

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

Filing at a Glance

Company: USABLE Life
Product Name: Group Critical Illness
State: Arkansas
TOI: H07G Group Health - Specified Disease - Limited Benefit
Sub-TOI: H07G.001 Critical Illness
Filing Type: Form
Date Submitted: 08/14/2012
SERFF Tr Num: MWSG-128405059
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: GCI-P (5-12)
Implementation: On Approval
Date Requested:
Author(s): June Stracener, Vickie McCarron, Reed Bates
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 08/17/2012
Disposition Status: Approved-Closed
Implementation Date:
State Filing Description:

State: Arkansas **Filing Company:** USAbLe Life
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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: Arkansas is the domestic state.
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small and Large
 Group Market Type: Employer Overall Rate Impact:
 Filing Status Changed: 08/17/2012
 State Status Changed: 08/17/2012 Deemer Date:
 Created By: June Stracener Submitted By: June Stracener
 Corresponding Filing Tracking Number:

Filing Description:

USABLE LIFE

NAIC #: 94358; FEIN: 71-0505232

Group Critical Illness Form Filing

- Group Critical Illness Insurance Policy (Form No. GCI-P (5-12))
- Certificate of Insurance (Form No. GCI-C (5-12))
- Intensive Care Benefit Rider (Form No. GCI-ICU (5-12))
- Quality of Life Benefit Rider (Form No. GCI-QL (5-12))
- Recurrent Benefit Rider (Form No. GCI-RB (5-12))
- Occupational HIV Benefit Rider (Form No. GCI-HIV (5-12))
- Accumulation Benefit Rider (Form GCI-FD (5-12))
- Elimination Rider (GCI-ELIM (5-12))

On behalf of USAbLe Life (the "Company"), we respectfully submit the above-referenced forms for your review and approval. These forms are new and do not replace any previously approved forms.

Forms GCI-P (5-12) and GCI-C (5-12), the group policy and certificate, respectively, provide stand-alone, group critical illness insurance that pays lump sum benefits upon the positive diagnosis of a specified critical illness. The policy/certificate utilizes a modular design with four core modules:

- Module 1 – Benefits for heart and stroke;
- Module 2 – Benefits for specified miscellaneous diseases;
- Module 3 – Wellness benefits; and
- Module 4 – Benefits for cancer.

The group master policyholder will be able to choose from the following optional riders to create a package of benefits for their employees/members:

- Accidental Death and Dismemberment Rider, form GVH-ADD (5-12), will be available in units (up to 20 units) and pays a fixed benefit for accidental death with the benefit amount varying by cause of accidental death. The dismemberment benefit pays a percentage of the death benefit based on the severity of the dismemberment. Note that this Rider was approved by your Department on July 19, 2012 under SERFF Tracking numbers MWSG-128405014 (Hospital Indemnity product filing) and MWSG-128404951 (Accident Only product filing).
- Intensive Care Benefit Rider, form GCI-ICU (5-12), provides a fixed benefit per day for confinement in an intensive care unit

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as well as a benefit for ambulance transportation.

- Quality of Life Rider, form GCI-QL (5-12), pays a percentage of the certificate’s benefit amount listed on the schedule of benefits per month when a person is confined in a nursing or assisted living facility and meets certain criteria.
- Recurrent Benefit Rider, form GCI-RB (5-12), provides a certain percentage of the benefit amount for a recurrent critical illness as defined in the rider.
- Occupational HIV Benefit Rider, form GCI-HIV (5-12), provides a certain percentage of the benefit amount for Human Immunodeficiency Virus (HIV) or AIDS related complex (ARC) diagnoses resulting from exposure to HIV-contaminated body fluids as the result of a covered accident or injury during the normal course of performing an occupation for which remuneration is earned from the Policyholder.
- Accumulation Benefit Rider, form GCI-FD (5-12), provides a fixed benefit amount per rider year for a diagnosis of a critical illness as defined in the rider for a diagnosis of a critical illness or cancer as defined in the rider.
- Elimination Rider, form GCI-ELIM (5-12), identifies those coverages from which the applicant will be excluded due to having an uninsurable condition prior to the date the enrollment for was signed.

These forms will be marketed to eligible employer/employee groups as permitted under the laws of your state. Premiums will be paid by the certificateholder, the policyholder, or a combination of both.

Not included in this filing are the policyholder application and the certificate application that will be used in conjunction with these forms. The applications will be filed under separate cover at a later date. The Company, however, requests review of the enclosed forms. The Company acknowledges that approved applications will be necessary prior to marketing the enclosed forms and agrees that it will not market the enclosed forms prior to receiving approval for them and the related applications.

Company and Contact

Filing Contact Information

Derrick Smith, Attorney	dsmith@mwlaw.com
425 West Capitol Avenue	501-688-8845 [Phone]
Suite 1800	501-918-7845 [FAX]
Little Rock, AR 72201-3525	

Filing Company Information

(This filing was made by a third party - MWSGW01)

US Able Life	CoCode: 94358	State of Domicile: Arkansas
P.O. Box 1650	Group Code: 876	Company Type: Life & Health
Little Rock, AR 72203-1650	Group Name: Life & Specialty	State ID Number:
(501) 212-8877 ext. [Phone]	Ventures	
	FEIN Number: 71-0505232	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$400.00

State: Arkansas **Filing Company:** USable Life
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Retaliatory? No

Fee Explanation: Arkansas charges \$ 50/form. There are 8 forms included in this filing.

Per Company: No

Company	Amount	Date Processed	Transaction #
USable Life	\$400.00	08/14/2012	61664433

SERFF Tracking #:

MWSG-128405059

State Tracking #:

Company Tracking #:

GCI-P (5-12)

State: Arkansas **Filing Company:** US Able Life
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness
Product Name: Group Critical Illness
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/17/2012	08/17/2012

State: Arkansas **Filing Company:** US Able Life
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness
Product Name: Group Critical Illness
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Disposition

Disposition Date: 08/17/2012

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	Authorization Letter	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Cover Letter dated 8-14-12	Approved-Closed	Yes
Form	Group Critical Illness Insurance Policy	Approved-Closed	Yes
Form	Certificate of Insurance	Approved-Closed	Yes
Form	Intensive Care Benefit Rider	Approved-Closed	Yes
Form	Quality of Life Benefit Rider	Approved-Closed	Yes
Form	Recurrent Benefit Rider	Approved-Closed	Yes
Form	Occupational HIV Benefit Rider	Approved-Closed	Yes
Form	Accumulation Benefit Rider	Approved-Closed	Yes
Form	Elimination Rider	Approved-Closed	Yes

State: Arkansas

Filing Company:

US Able Life

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Form Schedule

Lead Form Number: GCI-P (5-12)							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 08/17/2012	GCI-P (5-12)	POL	Group Critical Illness Insurance Policy	Initial:	50.200	Group Policy GCI-P (5-12).pdf
2	Approved-Closed 08/17/2012	GCI-C (5-12)	CER	Certificate of Insurance	Initial:	52.500	Certificate GCI-C (5-12).pdf
3	Approved-Closed 08/17/2012	GCI-ICU (5-12)	POLA	Intensive Care Benefit Rider	Initial:	70.600	Intensive Care Benefit Rider GCI-ICU (5-12).pdf
4	Approved-Closed 08/17/2012	GCI-QL (5-12)	POLA	Quality of Life Benefit Rider	Initial:	52.300	Quality of Life Benefit Rider GCI-QL (5-12).pdf
5	Approved-Closed 08/17/2012	GCI-RB (5-12)	POLA	Recurrent Benefit Rider	Initial:	57.900	Recurrent Benefit Rider GCI-RB (5-12).pdf
6	Approved-Closed 08/17/2012	GCI-HIV (5-12)	POLA	Occupational HIV Benefit Rider	Initial:	53.900	Occupational HIV Benefit Rider GCI-HIV (5-12).pdf
7	Approved-Closed 08/17/2012	GCI-FD (5-12)	POLA	Accumulation Benefit Rider	Initial:	65.700	Accumulation Benefit Rider GCI-FD (5-12).pdf
8	Approved-Closed 08/17/2012	GCI-ELIM (5-12)	POLA	Elimination Rider	Initial:	54.800	Elimination Rider GCI-ELIM (5-12).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

SERFF Tracking #:

MWSG-128405059

State Tracking #:

Company Tracking #:

GCI-P (5-12)

State: Arkansas

Filing Company: US Able Life

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

Product Name: Group Critical Illness

Project Name/Number: /

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



[320 W. Capitol] • P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

POLICYHOLDER:

[Employer Name]

POLICY NUMBER:

[10000000-L]

EFFECTIVE DATE:

[January 1, 2013]

PREMIUM DUE DATE:

[First Day of Each Policy Month]

ANNIVERSARY DATE:

[January 1, 2013 and Each
Succeeding January 1]

STATE OF DELIVERY

[Arkansas]

US Able Life (“the company”, “We”, “Us”, and “Our”) agrees with the Policyholder to insure Covered Persons who are entitled to the insurance provided by this Policy. This Policy is issued in consideration of the signed Group Application of the Policyholder, which is attached and made part of this Policy and the payment of the first premium. [The first premium is due and payable on the Effective Date of the Policy.] By Our acceptance of the first premium paid by the Policy holder (“You”, “Your”, and “Yours”) and by receipt of this Policy, You agree to be bound by the terms of the Policy and to pay all premiums to Us according to the terms of this Policy.

This Policy is a legal contract between the Policyholder and US Able Life. PLEASE READ THIS POLICY CAREFULLY.

This Policy is subject to the laws of the governing jurisdiction in which it is issued. It is signed for Us at Our home office to take effect on the Policy’s Effective Date.

[Secretary

President]

Nonparticipating
Renewable

[Group [Cancer] [Critical Illness with Cancer] [Critical Illness] Insurance Policy]

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Section 1 – Schedule of Insurance

Policyholder: [Employer Name]
Policy Number: [19999999-L]
Policy Effective Date: [January 1, 2013]
Renewal Date: [January 1, 2014]

The Schedule(s) of Insurance for the [Group [[Cancer] [Critical Illness with Cancer] [Critical Illness]] Policy are shown in the Certificate(s) of Insurance.

The Schedule of Insurance will control the:

1. benefit amounts and maximum limits;
2. eligibility and Effective Date rules; and
3. other schedule amounts and limits,

which apply to the Employees of the Policyholder.

Section 2 –Associated Company

We will insure the eligible Employees of the Policyholder's affiliates or subsidiaries listed on the Group Insurance Application.

Newly Acquired Organizations

The Policy applies only to the Policyholder as composed on the Effective Date of the Policy or as thereafter amended.

New Employees acquired through merger, stock purchase, exchange of stock, or otherwise may be covered under the Policy. Their coverage is subject to the following conditions:

1. that the Policyholder report to Us the name of the newly acquired organization along with any underwriting data We may need to determine the correct premium;
2. that We accept the newly acquired organization for coverage; and
3. that the Policyholder pays the correct additional premium.

Coverage will start in accordance with the "Eligibility and Effective Date" provisions in the Certificate. In no case, however, will coverage continue for more than [30 – 120] days after the acquisition or merger unless:

1. the required report has been made; and
2. the newly acquired organization has been accepted for coverage and the additional premium has been agreed on and paid.

The Policyholder must pay for any period in which coverage is in effect.

Section 3 – Incorporation Provision

Certificate

The Certificate(s) and the Endorsement(s) or Rider(s), which are attached to this Policy are hereby incorporated in, and made a part of, this Policy. If there is any conflict between the terms and conditions of this Policy and an attachment, this Policy shall be controlling.

The terms found in the Certificate(s) include:

1. the benefit plan provisions;
2. the eligibility and Effective Date of insurance rules;
3. the termination of insurance rules; and
4. exclusions and limitations.

Section 4 – Premium Provisions

Premium Payments

The Policyholder must pay all premiums in advance at Our Home Office or to one of Our agents in accordance with the Policy application, which is incorporated as the signature page of this Policy upon acceptance and issuance of this Policy by USABLE Life. [The Policyholder may request on any Policy anniversary that the frequency of premium payment be changed to any frequency We offer for such Policy.]

Calculation of Premiums

The first premium is due on the Policy Effective Date. Payment of that premium shall constitute acceptance of the Policy. Future premiums are due on each premium due date. The premium is based on the premium rate and the amount of insurance in effect for the month reported on the premium due date. We will furnish premium rates to the Policyholder with an explanation of how to apply them.

Our Right to Change Premium Rates

We may change the premium rate:

1. after the [first renewal date];
2. at the end of any rate guarantee period; or
3. when Our liability changes.

Payment of the changed premium rate shall constitute acceptance of that change.

Unless Our liability changes:

1. We will not change the rates more than once in any period of [12] consecutive months; and
2. We will give the Policyholder [31] days advance written notice of an increase in rates.

Section 5 – Policy Provisions

Entire Contract

The contract between the parties consists of:

1. the Policy, any Amendments and addenda; and
2. the application of the Policyholder, a copy of which is attached to and made a part of the Policy when issued, as may be amended during the term of this Policy; and
3. the Certificates, and the Endorsements or Riders which is attached to and made a part of the Policy when issued; as may be amended during the term of this Policy; and
4. the enrollment forms, if any, of each Covered Person.

All statements made by the Policyholder and persons insured under the Policy will be deemed representations and not warranties. No statement will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his authorized representative.

Incontestability

Except for non-payment of premium, the insurance provided to each Covered Person by the Policy cannot be contested after a period of two (2) years from the Effective Date of each Covered Person.

Changes to the Policy

The Policyholder owns the Policy. We may change any or all of the provisions of this Policy by notifying the Policyholder. We must give the Policyholder at least [31] days advance written notice of any change, unless the Policyholder accepts an amendment during that period. The Policy may also be changed in whole or in part when there is any change in laws or regulations which affect Our obligations under the Policy. A change must be approved by one of Our executive officers. No agent can change the Policy or waive any of its provisions. Payment of the applicable premium following any change of this Policy in accordance with this section shall constitute acceptance of that change.

Grace Period

We will allow the Policyholder a [31] day grace period for the payment of all premiums after the first. During this [31] day period, the Policy will stay in force. If the owed premium is not paid by day [31], the Policy will automatically terminate retroactive to the last day that the applicable premiums had been paid. If the Policyholder gives Us written advance notice of an earlier cancellation date, the Policy will terminate on the earlier date.

Termination of Policy

For Cause

1. We may terminate this Policy if We do not receive any premium when due in accordance with the Grace Period provision of the Policy.
2. Either party may terminate this Policy upon [30-60] days advance written notice, if the other party breaches its obligations and fails to cure that breach to the other party's reasonable satisfaction within that [30-60] day notice period.
3. Either party may terminate this Policy, with or without prior notice, effective as of midnight prior to the date that the other party:
 - a. ceases doing business as a going concern;
 - b. makes an assignment for the benefit of creditors;
 - c. admits in writing that it is unable to pay debts as they come due; or

4. consents to the appointment of a trustee or receiver; or if a trustee or receiver is appointed pursuant to applicable Federal or State bankruptcy, insolvency or similar laws.
5. We may terminate this Policy, upon not less than [30-60] days written notice if the Employer fails to comply with a material plan provision relating to the Employer's premium contribution or group participation rules or if We determine there has been a material change affecting the risk assumed under this Policy.
6. Upon written notice, We may terminate or rescind the Policy or the coverage on a Covered Person for fraud or misrepresentation by the Employer or a Covered Person of material fact concerning the Employer or Covered Person.

For No Cause

The Employer may terminate this policy upon providing [10-30] days advance written notice. We may, at Our option, agree to allow the Employer to retroactively terminate the policy.

Because of Inability to Perform Obligations

The Policy may be immediately suspended or terminated by written notice to the other party if either party is unable to perform its obligations for reasons beyond its control, including:

1. complete or partial destruction of facilities or equipment;
2. lockout, strike, riot, war, act of God, or any ordinance, law, order or decree of any governmental authority.

Neither party will be required to perform its duties nor be liable for any damages arising from the suspension or termination of this Policy pursuant to this provision.

Certificate

We will give the Policyholder an individual Certificate for distribution to each Covered Person. The Certificate is part of the Policy, and will explain the important features of the Policy.

Data to Be Furnished

The Policyholder will give Us all information We need regarding matters pertaining to the insurance. At any reasonable time while the Policy is in force and for one year after that, We may inspect any of the Policyholder's documents, books, or records which may affect the insurance or premiums of this Policy.

If the Policyholder gives Us any incorrect information, the relevant facts will be reviewed to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by the Policyholder or Covered Person. Any required adjustment may be made in coverage, premiums or benefits. However, payment of premium by or on behalf of an ineligible person will not entitle that person to coverage.

No Replacement for Workers' Compensation

The Policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

Time Period

All periods begin and end at 12:01 a.m., standard time, at the Policyholder's address.

Jurisdiction

The laws of the state where it is delivered govern this Policy.

[Section 6 – Self-Administered Provisions

The Parties to this provision are US Able Life and the Policyholder.

Statement of Work

As a Self-Administered Group with respect to this Policy, it is the responsibility of the Policyholder to properly enroll its eligible Employees for insurance coverage; to accurately collect premium for each employee's coverage; to remit that premium to Us, and to maintain all documentation necessary for the administration of the coverages shown on the Schedule of Insurance.

The Policyholder's Obligation

The Policyholder agrees to perform, while this Policy is in force, the following functions:

1. verify eligibility, as defined under the Policy;
2. obtain enrollment documentation for its eligible Employees on forms approved and acceptable to Us, such documentation to contain sufficient information to establish proof of coverage;
3. forward all enrollment documentation for coverage that requires underwriting approval to Us immediately upon receipt and inform Employees that coverage is not effective until approved in writing by Us;
4. maintain enrollment documentation containing proof of coverage and beneficiary designations and changes thereto;
5. provide Us [on an annual basis, or] as requested, and no less than [90] days prior to the Anniversary Date of the Policy a census of all Covered Persons including the following data:
 - a. Full name;
 - b. Date of birth;
 - c. Gender;
 - d. Salary, if coverage is based on salary;
 - e. Class or coverage amount by Type of Coverage;
 - f. Occupation[, if coverage based on Occupation class or for Disability coverage];
6. remit timely payment of premiums in accordance with the Policy's premium provisions;
7. enforce all Policy provisions including, but not limited to, guaranteed issue (GI) amount of coverage, if applicable; late enrollee requirements; Eligibility and Effective Date provisions; limits of coverage, and changes in coverage;
8. deliver Certificates of Insurance to each eligible employee within 30 days of the Covered Person's Effective Date of coverage. We reserve the right to review and modify, if necessary, any and all materials pertaining to the benefits provided by Us, to ensure accuracy and compliance with the Policy, the Certificate of insurance, and any applicable federal or state law.

Terms

1. As a Self-Administered Group, the Policyholder will cooperate in audits performed by Us and will provide all documentation required within the requested time frame. Such audits not to occur more frequently than once per 12-month period.
2. As a Self-Administered Group, the Policyholder shall be responsible for proper deductions and administration of payroll functions for benefits that are funded partially or wholly by Employees. Failure to deduct the proper amount, the calculation of which is determined by the Premium provisions of the Policy, and duties listed in this Section of the Policy will in no way increase Our liability. We do not retain or exercise the right to direct, control or supervise the Policyholder as to the Policyholder's procedures for premium collection and reporting.
3. As a Self-Administered Group, the Policyholder agrees to make an equitable adjustment of premiums, upon Our approval, based on either or both of the following factors:
 - a. the amount of premium due based on the Covered Person's coverage;
 - b. the difference between the premium paid and the premium which would have been paid if the Covered Person's coverage had been correctly stated.
4. As a Self-Administered Group, the Policyholder is responsible for compliance with applicable federal and state laws and specifically assumes exclusive responsibility for collection of premiums and the reporting of accurate premiums to Us.
5. Enrollment periods and the period of time for any enrollment must be approved in writing by Us. Enrollment documentation submitted after such approved enrollment period will require Evidence of Insurability (EOI) on a form acceptable to Us, and coverage will not be effective until approved in writing by Our Underwriting Department.

Underwriting Approval

The Policyholder may not alter, amend or expand the underwriting approval limits specified in the Policy or Certificate of Insurance. All individual applications that require underwriting approval, as identified in item 3 of The Policyholder's Obligations provision above, must receive Our written approval before coverage shall become effective.

Records

All enrollments, Beneficiary and premium records, and supplies kept by the Policyholder relating to this Section of the Policy shall be opened for inspection/audit by Us or Our representative at all reasonable times during the continuance of this Policy. All such records and supplies shall be retained until authorization for their destruction is obtained from Us.

