloon or laser angioplasty, stent procedures or other minimally invasive procedures performed to increase blood flow.

“Critical Illness” means any of the following covered conditions:

1. Life-Threatening Cancer
2. Non-life-threatening Cancer
3. Heart Attack
4. Stroke
5. Coronary Artery Bypass
6. Heart Transplant
7. Ruptured Aneurysm
8. Aortic Surgery
9. Heart Valve Surgery

10. Coma
11. Kidney (Renal) Failure
12. Major Organ Transplant
13. Paralysis
14. Loss of Limbs
15. Severe Burns
16. Deafness
17. Blindness
18. Benign Brain Tumor
19. Loss of Speech
20. Occupational Infections (HIV, Hepatitis B, C or D)

“Deafness” means the total and permanent loss of hearing in both ears as a result of Sickness or Injury. Total loss of hearing is defined as having an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 hertz. The loss must be present for a continuous period of at least ninety (90) days and be expected to be permanent.

No benefit for Deafness will be paid if, in general medical opinion, surgery, a device, or implant could result in the partial or total restoration of hearing.

“Doctor” means any duly licensed practitioner who is recognized by the law of the state in which diagnosis is made as qualified to perform the service for which claim is made. Such person may not be a member of Your Immediate Family. The practitioner must be licensed and practicing in the United States.

“Effective Date” means the date Your coverage under this policy is effective.

“Heart Attack (acute Myocardial Infarction)” means the death of a segment of the heart muscle resulting from blockage of one or more coronary arteries. In order to be covered under this provision, the diagnosis by a Doctor of Heart Attack must be based on all of the following:

1. new clinical presentation and electrocardiographic changes consistent with and supporting diagnosis of Heart Attack;
2. a concurrent diagnostic elevation of cardiac enzymes above generally accepted laboratory levels of normal; and
3. confirmation by imaging studies such as thallium scans, MUGA scans or stress echocardiograms.

After this policy has been issued, we may decide to accept other newly developed studies approved by the American College of Cardiology that are deemed to be at least as accurate in the positive diagnosis of heart attack as those previously listed.

The following are not considered as a Heart Attack:

1. an EKG change consistent with transient ischemic change;
2. angina;
3. chance finding of EKG changes suggestive of a previous Heart Attack;
4. heart attack that occurs during a medical procedure; or
5. the death of heart muscle coincidental with death from other causes.

“Heart Transplant” means that You have been diagnosed by a Specialist as:

1. having the irreversible end-stage failure of the entire heart; and
2. a transplant is recommended as soon as an appropriate donor is located, and the member;
 - a. is either listed with the United Network of Organ Sharing (UNOS); or
 - b. a suitable donor is found without a UNOS listing.

Proof of Heart Transplant requires:

1. submission of medical records documenting heart failure from a Specialist Physician; and
2. documentation of either;

- a. listing with the United Network of Organ Sharing (UNOS); or
- b. documentation that a suitable donor has been found without a UNOS listing.

“Heart Valve Surgery” means that You have been diagnosed by a Specialist as needing surgery requiring median sternotomy (surgery to divide the breastbone) to replace or repair one or more defective heart valves. It does not include intra-arterial procedures or other non-surgical procedures.

“Immediate Family” means Your parents, spouse, children, or siblings, or any person residing with You.

“Injury” means accidental bodily Injury:

1. caused by an Accident; and
2. that results in covered loss directly and independently of all other causes.

All Injuries sustained in one Accident, including all related conditions and recurring symptoms of the Injuries, will be considered one injury.

“Kidney (Renal) Failure” means the chronic irreversible failure of both of the kidneys (end stage renal disease), which requires Treatment with renal dialysis administered on a regular basis (at least weekly). Kidney Failure is covered under this provision only if the diagnosis has been made by a Doctor who is a board certified nephrologist.

Kidney transplant is not covered under Kidney (Renal) Failure but may be payable under Major Organ Transplant.

“Life-Threatening Cancer” means a malignant neoplasm (including hematologic malignancy), as diagnosed by a Doctor who is a board certified oncologist, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically excluded. Leukemias and lymphomas are included.

The following types of cancer are not considered a Life Threatening Cancer:

1. stage A (T1a or T1b) prostate cancer;
2. carcinoma in situ including cervical dysplasia, CIN-1; CIN2; and CIN-3, according to the CIN Grading System;
3. pre-malignant lesions (such as intraepithelial neoplasia);
4. all tumors histologically described as a) benign; b) pre-malignant; c) non-invasive; d) low-malignancy potential; or e) borderline malignant;
5. all skin cancers, unless there is evidence of metastasis;
6. stage 1A (T1a) malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion);
7. chronic lymphocytic leukemia which has not progressed to Rai Stage 0;
8. papillary carcinoma of the thyroid which does not exceed 1 cm in diameter and is limited to the thyroid; or
9. non-invasive papillary cancer of the bladder which does not exceed TaNOM0 according to the TNM scale.

Life-threatening cancer must be diagnosed by a Specialist pursuant to a pathological diagnosis. We will accept a clinical diagnosis instead if pathological diagnosis is cannot be made because it is life threatening or medically inappropriate.

“Loss of Limbs” means a definite diagnosis of the complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation.

“Loss of Speech” means the clinically-proven total, permanent and irreversible loss of the ability to speak due to Injury or Sickness. The loss must have continued for at least 180 consecutive days.

No Benefit will be payable if a device or implant could result in the partial or total restoration of speech or if the loss of speech is due to psychiatric causes.

“Major Organ Transplant” means that You have been diagnosed by a Specialist as:

1. having the irreversible end-stage failure of the entire liver, kidney, lung, pancreas or pancreas-kidney; and
2. a transplant is recommended as soon as an appropriate donor is located, and the member;
 - a. is either listed with the United Network of Organ Sharing (UNOS); or
 - b. a suitable donor is found without a UNOS listing.

Proof of Major Organ Transplant requires:

1. submission of medical records documenting major organ failure from a Specialist Physician; and
2. documentation of either;
 - a. listing with the United Network of Organ Sharing (UNOS); or
 - b. documentation that a suitable donor has been found without a UNOS listing.

“Non-life-threatening Cancer” means the diagnosis of cancer in which the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue. This includes the following:

1. stage A (T1a or T1b) prostate cancer;
2. carcinoma in situ including cervical dysplasia, CIN-1; CIN2; and CIN-3, according to the CIN grading System;
3. stage 1A (T1a) malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion);
4. chronic lymphocytic leukemia which has not progressed to Rai Stage 0;
5. papillary carcinoma of the thyroid which does not exceed 1 cm in diameter and is limited to the thyroid; or
6. non-invasive papillary cancer of the bladder which does not exceed TaNOM0 according to the TNM scale.

The following are not considered Non-Life Threatening Cancer:

1. pre-malignant lesions (such as intraepithelial neoplasia);
2. other skin malignancies;
3. benign tumors or polyps; or
4. evidence of cancer cells or cancer genetic material detected by molecular or biochemical probes only (including but not limited to proteomic or DNA/RNA-based techniques) with no lesion amenable to tissue diagnosis.

Non-life-threatening Cancer must be diagnosed by a Specialist pursuant to a pathological diagnosis. We will accept a clinical diagnosis instead if pathological diagnosis is cannot be made because it is life threatening or medically inappropriate.

“Occupational Infection” means the diagnosis one of the following resulting from Accident during the course of Your normal occupation:

1. infection with Human Immunodeficiency Virus (HIV);
2. Hepatitis B;
3. Hepatitis C; or
4. Hepatitis D.

Payment under this condition requires satisfaction of all of the following:

1. a serum HIV test or Hepatitis B, C or D test must be taken within 5 days of the Accident and the result must be negative
2. a serum HIV test or Hepatitis B, C or D test must be taken between 90 days and 180 days after the Accident and the result must be positive

3. all HIV and Hepatitis tests must be performed by a duly licensed laboratory in the United States
4. the Accident must have been reported, investigated and documented in accordance with current United States workplace guidelines.

Occupational Infection does not include HIV or Hepatitis B, C or D infection as the result of IV drug use or sexual transmission.

“Paralysis” means total and irrecoverable loss of function of two or more limbs as a result of Injury or Sickness. The loss must be present for a continuous period of at least ninety (90) days and be expected to be permanent. Limb is defined as the complete arm or the complete leg. Paralysis does not include loss of function of limbs resulting from a Stroke.

“Pre-Existing Condition” means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding Your Effective Date or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a twelve (12) month period preceding Your Effective Date.

“Ruptured Aneurysm” means a localized, blood-filled dilation of a blood vessel caused by disease or weakening of the vessel wall in the brain, carotid arteries, or aorta, spilling blood into the surrounding tissues (called a hemorrhage). Diagnosis must be supported by medical records which include radiographically specific studies to objectively support the diagnosis as established by the American Academy of Radiologists.

