

State: Arkansas **Filing Company:** Life of the South Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: Accident and Sickness Expense Limited Benefits Insurance
Project Name/Number: AEP/Limited Benefits/LOTS2012

Filing at a Glance

Company: Life of the South Insurance Company
Product Name: Accident and Sickness Expense Limited Benefits Insurance
State: Arkansas
TOI: H071 Individual Health - Specified Disease - Limited Benefit
Sub-TOI: H071.001 Critical Illness
Filing Type: Form/Rate
Date Submitted: 07/16/2012
SERFF Tr Num: YTYC-128567340
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: AEP2012.50 FR

Implementation: On Approval
Date Requested:
Author(s): Kathleen Lohmann, Erich Lohmann, Tamara Matyiko
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 08/07/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas Filing Company: Life of the South Insurance Company
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General Information

Project Name: AEP/Limited Benefits Status of Filing in Domicile: Pending
 Project Number: LOTS2012 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 08/07/2012
 State Status Changed: 08/07/2012
 Deemer Date: Created By: Erich Lohmann
 Submitted By: Erich Lohmann Corresponding Filing Tracking Number: YTYC-128566542

Filing Description:

We are submitting the captioned on behalf of the Life of the South Insurance Company, for your review and approval. This is a new filing and does not replace any filing previously approved.

Please feel free to call me at 1-636-639-1880, extension 223, if you have any questions or need additional information. Your acknowledgement and acceptance of this filing will be appreciated.

Company and Contact

Filing Contact Information

Kathleen Lohmann, Assistant Manager kathy.lohmann@y2yc.com
 1580 N. Point Prairie Road 636-639-1880 [Phone]
 Foristell, MO 63348 636-639-1233 [FAX]

Filing Company Information

(This filing was made by a third party - yeartoyearconsultingllc)
 Life of the South Insurance CoCode: 97691 State of Domicile: Georgia
 Company Group Code: 17 Company Type: L&H
 2350 Prince Av., Bldg. 1 Ste 4 Group Name: State ID Number:
 Athens, GA 30603 FEIN Number: 58-1458103
 (904) 351-9660 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: 1 forms at \$50.00 per form
 1 rate at \$50.00 per rate

state of domicile requires \$25 per form, \$75 per rate the fee is equal.

Per Company: No

Company	Amount	Date Processed	Transaction #
Life of the South Insurance Company	\$100.00	07/16/2012	60909205

SERFF Tracking #:

YTYC-128567340

State Tracking #:

Company Tracking #:

AEP2012.50 FR

State: Arkansas

Filing Company:

Life of the South Insurance Company

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Correspondence Summary

Dispositions

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

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	07/18/2012	07/18/2012
Pending Industry Response	Rosalind Minor	07/17/2012	07/17/2012

Response Letters

Responded By	Created On	Date Submitted
Erich Lohmann	08/06/2012	08/06/2012
Erich Lohmann	08/06/2012	08/06/2012

State: Arkansas **Filing Company:** Life of the South Insurance Company
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Disposition

Disposition Date: 08/07/2012

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Life of the South Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document (revised)	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Replaced	Yes
Supporting Document	SERFF Filing Authorization	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Filing Memorandum	Approved-Closed	Yes
Form (revised)	Critical Illness Benefit Policy	Approved-Closed	Yes
Form	Critical Illness Benefit Policy	Replaced	Yes
Rate	Critical Illness Premium Rate Schedule	Approved-Closed	Yes

State: Arkansas **Filing Company:** Life of the South Insurance Company
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Product Name: Accident and Sickness Expense Limited Benefits Insurance
Project Name/Number: AEP/Limited Benefits/LOTS2012

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/18/2012
Submitted Date 07/18/2012
Respond By Date

Dear Kathleen Lohmann,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Critical Illness Benefit Policy, LS-1550P-AR (Form)

Comments:

Rule and Regulation 18, APPENDIX 1 A(5) states that...."No Policy issued pursuant to this Section shall contain a waiting or probationary period greater than thirty (30) days. For Invasive Cancer, there is a limited amount payable of 10% up to \$1,000 if manifested and/or diagnosed on the 31st to 89th day. If Invasive Cancer is manifested and/or Diagnosed on the 90th day or after the date of coverage, there is a greater benefit payable of \$5,000 to \$25,000. This would be applying a waiting period greater than 30 days before full benefits are payable for Invasive Cancer.