Assignment

The obligations of the Policyholder set out in this Section shall not be assignable, nor may any of its functions or duties be delegated without Our prior written consent.

Termination

Either party may terminate self-administration of the Policy by providing 30 days written notice to the other party. Notice shall be sent by certified mail and shall be effective upon receipt. The provisions of this Section shall terminate at the end of the month following the expiration of the 30 days.

Notice

Notice required to be given to Us under this Section shall be sent to Our address [Attention: Corporate Document Manager.] Notice required to be given under this Section to the Policyholder shall be sent to the address shown in Our records.

Hold Harmless and Indemnification

As a Self Administered Group, the Policyholder shall indemnify and hold harmless US Able Life, its parents, affiliates, officers, directors, agents, successors, assigns and Employees against any and all claims, demands and expenses of all kinds made against or incurred by Us, resulting from or arising out of any act, negligence or misconduct of the Policyholder or any agent, employee or representative of the Policyholder in connection with the Policyholder's duties hereunder.

Confidentiality

The Financial Services Modernization Act (Gramm-Leach-Bliley Act), hereinafter "GLB" requires that all parties that perform services on behalf of the Insurer and receive nonpublic personal, financial or health information, with respect to any applicant or Insured of the Insurer, for use or disclosure during the service performance, are prohibited from disclosing or using such information for any reason other than to carry out the business purposes for which the information was disclosed.

Relationship of the Parties

In regards to this Section of the Policy, the relationship between the parties shall be that of independent contractors. The parties further acknowledge that the Policyholder is not Our agent and shall not hold itself out as such and that the Policyholder acts solely on behalf of its Employees in the performance of its obligations under this Section of the Policy.]



[320 W. Capitol] • P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

CERTIFICATE OF INSURANCE
[Group [Cancer] [Critical Illness with Cancer] [Critical Illness]]

[Policyholder:] [EMPLOYER NAME]

[Class:] [CLASS_NUMBER]

State of Residence: [ARKANSAS]

[Effective Date:] [January 1, 2012]

This is to certify that USABLE Life has issued and delivered the [Group [Cancer] [Critical Illness with Cancer] [Critical Illness]] Insurance Policy to the Policyholder.

The Policy insures the Employees and their Dependents, if elected, of the Policyholder who:

1. are eligible for the insurance;
2. become insured; and
3. continue to be insured;

according to the terms of the Policy.

The terms of the Policy that affect Your insurance are contained in the following pages.

[The Benefits for Dependents described in this Certificate will be applicable to each of Your Dependents if You have applied for Dependent coverage [and only if You are insured under the Policy].]

This Certificate of Insurance is a part of the Policy. This Certificate replaces any other that USABLE Life may have issued to the Policyholder to give to You under the Group Insurance Policy specified herein.

Signed for USABLE Life:

A handwritten signature in black ink that reads "Jason Allen".

[Secretary

President]

Please read Your Certificate carefully.

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[Portability Privilege	[33]
Application and Premium Payment	[33]
Amount of Insurance	[34]
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Schedule of Insurance

[Policyholder:] [A-Z Services, Inc.]
[Named Insured:] [John Doe]
Group Policy Number: [12345678-GL]
Policy Effective Date: [January 1, 2013]
 *This Certificate replaces any Certificate issued before the date shown.
[Associated Company:] [John Doe & Associates]
Issue Age: Employee [16 through 80]
 [Spouse [16 through 80]]
 [Child [0 through 30]]
Beneficiary: [As named on the Employee application]
[Eligible Class:] [Class 1 All Active [Full-time and/or Part-time] Employees]
Waiting Period: [You will be eligible for coverage on [the first of the Policy month or the day] following completion of the following period of continuous Active Work:
 1. If You are working for the Employer on the Policy Effective Date – [none – 365 days]
 2. If You start working for the Employer after the Policy Effective Date – [none – 365 days]
[Annual Enrollment Date:] [January 1 of each year]
[Full-time and/or Part-time] Employment: [20-40] hours weekly
[Type of Coverage: [Employee, Employee and Spouse, Single Parent, Family]]
Premium Mode: [Monthly]
[Coverage Waiting Period: [30 Days]]

[Benefits amounts [available] for eligible Employees shall be determined in accordance with the following schedule as elected on the Employee application:]

[Benefit]	[Benefit Amount]
[Employee]	[The amount elected by You on Your application form. Elected in \$[500] increments from a minimum of \$[5,000] up to a maximum of \$[250,000].]
[Spouse]	[The amount elected by You on Your application form. Elected in \$[500] increments from a minimum of \$[1,500] up to a maximum of \$[250,000].]
[Child]	[The amount elected by You on Your application form. Elected in \$[500] increments from a minimum of \$[1,500] up to a maximum of \$[250,000].]

[Benefit Payout Maximums*]

1. The lifetime maximum is [100%] of the purchased Benefit Amount per Covered Person.
2. We will pay only one claim for each covered condition, per Covered Person, unless the Recurrent Benefit Rider is purchased.
3. Total payment for all claims cannot exceed [100%] of the Benefit Amount, unless the Recurrent Benefit Rider is purchased.
4. [The Recurrent Benefit Rider allows for one additional payout up to [100%] of the purchased Benefit Amount per Covered Person.]
5. Total amount for all payments above cannot exceed [200%].

**Benefit payout maximums do not include Wellness, Cancer Vaccine, and Accumulation Rider.]*

Specified Critical Illness	Percentage Benefit Amount
[Module 1 - Heart and Stroke]	
Heart Attack	[100%]
Stroke	[100%]
Heart Transplant	[100%]
Coronary Artery Bypass Surgery	[30%]**
Angioplasty/Stent	[10%]**
[Module 2 - Illnesses and Diseases]	
Major Organ Transplants (excluding Heart)	[100%]
End Stage Renal Failure	[100%]
Miscellaneous Diseases	[100%]
Burns	[100%]**
Alzheimer's Disease	[30%]**
[Module 3 - Wellness Benefit]	[4 Units - 20 Units]
<i>The following Benefits are only included if elected on your enrollment form.</i>	
[Module 4 – Cancer]	
Cancer (internal or invasive)	[100%]
Bone Marrow Transplant	[100%]
Carcinoma In Situ	[30%]**
Prostate Cancer with TNM Classification of T1	[30%]**
Skin Cancer	[10%]**
Cancer Vaccine	[\$75 once per lifetime]
Cancer Treatment and Care	[\$500 per month up to 12 months]**
[Optional Riders]	
[Occupational HIV (Employee only) Rider]	[100%]
[Recurrent Rider]	[100%]
[Quality of Life Rider]	[5% of Benefit Amount Per Month (Not to exceed 100%)]

[Intensive Care Rider	[\$200/Day]]
[Accumulation Rider	[\$500]]
[Accidental Death and Dismemberment Rider	
Accidental Death	[1Unit/\$20,000 to 20Units/\$400,000]
Common Carrier Accidental Death	[1Unit/\$30,000 to 20Units/\$600,000]]
[Elimination Rider	[Included]]

*** If one or more of these benefits are paid, the remaining amount payable will be the original Benefit Amount reduced by all prior benefit payments.*

[If a Covered Person is eligible for any amount in excess of the [conditional] guaranteed issue amount shown below, the Employee must furnish Evidence of Insurability, which is subject to Our approval.]

[Benefit]	[[Conditional]Guaranteed Issue Amount]
[Employee]	
[Through age 69]	[\$15,000]
[Age 70 and over]	[\$0]
[Spouse]	
[Through age 69]	[\$15,000]
[Age 70 and over]	[\$0]
[Child]	[\$5,000]]

Reductions, Terminations, and Special Provisions

[Employee]	[Reduces to 50% at age 75. Terminates at retirement.]
[Spouse]	[Reduces to 50% at age 75. Terminates at retirement.]

Definitions

The terms listed, if used, will have these meanings:

Accident or Injury is an unforeseen occurrence which results in the Accidental Bodily Injury and occurs while this Certificate is in force and is not excluded in the Certificate.

Accidental Bodily Injury means an Injury or Injuries for which Necessary Treatment is received and benefits are provided. The Injury or Injuries must be sustained by a Covered Person and must be the direct cause of the loss, independent of disease or bodily infirmity. All such Injuries, with any complications and any recurrences of complications arising from any one Accident, will be deemed to be a single Injury. Such Injury or Injuries must occur while the Certificate is in force.

Active Work or Actively at Work means the expenditure of time and energy for the Policyholder or an Associated Company at Your usual place of business on a [Full-time and/or Part-Time basis]. If You are not working on a day Your coverage would otherwise take effect, You will be considered to be at Active Work on that day only if:

1. when that work day begins, it would be reasonable to expect that You would be physically and mentally able to complete a [Full-time and/or Part-time] week of work in Your regular Occupation; and
2. You are not disabled; and
3. Your contract of employment, if applicable, remains active; and
4. You are not on an unapproved, administrative or disciplinary leave; and
5. You return to work at the end of a paid break or vacation period.

[Alzheimer's Disease] means a clinically established diagnosis of the disease by a psychiatrist or neurologist, resulting in the inability to perform, independently, 2 or more of the following activities of daily living:

1. Bathing - the ability of a person to wash himself or herself by sponge bath, either in a tub or shower, including the task of getting into and out of the tub or shower.
2. Continence - the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. Dressing - the ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. Eating - the ability of a person to feed himself or herself by getting food into his or her body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
5. Toileting - the ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.
6. Transferring - the ability to move into or out of a bed, chair or wheelchair.]

Amendment, Endorsement, or Rider means a form issued by Us which adds, modifies, changes, or deletes any Policy or Certificate provisions or benefits.

Ambulatory Surgical Center means a place which:

1. is equipped for surgical procedures performed by qualified Physicians;
2. provides anesthesia administered by a licensed anesthesiologist or licensed nurse anesthetist; and

3. has written agreements with local Hospitals to immediately accept patients who develop complications.

[Angioplasty or Stent means balloon Angioplasty or other forms of catheter-based percutaneous transluminal coronary artery therapy to correct the narrowing or blockage of one or more coronary arteries. Angioplasty must be performed by a Physician who is also a board-certified cardiologist.]

[Annual Enrollment Period means the [60] days prior to and the [30] days immediately following the annual enrollment date shown in the Schedule of Insurance.]

[Annual Salary means Your annual base rate of pay, excluding any overtime pay, [bonuses,] or other extra pay. [If Your pay is from commissions, Your Annual Salary will be based on Your average commissions for the prior [12] months.]]

Associated Company means any company shown in the application which is owned by or affiliated with the Policyholder.

Beneficiary means the person or entity You choose to receive Your amount of insurance at Your death.

[Bone Marrow Transplant means the irreversible failure of a Covered Person's bone marrow for which a Physician has determined that the replacement of such Covered Person's bone marrow with bone marrow from another human donor is necessary.]

[Burns means the cosmetic disfigurement of body surface or area that is a full-thickness or third-degree burn covering at least 50% of the body surface. A full-thickness or third-degree burn is the Injury and destruction of skin through the entire thickness or depth of the dermis and possibly to underlying tissue with a loss of fluid and sometimes shock caused by exposure to fire, heat, caustics, electricity, or Radiation.]

Calendar Year means the period from January 1 through December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

[Cancer (internal or invasive) means the Clinical Diagnosis of Cancer by a Physician and means a Cancer which is evidenced by the presence of malignant cells or a malignant tumor characterized by uncontrolled and abnormal growth and spread of malignant cells, and the invasion of tissue. Leukemia, Hodgkin's Disease (Stage 2 or greater according to the American Joint Committee on Cancer 2010), malignant melanoma (Stage 2 or greater according to the American Joint Committee on Cancer 2010); and metastatic skin cancers will be considered internal or invasive Cancer.

The following are not to be construed as Cancer (internal or invasive):

1. Pre-malignant conditions or conditions with malignant potential;
2. **Prostate Cancer** means cancer or malignancy of the Prostate.
3. **Skin Cancer** means a basal cell epithelioma; a squamous cell carcinoma; or Stage 1 malignant melanoma. Mycosis fungoides is not considered a Skin Cancer for the purpose of paying benefits.

4. **Carcinoma In Situ** means a Cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue. Skin Cancer will not be considered Carcinoma In Situ.
5. Stage 1 Hodgkin's Disease
6. Papillary micro-carcinoma of the thyroid;
7. Non-invasive papillary Cancer of the bladder histologically described as TaNOM0 or of a lesser classification;
8. Chronic lymphocytic leukemia less than RAI Stage I or Binet Stage A-I; and
9. Any malignancy associated with the diagnosis of HIV.]

Certificate means this document that describes Your insurance coverage.

[Chemotherapy means treatment with chemical substances that have a cancericidal effect for the purpose of the destruction of malignant cells during the treatment of Cancer (internal or invasive), Prostate Cancer, or Carcinoma In Situ.]

Clinical Diagnosis means a Clinical Diagnosis of a Sickness as based on the study of symptoms.

[Confined or Confinement means medically necessary care as a resident bed patient in a Hospital because of a covered Accident or Sickness. It must be for at least [12 to 23] hours in the same facility. A Physician must recommend and supervise the Confinement. Confinement does not mean care as an Outpatient or in an emergency or observation room.]

[Coronary Artery Bypass Surgery means major Surgery requiring median sternotomy (division of the breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts on the advice of a board-certified cardiologist. Angiographic evidence to support the necessity for this Surgery will be required. Procedures that do not require median sternotomy are not considered Coronary Artery Bypass Surgery, including but not limited to, minimally invasive, endoscopic, and "keyhole" heart Surgery; balloon and laser Angioplasty; Stent procedures; atherectomy; or other non-surgical procedures.]

Covered Person means an eligible Employee or the Employee's Dependents whose insurance has become and remains effective under all the conditions and provisions of the Policy. Covered Persons do not include contract, temporary, [or] seasonal[,] [or Part-time workers].

Coverage Waiting Period means the first [30 days] following the Covered Person's Effective Date under this Certificate. No benefits will be paid for a Critical Illness that is diagnosed during the Coverage Waiting Period. If the date of diagnosis of any Insured's Critical Illness occurs during the Coverage Waiting Period, this Certificate or any increase in coverage will be cancelled and all premiums returned.

Critical Illness means Heart Attack, Stroke, Heart Transplant, Major Organ Transplant, End Stage Renal Failure, [and] Miscellaneous Diseases[, Bone Marrow Transplant and Cancer,] as defined in this Certificate.

Date of Diagnosis means:

1. For [Cancer and/or Carcinoma in Situ and] Miscellaneous Diseases, the day the tissue specimen, blood samples and/or titer(s) are taken on which the diagnosis of [Cancer or Carcinoma in Situ or] the covered Miscellaneous Disease is based.

2. [For Heart Attack, the date that the death (infarction) or a portion of the heart muscle occurred based on the criteria listed under the Heart Attack definition.
3. For Stroke, the date a Stroke occurred based on documented neurological deficits and neuroimaging studies.
4. For End Stage Renal Disease, the date that Your Physician recommends that You begin renal dialysis or undergo a kidney transplant.
5. For Major Organ Transplant Surgery, Coronary Artery Bypass Surgery, or Angioplasty or Stent, the date that the Surgery occurs for covered transplants, covered Coronary Artery Bypass Surgery or Angioplasty or Stent.]

[Dependent means an Eligible Person who is:

1. Your Spouse if not legally separated from You
2. any child less than age [26] and is:
 - a. a natural child; or
 - b. a legally adopted child or a child who has been placed for adoption with You; or
 - c. a stepchild, grandchild, or foster child; or
 - d. a child for whom You have been appointed legal guardian; or
 - e. a child not living with You, but to whom You are legally required to provide support.

[If a Dependent child has reached age [26], but is a handicapped child as defined in the Continuation of Insurance for a Handicapped Child section, We will continue the child's coverage under the following conditions:

1. The child must be incapacitated;
2. We must receive proof of incapacity;
3. We may require additional proof of such incapacity from time to time, but not more than once a year after the child attains age [26]; and
4. Your coverage must remain in force.]]

Effective Date means the date coverage is in force as shown on the Schedule of Insurance. The Effective Date will start at 12:01 a.m. at the main place of business of the Policyholder.

Eligible Class means a class of persons eligible for insurance under the Policy. This class is based on employment or membership in a group.

Eligible Person means a person who:

1. is a citizen of the United States of America (U.S.) or Canada, who either:
 - a. resides in the U.S. or Canada; or
 - b. is stationed outside the U.S. or Canada for a period of less than 6 months; or
2. is a foreign national residing in the U.S. and meets all of the following requirements:
 - a. has a valid permanent residency visa;
 - b. participates in U.S. Social Security; and
 - c. is covered by Workers' Compensation.

Employee means an Eligible Person who is:

1. directly employed in the normal business of the Employer; and
2. paid for services by the Employer; and
3. Actively at Work for the Policyholder or an Associated Company; or
4. a Retiree, if listed as eligible in the Policy.

No director, officer, consultant or other person not Actively at Work on behalf of the Employer will be considered an Employee unless he meets the above conditions.

Employer means the Policyholder.

[End Stage Renal Disease (ESRD) means chronic irreversible failure of both kidneys to function such that You must undergo regular (at least weekly) hemodialysis, peritoneal dialysis or kidney transplantation.]

[Evidence of Insurability means a signed health and medical history form provided by Us, a medical examination, if requested, and any additional information and attending Physicians' statements that We may require.]

Family Member means a person who is a parent, Spouse, child, sibling, grandparent, grandchild, step-child, step-parent, step-sister, step-brother, father-in-law, or mother-in-law of the Covered Person; or Spouses, as applicable, of any of these.

[First Occurrence means a Cancer that was diagnosed for the very first time and is the first Cancer ever diagnosed within Module 4. (Diagnosis can occur after death, if the death is due to a Cancer.) For purposes of this Certificate, We will consider the first Skin Cancer diagnosis after the Effective Date as the First Occurrence. A Bone Marrow Transplant will be considered a First Occurrence the first time the Physician has determined that the Bone Marrow Transplant is Necessary Treatment. This First Occurrence must occur while this Certificate is in force.]

[Free Standing or Standalone Emergency Center means a facility physically separate from a Hospital, which uses in its title or in its advertising, the words "emergency", "urgent care", or parts of those words or other language of symbols which imply or indicate to the public that immediate medical treatment is available to individuals suffering from a life-threatening medical condition. The facility rendering such care is capable of treating all medical emergencies that have life-threatening potential.]

[[Full-time][Part-time] means working at least the number of hours indicated in the schedule of insurance for [Full-time and/or Part-time] employment.]

Group Application means the form completed and signed by the Policyholder to apply for this insurance coverage.

[Heart Attack or Myocardial Infarction means the ischemic death of a portion of the heart muscle as a result of obstruction of one or more of the coronary arteries. A positive diagnosis must be supported by either of the following criteria:

1. Typical rise and gradual fall (troponin) or more rapid rise and fall (CK-MB) of biochemical markers of myocardial necrosis with at least one of the following:
 - a. ischemic symptoms;
 - b. development of pathologic Qwaves on the ECG;
 - c. ECG changes indicative of ischemia (ST segment elevation or depression);
 - d. coronary artery intervention (e.g., coronary angioplasty).
2. In the event of death, an autopsy confirmation identifying Heart Attack as the cause of death will be accepted.]

[A Heart Attack (Myocardial Infarction) is not congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, cardiac arrest (including arrhythmias), or any other disease, Injury or dysfunction of the cardiovascular system.]

[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.]

[Heart Transplant means the human to human transplant from a donor to the Covered Person because of the irreversible failure of a Covered Person's heart for which a Physician has determined that the complete replacement of such heart with an entire heart from a human donor is Necessary Treatment. Such Covered Person has been placed on the Transplant List or the transplant procedure has been performed.]

Home Office means the principal office of USAble Life in Little Rock, Arkansas.

[Hospice means an organization that provides care for the terminally ill that:

1. is licensed by a governmental agency;
2. is accredited by the Joint Commission on Accreditation of Hospitals; or
3. is qualified to receive benefit payments from Medicare or Medicaid.

The organization must have on its staff at least one Physician and one registered nurse and must keep complete medical records for each patient.

Hospice does not include:

1. food services, meals, and dietary counseling; or
2. services related to well-baby care; or
3. services provided by volunteers; or
4. support for the family after the death of the Covered Person.]