“Severe Burns” means third-degree burns over at least twenty percent (20%) of the surface area of Your body.

“Sickness” means an illness or disease, including pregnancy and childbirth.

“Specialist” means a medical doctor who is licensed and practicing in the United States and who has completed an accredited specialty training program recognized by the American Board of Medical Specialties and has passed the examination leading to Board Certification in the field most applicable to the condition being evaluated.

“Stroke” means death of brain tissue due to a cerebrovascular event resulting in neurological damage including infarction, hemorrhage or embolization of brain tissue from an extra cranial source for at least 60 days. Diagnosis shall be made by a Doctor who is board certified in neurology and shall be based on documented neurological impairment or deficits and objective clinical evidence of brain tissue damage by neuroimaging (CT, MRI, MRA, PET Tomography or similar imaging technique). Such event must produce measurable, neurological deficit(s) in accordance with a score of two (2) or greater on the Modified Rankin Scale persisting for at least one hundred eighty (180) consecutive days following the occurrence of the stroke. Stroke does not include Transient Ischemic Attack (TIA), attacks of vertebrobasilar ischemia, transient global amnesia, chronic cerebrovascular insufficiency or any other cerebrovascular events such as migraine, hypoxia, traumatic Injury to the brain or blood vessels or vascular disease affecting the eye, optic nerve or vestibular functions.

PART II – ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE

Coverage shall begin on the Effective Date shown in Part IX – Schedule of Benefits. Premium must be paid on or prior to the Effective Date. Coverage ends as described in Part III – Termination.

PART III – TERMINATION OF INSURANCE

This policy shall automatically terminate on the earliest of the following dates:

1. The end of the last period for which the last required premium payment was made for Your insurance;
2. Upon Your written request to discontinue coverage;
3. The date You receive 100% of Your Maximum Benefit for each Benefit Category;
4. The premium due date that coincides with or next follows Your eightieth (80th) birthday; or
5. Your death.

Your insurance for a Benefit Category will terminate when 100% of Your Maximum Benefit has been paid for one or more Critical Illnesses in that Benefit Category.

PART IV - PREMIUMS

Premiums are due in advance as shown in the Schedule of Premiums in Part IX – Schedule of Benefits.

Premiums will change if We change premiums for all policies in Your premium class.

If We change premiums for all policies in Your premium class, We will give you sixty (60) days advance written notice of such change.

Grace Period

A grace period of thirty-one (31) days will be granted for the payment of each premium falling due after the first premium, during which the policy shall continue in force.

Reinstatement

If the premium is not paid within the grace period, then this policy will terminate. Later acceptance of premium by Us, without requiring in connection therewith an application for reinstatement, shall reinstate the policy. However, if We require an application for reinstatement and issue a conditional receipt for the premium tendered, the policy will be reinstated upon Our approval of the application or, lacking such approval, upon the forty-fifth (45th) day following the date of the conditional receipt unless We have previously notified You in writing of Our disapproval of the application.

The reinstated policy shall cover only a Critical Illness resulting from such accidental injury as may be sustained after the date of reinstatement and a Critical Illness due to such sickness as may begin more than ten (10) days after that date. In all other respects, We and You shall have the same rights as We and You had under the policy immediately before the due date of the defaulted premium, subject to the provisions of any rider which may be attached in connection with the reinstatement.

Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

PART V – BENEFITS

Subject to the terms and conditions of this policy, upon receipt of due proof that You have been diagnosed by a Doctor with a Critical Illness, as defined herein, We will pay a percentage of Your Maximum Benefit, as shown in Part IX – Schedule of Benefits. Such diagnosis must occur after Your Effective Date.

You shall be limited to no more than 100% of the Maximum Benefit for each Benefit Category.

If benefits are paid for Coronary Artery Bypass, Aortic Surgery or Heart Valve Surgery the Maximum Benefit available for other Critical Illnesses in the Vascular Benefit Category will be reduced by the amount paid.

If benefits are paid for Non-life-threatening Cancer, the Maximum Benefit available for Life-Threatening Cancer will be reduced by the amount paid.

Benefits are payable only once for each Critical Illness. If one Critical Illness is caused by or contributes to another Critical Illness, We will pay only one benefit. The benefit paid will be the larger of the two. If the benefit payable is the same for both Critical Illnesses, You may choose which benefit is paid.

PART VI – EXCLUSIONS AND LIMITATIONS

Pre-Existing Conditions Limitation

Any Critical Illness due to Pre-Existing Condition shall not be covered if it begins during the twelve (12) month period following Your effective date of coverage.

Other Exclusions

In addition to the Pre-Existing Condition Limitation noted above, We will not pay benefits for any Critical Illness caused or contributed to by:

1. attempted suicide or intentionally self-inflicted injury;
2. war or act of war (whether declared or undeclared);
3. active participation in an illegal occupation, felony, riot or insurrection;
4. active duty in the armed forces. Upon written notice to Us of entry into such active duty, the unused premium will be returned to You on a pro-rated basis;
5. being intoxicated or under the influence of alcohol, drugs or any narcotic (including overdose) unless administered on, and taken in accordance with, the instructions of a Doctor.

PART VII - CLAIM PROVISIONS

Notice of Claim

Written notice of claim must be given within twenty (20) days after the occurrence or commencement of any Critical Illness covered by this policy, or as soon as is reasonably possible. Notice given by You or on Your to Us at our at the address shown on the cover page, or to any authorized agent of Ours, with information sufficient to identify You, shall be deemed notice to Us.

Claim Forms

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

Proof of Loss

Written proof of loss must be furnished Us at the address shown on the cover of this policy within ninety (90) days after the date of the diagnosis or onset of Critical Illness. Failure to furnish proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within that time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

Time of Payment of Claim

Benefits for Critical Illnesses covered by this policy will be paid immediately upon Our receipt of due written proof of such loss.

Payment of Claims

All benefits will be paid to You, if living. Any other benefits due and unpaid at Your death will be paid to Your estate, unless another beneficiary is designated.

If a benefit is to be paid to Your estate, or to an Insured or beneficiary who is not competent to give a valid release, the Company may pay up to \$1,000.00 of such benefit to one of Your relatives who is deemed by the Company to be justly entitled to it. Such payment, made in good faith, fully discharges the Company to the extent of the payment.

Physical Examination and Autopsy

At our expense, We may have You examined as often as reasonably necessary while the claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Action

No legal action may be brought to recover on this policy before sixty (60) days after written proof of loss has been furnished as required by this policy. No such action may be brought after three (3) years from the time written proof of loss is required to be furnished.

PART VIII – GENERAL PROVISIONS

Entire Contract

This policy, Your attached application and attached riders and endorsements, if any, constitutes the entire contract of insurance.

Authority, Amendment and Alteration

None of the terms of this policy may be modified, except by an agreement in writing signed by the President, a Vice President or the Secretary of the Company. The authority for this purpose cannot be delegated. This policy may be amended or changed at any time, subject to the laws of the jurisdiction in which it is delivered. No agent or person, other than as stated above, shall have the authority to change this policy or otherwise waive any requirements or provisions of this policy. No change in this policy shall be valid unless evidenced by endorsement on this policy or by an amendment to this policy signed by Us.

Time Limit on Certain Defenses

After two (2) years from the date of issue of this policy, no misstatements, except fraudulent misstatements, made by You in the application for the policy shall be used to void the policy or to deny a claim for a Critical Illness incurred after the expiration of the two (2) year period.

After this policy has been in force for a period of two (2) years during Your lifetime, it shall become incontestable as to the statements contained in the application.

Misstatement of Age or Sex

If Your age or sex is incorrectly stated, we will make a fair adjustment of the premiums, benefits or both. The adjustment will be based on the premiums and benefits that would have been payable had we known the correct information.

Misstatement of Tobacco Use

If Your tobacco use is incorrectly stated, we will make a fair adjustment of the premiums, benefits or both. The adjustment will be based on the premiums and benefits that would have been payable had we known the correct information.

Conformity with Law

If any provision of this policy is contrary to any law to which it is subject, this provision is hereby amended to conform thereto.

PART IX – SCHEDULE OF BENEFITS

POLICY INFORMATION:

Policy Effective Date:	[January 1, 2012]
Policy Number :	[12345]
Policy Termination Date:	[January 1, 2047]
Insured:	[John Doe]
Age, Gender:	[35] [M]
Premium: [\$xxx.xx] [annually]	
Maximum Benefit	[\$10,000] for each Benefit Category

The Maximum Benefit amount reduces by 50% when You reach Age 65.