Conclusion:

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

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

State: Arkansas **Filing Company:** Life of the South Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: Accident and Sickness Expense Limited Benefits Insurance
Project Name/Number: AEP/Limited Benefits/LOTS2012

Response Letter

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

Dear Rosalind Minor,

Introduction:

This is in response to objection dated 07/18/2012.

Response 1

Comments:

The waiting period was removed in the previous limited response. Based on these changes the outline of coverage has been revised.

Related Objection 1

Applies To:

- Critical Illness Benefit Policy, LS-1550P-AR (Form)

Comments:

Rule and Regulation 18, APPENDIX 1 A(5) states that...."No Policy issued pursuant to this Section shall contain a waiting or probationary period greater than thirty (30) days. For Invasive Cancer, there is a limited amount payable of 10% up to \$1,000 if manifested and/or diagnosed on the 31st to 89th day. If Invasive Cancer is manifested and/or Diagnosed on the 90th day or after the date of coverage, there is a greater benefit payable of \$5,000 to \$25,000. This would be applying a waiting period greater than 30 days before full benefits are payable for Invasive Cancer.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Outline of Coverage

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Your acknowledgment of receipt of this filing will be appreciated.

Sincerely,

Erich Lohmann

State: Arkansas **Filing Company:** Life of the South Insurance Company
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Product Name: Accident and Sickness Expense Limited Benefits Insurance
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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/17/2012
Submitted Date	07/17/2012
Respond By Date	08/17/2012

Dear Kathleen Lohmann,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Critical Illness Benefit Policy, LS-1550P-AR (Form)

Comments:

With respect to handicapped dependents, there can be not time limit set for furnishing proof of incapacity. Refer to ACA 23-85-131(b) and Bulletin 14-81.

Conclusion:

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

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

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

Dear Rosalind Minor,

Introduction:

This is in response to objection dated 07/17/2012.

Response 1

Comments:

The handicapped dependants provision has been revised to comply with ACA 23-85-131(b) and Bulletin 14-81

Related Objection 1

Applies To:

- Critical Illness Benefit Policy, LS-1550P-AR (Form)

Comments:

With respect to handicapped dependents, there can be not time limit set for furnishing proof of incapacity. Refer to ACA 23-85-131(b) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

SERFF Tracking #:

YTYC-128567340

State Tracking #:

Company Tracking #:

AEP2012.50 FR

State: Arkansas

Filing Company:

Life of the South Insurance Company

TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness

Product Name: Accident and Sickness Expense Limited Benefits Insurance

Project Name/Number: AEP/Limited Benefits/LOTS2012

Form Schedule Item Changes

Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	LS-1550P-AR	POL	Critical Illness Benefit Policy	Initial	41.700	LOTS Critical Illness Policy rev AR.pdf	Date Submitted: 08/06/2012 By: Erich Lohmann
<i>Previous Version</i>							
1	LS-1550P-AR	POL	Critical Illness Benefit Policy	Initial	41.700	LOTS Critical Illness Policy rev AR.pdf	Date Submitted: 08/06/2012 By: Erich Lohmann

No Rate/Rule Schedule items changed.

Conclusion:

Your acknowledgment of receipt of this filing will be appreciated.

Sincerely,

Erich Lohmann

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Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1	Approved-Closed 08/07/2012	LS-1550P-AR	POL	Critical Illness Benefit Policy	Initial:	41.700	LOTS Critical Illness Policy rev AR.pdf

Form Type Legend:

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

LIFE OF THE SOUTH INSURANCE COMPANY

Administrative Office: 10151 Deerwood Park Boulevard, Building 100, Suite 500
Jacksonville, FL 32256 (800) 888-2738
(called "We", "Us", or "Our")

**GUARANTEED RENEWABLE TO AGE 65, SUBJECT TO CHANGE IN PREMIUM BY CLASS.
BENEFITS FOR A CRITICAL ILLNESS AS DESCRIBED AND LIMITED IN THIS POLICY.
NONPARTICIPATING**

WE AGREE TO PAY the benefits described in this Policy, subject to its provisions, exclusions and limitations.