Hospital means a licensed institution that has on its premises or in facilities available to the Hospital on a contractually prearranged basis and under the supervision of a staff of one or more duly licensed Physicians:

1. Laboratory, X-ray equipment, and operating rooms where major surgical operations may be performed by licensed Physicians;
2. Permanent and full-time facilities for the care of overnight resident bed patients under the supervision of a licensed Physician;
3. 24-hour-a-day nursing service by or under the supervision of graduate registered nurses; and
4. A patient's written history and medical records.

We will consider a Government or Charity Hospital as any other Hospital.

The term Hospital does not include an institution or that part of an institution operated as:

1. A place for rehabilitation;
2. A place for rest or for the aged;
3. A nursing or convalescent home;
4. A long-term nursing unit or geriatrics ward; or
5. An Extended Care Facility for the care of convalescent, rehabilitative, or ambulatory patients.

Hospital Confined and Hospital Confinement means staying in a Hospital as a registered inpatient for 24 hours a day.

Hospital Sub-Acute Intensive Care Unit means a place which:

1. Is a specifically designated area of the Hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward;
2. Is separate and apart from the surgical recovery room and from beds and wards customarily used for patient Confinement;
3. Is permanently equipped with special lifesaving equipment for the care of the critically ill or Injured; and
4. Is under constant and continuous observation by a specially trained nursing staff.

A Hospital Sub-Acute Intensive Care Unit may be referred to by other names such as progressive care, intermediate care, or a step down unit, but is not a regular private or semi-private room, or a ward with or without monitoring equipment.

Immediate Family Member means You, Your Spouse, child, mother, father, brother, sister, or other close Family Member of the Covered Person.

[Initial Positive Diagnosis or Initially Positively Diagnosed means Cancer or Carcinoma In Situ must be diagnosed by a Pathological or Clinical Diagnosis. An Initial Positive Diagnosis is [the first time] [when] a Covered Person has received a Pathological Diagnosis of Cancer (internal or invasive) or Carcinoma In Situ based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a Pathologist whose diagnosis of malignancy is in keeping with the standards established by the American Board of Pathology or the Osteopathic Board of Pathology for the Cancer or Carcinoma In Situ being investigated. We will accept a Clinical Diagnosis of Cancer (internal or invasive) or Carcinoma In Situ in lieu of a Pathological Diagnosis only when:

1. A Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening;
2. There is medical evidence to support the Clinical Diagnosis; and
3. A Physician is treating a Covered Person for Cancer or Carcinoma In Situ.

In addition to the Pathological or Clinical Diagnosis required, We may require additional information from the attending Physician and Hospital.]

Insured, You, Your and Yours means an Employee of the Policyholder or an Associated Company who has met all the eligibility requirements for coverage, and is:

1. directly employed in the normal business of the Employer or an Associated Company; and
2. paid for services by the Employer or an Associated Company; and
3. Actively at Work for the Employer, or Associated Company covered under the Policy; or
4. a Retiree, if listed as eligible in the group Policy.

Intensive Care Unit (ICU) means a place which:

1. is a specifically designated area of the Hospital that provides the highest level of medical care and is restricted to patients who are critically ill or Injured and who require intensive comprehensive observation and care;
2. is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement;
3. is permanently equipped with special lifesaving equipment for the care of the critically ill or Injured;
4. is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the unit on a twenty-four hour basis; and
5. has a Physician assigned to the unit on a full-time basis.

Notwithstanding the above, an Intensive Care Unit is not any of the following step down units:

1. a progressive care unit;
2. an intermediate care unit;
3. a private monitored room;
4. Sub-Acute Intensive Care Unit;
5. an observation unit;
6. a telemetry unit, or
7. any facility not meeting the definition of a Hospital Intensive Care Unit as defined above.

[Major Organ Transplant (excluding Heart) means the human to human organ transplant from a donor to the Covered Person of one or more of the following organs: lung, pancreas, entire kidney for which a Physician has determined is Necessary Treatment. It can also be the irreversible failure of a Covered Person's liver for which a Physician has determined that the complete or partial replacement of the liver or liver tissue from a human donor is Necessary Treatment. Such Covered Person has been placed on the Transplant List or the transplant procedure has been performed.]

[If, on the same day, a Covered Person is placed on the Transplant List for a transplant of two or more major organs listed above, a single benefit will be paid.]

[The transplantation of any other organs, parts of organs, tissues or cells is excluded.]

Material Duty or Material Duties mean the sets of tasks or skills required generally by employers from those engaged in an Occupation.

Necessary Treatment means the medical treatment which is consistent with currently accepted medical practice. Any Confinement, operation, treatment, or service which is not a valid course of treatment recognized by an established medical society in the United States is not considered Necessary Treatment. No treatment, service, or expense which is experimental in nature is considered Necessary Treatment.

We may use other professional medical opinions to determine if health care services are:

1. medically necessary;
2. consistent with professionally recognized standards of care with respect to quality, frequency, and duration; and
3. provided in the most economical and medically appropriate site for treatment.

Expenses related to services will not be considered Necessary Treatment if services are not considered to be:

1. medically necessary; or
2. consistent with professionally recognized standards of care with respect to quality, frequency, or duration.

Occupation means a group of jobs:

1. in which a common set of tasks is performed; or
2. which are related in terms of similar objectives and methodologies, and which may be related in terms of materials, products, worker actions, or worker characteristics.

[Oral Chemotherapy means Chemotherapy taken by mouth.]

Outpatient means a Covered Person who receives medical tests, treatment, or services from a Hospital, Ambulatory Surgical Center, medical clinic, or Physician's office and is not charged for room and board.

[Pathologist means a Physician who is licensed to practice medicine and who is also certified to practice pathologic anatomy by the American Board of Pathology. A Pathologist also means an Osteopathic Pathologist who is certified by the Osteopathic Board of Pathology.]

[Pathological Diagnosis means a Pathological Diagnosis of Cancer is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a Pathologist whose diagnosis of malignancy is in keeping with the standards set up by the American Board of Pathology.]

Physician means a person acting within the scope of his or her license to practice medicine, prescribe drugs or perform Surgery. This includes a person whom We are required to recognize as a Physician by the laws or regulations of the governing jurisdiction. However, neither You nor a Family Member will be considered a Physician.

Plan means the Policy and Certificates of Insurance provided for Covered Persons.

Plan Administrator means the Employer that sponsors the Plan for the benefit of its Employees and eligible Dependents.

Policy means the group Policy issued by Us to the Policyholder that describes the benefits for which You may be eligible.

Policyholder means the entity to which the Policy is issued.

Pre-Existing Condition means any condition for which You have done any of the following at any time during the [6 to 24] months just prior to Your Effective Date of coverage:

1. received medical treatment or consultation;
2. taken or were prescribed drugs or medicine; or
3. received care or services, including diagnostic measures, whether or not that condition is diagnosed at all or is misdiagnosed during that period of time.

[Radiation means the following treatments for the purpose of the destruction of malignant cells during the treatment of internal or invasive (not skin) Cancer:

1. teleradiotherapy, using either natural or artificially propagated Radiation; or
2. interstitial or intracavitary application of radium or radioisotopes in sealed or non-sealed sources.

Office visits, laboratory tests, diagnostic X-rays, treatment planning, simulation, treatment devices, dosimetry, Radiation physics, teletherapy, laser Surgery or other procedures related to these treatments will not be considered Radiation.]

Regular Care means You personally visit a Physician as often as is medically required to effectively manage and treat Your disabling condition(s), according to generally accepted medical standards; and You are receiving appropriate treatment and care, according to generally accepted medical standards. Treatment and care for the Sickness or Injury causing Your disability must be given by a Physician whose specialty or experience is appropriate.

Regular Occupation means the Occupation in which You were working immediately prior to becoming disabled.

Retiree or Retirement means You begin receiving Retirement benefits from either:

1. a Retirement Plan sponsored by Your Employer, the Policyholder, or an Associated Company, or
2. a government plan.

Sickness means a disease or illness, including pregnancy.

[Spouse as named in the application, includes Your legally married Spouse (not legally separated), [Your common law Spouse], [domestic partner], or [civil union partner] if legally recognized in the governing jurisdiction or as otherwise agreed upon between the Policyholder and the Company.]

[Stroke means the suffering of a Stroke as a result of an acute or sub-acute cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid hemorrhage, cerebral embolism and cerebral thrombosis. The diagnosis must be supported by:

1. Evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event; and
2. Confirmatory neuroimaging studies consistent with the diagnosis of a new Stroke.]

[The following are not to be construed as a Stroke:

1. Transient ischemic attack (TIA);
2. Brain Injury related to trauma or infection;
3. Brain Injury associated with hypoxia/anoxia or hypotension;
4. Vascular disease affecting the eye or optic nerve; and
5. Ischemic disorders of the vestibular system.]

[In the event of death, an autopsy confirmation identifying Stroke as the cause of death will be accepted.]

[Cerebral symptoms due to transient ischemic attack (TIA), migraine, cerebral Injury resulting from trauma or hypoxia, and vascular disease affecting the eye, optic nerve, or vestibular functions are excluded.]

[Supportive or Protective Care Drugs and Colony Stimulating Factors means:

1. bone marrow growth factors;
2. Radiation and Chemotherapy protectants; and
3. medications that promote bone growth.

Supportive or Protective Care Drugs must be approved for the treatment of Cancer (internal or invasive) by the United States Food and Drug Administration and must be prescribed by a Physician.]

Surgery means the cutting into the skin or other organ to accomplish any of the following goals:

1. take a biopsy of a suspicious lump that results in a diagnosis of Cancer (internal or invasive) or Carcinoma In Situ;
2. further explore the condition for the purpose of diagnosis;
3. remove diseased tissues or organs;
4. remove an obstruction;

5. reposition structures to their normal position;
6. redirect channels;
7. transplant tissue or whole organs;
8. implant mechanical or electronic devices;
9. reconstruct anatomic defects that result from treatment of Cancer (internal or invasive) or Carcinoma In Situ; or
10. restore proper function.

The following will not be considered a Surgery for the purposes of this Certificate:

1. venipuncture (drawing blood);
2. lumbar puncture;
3. epidural steroid injections;
4. removal of skin tags;
5. catherization; or
6. endoscopic procedures not requiring biopsy or removal of tissue.]

[Topical Chemotherapy means a Chemotherapy drug placed directly onto the skin.]

[Transplant List means the United Network of Organ Sharing or its recognized successor's Transplant List.]

Type of Coverage means insurance coverage selected for this Certificate is shown on [the Schedule of Insurance/Your application]. The types of coverage available are:

1. Employee – Coverage on the Insured only
2. [Employee and Spouse – Coverage on the Insured and Spouse only.
3. Single Parent – Coverage on the Insured and any Dependent child.
4. Family – Coverage on the Insured, the Insured's Spouse, and any Dependent child.]

United States of America means the fifty (50) states of the United States and the District of Columbia. It does not include territories of the United States.

Waiting Period is the number of continuous [days] of service during which You must be an active, [Full-time and/or Part-time] Employee in a class eligible for insurance before You become eligible for coverage.

We, Us, and Our means USAble Life.

Eligibility and Effective Date Provisions

Policyholder coverage will start on the Effective Date shown on the Schedule of Insurance. Coverage will start on that date at 12:01 a.m. at the main place of business of the Policyholder.

Eligible Employee

If You are working on a [Full-time and/or Part-time] basis for the Employer, You are eligible for insurance after completion of the required Waiting Period, provided You are in a class of Employees who are included.

Employee Eligibility Date

If You are working for Your Employer in an Eligible Class, the date You are eligible for coverage is the latest of the following dates:

1. the Policy Effective Date;
2. the day after You complete any Waiting Period shown on the Schedule of Insurance by continuous service with the Employer, the Policyholder, or an Associated Company;
3. the date the Policy is changed to include Your class; or
4. the date You become a member of a class eligible for insurance.

[If You do not apply when You are first eligible, You will again be eligible on the [first Annual Enrollment Date] as shown on the Schedule of Insurance which immediately follows the date noted in items 2, 3, or 4 above.]

[Rehires: If You were insured under this Policy and Your insurance terminated due to termination of employment or eligibility, and You again become an eligible Employee within [12] months, there is no Waiting Period.]

Effective Date of Employee Insurance

You must use forms approved by Us when applying for insurance.

[[For Benefit Amounts Not Requiring Evidence of Insurability:]

1. When Your Employer pays 100% of the cost of Your coverage under the Policy, You will be covered at 12:01 a.m. at Your Employer's address on Your eligibility date.
2. When You and Your Employer share the cost of Your coverage under the Policy or when You pay 100% of the cost Yourself, You will be covered at 12:01 a.m. at Your Employer's address on the latest of the following dates:
 - a. on Your eligibility date, if You enroll for insurance within [31] days after the date You first become eligible for coverage; or
 - b. on the first day of the Policy month following the date We approve Your application if You do not apply for insurance within [31] days after Your eligibility date; [or
 - c. on the [annual enrollment date] as shown on the Schedule of Insurance if You enroll during the Annual Enrollment Period. If You do not apply for coverage during the first Annual Enrollment Period following Your eligibility date, You will be required to submit satisfactory Evidence of Insurability.]]

[For Benefit Amounts Requiring Satisfactory Evidence of Insurability, Your coverage will be effective [on the first day of the Policy month following the date We approve Your application][on the [annual enrollment date] as shown on the Schedule of Insurance if You enroll during the Annual Enrollment Period.]

Delayed Effective Date

If You are not Actively at Work on the date Your insurance or any increase in insurance is scheduled to take effect, it will take effect on the day You return to Active Work. If Your insurance is scheduled to take effect on a non-working day, Your Active Work status will be based on the last working day before the scheduled Effective Date of Your insurance.

[Dependent Eligibility]

[Dependents are eligible for insurance on the latest of the following dates:

1. the date You become eligible for Dependent insurance;
2. the date a person becomes a Dependent; or
3. the date the Policy is amended to include Your class as being eligible for Dependent insurance.

[If You do not apply when You are first eligible for Dependent coverage, You will again be eligible on [the first Annual Enrollment Date] as shown in the Schedule of Insurance which immediately follows the date noted in items 1, 2, or 3 above.]

[Your Spouse or child will not be eligible for Dependent insurance if either is insured under the Policy as an Employee.]

[If both You and Your Spouse are insured as Employees, Your eligible children may be insured as Dependents of only one of You.]

Effective Date of Dependent Insurance

You must use forms approved by Us when applying for Dependent insurance.

[Dependents will not be Insured until You are insured.]

[[For Benefit Amounts Not Requiring Evidence of Insurability:]

1. When Your Employer pays 100% of the cost of Your Dependent coverage under the Policy, Your Dependents will be covered at 12:01 a.m. at Your Employer's address on Your Dependent's eligibility date.
2. When You and Your Employer share the cost of Your Dependent coverage under the Policy or when You pay 100% of the cost Yourself, Your Dependents will be covered at 12:01 a.m. at Your Employer's address on the latest of the following dates:
 - a. on Your Dependent's eligibility date, if You enroll for Dependent coverage within [31] days after the date Your Dependent first becomes eligible for coverage; or
 - b. on the first day of the Policy month following the date We approve Your application for Dependent coverage if You do not apply for Dependent coverage within [31] days after Your Dependent's eligibility date; [or
 - c. [On the Annual Enrollment Date] as shown in the Schedule of Insurance if You enroll during the Annual Enrollment Period. If You do not apply for Dependent coverage during the [first Annual Enrollment Period] following Your Dependent's eligibility date, You will be required to submit satisfactory Evidence of Insurability.]]

[For Benefit Amounts Requiring Satisfactory Evidence of Insurability, Your Dependent's coverage is effective [on the first day of the Policy month following the date We approve Your application for Dependent coverage][on the [annual enrollment date] as shown on the Schedule of Insurance if You enroll during the Annual Enrollment Period].]

You must furnish satisfactory evidence of the Dependent's insurability at Your own expense if You have previously terminated Dependent coverage while in an Eligible Class.

[Newborn Child Coverage (including children placed for adoption)]

Any child of Yours born while You are a Covered Person will be immediately covered as a Dependent from [the moment of birth] for [90] days. Any newly adopted child or child placed for adoption [age 15 days or older] will be immediately covered from the moment of placement for [90] days. In order for coverage to continue beyond [90] days We must receive: (1) written notice of the birth of the newborn child or the date of placement for adoption; and (2) payment of any required additional premium within 31 days of Our notifying the Policyholder of the amount. Additional premium, if any, will begin on the premium due date following the child's date of birth or date of placement, if later.

Written notice should include the child's name, date of birth, and, if applicable, date placed for adoption. We must receive this notice by the end of the [90]-day period following the date of birth or adoption placement. Notice is NOT required if You are already paying the premium for children's coverage.

If the required written notice is not received by Us during the [90]-day period, a newborn child or child placed for adoption may be covered after this date only if the following conditions are met:

1. Your written application for coverage is approved by Us; and
2. the payment of any required premium is made.]

[Delayed Effective Date

Coverage for a Dependent, other than a newborn child, who is Confined in a Hospital on the day Dependent insurance or an increase in insurance is scheduled to take effect will not become effective until the 10th day following final discharge from the Hospital.]

Changes in Coverage Provisions

When Coverage Amounts Change (Redetermination Date)

The Policy redetermines Your amount of insurance on [the Policy anniversary date.] [the date a change occurs.] [the first day of the Policy month after a change occurs.] [If benefits are based on Your salary, [the Policyholder must report current earnings for all Covered Persons under the Policy on the Policy anniversary.] [the Policyholder must report updates to all Covered Person's earnings as they occur.] Changes to a Covered Person's earnings are subject to any proof of insurability requirements of the Policy. [As of the Policy's redetermination date, We use a Covered Person's salary or earnings on record with Us to: (a) set rates; (b) set benefit amounts and limits; and (c) calculate premium payable under the Policy.]

Delayed Effective Date of Change

You must be Actively at Work on a [Full-time and/or Part-time] basis on the redetermination date. If You are not, Your coverage amount will not change until the date You return to Active Work on a [Full-time and/or Part-time] basis. [Changes in salary or earnings will not apply to a recurring disability.]

Any decrease in coverage will take effect immediately but will not affect a payable claim that occurs prior to the decrease.

Changes to the Policy

Any increase or decrease in coverage because of a change in the Plan of insurance will become effective on the date of the change. The Delayed Effective Date provision [and the Pre-Existing Condition Limitation provision] will apply to an increase.

Termination Provisions

Termination of Employee Insurance

Your insurance will terminate at 12:00 midnight on the earliest of the following dates:

1. the last day of the period for which a premium payment is made, if the next payment is not made;
2. the date the Policy terminates, or the date a specified benefit terminates;
3. the date You cease to be a member of a class eligible for insurance;
4. the date You cease to be Actively at Work;
5. if Your coverage is continued under the Waiver of Premium provision, the date specified under "Termination of the Waiver of Premium Benefit."
6. the date Your benefit payout maximum has been paid in full.

[Continuation of Insurance]

[If You are unable to perform Active Work for a reason shown below, the Policyholder may continue Your insurance on a premium-paying basis provided You remain in other respects a member of an Eligible Class. The continuance cannot be more than the maximum continuance shown below. The Employer must act so as not to discriminate unfairly among Employees in similar situations.

The maximum continuance for insurance is the longest applicable period described below:

1. [three] months following the date Active Work stopped due to lay-off or approved leave of absence, or
2. [twelve] months following the date Active Work stopped due to Your Total Disability.

Total Disability for Continuation of Insurance means that You are under the Regular Care of a Physician, and prevented by Injury or Sickness from performing all of the Material Duties of Your Regular Occupation.

[Termination of Dependent Insurance]

[Insurance on a Dependent will terminate at 12:00 midnight on the earliest of the following dates:

1. the date he ceases to be a Dependent as defined in the Definitions section;
2. the date You cease to be an Employee or a member of a class eligible for Dependent insurance;
3. the last day of the period for which a required Dependent premium payment is made, if the next payment is not made[; or
4. the date the Policy terminates[;.
5. [the date Your insurance under the Policy terminates[; or]
6. the date Your benefit payout maximum has been paid in full.]

[Continuation of Insurance for a Handicapped Dependent Child]

[If an unmarried Dependent child is not capable of self-sustaining employment due to mental or physical handicap, his insurance will not terminate at age [26]. The insurance will continue as long as the child remains handicapped, unless coverage terminates as described in the Termination of Dependent Insurance section, if You give Us proof that the child is:

1. incapable of self-sustaining employment; and
2. chiefly Dependent on You for support and maintenance.