COVERAGE AND BENEFIT AMOUNTS:

	Percentage of Maximum Benefit Payable
Cancer Category	
Life Threatening Cancer	10% of benefit amount in first 30 days after Effective Date, 100% thereafter
Non-life-threatening Cancer	2.5% of benefit amount in first 30 days after Effective Date, 25% thereafter
Vascular Category	
Heart Attack	100%
Stroke	100%
Heart Transplant	100%
Ruptured Aneurysm	100%
Coronary Artery Bypass	25%
Aortic Surgery	25%
Heart Valve Surgery	25%
Other Critical Illnesses	
Coma	100%
Kidney (Renal) Failure	100%
Major Organ Transplant	100%
Paralysis	100%
Severe Burns	100%
Deafness	100%
Blindness	100%
Benign Brain Tumor	100%
Loss of Speech	100%
Loss of Limbs	100%
Occupational Infections	100%

HCC Life Insurance Company Critical Illness Insurance Application

Personal Details Please provide the following details for all individuals to be covered.				
---	--	--	--	--

Name (First and Last)	Date of Birth	Gender	Height	Weight
Applicant		<input type="checkbox"/> Male <input type="checkbox"/> Female	____ ft. ____ in.	_____ lbs.

Contact Information				
----------------------------	--	--	--	--

Address				
City	State	Zip		
Phone Number				
E-mail Address				

Payor (if different from Applicant)				
--	--	--	--	--

Name (First and Last)				
Address				
City	State	Zip		
Phone Number				
E-mail Address				

Premium Information				
----------------------------	--	--	--	--

Premium Payment Mode: [<input type="checkbox"/> Monthly <input type="checkbox"/> Annually]				
<input type="checkbox"/> Credit Card Card type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover				
Name as it appears on Card (First, Last and MI): _____				
Card Number: _____ Expiration Date (mm/yyyy): ____/____				
Security Code: _____				
<p>When paying by credit card, I authorize HCC Life Insurance Company to debit my Visa, MasterCard, American Express or Discover account for the amount specified. If I have selected a monthly plan, I hereby request and authorize HCC Life Insurance Company to debit my Credit Card account for the proper installment amounts on the due dates of the installments. This authorization will remain in effect for as long as the policy is in effect or until revoked by me in writing. Coverage purchased by credit card is subject to validation and acceptance from the Credit Card company.</p>				

Eligibility Questions Please answer the questions below as they apply to all family members applying for coverage.

1. In the last 10 years, have you been diagnosed with, received or been advised by a medical professional to receive treatment or additional screening for any of the following:
 - a. Chest pain? Yes No
 - b. Heart attack, aortic or heart valve surgery, angioplasty or coronary artery bypass? Yes No
 - c. Cancer or leukemia? Yes No
 - d. Malignant tumor? Yes No
 - e. Stroke? Yes No
 - f. Diabetes (other than pregnancy)? Yes No
 - g. Kidney disease? Yes No
 - h. Organ transplant? Yes No
 - i. Hepatitis B, hepatitis C or hepatitis D or is any applicant a carrier of hepatitis? Yes No
 - j. Alcoholism, drug or substance abuse? Yes No
 - k. Eye or ear disorder? Yes No
 - l. Paralysis or numbness? Yes No
2. Have you been diagnosed or treated by a medical professional with or tested positive for human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS)? Yes No
3. In the past 5 years, have you been diagnosed with, received or been advised by a medical professional to receive treatment or additional screening for any of the following:
 - a. Heart disease? Yes No
 - b. Kidney disease? Yes No
 - c. Liver disease? Yes No
 - d. Lung disease? Yes No
 - e. Disease of the nervous system? Yes No
 - f. A pre-malignant condition or condition with malignant potential? Yes No
 - g. Basal or squamous cell carcinoma of the skin? Yes No
4. In the last 5 years, have you lost the ability to perform any of the following activities independently: dressing, bathing, feeding, toileting or continence, or transfer in or out of a chair or bed? Yes No
5. Do you currently have high blood pressure, which has been diagnosed by a medical professional, and for which medication has been changed in the past 6 months? Yes No
6. Have you used any form of tobacco in the past 5 years? Yes No
7. Are you a U.S. citizen? (if yes, you may skip question 8) Yes No
8. If you are not a U.S. citizen, do you intend to legally reside in the United States for the duration of the policy? Yes No
9. Do you have existing critical illness or similar insurance in force or an application for such coverage pending with another insurer? Yes No
10. Do you intend to replace any existing critical illness or similar insurance with the policy applied for? Yes No

Acknowledgement and Authorization

I hereby request coverage under a policy underwritten by HCC Life Insurance Company. I understand this insurance contains a Pre-existing Condition exclusion and other restrictions and exclusions. I have read or had read to me all the questions on this Application and I represent the answers and any information provided are true and complete to the best of my knowledge and belief. I acknowledge that any false statements or misrepresentation may result in loss of coverage under the policy subject to the Time Limit on Certain Defenses provision of the policy. I understand and agree that the policy will not take effect unless it is issued by HCC Life Insurance Company and the total initial premium is paid for all persons applied for. 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.

Applicant Signature (Parent/Guardian if Applicant is age 18 or under)	Date	Payor Signature (if different)	Date
--	------	--------------------------------	------

SERFF Tracking #:

HCCH-128614139

State Tracking #:

Company Tracking #:

HCCL CI IND AR

State: Arkansas

Filing Company:

HCC Life Insurance Company

TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness

Product Name: Critical Illness

Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/07/2012
Comments:			
Attachment(s):			
AR Signed Readability Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	08/07/2012
Comments:	As requested per AR's general filing requirements the application has been submitted for approval under the Form Schedule as this is a new application and not a previously approved one.		

		Item Status:	Status Date:
Satisfied - Item:	Redline	Approved-Closed	08/07/2012
Comments:			
Attachment(s):			
HCCL CI IND AR - redline.pdf			



HCC Life Insurance Company
225 TownPark Drive, Suite 350, Kennesaw, Georgia 30144
main 770 973 9851 facsimile 770 973 9854

August 2, 2012

State of Arkansas Certificate of Readability

Company Name: HCC Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch-Reading Ease Score as indicated below and complies with the requirements of A.C.A. § 23-80-206 (2012) cited as the Life and Accident and Health Insurance Policy Language Simplification Act.

<u>Form Number</u>	<u>Form Name</u>	<u>Score</u>
HCCL CI IND AR	Critical Illness Insurance Policy	50.7
HCCL CI APP	Critical Illness Insurance Application	47.8
HCCL CI IND OOC	Outline of Coverage	54.7

Respectfully,

Bradley T. Long
Assistant Vice President, Compliance
800/447-0460 Ext. 6485
blong@hcclife.com

HCC LIFE INSURANCE COMPANY
[225 TownPark Drive, Suite 350
Kennesaw, Georgia 30144]
[800-447-0460]

CRITICAL ILLNESS INSURANCE POLICY

HCC Life Insurance Company (hereinafter the Company, We, Our, or Us) agrees to pay the insurance benefits herein provided, subject to the terms and conditions of this policy. Benefits are payable in United States Dollars only.

This policy is issued to the Policyholder (hereinafter the Insured, You or Your) in consideration of the application and payment of premiums, to take effect as of the Effective Date. This policy will terminate as hereinafter provided.

The first premium is due on or before the Effective Date and future premiums are due as stated herein during the continuance of this policy.

All periods indicated herein begin and end at 12:01 A.M. Standard Time at the address of the Policyholder.

RIGHT TO RETURN POLICY

You may return the policy to Us at the address above within thirty (30) days of its delivery and have the premium refunded if, after examination of the policy, you are not satisfied for any reason.

GUARANTEED RENEWABLE TO AGE 80

You can keep this policy to age 80 by paying all premiums as due. Your premium can be changed if We change the premium on all policies in Your policy's premium class.

The benefits and provisions set forth on the following pages, riders or endorsements are a part of this policy as if recited over the parties' signatures.

Signed for HCC Life Insurance Company.

President

Secretary and General Counsel

NOTICE TO BUYER: THIS IS A SPECIFIED DISEASE POLICY AND IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. THIS POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. READ YOUR POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE [AND THE BUYER'S GUIDE].

**THIS POLICY IS A CONTRACT
BETWEEN THE POLICY HOLDER AND THE COMPANY**

For service or complaints about this policy, please address any inquiries to the address shown above or call [800-447-0460].

TABLE OF CONTENTS

PART I	GENERAL DEFINITIONS.....	Page 3
PART II	ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE.....	Page 7
PART III	TERMINATION OF INSURANCE.....	Page 8
PART IV	PREMIUMS	Page 8
PART V	BENEFITS	Page 8
PART VI	EXCLUSIONS AND LIMITATIONS.....	Page 9
PART VII	CLAIM PROVISIONS	Page 9
PART VIII	GENERAL PROVISIONS	Page 10
PART IX	SCHEDULE OF BENEFITS.....	Page 11
	OPTIONAL BENEFIT RIDERS, IF ANY	
	AMENDMENT RIDERS, IF ANY	

PART I – GENERAL DEFINITIONS

“**Accident**” means a sudden, unforeseeable event that causes You injury.