YOU or **YOUR** refers to the Owner of this Policy, which means the Insured unless otherwise stated in the application or later changed.

LEGAL CONTRACT. This Policy is a legal contract between You and Us. You should **READ THIS CONTRACT CAREFULLY.**

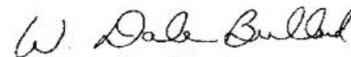
GUARANTEED RENEWABLE TO AGE 65 – SUBJECT TO CHANGE IN PREMIUM BY CLASS. You may continue the coverage on each Insured Person provided by this Policy, until the Policy anniversary on or following the Insured Person’s 65th birthday, subject to the Policy’s Termination and Insured Child provisions, by paying all premiums when they are due. We will not add any restrictive riders or endorsements while this Policy is in force. We reserve the right to change the premium charged for this Policy. Any change in premium will be made on a class basis only, as We determine, and will be based on the Insured Person’s Age on the Effective Date. No change in premium will become effective until 60 days after We deliver to You, or mail to Your last known address, a written notice of premium change. Premiums may not be changed more often than once every 12 months.

MEDICAID ELIGIBILITY. The Insured Person’s current or future eligibility for Medicaid may affect the payment of benefits provided by this Policy. It is possible that the benefits provided by this Policy will not be paid directly to You, because state regulations may require payments to be made to the Medicaid organization or to the medical provider.

TEN DAYS TO EXAMINE POLICY. You may return the Policy within 10 days after delivery, either to Us or to Our authorized agent, if You are not satisfied with it for any reason. The return of this Policy will void it from the Effective Date and any premium paid will be refunded.

Signed at Our Administrative Office.


Secretary


President

CONTENTS OF POLICY

Policy Data	Page 2	Exclusions	Page 5
Schedule of Benefits and Premiums	Page 2	Claims	Pages 6
Definitions	Pages 3 & 4	General Provisions	Pages 6, 7 & 8
Benefits	Pages 4 & 5	Family Coverage	Pages 8 & 9

A copy of the application and any supplemental applications will be included after the last page of this Policy.

**THIS IS A LIMITED BENEFIT POLICY.
PLEASE READ IT CAREFULLY.**

POLICY DATA

Insured Person – Insured, [Insured Spouse], [Insured Child(ren)]

Insured	[Name]	Policy Number	[00000]
Gender	[Sex]	Effective Date	[Date]
Premium Period	[Annual]	Age at Issue	[Age]

POLICY SCHEDULE OF BENEFITS AND PREMIUMS

Invasive Cancer
Heart Attack
Stroke

If manifested and/or diagnosed on the 31st day or later after the date of coverage on an Insured Person becomes effective we will pay up to [\$5,000-\$25,000]

Reduced Benefit Period

Invasive Cancer	First 30 days
Heart Attack	First 30 days
Stroke	First 30 days

If manifested and/or diagnosed on the 1st to 30th day after the date of coverage on an Insured Person becomes effective the most we will pay is 10% of [\$5,000-\$25,000] up to a maximum of \$1,000.

Annual Premium

Insured	[\$00.00]
[Spouse]	[\$00.00]
[Child(ren)]	[\$00.00]

Benefit Payable Per Lifetime Per Insured

Insured	[\$5,000-25,000]
[Spouse]	[\$5,000-25,000]
[Child(ren)]	[\$5,000-25,000]

Total Annual Premium [\$00.00]

Premiums payable other than annually are equal to a percentage of the annual premium and include additional premium charges. The Insured will save money by paying the premiums on an annual basis. The first [ANNUAL] premium is [\$000.00].

DEFINITIONS

AGE means the attained age as of the Insured Person's last birthday.

CRITICAL ILLNESS means heart attack, stroke and invasive cancer. See the Critical Illness Diagnosis Benefits provisions.