To keep this coverage in force, We may require proof at Our expense of the child's incapacity and dependence. We may require proof from time to time, but not more than once a year after the two years that follow the date the child reaches age [26.]

Claim Provisions

Notice of Loss

Written notice of claim must be given to Us at Our Home Office within 30 days after a loss occurs or begins, or as soon after the loss as is reasonably possible to do so, but not later than one (1) year from the time notice is required. The notice should identify the Covered Person and the nature of the loss.

Within 15 days after the date of Your notice, We will send You claim forms. The forms must be completed and sent to Our Home Office. If You do not receive the claim forms within 15 days, We will accept a written description of the exact nature and extent of the loss.

Proof of Loss

For any loss for which the Policy provides periodic payment contingent upon continuing loss, written proof of loss must be given to Us within 90 days after the termination of the period for which We are liable. For any other loss covered by the Policy, written proof of loss must be given to Us within 90 days after the date of such loss. Failure to furnish proof within such time shall not invalidate nor reduce any claim if it was not reasonably possible to furnish proof within such time. Such proof must be furnished as soon as reasonably possible, and in no event, except in the absence of legal capacity of the claimant, later than one (1) year from the time proof was otherwise required.

Physical Examination and Autopsy

We have the right to have a Physician of Our choice examine the Covered Person as often as necessary while the claim is pending. We may also have an autopsy made in case of death, unless not allowed by law. We will pay the cost of the exam and autopsy.

Payment of Claims

All benefits will be paid to You. Any benefits unpaid at Your death will be paid to the designated Beneficiary. If the Beneficiary dies on the same day the primary Insured dies, benefits will be paid as if that Beneficiary had died before the primary Insured. If there is no named Beneficiary living at Your death, We may pay, at Our discretion, any amount due to one of the following classes of survivors:

1. Your Spouse;
2. Your surviving children in equal shares;
3. Your mother and/or father;
4. Your brother and/or sister; or
5. Your estate.

At Our option, an amount up to the maximum allowable by the state laws of the Insured person's state of residence may be paid to any person who incurred funeral or other expenses related to the last illness or death of the Insured person.

[Death During Coverage Waiting Period

If the Insured or Spouse dies during the first [30] days of coverage, we will refund any paid premium as outlined under "Payment of Claims." If a Dependent child dies during the first [30] days his coverage was in force, we will refund his premium only if the deceased child was the only child covered under this Policy.]

[Beneficiary

[Your Beneficiary will be the person(s) You name in writing to receive any amount of insurance payable due to Your death. The Beneficiary's name is on record in Our Home Office, or in the Policyholder's office if the group is self-administered. [You are the Beneficiary of the Dependent Accidental Death benefit if You are living. If You and Your Dependent die in the same Accident, the Dependent benefit will be paid to Your estate.]]

[You may name or change a Beneficiary by giving Us written notice at Our Home Office (or by giving the Policyholder written notice if the group is self-administered) on a form acceptable to Us. When We receive the notice, it will be effective on the date made, subject to any payment We may have made before We receive it.]]

Assignment

You may transfer Your rights to name or change the Beneficiary to someone else by assignment. An assignment will affect Us only if it is in writing on a form acceptable to Us, and is received at Our Home Office. When We record it, the assignment will take effect as of the date You made it. The assignment will be subject to any action We may have taken before We record it. We take no responsibility for the validity of any assignment.

Claims of Creditors: To the extent allowed by law, proceeds will not be subject to any claims of a Beneficiary's creditors.

Authority

The Policyholder delegates to Us and agrees that We have the sole discretionary authority to determine eligibility for participation or benefits and to interpret the terms of the Policy.

We decide:

1. if a Covered Person is eligible for this insurance;
2. if a Covered Person meets the requirements for benefits to be paid; and
3. what benefits are to be paid by the Policy.

We also interpret how the Policy is to be administered. What We pay and the terms for payment are explained in this Certificate.

Limit on Legal Action

No action at law or in equity may be brought against the Policy until at least 60 days after You file proof of loss. No action can be brought after the statute of limitations has expired, but, in any case, not after three (3) years from the date of loss.

Review Procedure

You must request, in writing, a review of a denial of Your claim within 180 days after You receive notice of denial.

You have the right to review, upon request and free of charge, copies of all documents, records, and other information relevant to Your claim for benefits, and You may submit written comments, documents, records and other information relating to Your claim for benefits.

We will review Your claim after receiving Your request and send You a notice of Our decision within 45 days after We receive Your request, or within 90 days if special circumstances require an extension. We will state the reasons for Our decision and refer You to the relevant provisions of the Policy. We will also advise You of Your further appeal rights, if any.

Subrogation and Right of Reimbursement

The Plan assumes and is subrogated to Your legal rights to recover any payments the Plan makes for benefits, when a Sickness or Injury resulted from the action or fault of a third party. The Plan's subrogation rights include the right to recover the amount of benefits paid to You.

The Plan has the right to recover any and all amounts equal to the Plan's payments from:

1. the insurance of the Injured party;
2. the person, company (or combination thereof) that caused the Sickness or Injury, or any insurance company; or
3. any other source, including disability benefit coverage.

This right of recovery under this provision will apply whether recovery was obtained by suit, settlement, mediation, arbitration, or otherwise. The Plan's recovery will not be reduced by Your negligence, nor by attorney fees and costs You incur.

Priority Right of Reimbursement

Separate and apart from the Plan's right of subrogation, the Plan shall have first lien and right to reimbursement. This priority right of reimbursement supersedes Your right to be made whole from any recovery, whether full or partial. You agree to reimburse the Plan 100% first for any and all benefits provided through the Plan, and for any costs of recovering such amounts from those third parties from any and all amounts recovered through:

1. any settlement, mediation, arbitration, judgment, suit, or otherwise, or settlement from Your own insurance and/or from the third party (or their insurance);
2. any auto or recreational vehicle insurance coverage or benefits including, but not limited to disability benefit coverage; and
3. business and homeowner disability insurance coverage or payments.

The Plan may notify those parties of its lien and right to reimbursement without notice to or consent from any Covered Person.

This priority right of reimbursement will not be reduced by attorney fees and costs You incur.

The Plan may enforce its rights of subrogation and recovery against, without limitation, any tortfeasors, other responsible third parties or against available disability insurance coverages. Such actions may be based in tort, contract or other cause of action to the fullest extent permitted by law.

Notice and Cooperation

You are required to notify Us promptly if You are involved in an incident that gives rise to such subrogation rights and/or priority right of reimbursement, to enable Us to protect the Plan's rights under this section. You are also required to cooperate with Us and to execute any documents that We, acting on behalf of the Policyholder, deems necessary to protect the Plan's rights under this section.

You shall not do anything to hinder, delay, impede or jeopardize the Plan's subrogation rights and/or priority right of reimbursement. Failure to cooperate or to comply with this provision shall entitle the Plan to withhold any and all benefits due You under the Plan. This is in addition to any and all other rights that the Plan has pursuant to the provisions of the Plan's subrogation rights and/or priority right of reimbursement.

If the Plan has to file suit, or otherwise litigate to enforce its subrogation rights and/or priority right of reimbursement, You are responsible for paying any and all costs, including attorneys' fees, the Plan incurs in addition to the amounts recovered through the subrogation rights and/or priority right of reimbursement.

Legal Action and Costs

If a Covered Person settles any claim or action against any third party, that Covered Person shall be deemed to have been made whole by the settlement and the Plan shall be entitled to collect the present value of its rights as the first priority claim from the settlement fund immediately. The Covered Person shall hold any such proceeds of settlement or judgment in trust for the benefit of the Plan. The Plan shall also be entitled to recover reasonable attorneys' fees incurred in collecting proceeds held by the Covered Person in such circumstances.

Additionally, the Plan has the right to sue on the Covered Person's behalf, against any person or entity considered responsible for any condition resulting in benefits paid or to be paid by the Plan.

Settlement or Other Compromise

The Covered Person must notify the Plan prior to settlement, resolution, court approval, or anything that may hinder, delay, impede or jeopardize the Plan's rights so that the Plan may be present and protect its subrogation rights and/or priority right of reimbursement.

The Plan's subrogation rights and priority right of reimbursement attach to any funds held, and do not create personal liability against the Covered Person.

The right of subrogation and the right of reimbursement are based on the Plan language in effect at the time of judgment, payment, or settlement.

The Plan, or its representative, may enforce the subrogation and priority right of reimbursement.

Alternate Dispute Resolution Procedures

This dispute resolution procedure ("procedure") is intended to provide a fair, quick and inexpensive method of resolving any and all disputes with Us. Such disputes include any matters that cause You to be dissatisfied with any aspect of Your relationship with Us, including any claim, controversy, or potential cause of action You may have against Us. Please contact the Dispute Resolution office at [800-648-0271] if You have any questions about this section of the Certificate or to begin the dispute resolution process.

The following terms are applicable to all disputes:

1. This procedure is the exclusive method of resolving any disputes.
2. The procedure can only resolve disputes that are subject to Our control.
3. This procedure will be governed by the Employee Retirement Income Security Act of 1974 ("ERISA"); Rules and Regulations for Administration and Enforcement; Claims Procedure (the "Claims Regulation"). That includes the definition of an adverse benefit determination, which is defined as any denial, reduction, termination or failure to provide or make payment for what You believe should be a covered benefit.
4. You may request a form from Our Dispute Resolution office to authorize another person to act on Your behalf concerning a dispute.
5. We may elect to skip one or more of the steps of this procedure if it is determined that step will not help to resolve the dispute.
6. Any dispute will be resolved in accordance with the terms of this Certificate, applicable state or Federal laws and regulations.
7. You must begin the dispute process within 180 days from the date You receive notice of an adverse benefit determination. If You do not initiate the dispute process within that 180 day period, You give up the right to take any action based on that Dispute.

Description of the Procedure

Inquiry

You should contact Our Dispute Resolution office to discuss and attempt to resolve any issues regarding a dispute. We hope that this informal process will resolve Your questions or concerns.

Appeals

If You are not satisfied with the response to Your inquiry, You may submit a written request (an “appeal”) to the Office of the Appeals Coordinator, USABLE Life, [PO Box 1650, Little Rock AR 72203-1650], asking that We reconsider an adverse benefit determination. Please contact the Dispute Resolution office if You have any questions about how to submit an appeal to Us. You are not required to use a specific form, but You may request that the Dispute Resolution office send You a blank appeal form to ensure that You provide the information that will be needed to review Your appeal.

We will assign a coordinator to review Your appeal. The appeal coordinator is an individual with appropriate expertise who is neither the individual who made the adverse benefit determination, nor a subordinate of that individual.

The appeal coordinator may request that You submit additional information concerning Your grievance. The appeal coordinator will also consider information submitted by others, including information requested from other USABLE Life representatives. The appeal coordinator will have full discretionary authority to make eligibility, benefit or claim determinations and construe the terms of the Policy. Such determinations shall be subject to the review standards applicable to ERISA Plans, even if the Policy is not governed by ERISA.

We will make a decision within 60 days after receiving Your appeal concerning a claim determination.

The appeal coordinator will send You a written decision concerning Your appeal. The appeal coordinator’s decision will include: a statement of the coordinator’s understanding of Your appeal; a statement explaining the basis of the decision; and a list of the documents or information upon which that decision was based. We will send You a copy of the listed documents, without charge, if You make a written request for such documents.

Post Appeal Procedure

If You are still not satisfied after completing the appeal procedure, You have the right to bring a civil action against Us to obtain the remedies available pursuant to Sec. 502(a) of ERISA (an “ERISA Action”) after completing the mandatory appeal process. Those ERISA remedies will apply to this Policy even if Your Plan is not otherwise governed by ERISA. If You agree to arbitrate a dispute, We agree to suspend (or toll) any time periods affecting Your right to bring an ERISA Action against Us related to that dispute, until the arbitration has been completed.

You may request that the dispute be submitted for resolution by arbitration. That arbitration request must be submitted, in writing, to USABLE Life’s General Counsel within sixty (60) days after You receive the appeal coordinator’s decision.

The dispute will be submitted to arbitration in accordance with the rules of the American Arbitration Association, unless We both agree to use an alternative dispute resolution administrator or procedure. The arbitration will be conducted before a single arbitrator.

We will pay the filing fee charged by the administrator and the arbitrator. You will be solely responsible for any other costs that You incur to participate in the arbitration process, including Your attorney’s fees. The filing fee and arbitrator’s fees may be reallocated as part of an arbitration award, in whole or in part, at the discretion of the arbitrator.

The arbitration will be conducted in a location where it is reasonably convenient for You to participate. If We cannot agree concerning a convenient location, the administrator or arbitrator, if appointed, shall have the discretion to decide where the arbitration will be conducted.

The arbitrator:

1. shall consider the dispute individually and shall not certify or consider multiple disputes as part of a class action;
2. shall be required to issue a reasoned written decision explaining the basis of his or her decision and the manner of calculating any award;
3. shall limit his or her decision to deciding if Our adverse benefit decision was arbitrary or capricious based on ERISA standards;
4. may not award punitive, extra-contractual, treble or exemplary damages unless permitted to do so by applicable statutes or regulations;
5. may not vary or disregard the terms of the Policy; and
6. shall be bound by controlling law; when issuing a decision concerning the dispute.

The arbitrator shall limit discovery to the extent possible consistent with the objective of completing the arbitration in a fair, prompt, and cost effective manner. Emergency relief such as injunctive relief may be awarded by the arbitrator.

Contact Information

General Counsel
USABLE Life
[P. O. Box 1650
Little Rock, AR 72203-1650
Telephone: [1-800-648-0271]]
Email: [AppealCoordinator@usablelife.com]

Office of the Dispute Resolution Coordinator
[P. O. Box 1650
Little Rock, AR 72203-1650
Telephone: [1-800-648-0271]]
Email: [AppealCoordinator@usablelife.com]

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General Provisions

Entire Contract

This Certificate is furnished in accordance with and subject to the terms of the Policy. The entire contract consists of the Policy, which includes the Group Application, any Amendments and addenda; this Certificate; Your enrollment form, if required; and any Riders or Endorsements. No change in the Policy will be effective until approved by one of Our officers. This approval can only be in writing and must be noted on or attached to the Policy. No agent has authority to change the Policy or Certificate or to waive any of their provisions.

Any statement made by You or the Policyholder is considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to You.

Errors

An error in keeping records will not cancel insurance that should continue nor continue insurance that should end. We will adjust the premium, if necessary. If the premium was overpaid, We will refund the difference. If the premium was underpaid, the difference must be paid to Us.

Misstatements

If any information about You or the Policyholder's Plan is misstated or altered after the application is submitted, including information with respect to participation or who pays the premium and under what circumstances, the facts will determine whether insurance is in effect and in what amount. We will retroactively adjust the premium.

Incontestability

Unless the premiums have not been paid, the validity of the Policy cannot be contested after it has been in force for two years.

Any statement made by the Policyholder or a Covered Person will be considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to the Covered Person or the Beneficiary.

No statement, except fraudulent misstatement, made by a Covered Person about insurability will be used to deny a claim for a loss incurred or disability starting after coverage has been in effect for two years.

No claim for loss starting two or more years after the Covered Person's Effective Date may be reduced or denied because a disease or physical condition existed before the person's Effective Date, unless the condition was specifically excluded by a provision in effect on the date of loss.

Agency

Neither the Policyholder, any Employer, any Associated Company, nor any administrator appointed by the foregoing is Our agent. We are not liable for any of their acts or omissions.

Unpaid Premium

We may deduct any unpaid premium then due from the payment of a claim under this Certificate.

Refund of Premium

On the death of the Covered Person, proceeds payable hereunder shall include the amount of unearned premium paid beyond the end of the Policy month in which death occurred. Payment shall be made in one lump sum no later than 30 days after proof of the Covered Person's death has been furnished to Us.

Conformity with State Statutes

If the provisions of this Certificate do not conform with the applicable laws of the state in which You reside on the Certificate Effective Date, they are hereby amended to conform with the minimum requirements of the statutes of that state.

Policy Management

Efficient management of the Policy requires the joint efforts of the Policyholder, USABLE Life, and each Covered Person. Each party has certain duties to bring about the effective administration of the Policy.

Duties of the Policyholder: The Policyholder's primary duties under the Policy are listed below.

1. Give Us prompt, written notice of any change in business of the Policyholder and Employer. This includes, but is not limited to:
 - a. the type of business;
 - b. addition or deletion of an Associated Company; or
 - c. financial status due to bankruptcy; merger; acquisition; or dissolution.
2. Give Us pertinent records for all Covered Persons. This includes, but is not limited to:
 - a. hire dates;
 - b. eligibility dates;
 - c. salaries;
 - d. Occupations; and
 - e. birth dates
 - f. Social Security Numbers.Give Us updates of such records as needed.
3. Give Us prompt notice of a covered Employee's disability. This notice should be given as soon as possible after the date of Injury or start of Sickness. The most effective time for such notice is when the Employee has not been able to perform Active Work for 30 days.
4. Give Us occupational data for all disabled Employees. This includes, but is not limited to:
 - a. job descriptions and analyses; and
 - b. environmental factors.

Duties of Covered Persons and Beneficiaries: You and Your Beneficiary's primary duties under the Policy are listed below:

1. Give notice and proof of loss as soon as possible after the date of Your Injury or Sickness, or the date of Your death, or the death of a covered Dependent, if applicable.
2. Give a complete account of the details of Your Injury or Sickness or the death on a form approved by Us.
3. Provide any other official documents to review the loss such as a certified death Certificate, investigating officer's report, or medical records.
4. Allow release of medical and income data needed to adjudicate Your claim.
5. Provide evidence of the Regular Care of a Physician, if necessary.

6. Promptly report to Us any changes in Your status such as Your address or telephone number, or if You return to work or are no longer disabled.
7. If benefits are overpaid, reimburse such overpayment within 60 days of the date benefits were overpaid.
8. Provide proof of Your earnings for the period prior to a loss.
9. [Apply for other income benefits to which You may be entitled.]
10. [Promptly report to Us any amount of income received while You are disabled.]

Fraud

It is unlawful to knowingly provide false, incomplete or misleading facts or information with the intent of defrauding Us. An application for insurance or statement of claim containing any materially false or misleading information may lead to reduction, denial or termination of benefits or coverage under the Policy and recovery of any amounts We have paid.

[Waiver of Premium

We will continue the [[Cancer] [Critical Illness with Cancer] [Critical Illness]] insurance in force on You [and Your covered Dependents] without premium payment if You become Totally Disabled provided:

1. You are insured under this Plan and Actively at Work on or after the Effective Date of the Plan; and
2. the Total Disability begins before age [50 to 70]; and
3. Total Disability has continued without interruption for at least [30 to 180 days] during which time premiums have been paid; and
4. You provide Us with proof of Total Disability as required; [and]
5. You are still Totally Disabled when You submit the proof of Total Disability [; and
6. this Policy remains in force].

[Dependent premiums will only be waived if You are also covered and Your premiums are waived.]

Amount of Coverage

The amount of [[Cancer] [Critical Illness with Cancer] [Critical Illness]] insurance continued will be the amount in force on the date You became Totally Disabled. This amount will not be increased while You remain Totally Disabled.

Definition of Total Disability

For the purposes of waiver of premium, "Total Disability" or "Totally Disabled" means that You are under the Regular Care of a Physician, and prevented by Injury or physical or mental Sickness from performing the Material Duties of any Gainful Occupation.

Gainful Occupation means any employment that exists in the national economy that You may be expected to follow based on Your education, training, experience, age, and physical and mental capacity, and from which You are expected to earn at least [80%] of his pre-disability earnings within [12] months of Your return to Active Work.

Proof of Total Disability

Upon receipt of notice of loss, We will provide forms which You must use when giving Us proof of Total Disability. You must give Us proof no later than [12] months after the date You became

Totally Disabled. We may at any time require proof that Total Disability continues. You must give Us proof of continuing Total Disability within 60 days after Our request. After You have been Totally Disabled for more than two years from the date of Total Disability, We will not request proof more than once a year. We may require that You be examined at Our expense by a Physician of Our choice.

Termination of the Waiver of Premium Benefit

You will no longer be eligible for the Waiver of Premium Benefit and the coverage will terminate on the earliest of the following dates:

1. the date You cease to be Totally Disabled. But, if You are still eligible for [[Cancer] [Critical Illness with Cancer] [Critical Illness]] coverage when You return to Active Work, the [[Cancer] [Critical Illness with Cancer] [Critical Illness]] coverage may be continued in force if premium payments are resumed; or
2. the last day of the 60 day period following Our request for proof of Total Disability, if You do not give Us proof or You refuse to take a medical exam; [or
3. [for a maximum of [6 to 48] months;] [or
4. the date this Policy is terminated.]