“**Aortic Surgery**” means that You have been diagnosed by a Specialist as requiring surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches. Aortic Surgery does not include:

1. Any other surgical procedure, for example the insertion of stents or endovascular repair; or
2. Surgery following traumatic injury to the aorta.

“**Benefit Category**” means any of the three groups of illnesses for which benefits are available under this policy. These are:

1. Cancer Category, which includes Life-Threatening Cancer and Non-Life-Threatening Cancer;
2. Vascular Category, which includes Heart Attack, Stroke, Coronary Artery Bypass, Heart Transplant, Ruptured Aneurysm, Aortic Surgery and Heart Valve Surgery;
3. Other Critical Illness Category, which includes Coma, Kidney (Renal Failure), Major Organ Transplant, Paralysis, Severe Burns, Deafness, Blindness, Benign Brain Tumor, Loss of Speech, Loss of Limbs and Occupational Infections.

“**Benign Brain Tumor**” means a definite diagnosis of a non-malignant tumor located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumor must require surgical or radiation treatment or cause irreversible objective neurological deficit(s). Benign Brain Tumor does not include pituitary adenomas less than 10 mm. Benign Brain Tumor must be diagnosed by a Specialist.

“**Blindness**” means total and permanent loss of sight in both eyes as a result of Injury. Total loss of sight is defined as 20/200 or worse, in both eyes, after correction. The loss must be present for a continuous period of at least ninety (90) days and be expected to be permanent.

No benefit for Blindness will be paid if, in general medical opinion, surgery, a device, or implant could result in the partial or total restoration of sight.

“**Coma**” means a state of unconsciousness for a continuous period of at least ninety-six (96) hours during which there is no reaction to external stimuli or response to internal needs. Coma does not include a medically induced coma. The Diagnosis of Coma must be supported by a Glasgow Coma Scale score of four (4) or less.

“**Coronary Artery Bypass**” means that the You have been diagnosed by a Specialist as requiring the use of non-coronary blood vessel or blood vessels (either artery or vein) to surgically bypass obstructions in a native coronary artery or arteries supplying blood to the heart performed via median sternotomy (incision along and spreading open of the sternum).

The term “Coronary Artery Bypass” does not mean recommendation for any other procedure not requiring median sternotomy such as, but not limited to, balloon or laser angioplasty, stent procedures or other minimally invasive procedures performed to increase blood flow.

“**Critical Illness**” means any of the following covered conditions:

1. Life-Threatening Cancer
2. Non-life-threatening Cancer
3. Heart Attack
4. Stroke
5. Coronary Artery Bypass
6. Heart Transplant
7. Ruptured Aneurysm
8. Aortic Surgery
9. Heart Valve Surgery

10. Coma
11. Kidney (Renal) Failure
12. Major Organ Transplant
13. Paralysis
14. Loss of Limbs
15. Severe Burns
16. Deafness
17. Blindness
18. Benign Brain Tumor
19. Loss of Speech
20. Occupational Infections (HIV, Hepatitis B, C or D)

“Deafness” means the total and permanent loss of hearing in both ears as a result of Sickness or Injury. Total loss of hearing is defined as having an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 hertz. The loss must be present for a continuous period of at least ninety (90) days and be expected to be permanent.

No benefit for Deafness will be paid if, in general medical opinion, surgery, a device, or implant could result in the partial or total restoration of hearing.

“Doctor” means any duly licensed practitioner who is recognized by the law of the state in which diagnosis is made as qualified to perform the service for which claim is made. Such person may not be a member of Your Immediate Family. The practitioner must be licensed and practicing in the United States.

“Effective Date” means the date Your coverage under this policy is effective.

“Heart Attack (acute Myocardial Infarction)” means the death of a segment of the heart muscle resulting from blockage of one or more coronary arteries. In order to be covered under this provision, the diagnosis by a Doctor of Heart Attack must be based on all of the following:

1. new clinical presentation and electrocardiographic changes consistent with and supporting diagnosis of Heart Attack;
2. a concurrent diagnostic elevation of cardiac enzymes above generally accepted laboratory levels of normal; and
3. confirmation by imaging studies such as thallium scans, MUGA scans or stress echocardiograms.

After this policy has been issued, we may decide to accept other newly developed studies approved by the American College of Cardiology that are deemed to be at least as accurate in the positive diagnosis of heart attack as those previously listed.

The following are not considered as a Heart Attack:

1. an EKG change consistent with transient ischemic change;
2. angina;
3. chance finding of EKG changes suggestive of a previous Heart Attack;
4. heart attack that occurs during a medical procedure; or
5. the death of heart muscle coincidental with death from other causes.

“Heart Transplant” means that You have been diagnosed by a Specialist as:

1. having the irreversible end-stage failure of the entire heart; and
2. a transplant is recommended as soon as an appropriate donor is located, and the member;
 - a. is either listed with the United Network of Organ Sharing (UNOS); or
 - b. a suitable donor is found without a UNOS listing.

Proof of Heart Transplant requires:

1. submission of medical records documenting heart failure from a Specialist Physician; and
2. documentation of either;

- a. listing with the United Network of Organ Sharing (UNOS); or
- b. documentation that a suitable donor has been found without a UNOS listing.

“Heart Valve Surgery” means that You have been diagnosed by a Specialist as needing surgery requiring median sternotomy (surgery to divide the breastbone) to replace or repair one or more defective heart valves. It does not include intra-arterial procedures or other non-surgical procedures.

“Immediate Family” means Your parents, spouse, children, or siblings, or any person residing with You.

“Injury” means accidental bodily Injury:

1. caused by an Accident; and
2. that results in covered loss directly and independently of all other causes.

All Injuries sustained in one Accident, including all related conditions and recurring symptoms of the Injuries, will be considered one injury.

“Kidney (Renal) Failure” means the chronic irreversible failure of both of the kidneys (end stage renal disease), which requires Treatment with renal dialysis administered on a regular basis (at least weekly). Kidney Failure is covered under this provision only if the diagnosis has been made by a Doctor who is a board certified nephrologist.

Kidney transplant is not covered under Kidney (Renal) Failure but may be payable under Major Organ Transplant.

“Life-Threatening Cancer” means a malignant neoplasm (including hematologic malignancy), as diagnosed by a Doctor who is a board certified oncologist, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically excluded. Leukemias and lymphomas are included.

The following types of cancer are not considered a Life Threatening Cancer:

1. stage A (T1a or T1b) prostate cancer;
2. carcinoma in situ including cervical dysplasia, CIN-1; CIN2; and CIN-3, according to the CIN Grading System;
3. pre-malignant lesions (such as intraepithelial neoplasia);
4. all tumors histologically described as a) benign; b) pre-malignant; c) non-invasive; d) low-malignancy potential; or e) borderline malignant;
5. all skin cancers, unless there is evidence of metastasis;
6. stage 1A (T1a) malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion);
7. chronic lymphocytic leukemia which has not progressed to Rai Stage 0;
8. papillary carcinoma of the thyroid which does not exceed 1 cm in diameter and is limited to the thyroid; or
9. non-invasive papillary cancer of the bladder which does not exceed TaNOM0 according to the TNM scale.

Life-threatening cancer must be diagnosed by a Specialist pursuant to a pathological diagnosis. We will accept a clinical diagnosis instead if pathological diagnosis is cannot be made because it is life threatening or medically inappropriate.

“Loss of Limbs” means a definite diagnosis of the complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation.

“Loss of Speech” means the clinically-proven total, permanent and irreversible loss of the ability to speak due to Injury or Sickness. The loss must have continued for at least 180 consecutive days.

No Benefit will be payable if a device or implant could result in the partial or total restoration of speech or if the loss of speech is due to psychiatric causes.

“Major Organ Transplant” means that You have been diagnosed by a Specialist as:

1. having the irreversible end-stage failure of the entire liver, kidney, lung, pancreas or pancreas-kidney; and
2. a transplant is recommended as soon as an appropriate donor is located, and the member;
 - a. is either listed with the United Network of Organ Sharing (UNOS); or
 - b. a suitable donor is found without a UNOS listing.

Proof of Major Organ Transplant requires:

1. submission of medical records documenting major organ failure from a Specialist Physician; and
2. documentation of either;
 - a. listing with the United Network of Organ Sharing (UNOS); or
 - b. documentation that a suitable donor has been found without a UNOS listing.

“Non-life-threatening Cancer” means the diagnosis of cancer in which the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue. This includes the following:

1. stage A (T1a or T1b) prostate cancer;
2. carcinoma in situ including cervical dysplasia, CIN-1; CIN2; and CIN-3, according to the CIN grading System;
3. stage 1A (T1a) malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion);
4. chronic lymphocytic leukemia which has not progressed to Rai Stage 0;
5. papillary carcinoma of the thyroid which does not exceed 1 cm in diameter and is limited to the thyroid; or
6. non-invasive papillary cancer of the bladder which does not exceed TaNOM0 according to the TNM scale.