[Termination of the Waiver of Premium Benefit for the Covered Dependent]

[The covered Dependent will no longer be eligible for the Waiver of Premium Benefit and the Dependent's coverage will terminate on the earliest of the following dates:

1. the date the Dependent ceases to be a Dependent as defined in the Definition section; or
2. the date You cease to be eligible for coverage under the Waiver of Premium Benefit. But, if the Dependent is still eligible for Dependent insurance when You return to Active Work, the Dependent insurance may be continued in force if premium payments are resumed; [or
3. [12] months from the date Your Total Disability began.]]

[Portability Privilege

You may continue Your [and Your Spouse's][and children's] [[Cancer] [Critical Illness with Cancer] [Critical Illness]] coverage if employment terminates and You meet the following requirements on the date employment terminates:

1. Not disabled[; and]
2. [Either:
 - a. are not Retired and are under age [70 to 90][; or
 - b. Retired and are under age [65 to 75].]

Coverage will be continued under the Policy if You elect continuation of coverage under this portability provision. [Portability is not available upon Policy cancellation].

[Your [Spouse's] [and children's] coverage may not be continued if Your coverage is not continued.] [Dependent children are not eligible for the Portability provision]

Application and Premium Payment

You must apply for portability in writing to USABLE Life within [30 to 90] days after the date employment ends.

You must pay the required premium [monthly, quarterly, semi-annually, or annually] directly to USABLE Life. The premium rate will be determined by Us. The first premium payment must be

made no later than 31 days after the date the insurance would otherwise terminate under the Policy.

Amount of Insurance

The amount of insurance that You [and the] [Spouse] [or children] may continue is the amount in effect on the date employment terminates. The reduction and termination provisions stated in the Certificate will apply to insurance continued under this provision.

When Portability Ends

The continued coverage under this provision will end automatically on the earliest of the following:

1. the date the last period ends for which You made a premium payment;
2. [the premium due date after You have continued coverage under this provision for [1 to 10] years;] [subject to the age requirement listed below]
3. [the date the master Policy terminates;]
4. [the premium due date following attainment of age [70 to 90];
5. [if coverage continued due to Retirement prior to age [65 to 75], on the premium due date following Your attainment of age [65 to 75];
6. the date You become a full-time member of the armed forces of any country; [or
7. [[Spouse] [or child] coverage will end on the premium due date following the date the [Spouse] [or child] ceases to be a Dependent as defined in the Policy, or]
8. [Spouse coverage will end on the premium due date following the Spouse's attainment of age [65 to 90.]]

Coverage continued under the portability provision is in lieu of all other benefits under the Policy. If You return to work with the Employer and again become eligible for [[Cancer] [Critical Illness with Cancer] [Critical Illness]] coverage under the Policy, continued coverage under the Portability provision will cancel on the date coverage is resumed under the Policy.

[Other Policy Provisions

The [Waiver of Premium] Benefit provisions will not apply to insurance continued under the Portability provision.]

With respect to any notice You are required to provide to the Employer under other provisions of the Policy, You must provide such notice to Us while the insurance is continued under the Portability provision.

[Termination of the Policy

Portability coverage may continue beyond the termination date of the Policy, subject to the timely payment of premiums. Benefits, terms and conditions for portability coverage will be determined as if the Policy had remained in full force and effect.]]

[Continuity of Coverage

Definitions

[Prior Plan means the Policyholder's Plan of [[Cancer] [Critical Illness with Cancer] [Critical Illness]] insurance, if any, under which You were Insured on the day before the Effective Date of this Policy.]

[Prior Plan benefits mean the benefits, if any, that would have been paid to You under the Prior Plan had it remained in effect, and had You continued to be Insured under the Prior Plan.]

[If You were Insured by the Prior Plan for [[Cancer] [Critical Illness with Cancer] [Critical Illness]] benefits just before You became eligible for coverage under this Plan; and You are in active employment; and You are insured under this Plan, then You may be eligible for coverage if Your Accident or Sickness is due to a Pre-Existing Condition.

In order to receive payments from Us, You must have satisfied the Pre-Existing Condition limitation of:

1. this Plan; or
2. the Prior Plan, had the Plan stayed in effect.

We will consider the total amount of time You were continuously insured under both the Prior Plan and this Plan to determine if You satisfy the Pre-Existing Condition limitation. If You cannot satisfy the Pre-Existing Condition limitation of either Plan then no benefits are eligible for Your Accident or Sickness.

We will determine Our payment to You using the provisions of Your coverage with Us with respect to eligibility, Elimination Period, benefit amount and maximum benefit duration.]

Exclusions and Limitations

PRE-EXISTING CONDITIONS-LIMITATIONS FOR CERTAIN CONDITIONS:

Benefits will not be paid for loss caused by Pre-Existing Conditions during the first [6 to 24] months following the Effective Date of Your coverage and Your loss is caused by, contributed to by, or the result of a Pre-Existing Condition. After this [6 to 24] month period, however, loss due to such Pre-Existing Conditions will be payable unless specifically excluded from coverage.

Exclusion - What We Will Not Pay For:

This Policy pays only for loss resulting from specified Critical Illnesses or Surgeries as defined in this Policy. It DOES NOT cover Critical Illness or Surgery as a result of the Covered Person:

1. [Being exposed to war or any act of war, declared or undeclared, actively participating in a riot or insurrection, or serving in any of the armed forces.]
2. [Intentionally self-inflicting bodily Injury or attempting suicide, while sane or insane.]
3. [Participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft.]
4. [Participating in, or attempting to participate in, an illegal activity that is defined as a felony as defined by the law of the jurisdiction in which the activity takes place, whether charged or not; or being incarcerated in any type of penal institution.]
5. [Receiving treatment for alcoholism or drug addiction, or the use of alcohol or drugs (unless administered by a Physician and taken according to the Physician's instructions) or voluntarily taking, administering, absorbing, or inhaling poison, gas, or fumes.]
6. [Participating in any activity or event, including the operation of a vehicle, while under the influence of a narcotic (unless administered by a Physician and taken according to the Physician's instructions) or while intoxicated. Intoxicated means that condition as defined by the laws of the jurisdiction in which the Accident occurred. Conviction is not necessary for a determination of being intoxicated.]

7. [Receiving treatment for any mental, nervous or emotional disorder without demonstrable organic disease.]
8. [Practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received. sport or activity for wage, compensation or profit.]
9. [Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.]
10. [Conditions other than the specified Critical Illnesses or Surgeries defined in the policy, unless directly caused or aggravated by said specified Critical Illness or Surgery.]
11. [The insured person being diagnosed with a specified Critical Illness during the waiting period.]
12. [Surgeries performed outside of Canada, United States or its Territories.]
13. [We will not pay the Specified Critical Illness Benefit for the following:
14. Cerebral symptoms due to transient ischemic attack (TIA), migraine, cerebral injury resulting from trauma or hypoxia, and vascular disease affecting the eye, optic nerve, or vestibular functions.
15. Chronic lymphocytic leukemia in which leukemic lymphocytes are present only in the blood and bone marrow (lymphocytosis or RAI Stage 0).
16. All tumors which are histologically described as pre-malignant or non-invasive (including cervical dysplasia CIN-1, CIN-2, and CIN-3), except Carcinoma in Situ.
17. Prostate Cancers which are histologically described as TNM Classification T1(a) or T1(b), or are of another equivalent or lesser classification.
18. Papillary micro-carcinoma of the thyroid.
19. Non-invasive papillary Cancer of the bladder histologically described as TaN0M0 or of a lesser classification.
20. Chronic lymphocytic leukemia less than RAI Stage I or Binet Stage A-I.]

[Participation in a riot shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in your own defense, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen.]

[Riot shall include all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together; whether or not acting with common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.]

[War means declared or undeclared war or a conflict involving the armed forces of any country, group of countries, governments, or international organization.]

[Geographic Limitation

We will not provide benefits for treatments received outside of Canada, the territorial limits of the United States or its possessions.]

Benefits

Benefit payment will be made directly to You, unless You assign benefits. Proof of loss must be submitted to Us for each incurred claim. Under no conditions will We pay any benefits for losses or medical expenses incurred prior to the Effective Date.

[Module 1 – Heart and Stroke]

We will pay the following benefits as applicable, if a Covered Person is diagnosed with one of the covered specified Critical Illnesses if:

1. [the Date of Diagnosis is after the Coverage Waiting Period;]
2. the Date of Diagnosis is while the Certificate is in force; and
3. it is not excluded by name or specific description in this Certificate.

We will pay a percentage of the Benefit Amount if a Covered Person is diagnosed with one of the following:

Specified Critical Illness	Percentage Benefit Amount
[Module 1—Heart and Stroke]	
Heart Attack	[100%]
Stroke	[100%]
Heart Transplant	[100%]
Coronary Artery Bypass Surgery	[30%]
Angioplasty/Stent	[10%]

[Module 2 – Illnesses and Diseases]

We will pay the following benefits as applicable, if a Covered Person is diagnosed with one of the covered specified Critical Illnesses if:

1. [the Date of Diagnosis is after the Coverage Waiting Period;]
2. the Date of Diagnosis is while the Certificate is in force; and
3. it is not excluded by name or specific description in this Certificate.

We will pay a percentage of the Benefit Amount if a Covered Person is diagnosed with one of the following:

Specified Critical Illness	Percentage Benefit Amount
[Module 2—Diseases]	
Major Organ Transplants (excluding Heart)	[100%]
End Stage Renal Failure	[100%]
Miscellaneous Diseases	[100%]
Burns	[100%]
Alzheimer's Disease	[30%]

The following diseases will be considered Miscellaneous Diseases when diagnosed by a Physician:

1. Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)

2. Encephalitis/meningitis
3. Rocky Mountain Spotted Fever
4. Typhoid Fever
5. Anthrax
6. Cholera
7. Primary Sclerosing Cholangitis (Walter Payton's Disease)
8. Tuberculosis

[Module 3 – Wellness Benefit]

[The benefits described below are for one unit of coverage. See Your [Schedule of Insurance/application] for the number of units of coverage You have in force for this module.]

[The benefits described below are for one unit of coverage. The number of units selected by the Policyholder for each benefit (module) is shown on the Schedule of Insurance. Your application identifies the Plan You selected for the number of units of coverage You have in force for this module.]

[Waiting Period – Payments under this benefits will not be made for test performed within [0 to 365] days after the Effective Date of coverage].

[After the Waiting Period,] We will pay \$15 per unit, for each Covered Person when a charge is incurred for one of the below-listed health screening tests. This benefit is limited to [one] payment[s] per Calendar Year per [Covered Employee & Spouse] [Covered Person]] and [two] payments per Calendar Year per covered children.

Health Screening Tests - The annual health screening tests payable under this benefit are listed as follows:

- | | |
|--|--|
| Biopsy | Flexible sigmoidoscopy |
| Blood test for triglycerides | Hemocult stool analysis |
| Bone marrow testing | Mammography |
| Breast ultrasound | Pap test |
| CA 125 (blood test for ovarian Cancer) | PSA (prostate-specific antigen tests) |
| CA 15-3 (blood test for breast Cancer) | Serum cholesterol test to determine HDL/LDL level |
| CEA (blood test for colon Cancer) | Serum Protein Electrophoresis (blood test for myeloma) |
| Chest X-ray | Stress test on a bicycle or treadmill |
| Colonoscopy | Thermography |
| Fasting blood glucose test | |

Health screening tests must be performed under the supervision of or recommended by a Physician, and a charge must be incurred. Satisfactory proof of the charges incurred for the health screening tests must be submitted with each new claim. Under no condition will We pay any benefits for losses incurred prior to the Effective Date.]

[Module 4 – Cancer

We will pay this benefit when You are diagnosed as having Cancer (internal or invasive) or Carcinoma In Situ if:

1. [the Date of Diagnosis is after the Coverage Waiting Period];
2. [the diagnosis is the First Occurrence]
3. the Date of Diagnosis is while this Certificate is in force; and
4. the Cancer (internal or invasive) or Carcinoma In Situ is not excluded by name or specific description in the Certificate.

We will pay a percentage of the benefit amount if a Covered Person is diagnosed with one of the following:

Specified Critical Illness	Percentage Benefit Amount
Cancer (internal or invasive)	[100%]
Bone Marrow Transplant	[100%]
Carcinoma In Situ	[30%]
Prostate Cancer with TNM Classification of T1	[30%]
Skin Cancer	[10%]
Cancer Vaccine	[\$75 once per lifetime]
Cancer Treatment and Care	[\$500 per month up to 12 months]

Cancer or Bone Marrow Transplant or Carcinoma In Situ Benefit

If a Covered Person is diagnosed with [the First Occurrence of] Cancer or determined to have [a First Occurrence for] a Bone Marrow Transplant or Carcinoma In Situ, We will pay a lump sum benefit equal to the Benefit Amount multiplied by the applicable percentage shown in the Schedule of Insurance.

We will only pay for loss as a direct result of Cancer or Bone Marrow Transplant or Carcinoma In Situ as defined herein. Proof of positive diagnosis or necessary transplant must be submitted with each new claim.

Skin Cancer Benefit

We will pay this benefit if a Covered Person is diagnosed with Skin Cancer if the Skin Cancer is eligible for benefits as defined in the Policy. We will pay the amount shown on the Schedule of Insurance only once per Covered Person per lifetime

Cancer Vaccine Benefit

We will pay this benefit if a Covered Person incurs a charge for and receives any Cancer vaccine that is FDA approved for the prevention of Cancer. The vaccine must be administered by licensed medical personnel while coverage under this Certificate is in force. We will pay the amount shown on the Schedule of Insurance in addition to the Benefit Amount. This benefit is limited to one payment per Covered Person, per lifetime.

Cancer Treatment and Care Benefit

We will pay benefits for Cancer Treatment and Care in addition to the Benefit Amount if a Covered Person receives a covered treatment for Cancer (internal or invasive) or Carcinoma In Situ while this Certificate is in force.

We will pay the amount shown on the Schedule of Insurance for each calendar month during which a Covered Person incurs charges for and receives one or more of the covered treatments listed below as a result of Cancer (internal or invasive) or Carcinoma In Situ, up to the Maximum Benefit duration for Cancer Treatment and Care Benefit shown on the Schedule of Insurance.

We will pay no more than one Cancer Treatment and Care Benefit per calendar month per Covered Person.

Covered Treatments consist of the following:

1. Chemotherapy, consisting of one or more of the following:
 - a. Chemotherapy treatments injected by medical personnel in a Physician's office, clinic or Hospital;
 - b. a prescription filled for Oral Chemotherapy;
 - c. a prescription filled for Topical Chemotherapy;
 - d. a pump for Chemotherapy initially filled or refilled;
 - e. a prescription filled for Chemotherapy to be injected by Yourself or anyone other than personnel in a Physician's office, clinic or Hospital; or
 - f. a prescription filled for Supportive or Protective Care Drugs and Colony Stimulating Factors.
2. Radiation delivered by medical personnel in a Physician's office, clinic or Hospital.
3. Confinement to a bed as a resident inpatient in a Hospital (including intensive care) on the advice of a Physician or confinement in an observation unit within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician.
4. Surgery performed by a Physician in a Hospital or Ambulatory Surgical Center.
5. Hospice care, consisting of one or more of the following services received by a Covered Person for whom a Physician determines that Cancer treatments are no longer of benefit and that he is expected to live for only six months or less:
 - a. a visit from a representative of a Hospice care team at home;
 - b. the services of a Hospital on an Outpatient basis under the direction of a Hospice;
 - c. a visit to a Hospice on an Outpatient basis for treatment or services; and
 - d. confinement to a Hospice care facility.



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Intensive Care Benefit Rider

This Rider is issued in consideration of the application and payment of any required premium.

Except as shown in this Rider, the provisions of the Certificate to which this Rider is attached will prevail.

This Rider is made part of the Certificate issued by US Able Life to which it is attached.

This Rider takes effect [on January 1, 2013] and expires at the same time as the Policy or Certificate.

DEFINITIONS

In addition to the definitions contained in the Certificate, the following definitions apply to this Rider:

Period of Intensive Care Confinement means a period of Hospital Confinement when the Covered Person is confined to the ICU or a Hospital Sub-Acute Intensive Care Unit, and charged the Intensive Care or Hospital Sub-Acute Intensive Care Unit rate for each day of such Confinement. If 30 days or less separates Periods of Intensive Care Confinement, the Periods of Intensive Care Confinement will be considered a single Period of Intensive Care Confinement.

BENEFITS

The following benefits are payable as shown below:

Daily Indemnity - We will pay the amount shown on the Schedule of Insurance for this Rider for each day the Covered Person is confined in an ICU. We will pay 50% of this Daily Indemnity Benefit for treatment in a Hospital Sub-Acute Intensive Care Unit when the Covered Person is Confined. During any one Period of Intensive Care Confinement, Our payments will not exceed 45 days for sickness or injury.

We will pay only one daily indemnity benefit per 24-hour period. The Lifetime Maximum shown in the Schedule of Insurance does not apply to this Rider.

Ambulance - We will pay twice the Daily Indemnity Benefit amount for one 24-hour period of ICU Confinement as shown on the Schedule of Insurance for this Rider. Transportation must be to a Hospital for admission to an ICU or a Hospital Sub-Acute Intensive Care Unit for a covered Confinement.

Ambulance transportation in excess of [100] miles from the point of origin must be to the nearest Hospital which contains an ICU and provides necessary medical care.

Benefit payments will be made directly to You, unless You assign benefits. Proof of Loss must be submitted to Us for each incurred expense.

When Coverage Under This Rider Ends

Coverage under this Rider ends on the earliest of the following dates:

1. the date the Policy terminates;
2. the date Your coverage under the Policy ends;
3. the date Your eligible class is no longer covered for this Rider; or
4. the last day of the period for which any required premium contributions for this Rider are made.

This Rider is subject to all provisions of the Policy which are not inconsistent with the terms of this Rider.

Signed for USable Life at Little Rock, Arkansas, as of the Effective Date:



[Secretary

President]



Quality of Life Benefit Rider

This Rider is issued in consideration of the application and payment of any required premium.

Except as shown in this Rider, the provisions of the Certificate to which this Rider is attached will prevail.

This Rider is made part of the Certificate issued by USABLE Life to which it is attached.

This Rider takes effect [on January 1, 2013] and expires at the same time as the Policy or Certificate.

DEFINITIONS

In addition to the definitions contained in the Policy and Certificate, the following definitions apply to this Rider:

Activities of Daily Living or ADLs means activities that are performed without Direct Personal Assistance, allowing personal independence in everyday living. Activities of Daily Living are used in measuring levels of personal functioning capacity. ADLs include:

1. Bathing - The ability of a person to wash himself or herself by sponge bath, either in a tub or shower, including the task of getting into and out of the tub or shower.
2. Continence - The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. Dressing - The ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. Eating - The ability of a person to feed himself or herself by getting food into his or her body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
5. Toileting - The ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.
6. Transferring - The ability to move into or out of a bed, chair or wheelchair.

Assisted Living Facility means a facility engaged primarily in providing ongoing care and related services that meet all of the following criteria:

1. it is appropriately licensed or certified to provide these services, if such licensing or certification is required by the state in which it operates; and
2. it provides care and services 24 hours a day sufficient to support needs resulting from inability to perform Activities of Daily Living or from Severe Cognitive Impairment; and
3. it has an awake, trained and ready-to-respond employee on duty in the facility at all times to provide care; and
4. it provides three meals a day and accommodates special dietary needs; and
5. it has written contractual arrangements or otherwise ensures that residents receive the medical care services of a Physician or Registered Professional Nurse in case of emergency; and

6. it has appropriate methods and procedures to assist residents in the self-administration of prescribed medications.

Examples of an Assisted Living Facility include, but are not limited to, residential care facilities, board and care facilities, adult foster homes, and Hospice care facilities.

The following entities cannot qualify as an Assisted Living Facility:

1. a Hospital; or
2. a facility or part of a facility that is operated mainly for the treatment and care of the following:
 - a. mental, nervous, psychotic or psychoneurotic deficiencies or disorders; or
 - b. tuberculosis; or
 - c. alcoholism; or
 - d. drug addiction; or
 - e. rehabilitation; or
 - f. occupational therapy.