The following are not considered Non-Life Threatening Cancer:

1. pre-malignant lesions (such as intraepithelial neoplasia);
2. other skin malignancies;
3. benign tumors or polyps; or
4. evidence of cancer cells or cancer genetic material detected by molecular or biochemical probes only (including but not limited to proteomic or DNA/RNA-based techniques) with no lesion amenable to tissue diagnosis.

Non-life-threatening Cancer must be diagnosed by a Specialist pursuant to a pathological diagnosis. We will accept a clinical diagnosis instead if pathological diagnosis is cannot be made because it is life threatening or medically inappropriate.

“Occupational Infection” means the diagnosis one of the following resulting from Accident during the course of Your normal occupation:

1. infection with Human Immunodeficiency Virus (HIV);
2. Hepatitis B;
3. Hepatitis C; or
4. Hepatitis D.

Payment under this condition requires satisfaction of all of the following:

1. a serum HIV test or Hepatitis B, C or D test must be taken within 5 days of the Accident and the result must be negative
2. a serum HIV test or Hepatitis B, C or D test must be taken between 90 days and 180 days after the Accident and the result must be positive

3. all HIV and Hepatitis tests must be performed by a duly licensed laboratory in the United States
4. the Accident must have been reported, investigated and documented in accordance with current United States workplace guidelines.

Occupational Infection does not include HIV or Hepatitis B, C or D infection as the result of IV drug use or sexual transmission.

“Paralysis” means total and irrecoverable loss of function of two or more limbs as a result of Injury or Sickness. The loss must be present for a continuous period of at least ninety (90) days and be expected to be permanent. Limb is defined as the complete arm or the complete leg. Paralysis does not include loss of function of limbs resulting from a Stroke.

“Pre-Existing Condition” means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding Your Effective Date or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a twelve (12) month period preceding Your Effective Date.

“Ruptured Aneurysm” means a localized, blood-filled dilation of a blood vessel caused by disease or weakening of the vessel wall in the brain, carotid arteries, or aorta, spilling blood into the surrounding tissues (called a hemorrhage). Diagnosis must be supported by medical records which include radiographically specific studies to objectively support the diagnosis as established by the American Academy of Radiologists.

“Severe Burns” means third-degree burns over at least twenty percent (20%) of the surface area of Your body.

“Sickness” means an illness or disease, including pregnancy and childbirth.

“Specialist” means a medical doctor who is licensed and practicing in the United States and who has completed an accredited specialty training program recognized by the American Board of Medical Specialties and has passed the examination leading to Board Certification in the field most applicable to the condition being evaluated.

“Stroke” means death of brain tissue due to a cerebrovascular event resulting in neurological damage including infarction, hemorrhage or embolization of brain tissue from an extra cranial source for at least 60 days. Diagnosis shall be made by a Doctor who is board certified in neurology and shall be based on documented neurological impairment or deficits and objective clinical evidence of brain tissue damage by neuroimaging (CT, MRI, MRA, PET Tomography or similar imaging technique). Such event must produce measurable, neurological deficit(s) in accordance with a score of two (2) or greater on the Modified Rankin Scale persisting for at least one hundred eighty (180) consecutive days following the occurrence of the stroke. Stroke does not include Transient Ischemic Attack (TIA), attacks of vertebrobasilar ischemia, transient global amnesia, chronic cerebrovascular insufficiency or any other cerebrovascular events such as migraine, hypoxia, traumatic Injury to the brain or blood vessels or vascular disease affecting the eye, optic nerve or vestibular functions.

PART II – ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE

Coverage shall begin on the Effective Date shown in Part IX – Schedule of Benefits. Premium must be paid on or prior to the Effective Date. Coverage ends as described in Part III – Termination.

PART III – TERMINATION OF INSURANCE

This policy shall automatically terminate on the earliest of the following dates:

1. The end of the last period for which the last required premium payment was made for Your insurance;
2. Upon Your written request to discontinue coverage;
3. The date You receive 100% of Your Maximum Benefit for each Benefit Category;
4. The premium due date that coincides with or next follows Your eightieth (80th) birthday; or
5. Your death.

Your insurance for a Benefit Category will terminate when 100% of Your Maximum Benefit has been paid for one or more Critical Illnesses in that Benefit Category.

PART IV - PREMIUMS

Premiums are due in advance as shown in the Schedule of Premiums in Part IX – Schedule of Benefits.

Premiums will change if We change premiums for all policies in Your premium class.

If We change premiums for all policies in Your premium class, We will give you sixty (60) days advance written notice of such change.

Grace Period

A grace period of thirty-one (31) days will be granted for the payment of each premium falling due after the first premium, during which the policy shall continue in force.

Reinstatement

If the premium is not paid within the grace period, then this policy will terminate. Later acceptance of premium by Us, without requiring in connection therewith an application for reinstatement, shall reinstate the policy. However, if We require an application for reinstatement and issue a conditional receipt for the premium tendered, the policy will be reinstated upon Our approval of the application or, lacking such approval, upon the forty-fifth (45th) day following the date of the conditional receipt unless We have previously notified You in writing of Our disapproval of the application.

The reinstated policy shall cover only a Critical Illness resulting from such accidental injury as may be sustained after the date of reinstatement and a Critical Illness due to such sickness as may begin more than ten (10) days after that date. In all other respects, We and You shall have the same rights as We and You had under the policy immediately before the due date of the defaulted premium, subject to the provisions of any rider which may be attached in connection with the reinstatement.

Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

PART V – BENEFITS

Subject to the terms and conditions of this policy, upon receipt of due proof that You have been diagnosed by a Doctor with a Critical Illness, as defined herein, We will pay a percentage of Your Maximum Benefit, as shown in Part IX – Schedule of Benefits. Such diagnosis must occur after Your Effective Date.

You shall be limited to no more than 100% of the Maximum Benefit for each Benefit Category.

If benefits are paid for Coronary Artery Bypass, Aortic Surgery or Heart Valve Surgery the Maximum Benefit available for other Critical Illnesses in the Vascular Benefit Category will be reduced by the amount paid.

If benefits are paid for Non-life-threatening Cancer, the Maximum Benefit available for Life-Threatening Cancer will be reduced by the amount paid.

Benefits are payable only once for each Critical Illness. If one Critical Illness is caused by or contributes to another Critical Illness, We will pay only one benefit. The benefit paid will be the larger of the two. If the benefit payable is the same for both Critical Illnesses, You may choose which benefit is paid.

PART VI – EXCLUSIONS AND LIMITATIONS

Pre-Existing Conditions Limitation

Any Critical Illness due to Pre-Existing Condition shall not be covered if it begins during the twelve (12) month period following Your effective date of coverage.

Other Exclusions

In addition to the Pre-Existing Condition Limitation noted above, We will not pay benefits for any Critical Illness caused or contributed to by:

1. attempted suicide or intentionally self-inflicted injury;
2. war or act of war (whether declared or undeclared), ~~including terrorist attacks;~~
3. active participation in an illegal occupation, felony, riot or insurrection;
4. active duty in the armed forces. Upon written notice to Us of entry into such active duty, the unused premium will be returned to You on a pro-rated basis;
5. being intoxicated or under the influence of alcohol, drugs or any narcotic (including overdose) unless administered on, and taken in accordance with, the instructions of a Doctor.

PART VII - CLAIM PROVISIONS

Notice of Claim

Written notice of claim must be given within twenty (20) days after the occurrence or commencement of any Critical Illness covered by this policy, or as soon as is reasonably possible. Notice given by You or on Your to Us at our at the address shown on the cover page, or to any authorized agent of Ours, with information sufficient to identify You, shall be deemed notice to Us.

Claim Forms

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

Proof of Loss

Written proof of loss must be furnished Us at the address shown on the cover of this policy within ninety (90) days after the date of the diagnosis or onset of Critical Illness. Failure to furnish proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within that time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

Time of Payment of Claim

Benefits for Critical Illnesses covered by this policy will be paid immediately upon Our receipt of due written proof of such loss.

Payment of Claims

All benefits will be paid to You, if living. Any other benefits due and unpaid at Your death will be paid to Your estate, unless another beneficiary is designated.

If a benefit is to be paid to Your estate, or to an Insured or beneficiary who is not competent to give a valid release, the Company may pay up to \$1,000.00 of such benefit to one of Your relatives who is deemed by the Company to be justly entitled to it. Such payment, made in good faith, fully discharges the Company to the extent of the payment.

Physical Examination and Autopsy

At our expense, We may have You examined as often as reasonably necessary while the claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Action

No legal action may be brought to recover on this policy before sixty (60) days after written proof of loss has been furnished as required by this policy. No such action may be brought after three (3) years from the time written proof of loss is required to be furnished.

PART VIII – GENERAL PROVISIONS

Entire Contract

This policy, Your attached application and attached riders and endorsements, if any, constitutes the entire contract of insurance.

Authority, Amendment and Alteration

None of the terms of this policy may be modified, except by an agreement in writing signed by the President, a Vice President or the Secretary of the Company. The authority for this purpose cannot be delegated. This policy may be amended or changed at any time, subject to the laws of the jurisdiction in which it is delivered. No agent or person, other than as stated above, shall have the authority to change this policy or otherwise waive any requirements or provisions of this policy. No change in this policy shall be valid unless evidenced by endorsement on this policy or by an amendment to this policy signed by Us.

Time Limit on Certain Defenses

After two (2) years from the date of issue of this policy, no misstatements, except fraudulent misstatements, made by You in the application for the policy shall be used to void the policy or to deny a claim for a Critical Illness incurred after the expiration of the two (2) year period.

After this policy has been in force for a period of two (2) years during Your lifetime, it shall become incontestable as to the statements contained in the application.

Misstatement of Age or Sex

If Your age or sex is incorrectly stated, we will make a fair adjustment of the premiums, benefits or both. The adjustment will be based on the premiums and benefits that would have been payable had we known the correct information.

Misstatement of Tobacco Use

If Your tobacco use is incorrectly stated, we will make a fair adjustment of the premiums, benefits or both. The adjustment will be based on the premiums and benefits that would have been payable had we known the correct information.

Conformity with Law

If any provision of this policy is contrary to any law to which it is subject, this provision is hereby amended to conform thereto.

PART IX – SCHEDULE OF BENEFITS

POLICY INFORMATION:

Policy Effective Date:	[January 1, 2012]
Policy Number :	[12345]
Policy Termination Date:	[January 1, 2047]
Insured:	[John Doe]
Age, Gender:	[35] [M]
Premium: [\$xxx.xx] [annually]	
Maximum Benefit	[\$10,000] for each Benefit Category

The Maximum Benefit amount reduces by 50% when You reach Age 65.

COVERAGE AND BENEFIT AMOUNTS:

	Percentage of Maximum Benefit Payable
Cancer Category	
Life Threatening Cancer	10% of benefit amount in first 30 days after Effective Date, 100% thereafter
Non-life-threatening Cancer	2.5% of benefit amount in first 30 days after Effective Date, 25% thereafter
Vascular Category	
Heart Attack	100%
Stroke	100%
Heart Transplant	100%
Ruptured Aneurysm	100%
Coronary Artery Bypass	25%
Aortic Surgery	25%
Heart Valve Surgery	25%
Other Critical Illnesses	
Coma	100%
Kidney (Renal) Failure	100%
Major Organ Transplant	100%
Paralysis	100%
Severe Burns	100%
Deafness	100%
Blindness	100%
Benign Brain Tumor	100%
Loss of Speech	100%
Loss of Limbs	100%
Occupational Infections	100%

SERFF Tracking #:

HCCH-128614139

State Tracking #:**Company Tracking #:**

HCCL CI IND AR

State:

Arkansas

Filing Company:

HCC Life Insurance Company

TOI/Sub-TOI:

H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness

Product Name:

Critical Illness

Project Name/Number:

/

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)
08/02/2012	Form	CRITICAL ILLNESS INSURANCE POLICY	08/06/2012	HCCL CI IND AR - clean.pdf (Superseded)

HCC LIFE INSURANCE COMPANY
[225 TownPark Drive, Suite 350
Kennesaw, Georgia 30144]
[800-447-0460]

CRITICAL ILLNESS INSURANCE POLICY

HCC Life Insurance Company (hereinafter the Company, We, Our, or Us) agrees to pay the insurance benefits herein provided, subject to the terms and conditions of this policy. Benefits are payable in United States Dollars only.

This policy is issued to the Policyholder (hereinafter the Insured, You or Your) in consideration of the application and payment of premiums, to take effect as of the Effective Date. This policy will terminate as hereinafter provided.

The first premium is due on or before the Effective Date and future premiums are due as stated herein during the continuance of this policy.

All periods indicated herein begin and end at 12:01 A.M. Standard Time at the address of the Policyholder.

RIGHT TO RETURN POLICY

You may return the policy to Us at the address above within thirty (30) days of its delivery and have the premium refunded if, after examination of the policy, you are not satisfied for any reason.

GUARANTEED RENEWABLE TO AGE 80

You can keep this policy to age 80 by paying all premiums as due. Your premium can be changed if We change the premium on all policies in Your policy's premium class.

The benefits and provisions set forth on the following pages, riders or endorsements are a part of this policy as if recited over the parties' signatures.

Signed for HCC Life Insurance Company.

President

Secretary and General Counsel

NOTICE TO BUYER: THIS IS A SPECIFIED DISEASE POLICY AND IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. THIS POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. READ YOUR POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE [AND THE BUYER'S GUIDE].

**THIS POLICY IS A CONTRACT
BETWEEN THE POLICY HOLDER AND THE COMPANY**

For service or complaints about this policy, please address any inquiries to the address shown above or call [800-447-0460].

TABLE OF CONTENTS

PART I	GENERAL DEFINITIONS.....	Page 3
PART II	ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE.....	Page 7
PART III	TERMINATION OF INSURANCE.....	Page 8
PART IV	PREMIUMS	Page 8
PART V	BENEFITS	Page 8
PART VI	EXCLUSIONS AND LIMITATIONS.....	Page 9
PART VII	CLAIM PROVISIONS	Page 9
PART VIII	GENERAL PROVISIONS	Page 10
PART IX	SCHEDULE OF BENEFITS.....	Page 11
	OPTIONAL BENEFIT RIDERS, IF ANY	
	AMENDMENT RIDERS, IF ANY	

PART I – GENERAL DEFINITIONS

“Accident” means a sudden, unforeseeable event that causes You injury.

“Aortic Surgery” means that You have been diagnosed by a Specialist as requiring surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches. Aortic Surgery does not include:

1. Any other surgical procedure, for example the insertion of stents or endovascular repair; or
2. Surgery following traumatic injury to the aorta.

“Benefit Category” means any of the three groups of illnesses for which benefits are available under this policy. These are:

1. Cancer Category, which includes Life-Threatening Cancer and Non-Life-Threatening Cancer;
2. Vascular Category, which includes Heart Attack, Stroke, Coronary Artery Bypass, Heart Transplant, Ruptured Aneurysm, Aortic Surgery and Heart Valve Surgery;
3. Other Critical Illness Category, which includes Coma, Kidney (Renal Failure), Major Organ Transplant, Paralysis, Severe Burns, Deafness, Blindness, Benign Brain Tumor, Loss of Speech, Loss of Limbs and Occupational Infections.

“Benign Brain Tumor” means a definite diagnosis of a non-malignant tumor located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumor must require surgical or radiation treatment or cause irreversible objective neurological deficit(s). Benign Brain Tumor does not include pituitary adenomas less than 10 mm. Benign Brain Tumor must be diagnosed by a Specialist.

“Blindness” means total and permanent loss of sight in both eyes as a result of Injury. Total loss of sight is defined as 20/200 or worse, in both eyes, after correction. The loss must be present for a continuous period of at least ninety (90) days and be expected to be permanent.

No benefit for Blindness will be paid if, in general medical opinion, surgery, a device, or implant could result in the partial or total restoration of sight.

“Coma” means a state of unconsciousness for a continuous period of at least ninety-six (96) hours during which there is no reaction to external stimuli or response to internal needs. Coma does not include a medically induced coma. The Diagnosis of Coma must be supported by a Glasgow Coma Scale score of four (4) or less.

“Coronary Artery Bypass” means that the You have been diagnosed by a Specialist as requiring the use of non-coronary blood vessel or blood vessels (either artery or vein) to surgically bypass obstructions in a native coronary artery or arteries supplying blood to the heart performed via median sternotomy (incision along and spreading open of the sternum).

The term “Coronary Artery Bypass” does not mean recommendation for any other procedure not requiring median sternotomy such as, but not limited to, balloon or laser angioplasty, stent procedures or other minimally invasive procedures performed to increase blood flow.

“Critical Illness” means any of the following covered conditions:

1. Life-Threatening Cancer
2. Non-life-threatening Cancer
3. Heart Attack
4. Stroke
5. Coronary Artery Bypass
6. Heart Transplant
7. Ruptured Aneurysm
8. Aortic Surgery
9. Heart Valve Surgery

10. Coma
11. Kidney (Renal) Failure
12. Major Organ Transplant
13. Paralysis
14. Loss of Limbs
15. Severe Burns
16. Deafness
17. Blindness
18. Benign Brain Tumor
19. Loss of Speech
20. Occupational Infections (HIV, Hepatitis B, C or D)

“Deafness” means the total and permanent loss of hearing in both ears as a result of Sickness or Injury. Total loss of hearing is defined as having an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 hertz. The loss must be present for a continuous period of at least ninety (90) days and be expected to be permanent.