Determination of whether Confinement to an Assisted Living Facility is eligible for benefits is based on whether the facility meets the requirements set forth in this Rider.

Chronically Ill Individual means a Covered Person who has been certified by a Physician as:

1. Being unable to perform, without Substantial Human Assistance, at least two Activities of Daily Living (Bathing, Continence, Dressing, Eating, Toileting, and Transferring) for a period of at least [90 to 180] days; or
2. Having a Severe Cognitive Impairment that requires Substantial Supervision for protection from threats to his or her health and safety.

Certification by a Physician as a Chronically Ill Individual must occur at least once every 12 months.

Elimination Period means the number of days during which the Covered Person must meet the conditions listed under the What We Will Pay provision and during which no benefits are payable under this Rider. The Elimination Period starts from the first day that the Covered Person becomes a Chronically Ill Individual. The Covered Person cannot satisfy any part of the elimination period with any period that the Covered Person is not Chronically Ill. The Elimination Period for this Rider is [90 to 180] days.

If a Covered Person returns to active work after satisfying the Elimination Period and becomes Chronically Ill again within [12] months of their return to active work, the Covered Person will not be required to satisfy a new Elimination Period. If a Covered Person returns to active work after satisfying the Elimination Period and becomes Chronically Ill again later than [12] months after his or her return to active work, the Covered Person will be required to satisfy a new Elimination Period.

Home means any place where the Covered Person resides other than a Nursing Facility, Assisted Living Facility, Alzheimer's facility, Hospital, Hospice facility, congregate care or any other similar residential care facility.

Licensed Social Worker means a healthcare professional who is licensed by the state in which he or she practices and who is practicing within the scope of that license. It does not include an

Immediate Family Member or anyone who normally resides in the Covered Person's Home or residence.

Nursing Facility means a health care facility or a distinct part of a Hospital or other institution that meets all of the following standards:

1. it operates under a license issued by the appropriate licensing agency to provide nursing care and related services;
2. it provides, in addition to room and board, nursing care and related services 24 hours a day on a continuing inpatient basis, to 6 or more individuals;
3. it provides, on a formal prearranged basis, a Registered Professional Nurse on duty or on call at all times;
4. it provides, on a formal prearranged basis, that a duly licensed Physician will be available in case of emergency;
5. it has a planned program of policies and procedures developed with the advice of and periodically reviewed by, at least one Physician; and
6. it maintains a clinical record of each patient.

Nursing Facility does not mean a Hospital. It does not mean a facility or part of a facility that is operated mainly for the treatment and care of mental, nervous, psychotic or psychoneurotic deficiencies or disorders; or tuberculosis; or drug addiction; or rehabilitation; or occupational therapy.

Plan of Care means a written individualized plan of services developed by a Physician.

Registered Professional Nurse means a healthcare professional who is licensed or registered as a professional graduate nurse by the state in which he or she practices and who is practicing within the scope of that license. It does not include an Immediate Family Member or anyone who normally resides in the Covered Person's residence.

Severe Cognitive Impairment means a deficiency in the Covered Person's short-term or long-term memory, and/or orientation as to person, place and time; loss of deductive or abstract reasoning, or judgment as it relates to safety awareness. Severe Cognitive Impairment is established by clinical evidence and standardized tests that reliably measure the Covered Person's loss. Examples of Severe Cognitive Impairment include Alzheimer's disease and similar forms of senility, senile dementia, and irreversible dementia.

Substantial Human Assistance means actual physical assistance by another individual.

Substantial Supervision means continuous supervision including, but not limited to, verbal cueing by another individual to protect the Covered Person from harming himself or herself or others, or from threats to the Covered Person's health and safety.

BENEFITS

What We Will Pay - We will pay the percentage of the Benefit Amount shown on the Schedule of Insurance on a monthly basis, subject to all of the following conditions:

1. The Covered Person is a Chronically Ill Individual;
2. The Covered Person is Confined in a Nursing or Assisted Living Facility and Confinement begins while this Rider is in force;

3. Confinement services are included in the Covered Person's Plan of Care;
4. [The Covered Person satisfies the Elimination Period;]
5. The Covered Person is at least [50 to 75] years old;
6. The Rider has been in force for at least [1 to 5] years; and
7. The Certificate to which this Rider is attached is in force.

Total benefits paid under this Rider will not exceed 100% of the Benefit Amount. The Benefit Amount will be reduced by each amount paid under this Rider.

Waiver of Premium - For each full or partial contract month that the Covered Person receives benefits under this Rider, We will waive the premium for their contract.

EXCLUSIONS AND LIMITATIONS

What We Will Not Pay For:

We will not pay Rider benefits for loss resulting from any of the following:

1. Any benefit after 100% of the Benefit Amount under the Rider has been paid out.
2. We may reduce or deny a claim or void the insurance provided by this Rider for loss incurred by a Covered Person:
 - a. During the first [1 to 5] year[s] from the Effective Date of such coverage for any misstatements in your Application which would have materially affected our acceptance of the risk; or
 - b. During the first [1 to 5] year[s] from the Effective Date of an Insured's coverage for any misstatements in his or her Evidence of Insurability form which would have materially affected our acceptance of the risk; or
 - c. At any time for fraudulent misstatements in your Application or an Insured's Evidence of Insurability form.
3. With respect to the benefits offered by this Rider, the Right to Contest provision of the contract will apply from the Effective Date of this Rider.
4. Confinement occurring outside Canada, United States or its territories.

When Coverage Under This Rider Ends

Coverage under this Rider ends on the earliest of the following dates:

1. the date the contract terminates
2. the date Your coverage under the Policy ends;
3. the date Your Eligible Class is no longer covered for this Rider; or
4. the last day of the period for which any required premium contributions for this Rider are made.

Termination of the Policy and/or Rider by Us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

This Rider is subject to all provisions of the group Policy which are not inconsistent with the terms of this Rider.

Signed for US Able Life at Little Rock, Arkansas, as of the Effective Date:

A handwritten signature in black ink, appearing to read "Jason M. Munn". The signature is fluid and cursive, with a long horizontal stroke at the end.

[Secretary

President]



Recurrent Benefit Rider

This Rider is issued in consideration of the Application and payment of any required premium.

Except as shown in this Rider, the provisions of the Policy to which this Rider is attached will prevail.

This Rider is made part of the Certificate issued by US Able Life to which it is attached.

This Rider takes effect [on January 1, 2013] and expires at the same time as the Policy or Certificate.

DEFINITIONS

In addition to the definitions contained in the Policy and Certificate, the following definitions apply to this Rider:

Recurrence means the Covered Person is diagnosed during his lifetime with a different qualifying [Critical Illness] [or] [Cancer] from the [Critical Illness] [or] [Cancer] that was previously paid under the Policy.

Reoccurrence means the Covered Person is diagnosed a second time with the same qualifying [Critical Illness] [or] [Cancer] for which a benefit was previously paid under the Policy.

BENEFITS

This Rider changes the way some benefits in the Certificate are paid as shown below. The Benefit Amount must be paid in full (100%) before benefits under this Rider become payable. The amount payable for each illness is a percentage multiplied by the Benefit Amount shown on the Schedule of Insurance. The Recurrent Benefit Rider is only payable once per Covered Person per lifetime; payment may be made under the Recurrent Benefit or the Reoccurrence Benefit, but not both.

Recurrent Benefit: We will pay an additional benefit if a Covered Person suffers a Recurrence of a qualifying illness. To be eligible for payment under this Rider it must be a different illness from the illness for which payment was received under the Certificate.

We will pay this benefit only if:

1. the subsequent diagnosis is made during the life of the Covered Person and while the Covered Person is covered under the Certificate; and
2. the illness subject to this Rider is not excluded by name or specific description in the Policy or an Elimination Rider issued with the Policy; and
3. the recurring condition includes one of the following qualifying illnesses: [Heart Attack, Stroke, Heart Transplant, Major Organ Transplant (excluding Heart), End Stage Renal Failure, Miscellaneous Diseases (as defined in the Certificate), Burns], [Cancer (internal

or invasive) and Bone Marrow Transplant (all other cancers in the Certificate are excluded)].

Reoccurrence Benefit: We will pay an additional benefit if a Covered Person suffers a Reoccurrence of a qualifying illness. To be eligible for payment under this Rider it must be a subsequent diagnosis of a qualifying illness from which an earlier payment was previously received under the Certificate.

We will pay this benefit only if:

1. there are more than [180] days between each diagnosis; and
2. the Covered Person did not receive treatment during such [180] day period; and
3. the subsequent diagnosis is made during the life of the Covered Person and while the Covered Person is covered under the Certificate; and
4. the illness subject to this Rider is not excluded by name or specific description in the Policy or an Elimination Rider issued with the Policy; and
5. the reoccurring condition includes one of the following qualifying illnesses: [Heart Attack, Stroke, Heart Transplant, Major Organ Transplant (excluding Heart), End Stage Renal Failure, Miscellaneous Diseases (as defined in the Certificate), Burns,][Cancer (internal or invasive) and Bone Marrow Transplant (all other cancers in the Certificate are excluded)].

When Coverage Under This Rider Ends

Coverage under this Rider ends on the earliest of the following dates:

1. [200%] of the Benefit Amount has been paid per Covered Person;
2. the date the Policy terminates;
3. the date Your coverage under the Policy ends;
4. the date Your Eligible Class is no longer covered for this Rider; or
5. the last day of the period for which any required premium contributions for this Rider are made.

This Rider is subject to all provisions of the Policy which are not inconsistent with the terms of this Rider.

Signed for USable Life at Little Rock, Arkansas, as of the Effective Date:



[Secretary

President]



Occupational HIV Benefit Rider

This Rider is issued in consideration of the application and payment of any required premium.

Except as shown in this Rider, the provisions of the Certificate to which this Rider is attached will prevail.

This Rider is made part of the Certificate issued by US Able Life to which it is attached.

This Rider takes effect [on January 1, 2013] and expires at the same time as the Policy or Certificate.

You are the only covered person under this rider.

DEFINITIONS

In addition to the definitions contained in the Policy and Certificate, the following definitions apply to this Rider:

Occupational Infectious HIV means diagnosis of Human Immunodeficiency Virus (HIV) infection resulting from exposure to HIV-contaminated body fluids as the result of an Accident or Injury during the normal course of performing an Occupation for which remuneration is earned from the Policyholder.

Occupational Infectious ARC means a diagnosis of AIDS related complex (ARC) resulting from exposure to HIV – contaminated body fluids as the result of an Accident or Injury during the normal course of performing an Occupation for which remuneration is earned from the Policyholder. ARC is a complex of signs and symptoms representing a less severe stage of human immunodeficiency virus (HIV) infection, characterized by chronic generalized lymphadenopathy, fever, weight loss, prolonged diarrhea, minor opportunistic infections, cytopenia, and T-cell abnormalities of the kind associated with AIDS.

BENEFITS

We will pay a benefit for Occupational Infectious HIV and/or Occupational Infectious ARC if You test positive for HIV and/or AIDS Related Complex (ARC) within one year of the date of the exposure.

This benefit will be equal to [10% - 100%] of Your Benefit Amount in effect on the date of the injury.

In order to receive the HIV Benefit You must:

1. submit a workers' compensation injury report to the Policyholder within 48 hours of the injury; and
2. submit a blood test for the Human Immunodeficiency Virus (HIV) and AIDS related complex (ARC) within 48 hours of the exposure. If the initial blood test is negative and You subsequently test positive for HIV or ARC within one year of the exposure, We will pay this benefit.

EXCLUSIONS AND LIMITATIONS

What We Will Not Pay For:

No benefit will be payable under this Rider if:

1. You have elected not to take any available licensed vaccine offering protection against HIV;
2. a licensed cure for HIV infection has become available prior to the Injury; or
3. HIV infection has occurred as a result of non-accidental injury including, but not limited to, sexual transmission and intravenous (IV) drug use.

When Coverage Under This Rider Ends

Coverage under this Rider ends on the earliest of the following dates:

1. the date the Policy terminates;
2. the date Your coverage under the Policy ends;
3. the date Your Eligible Class is no longer covered for this Rider; or
4. the last day of the period for which any required premium contributions for this Rider are made.

This Rider is subject to all provisions of the Policy which are not inconsistent with the terms of this Rider.

Signed for USABLE Life at Little Rock, Arkansas, as of the Effective Date:



[Secretary

President]



[320 W. Capitol] • P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

Accumulation Benefit Rider

This Rider is issued in consideration of the application and payment of any required premium.

Except as shown in this Rider, the provisions of the Certificate to which this Rider is attached will prevail.

This Rider is made part of the Certificate issued by US Able Life to which it is attached.

This Rider takes effect [on January 1, 2013] and expires at the same time as the Policy or Certificate.

BENEFITS

Accumulation Benefit

The amount for the [Covered Person/Insured] is [\$500 - \$2500] for each Rider Year. This benefit amount will accumulate for each continuous year this Rider remains in force after the Rider Effective Date, up to a maximum of [10] Rider Years.

[The amount for the Spouse is [\$500 - \$2500] for each Rider Year. This benefit amount will accumulate for each continuous year this Rider remains in force after the Rider Effective Date, up to a maximum of [10] Rider Years.]

[The amount for the Dependent Child is [\$500 - \$2500] for each Rider Year. This benefit amount will accumulate for each continuous year this Rider remains in force after the Rider Effective Date, up to a maximum of [10] Rider Years.]

We will pay the total Accumulation Benefit if a Covered Person is diagnosed with a [Critical Illness other than [Coronary Artery Bypass Surgery,] [Angioplasty/Stent,] [Alzheimer's Disease,] [or] [Cancer (internal or invasive)], as defined in the Certificate to which this Rider is attached, and:

1. [the Date of Diagnosis is after the Waiting Period;]
2. the Date of Diagnosis is while this Rider is in force; and
3. the [Critical Illness] [or] [Cancer (internal or invasive)] is not excluded by name or specific description in the Certificate.

We will pay the Accumulation Benefit amount as shown above, in addition to all other covered benefits as defined in this Policy for each Rider Year this Rider has been in force.

Rider Year means the 12 calendar months following the date on which this Rider takes effect.

[In the event the Covered Person's diagnosis occurs [after the Waiting Period and] before the end of the first Rider Year following the Rider Effective Date, the Accumulation Benefit amount for that Covered Person will be \$500 if the Covered Person is the Insured and \$250 if the Covered Person is the Insured's Spouse or Dependent Child, if applicable.]

[We will not pay this benefit for [Skin Cancer or Carcinoma In Situ, as defined in the Certificate to which the Rider is attached, or] any [Critical Illness] [or] [Cancer (internal or invasive)] diagnosed [during the [6 - 24] months following the Rider Effective Date if the [Critical Illness] [or] [Cancer (internal or invasive)] is a Pre-existing Condition] [during the Waiting Period].]

The Lifetime Maximum shown in the Schedule of Insurance does not apply to this Rider.

When Coverage Under This Rider Ends

Coverage under this Rider ends on the earliest of the following dates:

1. for each Covered Person on the date the benefit has been paid;
2. the date the Policy terminates;
3. the date Your coverage under the Policy ends;
4. the date Your Eligible Class is no longer covered for this Rider; or
5. the last day of the period for which any required premium contributions for this Rider are made.

This Rider is subject to all provisions of the Policy which are not inconsistent with the terms of this Rider.

Signed for USABLE Life at Little Rock, Arkansas, as of the Effective Date:



[Secretary

President]



**[CANCER] [CRITICAL ILLNESS WITH CANCER] [CRITICAL ILLNESS]
ELIMINATION RIDER**

RIDER EFFECTIVE DATE (same as Policy Date if no date shown): _____

In consideration of the issuance or reinstatement of the Policy to which this Rider is attached, it is hereby understood and agreed that the person named in the Enrollment Form as having an uninsurable condition, as listed below, prior to the date the Enrollment Form was signed, is excluded from coverage as indicated below:

(Check the box where applicable)

- [A.] ACCIDENTAL DEATH AND DISMEMBERMENT [OFF-THE-JOB] BENEFIT RIDER EXCLUSIONS**
We will not issue the Accidental Death and Dismemberment [Off-The-Job] Benefit Rider for _____. If this is a policy reinstatement, the person listed is completely excluded from coverage under the Accidental Death and Dismemberment Benefit as of the policy reinstatement date.]

- [B.] ACCUMULATION BENEFIT RIDER EXCLUSIONS**
We will not issue the Accumulation Benefit Rider for _____. If this is a policy reinstatement, the person listed is completely excluded from coverage under the Accumulation Benefit Rider as of the policy reinstatement date.]

- [C.] INTENSIVE CARE BENEFIT RIDER EXCLUSIONS**
We will not issue the Intensive Care Benefit Rider for _____. If this is a policy reinstatement, the person listed is completely excluded from coverage under the Intensive Care Benefit Rider as of the policy reinstatement date.]

- [D.] OCCUPATIONAL HIV BENEFIT RIDER EXCLUSIONS**
We will not issue the Occupational HIV Benefit Rider for _____. If this is a policy reinstatement, the person listed is completely excluded from coverage under the Occupational HIV Benefit Rider as of the policy reinstatement date.]

- [E.] QUALITY OF LIFE BENEFIT RIDER EXCLUSIONS**
We will not issue the Quality of Life Benefit Rider for _____. If this is a policy reinstatement, the person listed is completely excluded from coverage under the Quality of Life Benefit Rider as of the policy reinstatement date.]

- [F.] RECURRENT BENEFIT RIDER EXCLUSIONS**
We will not issue the Recurrent Benefit Rider for _____. If this is a policy reinstatement, the person listed is completely excluded from coverage under the Recurrent Benefit Rider as of the policy reinstatement date.]

[G.] OTHER EXCLUSIONS

We will not be liable under the Policy for any loss affecting _____, who is completely excluded from coverage under the Policy.]

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the policy other than as stated above.

USable Life

[President]

Accepted by: _____
Signature of Applicant

SERFF Tracking #:

MWSG-128405059

State Tracking #:

Company Tracking #:

GCI-P (5-12)

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

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/17/2012
Comments:			
Attachment(s):	Flesch Score Certification.pdf Certificate of Compliance.pdf		
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	08/17/2012
Bypass Reason:	Not included in this filing are the policyholder application and the certificate application that will be used in conjunction with these forms. The applications will be filed under separate cover at a later date. The Company, however, requests review of the enclosed forms. The Company acknowledges that approved applications will be necessary prior to marketing the enclosed forms and agrees that it will not market the enclosed forms prior to receiving approval for them and the related applications.		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Authorization Letter	Approved-Closed	08/17/2012
Comments:			
Attachment(s):	Authorization Letter.pdf		
		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	08/17/2012
Comments:			
Attachment(s):	Statement of Variability.pdf		
		Item Status:	Status Date:
Satisfied - Item:	Cover Letter dated 8-14-12	Approved-Closed	08/17/2012

SERFF Tracking #:

MWSG-128405059

State Tracking #:

Company Tracking #:

GCI-P (5-12)

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

Comments:

Attachment(s):

Cover Letter dated 8-14-12.pdf

FLESCH SCORE CERTIFICATION

<u>Form Number</u>	<u>Form Name</u>	<u>Flesch Score</u>
GCI-P (5-12)	Group Critical Illness Insurance Policy	50.2
GCI-C (5-12)	Certificate of Insurance	52.5
GCI-ICU (5-12)	Intensive Care Benefit Rider	70.6
GCI-QL (5-12)	Quality of Life Benefit Rider	52.3
GCI-RB (5-12)	Recurrent Benefit Rider	57.9
GCI-HIV (5-12)	Occupational HIV Benefit Rider	53.9
GCI-FD (5-12)	Accumulation Rider	65.7
GCI-ELIM (5-12)	Elimination Rider	54.8

As an officer of USABLE Life, I hereby certify that the above captioned forms achieve a Flesch score that meets or exceeds the requirements of your state insurance law. Defined terms and policy language required by law have been excepted.



Sally A. Murphy
Senior Counsel and Assistant Secretary

August 14, 2012
Date

CERTIFICATION

I, Sally A. Murphy, Senior Counsel, Chief Compliance Officer and Assistant Secretary of USABLE Life, do hereby certify that the forms identified below comply with:

- Arkansas Rule and Regulation 19;
- Arkansas Rule and Regulation 49; and
- Arkansas Code Annotated § 23-79-138 as provided for in Bulletin 11-88.

USABLE LIFE



Sally A. Murphy
Senior Counsel, Chief Compliance Officer and
Assistant Secretary

Date: August 14, 2012

Form Numbers:

GCI-P (5-12)
GCI-C (5-12)
GCI-ICU (5-12)
GCI-QL (5-12)
GCI-RB (5-12)
GCI-HIV (5-12)
GCI-FD (5-12)
GCI-ELIM (5-12)



April 25, 2012

INSURANCE COMMISSIONER

This letter, or a copy thereof, will authorize Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C. to represent US Able Life in any matters related to the submission of policy forms and/or rates to your state.

Very truly yours,

A handwritten signature in cursive script that reads "Sally A. Murphy".

Sally A. Murphy
Senior Counsel, Chief Compliance Officer
and Assistant Secretary

STATEMENT OF VARIABILITY

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

GENERAL VARIABLES

1. Items which are customarily varied according to the individual policyholder's specific plan of insurance. This includes all the items appearing in the applications and on the Schedule pages.
2. Definitions may vary to the extent that such definition may be included, omitted or transferred to another page to suit the needs of a particular policyholder.

For specific variables within a definition, see the Specific Variables.

3. Paragraphs may vary to the extent that such paragraphs may be included, omitted or transferred to another page to suit the needs of a particular policyholder.

For specific variables within a paragraph, see the Specific Policy Variables.

4. Numbers and percentages may vary, but will not be more restrictive than allowed by state law.
5. Time periods may be modified according to a policyholder's plan, but will not be more restrictive than allowed by state law.
6. Benefit amounts may be modified according to a policyholder's plan.
7. References to "you" may be changed to "covered person".
8. Company name may be changed as approved by the governing jurisdiction.
9. Company address, phone numbers, e-mail addresses, officer names, titles and signatures may be changed as necessary.
10. Headings may be modified to reflect the specifics of a particular plan.
11. The words "employee," "individual," "employer," and "policyholder" are completely variable to incorporate the exact classes of employees and the exact eligible groups for a specific policyholder.

Example: Employee means any manager, supervisor or clerical staff in active employment with the ABC Company.

12. All letters and numbers (excluding form numbers) are variable subject to the laws of the governing jurisdiction.
13. Colons, semicolons, semicolons followed by the word "or," and semicolons followed by the words "and/or" may be omitted. If omitted, a period will be substituted, if necessary.

SPECIFIC POLICY VARIABLES GA-P

Policy Face Page

The bracketed material consists of those items which are customarily varied to apply to a particular policyholder's contract. Such items include policyholder's name, policy number, policy effective date, premium due date, anniversary date, and the name of the state in which the policy is delivered.

The Policy Title is bracketed to accommodate display of the benefit(s) contracted for by the group.

Section 1 - Schedule of Insurance

The bracketed material consists of those items which are customarily varied to apply to a particular policyholder's contract. Such items include policyholder's name, policy number, policy effective date, the renewal date, and the type of benefit(s) contracted for by the group.

The Policy Title is bracketed to accommodate display of the benefit(s) contracted for by the group.

Section 2 – Newly Acquired Organizations

The length of time for automatic coverage of employees of newly acquired organizations may vary according to the plan purchased by the policyholder. The range is a minimum of 30 and a maximum of 120 days.

Section 3 – Premium Provisions

1. Premium Payments—The last sentence may be added or excluded according to the plan purchased by the policyholder.
2. Our Right to Change Premiums Rates:
 - a) The renewal date referenced in the first item 1 is variable by group.
 - b) The 12 month period referenced in the second item 1 is variable by group. The range is a minimum of 12 months to a maximum 36 months.
 - c) The 31 day advance notice referenced in item 2 is variable by group. The range is a minimum of 31 days to a maximum of 180 days.

Section 4 – Policy Provisions

1. Changes to the Policy: The reference to 31 days advance written notice is variable by group. The range is a minimum of 31 days to a maximum of 60 days.
2. Grace Period: The reference to a 31 day grace period is variable by group. The range is a minimum of 31 days to a maximum of 90 days.
3. Termination of Policy: In items 2 and 4 under “For Cause” the number of days may vary from 30 to 60 by group. The number of days “For No Cause” termination may vary from 10 to 30 days by group.

Section 5 – Self-Administered Provisions

The entire section may be included or excluded.

If Section 5 is included, the following variables apply:

1. The Policyholder's Obligation:
 - a. The reference to “on an annual basis” in item 5 is included or excluded. When included, it is variable by group.

Specific Variables (continued)

- b. The reference to “90 days” in item 5 is variable by group. The range is a minimum of 60 days to a maximum of 365 days.
 - c. The bracketed statement in item 5f is included or excluded.
- 2. Notice: the bracketed statement is variable by the Company.

SPECIFIC CERTIFICATE VARIABLES GA-C

Certificate Face Page and Schedule of Insurance

1. The group information on the certificate cover and all information on the Schedule of Insurance describing the plan is variable to describe the plan purchased by a particular policyholder.
2. Important note—The language may be inserted in the certificate depending on the benefits available under the plan purchased by a particular policyholder.
3. The dependent benefits language may be inserted or excluded depending on whether dependent coverage is available under the plan purchased by a particular policyholder.
4. The policy title is bracketed to accommodate the benefits contracted for by the group.

Table of Contents

The table will vary to reflect the pages and benefits included.

Definitions

1. Active Work or Actively at Work definition would be omitted or included depending on the plan purchased by a particular policyholder.
2. Alzheimer's Disease definition would be omitted or included depending on the plan purchased by a particular policyholder.
3. Angioplasty or Stent definition would be omitted or included depending on the plan purchased by a particular policyholder.
4. Annual Enrollment Period definition would be omitted if coverage is not Voluntary. If included, the references to 60 days and 30 days may be varied to meet the needs of a particular policyholder. The range is a minimum of 30 days and a maximum of 120 days.
5. Annual Salary definition may be varied according to the needs of a particular policyholder. For example, it could include bonuses and/or commissions. If it includes "commissions" those will be based on 12 to 36 months, as determined by the policyholder.
6. Bone Marrow Transplant definition would be omitted or included depending on the plan purchased by a particular policyholder.
7. Burns definition would be omitted or included depending on the plan purchased by a particular policyholder.
8. Cancer definition would be omitted or included depending on the plan purchased by a particular policyholder.
9. Chemotherapy definition would be omitted or included depending on the plan purchased by a particular policyholder.
10. Confined or Confinement definition hours may be varied to meet the needs of a particular policyholder. The range is a minimum of 12 and a maximum of 23 hours.
11. Coronary Artery Bypass Surgery definition would be omitted or included depending on the plan purchased by a particular policyholder.
12. Covered Person definition may be revised to omit or include reference to Part-time workers depending on whether Part time workers are eligible for coverage depending on the plan purchased by a particular policyholder.
13. Coverage Waiting Period days varies according to the plan purchased by a particular policyholder. The range is a minimum of 0 days and a maximum of 365 days.
14. Critical Illness definition will vary to include illnesses covered by policy depending on the plan purchased by a particular policyholder.
15. Date of Diagnosis definition will vary to include illnesses covered by the policy depending on the plan purchased by a particular policyholder.
16. Dependent definition will be included if Dependent coverage is available under the plan purchased by a particular policyholder. The age limits for dependent children may be varied according to the policyholder's plan. The range is a minimum of 19 years to a maximum of 30 years; but will never

Specific Variables (continued)

- be less than as required by law.
17. End Stage Renal Disease (ESRD) definition would be omitted or included depending on the plan purchased by a particular policyholder.
 18. Evidence of Insurability definition will be included depending on the plan purchased by a particular policyholder.
 19. First Occurrence definition will be included depending on whether Module 4 and the First Diagnosis benefit rider is purchased by the policyholder.
 20. Free Standing or Standalone Emergency Center definition would be omitted or included depending on the plan purchased by a particular policyholder.
 21. Full-time/Part-time definition may be varied to meet the needs of a particular policyholder.
 22. Heart Attack or Myocardial Infarction definition would be omitted or included depending on the plan purchased by a particular policyholder.
 23. Heart Transplant definition would be omitted or included depending on the plan purchased by a particular policyholder.
 24. Hospice definition may be included or excluded depending on the plan purchased by a particular policyholder.
 25. Initial Positive Diagnosis or Initially Positively Diagnosed definition would be omitted or included depending on the plan purchased by a particular policyholder.
 26. Major Organ Transplant (excluding Heart) definition would be omitted or included depending on the plan purchased by a particular policyholder.
 27. Oral Chemotherapy definition may be included or excluded depending on the plan purchased by a particular policyholder.
 28. Pathologist definition would be omitted or included depending on the plan purchased by a particular policyholder.
 29. Pathological Diagnosis definition would be omitted or included depending on the plan purchased by a particular policyholder.
 30. Pre-Existing Condition definition time period may vary from 6 to 24 months according to the plan of a particular policyholder.
 31. Radiation definition may be included or excluded depending on the plan purchased by a particular policyholder.
 32. Spouse definition may be included or excluded depending on whether dependent coverage is purchased by a particular policyholder. If included the definition may be varied according to the laws of the governing jurisdiction.
 33. Stroke definition would be omitted or included depending on the plan purchased by a particular policyholder.
 34. Supportive or Protective Care Drugs and Colony Stimulating Factors definition would be omitted or included depending on the plan purchased by a particular policyholder.
 35. Topical Chemotherapy definition may be included or excluded depending on the plan purchased by a particular policyholder.
 36. Transplant List definition would be omitted or included depending on the plan purchased by a particular policyholder.
 37. Type of coverage definition may reflect variable benefit options are reflected in application forms.
 38. Waiting Period definition may be varied to reflect whether the plan covers full and/or part time employees as well as days or months as requested by a particular policyholder.

Eligibility and Effective Date

1. Eligible Employee.
The bracketed content may change depending on the plan purchased by the policyholder..
2. Employee Eligibility Date
 - a. Bracketed content will be included or excluded based on the plan purchased by the policyholder.
 - b. Bracketing content referring to "Rehires" will be included or excluded based on the

Specific Variables (continued)

- policyholder's request.
- c. If "Rehires" is included, the period is chosen by the policyholder. The range is a minimum of six months to a maximum of 24 months.
3. Effective Date of Employee Insurance
 - a. Bracketed sections labeled "For Benefit Amounts Not Requiring Evidence of Insurability" and "For Benefit Amounts Requiring Satisfactory Evidence of Insurability" will be included, excluded, or the language may vary to meet the needs of a particular policyholder.
 - b. If the section labeled "For Benefit Amounts Not Requiring Evidence of Insurability" is included; each item, in and of itself, is variable based on the policyholder's needs. The 31 day time period may be varied according to the policyholder's plan. The range is a minimum of 30 days and a maximum of 120 days.
 4. Dependent Eligibility
 - a. This section, including the Effective Date of Dependent Insurance and the Delayed Effective Date provisions, will be included or excluded, based on the plan purchased by the policyholder.
 - b. If Dependent coverage is included, the second, third, and fourth paragraphs will be included or excluded based on the plan purchased by the policyholder.
 5. Effective Date of Dependent Insurance:
 - a. The statement "Dependents will not be insured until you are insured" and bracketed sections labeled "For Benefit Amounts Not Requiring Evidence of Insurability" and "For Benefit Amounts Requiring Satisfactory Evidence of Insurability" will be included, excluded, or the language may vary to meet the needs of a particular policyholder.
 - b. If the section labeled "For Benefit Amounts Not Requiring Evidence of Insurability" is included; each item, in and of itself, is variable based on the policyholder's needs. The 31 day time period may be varied according to the policyholder's plan. The range is minimum of 30 days and a maximum of 120 days.
 6. Newborn Child Coverage: The section will only be included if dependent coverage is available under the plan purchased by the policyholder. The date coverage could begin varies between immediately upon birth or placement and an age of 15 days. The time period covered may vary based on the plan purchased by the policyholder. The minimum time period covered is 45 and the maximum time period covered is 90 days.
 7. Delayed Effective Date: This section could be added or excluded depending upon whether dependent coverage is offered under the plan purchased by the policy holder.

Changes in Coverage Provisions

1. When Coverage Amounts Change (Redetermination Date)
 - a. The amount of insurance will be redetermined on one of the following dates, based on the policyholder's request:
 - i) The policy anniversary; or
 - ii) The date a change occurs, or
 - iii) The first day of the policy month after a change occurs.
 - b. The content beginning with the phrase, "If benefits are based on your salary" will be included or excluded, depending on whether or not plan benefits are based on salary.
 - c. If the plan is salary based, one of the following variables will be included:
 - i) The policyholder must report current earnings for all covered persons under the policy on the policy anniversary; or
 - d. The policyholder must report updates to all covered person's earnings as they occur. If the plan is salary based, the covered person's salary will be used to set rates, set benefit amounts and limits and calculate premiums.
2. Delayed Effective Date of Change
 - a. The time basis of work will depend upon the policy purchased by the policyholder.
 - b. Bracketed content related to salary will be included or excluded, based on whether or not salary-

Specific Variables (continued)

based benefits are included.

3. Changes to the Policy

Bracketed content will be included or excluded based on whether voluntary coverages subject to the pre-existing condition exclusion limitation are available under the plan purchased by the policyholder.

Termination Provisions

1. Continuation of Insurance will be included or excluded to meet the needs of a particular policyholder.

If Continuation of Insurance is included, the following variables apply:

- a. The range for the bracketed number in item 1. is 1 to 3.
- b. The range for the bracketed number in item 2. is 6 to 12.

2. Termination of Dependent Insurance:

- a. This section will be included or excluded, based on whether or not dependent coverage is included in the plan purchased by the policyholder.
- b. Item 4 may vary if the portability benefit is available under the plan purchased by the policyholder.
- c. Item 5 may be removed based on the plan purchased by a particular policyholder.

3. Continuation of Insurance for a Handicapped Dependent Child will be included or excluded, based on whether or not dependent coverage is included in the plan purchased by the policyholder. If it is included the bracketed age for dependent children will be varied according to the policyholder's plan. The range is a minimum of 19 years to a maximum of 30 years, but will never be less than required by law.

Claim Provisions

1. The Death During Coverage Waiting Period section will be included or excluded, based on the plan purchased by the policyholder. If included the bracketed days of coverage will be varied according to the policyholder's plan. The range is a minimum of 0 days to a maximum of 365 days.

2. The Beneficiary section will be included or excluded, based on whether the plan purchased by the policyholder includes accidental death benefits. The last two sentences of the first paragraph of the Beneficiary section will be included or excluded, based on whether the plan purchased by the policyholder includes dependent accidental death benefits.

General Provisions

1. Policy Management, Duties of Covered Persons, is variable as follows: items 9 and 10 will be included or excluded, depending on whether the plan purchased by the policyholder includes offsets for other income.

Waiver of Premium

1. This provision will be included or excluded, based on the plan purchased by the policyholder. If it is included the following variables apply:

- a. The bracketed content in the first sentence will be revised to reflect the actual coverage sold.
- b. The reference to age in item 2 is variable according to the policyholder's plan. The range is a minimum of age 50 to a maximum of age 70.
- c. The time period in item 3 is variable according to the policyholder's plan. The range is a minimum of 30 days to a maximum of 180 days.
- d. Item 6 may be omitted according to the policyholder's plan.
- e. The last paragraph may be omitted if dependent coverage is not included in the plan.

2. Amount of Coverage: The bracketed content in the first sentence will be revised to reflect the actual

Specific Variables (continued)

- coverage sold.
3. Gainful Occupation:
 - a. The reference to 80% is variable according to the policyholder's plan. The range is a minimum of 60% to a maximum of 80%.
 - b. The reference to 12 months is variable according to the policyholder's plan. The range is a minimum of 6 months to a maximum of 24 months.
 4. Proof of Total Disability: The reference to 12 months is variable according to the policyholder's plan. The range is a minimum of 3 months to a maximum of 12 months
 5. Termination of the Waiver of Premium Benefit:
 - a. The bracketed content in item 1 will be revised to reflect the actual coverage sold.
 - b. The time period in item 3 is variable according to the policyholder's plan. The range is a minimum of 6 months to a maximum of 48 months. Item 3 may also be revised to read "[1] year following the date you became disabled," and the range for "1" year would be from 1 to 5 years.
 - c. Item 4 may be omitted according to the policyholder's plan.
 6. Termination of the Waiver of Premium Benefit for the Covered Dependent:
 - a. The provision will be included or excluded, depending on whether the plan purchased by the policyholder includes dependent coverage.
 - b. If Dependent coverage is included, item 3 may be omitted or the reference to 12 months in item 3 may vary according to the policyholder's plan. The range is a minimum of 12 months to a maximum of 36 months.

Portability Privilege

1. This provision will be included or excluded, based on whether the plan purchased by the policyholder includes a portability benefit. If it is included, the following variables apply:
 - a. The bracketed content will be included or excluded to reflect the actual coverage sold that includes the portability benefit
 - b. The phrases "and their spouse's" and "and children's" can be omitted or changed to "and their dependent's" if all dependents are eligible to port.
 - c. Item 2 will be included or excluded, based on the plan purchased by the policyholder.
 - d. The reference to age in item 2a is variable according to the policyholder's plan. The range is a minimum of age 70 to a maximum of age 90.
 - e. The reference to age in item 2b is variable according to the policyholder's plan. The range is a minimum of age 65 to a maximum of age 75.
 - f. The second paragraph can be changed to remove the reference to Portability available upon policy cancellation based on the policyholders plan.
 - g. In the third paragraph, first sentence, the term "spouse" and the phrase "and children's" will be included or excluded, based on the plan purchased by the policyholder. If dependent children are included, the second sentence would be removed.
2. Application and Premium Payment: The time period to apply for portability is variable according to the policyholder's plan. The range is a minimum of 30 days to a maximum of 90 days. The mode for payment of the portability premium is variable monthly, quarterly, semi-annually, or annually as determined by the policyholder.
3. Amount of Insurance: the words "spouse" and/or "or children" will be included or excluded based on eligibility for portability.
4. When Portability Ends:
 - a. Item 2 will be included or excluded, depending on the plan purchased by the policyholder.
 - b. If item 2 is included, the reference to years is variable according to the policyholder's plan. The range is a minimum of 1 year to a maximum of 10 years and may be subject to the age limitations in items 4, 5 and 8 depending on the plan purchased by the policyholder.
 - c. In item 3, the phrase "The date the master contract terminates" will be included or excluded, based on the plan purchased by the policyholder.

Specific Variables (continued)

- d. The reference to age in item 4 is variable according to the policyholder's plan. The range is a minimum of age 70 to a maximum of age 90.
 - e. The references to age in item 5. are variable according to the policyholder's plan. The range is a minimum of age 65 to a maximum of age 75.
 - f. Item 7 will be included or excluded, depending on the plan purchased by the policyholder.
 - g. If item 7 is included, the references to "spouse" or "or child" will be included or excluded, depending on the plan purchased by the policyholder.
 - h. Item 8 will be included or excluded, depending on the plan purchased by the policyholder.
 - i. If item 8 is included, the reference to age is variable according to the policyholder's plan. The range is a minimum of age 65 to a maximum of age 90.
 - j. Bracketed content in the second paragraph will be revised to reflect the actual coverage sold.
5. Other Policy Provisions
- a. The first sentence will be excluded if other benefit provisions do apply to insurance continued under the Portability Provision.
 - b. If this sentence is included, the referenced benefits may vary depending on the plan purchased by the policyholder.
6. Termination of the Policy: This provision will be included or excluded, depending on the plan purchased by the policyholder

Continuity of Coverage

This provision will be included or excluded, based on whether the plan purchased by the policyholder includes a continuity of coverage benefit. If it is included, bracketed language is variable to reflect the nature of the actual prior policy covering the insured.

Exclusions and Limitations

1. Pre-existing Conditions period may vary according to the plan purchased by a particular policyholder. The range may vary between a minimum of 6 months and a maximum of 24 months.
2. Any of the exclusions numbered 1-13 may be omitted if required by a policyholder's plan.
3. The definitions of "Participation in a riot", "Riot" and "War" will be omitted if the corresponding exclusion is omitted.
4. Geographic Limitation may be included or omitted according to the plan purchased by a particular policyholder.

The following benefits are optional and will only be included if purchased by the policyholder.

Module 1 – Heart and Stroke

The entire section may be included or excluded to meet the needs of a particular policyholder.