No benefit for Deafness will be paid if, in general medical opinion, surgery, a device, or implant could result in the partial or total restoration of hearing.

“Doctor” means any duly licensed practitioner who is recognized by the law of the state in which diagnosis is made as qualified to perform the service for which claim is made. Such person may not be a member of Your Immediate Family. The practitioner must be licensed and practicing in the United States.

“Effective Date” means the date Your coverage under this policy is effective.

“Heart Attack (acute Myocardial Infarction)” means the death of a segment of the heart muscle resulting from blockage of one or more coronary arteries. In order to be covered under this provision, the diagnosis by a Doctor of Heart Attack must be based on all of the following:

1. new clinical presentation and electrocardiographic changes consistent with and supporting diagnosis of Heart Attack;
2. a concurrent diagnostic elevation of cardiac enzymes above generally accepted laboratory levels of normal; and
3. confirmation by imaging studies such as thallium scans, MUGA scans or stress echocardiograms.

After this policy has been issued, we may decide to accept other newly developed studies approved by the American College of Cardiology that are deemed to be at least as accurate in the positive diagnosis of heart attack as those previously listed.

The following are not considered as a Heart Attack:

1. an EKG change consistent with transient ischemic change;
2. angina;
3. chance finding of EKG changes suggestive of a previous Heart Attack;
4. heart attack that occurs during a medical procedure; or
5. the death of heart muscle coincidental with death from other causes.

“Heart Transplant” means that You have been diagnosed by a Specialist as:

1. having the irreversible end-stage failure of the entire heart; and
2. a transplant is recommended as soon as an appropriate donor is located, and the member;
 - a. is either listed with the United Network of Organ Sharing (UNOS); or
 - b. a suitable donor is found without a UNOS listing.

Proof of Heart Transplant requires:

1. submission of medical records documenting heart failure from a Specialist Physician; and
2. documentation of either;

- a. listing with the United Network of Organ Sharing (UNOS); or
- b. documentation that a suitable donor has been found without a UNOS listing.

“Heart Valve Surgery” means that You have been diagnosed by a Specialist as needing surgery requiring median sternotomy (surgery to divide the breastbone) to replace or repair one or more defective heart valves. It does not include intra-arterial procedures or other non-surgical procedures.

“Immediate Family” means Your parents, spouse, children, or siblings, or any person residing with You.

“Injury” means accidental bodily Injury:

1. caused by an Accident; and
2. that results in covered loss directly and independently of all other causes.

All Injuries sustained in one Accident, including all related conditions and recurring symptoms of the Injuries, will be considered one injury.

“Kidney (Renal) Failure” means the chronic irreversible failure of both of the kidneys (end stage renal disease), which requires Treatment with renal dialysis administered on a regular basis (at least weekly). Kidney Failure is covered under this provision only if the diagnosis has been made by a Doctor who is a board certified nephrologist.

Kidney transplant is not covered under Kidney (Renal) Failure but may be payable under Major Organ Transplant.

“Life-Threatening Cancer” means a malignant neoplasm (including hematologic malignancy), as diagnosed by a Doctor who is a board certified oncologist, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically excluded. Leukemias and lymphomas are included.

The following types of cancer are not considered a Life Threatening Cancer:

1. stage A (T1a or T1b) prostate cancer;
2. carcinoma in situ including cervical dysplasia, CIN-1; CIN2; and CIN-3, according to the CIN Grading System;
3. pre-malignant lesions (such as intraepithelial neoplasia);
4. all tumors histologically described as a) benign; b) pre-malignant; c) non-invasive; d) low-malignancy potential; or e) borderline malignant;
5. all skin cancers, unless there is evidence of metastasis;
6. stage 1A (T1a) malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion);
7. chronic lymphocytic leukemia which has not progressed to Rai Stage 0;
8. papillary carcinoma of the thyroid which does not exceed 1 cm in diameter and is limited to the thyroid; or
9. non-invasive papillary cancer of the bladder which does not exceed TaNOM0 according to the TNM scale.

Life-threatening cancer must be diagnosed by a Specialist pursuant to a pathological diagnosis. We will accept a clinical diagnosis instead if pathological diagnosis is cannot be made because it is life threatening or medically inappropriate.

“Loss of Limbs” means a definite diagnosis of the complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation.

“Loss of Speech” means the clinically-proven total, permanent and irreversible loss of the ability to speak due to Injury or Sickness. The loss must have continued for at least 180 consecutive days.

No Benefit will be payable if a device or implant could result in the partial or total restoration of speech or if the loss of speech is due to psychiatric causes.

“Major Organ Transplant” means that You have been diagnosed by a Specialist as:

1. having the irreversible end-stage failure of the entire liver, kidney, lung, pancreas or pancreas-kidney; and
2. a transplant is recommended as soon as an appropriate donor is located, and the member;
 - a. is either listed with the United Network of Organ Sharing (UNOS); or
 - b. a suitable donor is found without a UNOS listing.

Proof of Major Organ Transplant requires:

1. submission of medical records documenting major organ failure from a Specialist Physician; and
2. documentation of either;
 - a. listing with the United Network of Organ Sharing (UNOS); or
 - b. documentation that a suitable donor has been found without a UNOS listing.

“Non-life-threatening Cancer” means the diagnosis of cancer in which the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue. This includes the following:

1. stage A (T1a or T1b) prostate cancer;
2. carcinoma in situ including cervical dysplasia, CIN-1; CIN2; and CIN-3, according to the CIN grading System;
3. stage 1A (T1a) malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion);
4. chronic lymphocytic leukemia which has not progressed to Rai Stage 0;
5. papillary carcinoma of the thyroid which does not exceed 1 cm in diameter and is limited to the thyroid; or
6. non-invasive papillary cancer of the bladder which does not exceed TaNOM0 according to the TNM scale.

The following are not considered Non-Life Threatening Cancer:

1. pre-malignant lesions (such as intraepithelial neoplasia);
2. other skin malignancies;
3. benign tumors or polyps; or
4. evidence of cancer cells or cancer genetic material detected by molecular or biochemical probes only (including but not limited to proteomic or DNA/RNA-based techniques) with no lesion amenable to tissue diagnosis.

Non-life-threatening Cancer must be diagnosed by a Specialist pursuant to a pathological diagnosis. We will accept a clinical diagnosis instead if pathological diagnosis is cannot be made because it is life threatening or medically inappropriate.

“Occupational Infection” means the diagnosis one of the following resulting from Accident during the course of Your normal occupation:

1. infection with Human Immunodeficiency Virus (HIV);
2. Hepatitis B;
3. Hepatitis C; or
4. Hepatitis D.

Payment under this condition requires satisfaction of all of the following:

1. a serum HIV test or Hepatitis B, C or D test must be taken within 5 days of the Accident and the result must be negative
2. a serum HIV test or Hepatitis B, C or D test must be taken between 90 days and 180 days after the Accident and the result must be positive

3. all HIV and Hepatitis tests must be performed by a duly licensed laboratory in the United States
4. the Accident must have been reported, investigated and documented in accordance with current United States workplace guidelines.

Occupational Infection does not include HIV or Hepatitis B, C or D infection as the result of IV drug use or sexual transmission.

“Paralysis” means total and irrecoverable loss of function of two or more limbs as a result of Injury or Sickness. The loss must be present for a continuous period of at least ninety (90) days and be expected to be permanent. Limb is defined as the complete arm or the complete leg. Paralysis does not include loss of function of limbs resulting from a Stroke.

“Pre-Existing Condition” means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding Your Effective Date or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a twelve (12) month period preceding Your Effective Date.

“Ruptured Aneurysm” means a localized, blood-filled dilation of a blood vessel caused by disease or weakening of the vessel wall in the brain, carotid arteries, or aorta, spilling blood into the surrounding tissues (called a hemorrhage). Diagnosis must be supported by medical records which include radiographically specific studies to objectively support the diagnosis as established by the American Academy of Radiologists.

“Severe Burns” means third-degree burns over at least twenty percent (20%) of the surface area of Your body.

“Sickness” means an illness or disease, including pregnancy and childbirth.

“Specialist” means a medical doctor who is licensed and practicing in the United States and who has completed an accredited specialty training program recognized by the American Board of Medical Specialties and has passed the examination leading to Board Certification in the field most applicable to the condition being evaluated.