1. The first Date of Diagnosis reference may be included or excluded according to the plan purchased by the policyholder
2. The reference to the percentage for heart attack benefit is variable according to the plan selected by the policyholder. The percentage varies between a minimum of 50% and a maximum of 100%.
3. The reference to the percentage for stroke benefit is variable according to the plan selected by the policyholder. The percentage varies between a minimum of 50% and a maximum of 100%.
4. The reference to the percentage for heart transplant benefit is variable according to the plan selected by the policyholder. The percentage varies between a minimum of 50% and a maximum of 100%.
5. The reference to the percentage for coronary artery bypass surgery is variable according to the plan selected by the policyholder. The percentage varies between a minimum of 10% and a maximum of 50%.

Specific Variables (continued)

6. The reference to the percentage for angioplasty or stent is variable according to the plan selected by the policyholder. The percentage varies between a minimum of 10% and a maximum of 50%.

Module 2 – Illnesses and Diseases

The entire section may be included or excluded to meet the needs of a particular policyholder.

1. The first Date of Diagnosis reference may be included or excluded according to the plan purchased by the policyholder
2. The reference to the percentage for Major Organ Transplants benefit is variable according to the plan selected by the policyholder. The percentage varies between a minimum of 50% and a maximum of 100%.
3. The reference to the percentage for End Stage Renal Failure benefit is variable according to the plan selected by the policyholder. The percentage varies between a minimum of 50% and a maximum of 100%.
4. The reference to the percentage for Miscellaneous Diseases benefit is variable according to the plan selected by the policyholder. The percentage varies between a minimum of 50% and a maximum of 100%.
5. The reference to the percentage for Burns benefit is variable according to the plan selected by the policyholder. The percentage varies between a minimum of 25% and a maximum of 100%.
6. The reference to the percentage for Alzheimer's disease benefit is variable according to the plan selected by the policyholder. The percentage varies between a minimum of 10% and a maximum of 50%.

Module 3– Wellness Benefit

The entire section or each benefit in the section may be included or excluded to meet the needs of a particular policyholder.

1. Either the first or the second bracketed paragraph will be included.
2. Waiting Period:
 - a. The waiting period may be omitted.
 - b. If the waiting period is included, the reference to number of days is variable according to the policyholder's plan. The range is a minimum of 0 days to a maximum of 365 days.
3. Fourth Paragraph:
 - a. The phrase "After the Waiting Period" may be omitted if the waiting period is omitted.
 - b. The first reference to number of payments per calendar year in the second paragraph is variable according to the policyholder's plan. The range is a minimum of 1 to a maximum of 5
 - c. The phrase "employee & spouse" in the second paragraph may be changed to "person".
 - d. The second reference to number of payments per calendar year in the second paragraph is variable according to the policyholder's plan. The range is a minimum of 1 to a maximum of 10.

Module 4 – Cancer

The entire section may be included or excluded to meet the needs of a particular policyholder.

1. Diagnosis of Cancer and Carcinoma in Situ Benefit:
 - a. Items 1 and 2 may be included or excluded depending on the plan selected by the policyholder.
 - b. The final paragraph may included or excluded depending on the plan selected by the policyholder.
2. The reference to the percentage for Cancer (internal or invasive) benefit is variable according to the plan selected by the policyholder. The percentage varies between a minimum of 50% and a maximum of 100%.
3. The reference to the percentage for Bone Marrow Transplant benefit is variable according to the

Specific Variables (continued)

plan selected by the policyholder. The percentage varies between a minimum of 50% and a maximum of 100%.

4. The reference to the percentage for Carcinoma in Situ benefit is variable according to the plan selected by the policyholder. The percentage varies between a minimum of 10% and a maximum of 100%.
5. The reference to the percentage for Prostate Cancer benefit is variable according to the plan selected by the policyholder. The percentage varies between a minimum of 10% and a maximum of 50%.
6. The reference to the percentage for Skin Cancer benefit is variable according to the plan selected by the policyholder. The percentage varies between a minimum of 10% and a maximum of 50%.
7. The reference to the dollar amount for Cancer Vaccine benefit is variable according to the plan selected by the policyholder. The amount varies between a minimum of \$25 and a maximum of \$250.
8. The reference to the dollar amount for Cancer Treatment and Care benefit is variable according to the plan selected by the policyholder. The amount varies between a minimum of \$250 and a maximum of \$3,000.
9. Cancer or Bone Marrow Transplant or Carcinoma in Situ Benefit. The references to "First Occurrence" may be included or excluded according to the plan selected by the policyholder.

Certificate Riders

Accidental Death and Dismemberment [Off-The-Job] Benefit Rider, GVH-ADD (5-12)

1. The phrase “off-the-job” will be included or excluded based on the plan purchased by the policyholder.
2. The phrase “on January 1, 20013” in the third paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
3. Definitions:
 - b. Air Bag System definition: Will be included or excluded based on the plan purchased by the policyholder.
 - c. Automobile definition: Will be included or excluded based on the plan purchased by the policyholder.
 - d. Dismemberment definition: Will be included or excluded based on the plan purchased by the policyholder.
 - e. Off-the-Job Accident definition: Will be included or excluded based on the plan purchased by the policyholder.
 - f. Paralysis definition: Will be included or excluded based on the plan purchased by the policyholder.
 - g. Seatbelt definition: Will be included or excluded based on the plan purchased by the policyholder.
4. Exclusions and Limitations:
 - b. Any of the exclusions may be omitted if required by a policyholder’s plan.
 - c. The definitions of “Participation in a riot”, “Riot” and “War” will be omitted if the corresponding exclusion is omitted.
5. Benefits:
 - b. Either the first paragraph or the second paragraph will be included, but only one may be included at a time.
 - c. The reference to number of days in the third paragraph is variable according to the policyholder’s plan. The range is a minimum of 30 days to a maximum of 365 days.
6. Accidental Dismemberment Benefits:
 - a. The first reference to a percentage is variable according to the policyholder’s plan. The range is a minimum of 50% to a maximum of 100%.
 - b. The second reference to a percentage is variable according to the policyholder’s plan. The range is a minimum of 25% to a maximum of 100%.
 - c. The third reference to a percentage is variable according to the policyholder’s plan. The range is a minimum of 10% to a maximum of 50%.
7. Paralysis:
 - a. The first reference to a percentage is variable according to the policyholder’s plan. The range is a minimum of 25% to a maximum of 100%.
 - b. The second reference to a percentage is variable according to the policyholder’s plan. The range is a minimum of 25% to a maximum of 100%.
 - c. The third reference to a percentage is variable according to the policyholder’s plan. The range is a minimum of 25% to a maximum of 100%.
8. Coma Benefit:
 - a. The reference to number of days in the first paragraph is variable according to the policyholder’s plan. The range is a minimum of 1 day to a maximum of 30 days.
 - b. The reference to number of days in the third paragraph is variable according to the policyholder’s plan. The range is a minimum of 1 day to a maximum of 30 days.
 - c. The first reference to a percentage in the fourth paragraph is variable according to the policyholder’s plan. The range is a minimum of 3% to a maximum of 10%.
 - d. The second reference to a percentage in the fourth paragraph is variable according to the

Specific Variables (continued)

- policyholder's plan. The range is a minimum of 3% to a maximum of 10%.
 - e. In the fourth paragraph, the phrase "or [3% - 10%] of the difference between the full benefit amount and the amount of any benefits paid for loss arising out of the same accident, whichever is less" will be included or excluded based on the plan purchased by the policyholder.
 - f. The reference to number of months in the item 2 of the fourth paragraph is variable according to the policyholder's plan. The range is the 11th month to the 100th month.
 - g. The reference to number of straight months in the seventh paragraph is variable according to the policyholder's plan. The range is 11 straight months to 100 straight months.
- 9. Seat Belt Benefit:
 - a. The reference to a percentage in the first paragraph is variable according to the policyholder's plan. The range is a minimum of 3% to a maximum of 100%.
 - b. The reference to an amount in the first paragraph is variable according to the policyholder's plan. The range is a minimum of \$1,000 to a maximum of \$50,000.
 - c. The reference to an amount in the second paragraph is variable according to the policyholder's plan. The range is a minimum of \$1,000 to a maximum of \$10,000.
- 10. Air Bag Benefit:
 - a. The reference to a percentage in the first paragraph is variable according to the policyholder's plan. The range is a minimum of 3% to a maximum of 100%.
 - b. The reference to an amount in the first paragraph is variable according to the policyholder's plan. The range is a minimum of \$1,000 to a maximum of \$50,000.
- 11. Repatriation Benefit:
 - a. The reference to miles in item 2 of the first paragraph is variable according to the policyholder's plan. The range is a minimum of 75 miles to a maximum of 150 miles.
 - b. The reference to an amount in item 1 of the second paragraph is variable according to the policyholder's plan. The range is a minimum of \$250 to a maximum of \$1,000.
 - c. The reference to a percentage in item 2 of the second paragraph is variable according to the policyholder's plan. The range is a minimum of 10% to a maximum of 100%.
 - d. The reference to an amount in item 2 of the second paragraph is variable according to the policyholder's plan. The range is a minimum of \$1,000 to a maximum of \$25,000.
- 12. Child Education Benefit:
 - a. The reference to number of days in item 2b of the first paragraph is variable according to the policyholder's plan. The range is a minimum of 90 days to a maximum of 365 days.
 - b. The reference to percentage in item 1 of the second paragraph is variable according to the policyholder's plan. The range is a minimum of 3% to a maximum of 25%.
 - c. The reference to an amount in item 1 of the second paragraph is variable according to the policyholder's plan. The range is a minimum of \$1,000 to a maximum of \$25,000.
 - d. The reference to number of years in item 2 of the second paragraph is variable according to the policyholder's plan. The range is a minimum of 2 to a maximum of 6.
 - e. The reference to an amount in the fourth paragraph is variable according to the policyholder's plan. The range is a minimum of \$1,000 to a maximum of \$10,000.
- 13. Child Care Center Benefit:
 - a. The reference to number of days in item 2b of the first paragraph is variable according to the policyholder's plan. The range is a minimum of 90 days to a maximum of 365 days.
 - b. The reference to percentage in item 1 of the second paragraph is variable according to the policyholder's plan. The range is a minimum of 3% to a maximum of 25%.
 - c. The reference to an amount in item 1 of the second paragraph is variable according to the policyholder's plan. The range is a minimum of \$1,000 to a maximum of \$25,000.
 - d. The reference to number of years in the third paragraph is variable according to the policyholder's plan. The range is a minimum of 2 to a maximum of 6.
 - e. The reference to an amount in the fifth paragraph is variable according to the policyholder's plan. The range is a minimum of \$1,000 to a maximum of \$10,000.

Specific Variables (continued)

- f. The references to a twelve-month period in the last paragraph are variable according to the policyholder's plan. The range is three-month to twelve-month.
 - g. The reference to the benefit in the last paragraph is variable according to the policyholder's plan. The available options are annual or semi-annual.
14. Spouse Training Benefit:
- a. The reference to number of days in item 1 of the first paragraph is variable according to the policyholder's plan. The range is a minimum of 90 days to a maximum of 365 days.
 - b. The reference to percentage in item 1 of the second paragraph is variable according to the policyholder's plan. The range is a minimum of 3% to a maximum of 25%.
 - c. The reference to an amount in item 1 of the second paragraph is variable according to the policyholder's plan. The range is a minimum of \$1,000 to a maximum of \$25,000.
 - d. The reference to number of years in item 2 of the second paragraph is variable according to the policyholder's plan. The range is a minimum of 2 to a maximum of 6.
 - e. The reference to an amount in the third paragraph is variable according to the policyholder's plan. The range is a minimum of \$1,000 to a maximum of \$10,000.

Intensive Care Benefit Rider, GCI-ICU (5-12)

- 1. The phrase "on January 1, 20013" in the fourth paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
- 2. The benefit amount will vary between a minimum of \$100 and \$1,000 per day.
- 3. Ambulance Benefit. The 100 mile range is variable according to the policyholder's plan. The range is a minimum of 10 miles to a maximum of 150 miles.
- 4. Each of the individual exclusions may be included or excluded according to the plan elected by the policyholder.

Occupational HIV Benefit Rider, GCI-HIV (5-12)

- 1. The phrase "on January 1, 20013" in the fourth paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
- 2. Benefits. The Occupational HIV Benefit amount is variable in a range from a minimum of 10% to a maximum of 100%.

Quality of Life Benefit Rider, GCI-QL (5-12)

- 1. The phrase "on January 1, 20013" in the fourth paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
- 2. The benefit amount is variable in a range from a minimum of 5% to a maximum of 15% per month.
- 3. Definitions
 - a. Chronically Ill Individual definition reference to days not being able to perform ADLs is variable in a range from a minimum of 90 to a maximum of 180 days.
 - b. Elimination Period is variable in a range from a minimum of 30 to a maximum of 180 days. The reference to 12 months with regard to satisfying separate elimination periods is variable in a range from a minimum of 3 months to a maximum of 12 months.
- 4. Benefits:
 - a. Item 4 may be included or excluded according to the plan purchased by a particular policyholder.
 - b. The minimum age referenced in item 5 is variable in a range from a minimum of 50 to a maximum of 75 years.
 - c. The length of time referenced in item 6 is variable in a range from a minimum of 1 to a maximum of 5 years.

Specific Variables (continued)

5. Exclusions and Limitations. The references to years in items 2.a and 2.b are variable in a range from a minimum of 1 to a maximum of 5 years.

Recurrent Benefit Rider, GCI-RB (5-12)

1. The phrase “on January 1, 20013” in the fourth paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Definitions. The bracketed content will be revised to reflect the actual coverage sold.
3. Recurrent Benefit. The bracketed content in item 3 will be revised to reflect the actual coverage sold.
4. Reoccurrence Benefit.
 - a. The bracketed days in items 1 and 2 are variable in a range from a minimum of 60 to a maximum of 365 days.
 - b. The bracketed content in item 5 will be revised to reflect the actual coverage sold.
5. The Recurrent and Reoccurrence Benefit amounts are variable in a range from a minimum of 25% to a maximum of 100%.
6. When Coverage Under This Rider Ends. The percentage in item 1 is variable in a range from a minimum of 125% to a maximum of 200% reflecting the total of the benefit amount plus the recurrent and reoccurrence benefit amount.

Critical Illness Elimination Rider, GCI-ELIM (5-12)

1. The title is bracketed to accommodate display of the benefit(s) contracted for by the group
2. The phrase “on January 1, 20013” in the fourth paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
3. Each of the exclusions may be included or excluded according to the policyholder’s plan.
4. If the Accidental Death and Dismemberment exclusion is included, the phrase “off the job” will be included or excluded according to the policyholder’s plan,

Accumulation Benefit Rider, GCI-FD (5-12)

1. The phrase “on January 1, 20013” in the fourth paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider
2. The reference to the covered person in the first paragraph will vary according to whether only the Insured is covered or whether the benefit amounts vary between the insured and other covered persons. If the benefit amounts vary between the insured and other covered persons, paragraphs 2 and or 3 may be included.
3. The benefit amount is variable in a range of a minimum of \$500 to a maximum of \$2500.
4. The rider years entry is variable in a range of a minimum of 5 years to a maximum of 10 years.
5. The bracketed material in Paragraph 4 is variable to reflect the coverage sold.
6. Item 1 in Paragraph 4 may be included or excluded according to the plan purchased by the policyholder.
7. Item 3 in Paragraph 4 is variable to reflect the coverage sold.
8. Paragraph 6 may be included or excluded according to the policyholder’s plan. If included the reference to the Waiting Period may be omitted according to the policyholder’s plan.
9. Paragraph 7 may be included or excluded according to the policyholder’s plan. If included is variable to reflect the coverage sold. The reference to months is variable in a range from a minimum of 6 to a maximum of 24 months.

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August 14, 2012

The Honorable Jay Bradford
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

Attention: Mr. Dan Honey
Deputy Commissioner Life and Health

RE: **USABLE LIFE**
NAIC #: 94358; FEIN: 71-0505232
Group Critical Illness Form Filing

- Group Critical Illness Insurance Policy (Form No. GCI-P (5-12))
- Certificate of Insurance (Form No. GCI-C (5-12))
- Intensive Care Benefit Rider (Form No. GCI-ICU (5-12))
- Quality of Life Benefit Rider (Form No. GCI-QL (5-12))
- Recurrent Benefit Rider (Form No. GCI-RB (5-12))
- Occupational HIV Benefit Rider (Form No. GCI-HIV (5-12))
- Accumulation Benefit Rider (Form GCI-FD (5-12))
- Elimination Rider (GCI-ELIM (5-12))

SERFF Tracking No. MWSG-128405059

Dear Commissioner Bradford:

On behalf of USABLE Life (the "Company"), we respectfully submit the above-referenced forms for your review and approval. These forms are new and do not replace any previously approved forms.

In addition to the above-referenced forms, this filing contains the following documentation:

1. The Company's letter authorizing Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C. to make this filing on the Company's behalf;
2. A Statement of Variability regarding bracketed material in the forms;
3. A Flesch score certification;
4. A Certificate of Compliance; and
5. A filing fee of \$ 400.00 which represents a fee of \$ 50/form which is being sent to the Department via EFT.

Forms GCI-P (5-12) and GCI-C (5-12), the group policy and certificate, respectively, provide stand-alone, group critical illness insurance that pays lump sum benefits upon the positive diagnosis of a specified critical illness. The policy/certificate utilizes a modular design with four core modules:

- Module 1 – Benefits for heart and stroke;
- Module 2 – Benefits for specified miscellaneous diseases;
- Module 3 – Wellness benefits; and
- Module 4 – Benefits for cancer.

The group master policyholder will be able to choose from the following optional riders to create a package of benefits for their employees/members:

- Accidental Death and Dismemberment Rider, form GVH-ADD (5-12), will be available in units (up to 20 units) and pays a fixed benefit for accidental death with the benefit amount varying by cause of accidental death. The dismemberment benefit pays a percentage of the death benefit based on the severity of the dismemberment. Note that this Rider was approved by your Department on July 19, 2012 under SERFF Tracking numbers MWSG-128405014 (Hospital Indemnity product filing) and MWSG-128404951 (Accident Only product filing).
- Intensive Care Benefit Rider, form GCI-ICU (5-12), provides a fixed benefit per day for confinement in an intensive care unit as well as a benefit for ambulance transportation.
- Quality of Life Rider, form GCI-QL (5-12), pays a percentage of the certificate's benefit amount listed on the schedule of benefits per month when a person is confined in a nursing or assisted living facility and meets certain criteria.
- Recurrent Benefit Rider, form GCI-RB (5-12), provides a certain percentage of the benefit amount for a recurrent critical illness as defined in the rider.
- Occupational HIV Benefit Rider, form GCI-HIV (5-12), provides a certain percentage of the benefit amount for Human Immunodeficiency Virus (HIV) or AIDS related complex (ARC) diagnoses resulting from exposure to HIV-contaminated body fluids as the result of a covered accident or injury during the normal course of performing an occupation for which remuneration is earned from the Policyholder.
- Accumulation Benefit Rider, form GCI-FD (5-12), provides a fixed benefit amount per rider year for a diagnosis of a critical illness as defined in the rider for a diagnosis of a critical illness or cancer as defined in the rider.
- Elimination Rider, form GCI-ELIM (5-12), identifies those coverages from which the applicant will be excluded due to having an uninsurable condition prior to the date the enrollment for was signed.

These forms will be marketed to eligible employer/employee groups as permitted under the laws of your state. Premiums will be paid by the certificateholder, the policyholder, or a combination of both.

Not included in this filing are the policyholder application and the certificate application that will be used in conjunction with these forms. The applications will be filed under separate cover at a later date. The Company, however, requests review of the enclosed forms. The Company acknowledges that approved applications will be necessary prior to marketing the enclosed forms and agrees that it will not market the enclosed forms prior to receiving approval for them and the related applications.

To the best of the Company's knowledge, information and belief, the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state, and contain no provisions previously disapproved by your Department.

These forms are in final print. The Company reserves the right to change the appearance, formatting and pagination, but not the text of these forms to comply with future changes in production, print systems or web site software and stylistic revisions. No font will be less than a 10-point font size. The Company also reserves the right to change the color and/or weight of hard-copy versions of this form and to correct typographical errors without refiling. In addition, the Company also reserves the right to change the Company logo, Company address and phone number, and Officers' signatures without refiling.

If you have any questions or need anything further to expedite the review and approval of this filing, please contact me at (501) 688-8845 or June Stracener, a paralegal working with me on this matter, at (479) 464-5668. Thank you for your courtesy and assistance in this matter.

Sincerely,

MITCHELL, WILLIAMS, SELIG,
GATES & WOODYARD, P.L.L.C.



By

Derrick W. Smith

Enclosures