“Stroke” means death of brain tissue due to a cerebrovascular event resulting in neurological damage including infarction, hemorrhage or embolization of brain tissue from an extra cranial source for at least 60 days. Diagnosis shall be made by a Doctor who is board certified in neurology and shall be based on documented neurological impairment or deficits and objective clinical evidence of brain tissue damage by neuroimaging (CT, MRI, MRA, PET Tomography or similar imaging technique). Such event must produce measurable, neurological deficit(s) in accordance with a score of two (2) or greater on the Modified Rankin Scale persisting for at least one hundred eighty (180) consecutive days following the occurrence of the stroke. Stroke does not include Transient Ischemic Attack (TIA), attacks of vertebrobasilar ischemia, transient global amnesia, chronic cerebrovascular insufficiency or any other cerebrovascular events such as migraine, hypoxia, traumatic Injury to the brain or blood vessels or vascular disease affecting the eye, optic nerve or vestibular functions.

PART II – ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE

Coverage shall begin on the Effective Date shown in Part IX – Schedule of Benefits. Premium must be paid on or prior to the Effective Date. Coverage ends as described in Part III – Termination.

PART III – TERMINATION OF INSURANCE

This policy shall automatically terminate on the earliest of the following dates:

1. The end of the last period for which the last required premium payment was made for Your insurance;
2. Upon Your written request to discontinue coverage;
3. The date You receive 100% of Your Maximum Benefit for each Benefit Category;
4. The premium due date that coincides with or next follows Your eightieth (80th) birthday; or
5. Your death.

Your insurance for a Benefit Category will terminate when 100% of Your Maximum Benefit has been paid for one or more Critical Illnesses in that Benefit Category.

PART IV - PREMIUMS

Premiums are due in advance as shown in the Schedule of Premiums in Part IX – Schedule of Benefits.

Premiums will change if We change premiums for all policies in Your premium class.

If We change premiums for all policies in Your premium class, We will give you sixty (60) days advance written notice of such change.

Grace Period

A grace period of thirty-one (31) days will be granted for the payment of each premium falling due after the first premium, during which the policy shall continue in force.

Reinstatement

If the premium is not paid within the grace period, then this policy will terminate. Later acceptance of premium by Us, without requiring in connection therewith an application for reinstatement, shall reinstate the policy. However, if We require an application for reinstatement and issue a conditional receipt for the premium tendered, the policy will be reinstated upon Our approval of the application or, lacking such approval, upon the forty-fifth (45th) day following the date of the conditional receipt unless We have previously notified You in writing of Our disapproval of the application.

The reinstated policy shall cover only a Critical Illness resulting from such accidental injury as may be sustained after the date of reinstatement and a Critical Illness due to such sickness as may begin more than ten (10) days after that date. In all other respects, We and You shall have the same rights as We and You had under the policy immediately before the due date of the defaulted premium, subject to the provisions of any rider which may be attached in connection with the reinstatement.

Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

PART V – BENEFITS

Subject to the terms and conditions of this policy, upon receipt of due proof that You have been diagnosed by a Doctor with a Critical Illness, as defined herein, We will pay a percentage of Your Maximum Benefit, as shown in Part IX – Schedule of Benefits. Such diagnosis must occur after Your Effective Date.

You shall be limited to no more than 100% of the Maximum Benefit for each Benefit Category.

If benefits are paid for Coronary Artery Bypass, Aortic Surgery or Heart Valve Surgery the Maximum Benefit available for other Critical Illnesses in the Vascular Benefit Category will be reduced by the amount paid.

If benefits are paid for Non-life-threatening Cancer, the Maximum Benefit available for Life-Threatening Cancer will be reduced by the amount paid.

Benefits are payable only once for each Critical Illness. If one Critical Illness is caused by or contributes to another Critical Illness, We will pay only one benefit. The benefit paid will be the larger of the two. If the benefit payable is the same for both Critical Illnesses, You may choose which benefit is paid.

PART VI – EXCLUSIONS AND LIMITATIONS

Pre-Existing Conditions Limitation

Any Critical Illness due to Pre-Existing Condition shall not be covered if it begins during the twelve (12) month period following Your effective date of coverage.

Other Exclusions

In addition to the Pre-Existing Condition Limitation noted above, We will not pay benefits for any Critical Illness caused or contributed to by:

1. attempted suicide or intentionally self-inflicted injury;
2. war or act of war (whether declared or undeclared), including terrorist attacks;
3. active participation in an illegal occupation, felony, riot or insurrection;
4. active duty in the armed forces. Upon written notice to Us of entry into such active duty, the unused premium will be returned to You on a pro-rated basis;
5. being intoxicated or under the influence of alcohol, drugs or any narcotic (including overdose) unless administered on, and taken in accordance with, the instructions of a Doctor.

PART VII - CLAIM PROVISIONS

Notice of Claim

Written notice of claim must be given within twenty (20) days after the occurrence or commencement of any Critical Illness covered by this policy, or as soon as is reasonably possible. Notice given by You or on Your to Us at our at the address shown on the cover page, or to any authorized agent of Ours, with information sufficient to identify You, shall be deemed notice to Us.

Claim Forms

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

Proof of Loss

Written proof of loss must be furnished Us at the address shown on the cover of this policy within ninety (90) days after the date of the diagnosis or onset of Critical Illness. Failure to furnish proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within that time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

Time of Payment of Claim

Benefits for Critical Illnesses covered by this policy will be paid immediately upon Our receipt of due written proof of such loss.

Payment of Claims

All benefits will be paid to You, if living. Any other benefits due and unpaid at Your death will be paid to Your estate, unless another beneficiary is designated.

If a benefit is to be paid to Your estate, or to an Insured or beneficiary who is not competent to give a valid release, the Company may pay up to \$1,000.00 of such benefit to one of Your relatives who is deemed by the Company to be justly entitled to it. Such payment, made in good faith, fully discharges the Company to the extent of the payment.

Physical Examination and Autopsy

At our expense, We may have You examined as often as reasonably necessary while the claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Action

No legal action may be brought to recover on this policy before sixty (60) days after written proof of loss has been furnished as required by this policy. No such action may be brought after three (3) years from the time written proof of loss is required to be furnished.

PART VIII – GENERAL PROVISIONS

Entire Contract

This policy, Your attached application and attached riders and endorsements, if any, constitutes the entire contract of insurance.

Authority, Amendment and Alteration

None of the terms of this policy may be modified, except by an agreement in writing signed by the President, a Vice President or the Secretary of the Company. The authority for this purpose cannot be delegated. This policy may be amended or changed at any time, subject to the laws of the jurisdiction in which it is delivered. No agent or person, other than as stated above, shall have the authority to change this policy or otherwise waive any requirements or provisions of this policy. No change in this policy shall be valid unless evidenced by endorsement on this policy or by an amendment to this policy signed by Us.

Time Limit on Certain Defenses

After two (2) years from the date of issue of this policy, no misstatements, except fraudulent misstatements, made by You in the application for the policy shall be used to void the policy or to deny a claim for a Critical Illness incurred after the expiration of the two (2) year period.

After this policy has been in force for a period of two (2) years during Your lifetime, it shall become incontestable as to the statements contained in the application.

Misstatement of Age or Sex

If Your age or sex is incorrectly stated, we will make a fair adjustment of the premiums, benefits or both. The adjustment will be based on the premiums and benefits that would have been payable had we known the correct information.

Misstatement of Tobacco Use

If Your tobacco use is incorrectly stated, we will make a fair adjustment of the premiums, benefits or both. The adjustment will be based on the premiums and benefits that would have been payable had we known the correct information.

Conformity with Law

If any provision of this policy is contrary to any law to which it is subject, this provision is hereby amended to conform thereto.

PART IX – SCHEDULE OF BENEFITS

POLICY INFORMATION:

Policy Effective Date:	[January 1, 2012]
Policy Number :	[12345]
Policy Termination Date:	[January 1, 2047]
Insured:	[John Doe]
Age, Gender:	[35] [M]
Premium: [\$xxx.xx] [annually]	
Maximum Benefit	[\$10,000] for each Benefit Category

The Maximum Benefit amount reduces by 50% when You reach Age 65.

COVERAGE AND BENEFIT AMOUNTS:

	Percentage of Maximum Benefit Payable
Cancer Category	
Life Threatening Cancer	10% of benefit amount in first 30 days after Effective Date, 100% thereafter
Non-life-threatening Cancer	2.5% of benefit amount in first 30 days after Effective Date, 25% thereafter
Vascular Category	
Heart Attack	100%
Stroke	100%
Heart Transplant	100%
Ruptured Aneurysm	100%
Coronary Artery Bypass	25%
Aortic Surgery	25%
Heart Valve Surgery	25%
Other Critical Illnesses	
Coma	100%
Kidney (Renal) Failure	100%
Major Organ Transplant	100%
Paralysis	100%
Severe Burns	100%
Deafness	100%
Blindness	100%
Benign Brain Tumor	100%
Loss of Speech	100%
Loss of Limbs	100%
Occupational Infections	100%