DIAGNOSED/DIAGNOSIS/DIAGNOSTIC means a definitive diagnosis made by a Physician (where applicable, specializing in a particular area of medicine);

- (a) based upon the use of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations; and the results must be documented in and supported by the Insured Person's medical records; and
- (b) meeting any diagnostic requirements stated in this Policy for the particular Critical Illness being diagnosed.

INSURED means the person named as "Insured" in the Policy Data (or the Insured Spouse, or the child(ren) if indicated as an "Insured Person" in the Policy Data. Such Insured Spouse becomes the Insured upon the death of the person named as "Insured" in the Policy Data).

INCURS/INCURRED means an event or incident that:

- (a) initially occurs on or after the date coverage on an Insured Person becomes effective under this Policy; and
- (b) initially occurs while coverage on an Insured Person under this Policy is in force; and
- (c) is not excluded by any specific description or exclusion stated in this Policy.

MANIFESTS/MANIFESTED/MANIFESTATION means a condition or symptom for which a person would seek diagnosis, medical advice, care, attention or treatment:

- (a) on or after the date coverage on an Insured Person becomes effective under this Policy; and
- (b) while coverage on an Insured Person under this Policy is in force; and
- (c) is not excluded by any specific description or exclusion stated in this Policy.

PHYSICIAN means a person who:

- (a) is a legally qualified-practitioner of the healing arts and is licensed in the United States or its territories;
- (b) practices within the scope of his or her license;
- (c) is not the Insured Person;
- (d) is not related to the Insured Person as a spouse, parent, child or sibling; and
- (e) does not customarily reside in the same household as the Insured Person.

PREEXISTING CONDITION means those conditions for which medical advice, diagnosis, care or treatment was received or recommended within the one year period immediately preceding the Effective Date of the Insured Person's coverage.

TRANSIENT ISCHEMIC ATTACK (TIA) means a neurological condition or event with the signs and symptoms of a stroke, but which disappear clinically within a twenty-four hour period, after which no residual signs, symptoms, deficits, or abnormalities are revealed or shown on neuroimaging studies.

UNITED STATES means the 50 states, plus the District of Columbia, and includes Guam, the U.S. Virgin Islands and Puerto Rico.

CRITICAL ILLNESS BENEFIT PAYMENT CONDITIONS

When We receive due written proof that expenses incurred are due to a critical illness, We will pay the benefits outlined in the Critical Illness Benefits section up to the Benefit Payable Per Lifetime Per Insured shown in the Policy Schedule and subject to all applicable Policy provisions. If a Critical Illness is both initially Incurred or Manifests, and is Diagnosed more than 30 days after the date coverage on the Insured Person becomes effective.

The payment of benefits for a Critical Illness stated in the Policy Schedule is subject to the following conditions:

- (a) the Critical Illness initially Incurs and/or Manifests; and
- (b) the Critical Illness is initially Diagnosed while the coverage on an Insured Person is effective under this Policy; and
- (c) the Critical Illness is Diagnosed within the United States or its territories; and

(d) the benefit payment is not excluded by any general or specific exclusion or limitation.

We reserve the right to request that a Physician of Our choice review any Diagnosis in the event of a dispute or disagreement regarding the appropriateness or correctness of a Diagnosis. We also reserve the right to require that an Insured Person submit to an examination to confirm a disputed Critical Illness. We reserve the right to request that an independent and acknowledged expert in the applicable field of medicine review the evidence used in making any disputed Diagnosis. We will pay for any such requested examination or review.

CRITICAL ILLNESS BENEFITS

INPATIENT HOSPITAL SERVICES BENEFIT

We will pay benefits for hospital room and board for semi-private accommodations and other hospital furnished medical services or supplies.

X-RAY BENEFIT

We will pay benefits if an Insured Person requires an x-ray, radium or other therapy procedures used in diagnosis and treatment.

AMBULANCE OR EMERGENCY TRANSPORTATION BENEFIT

We will pay for transportation of an Insured Person in a professional ambulance for local service to or from a local Hospital. We will also pay for emergency transportation if, in the opinion of the attending Physician, it is necessary to transport the Insured Person to another locality for treatment of the illness.

DRUGS BENEFIT

We will pay for drugs and medicines prescribed by a Physician.

QUALIFIED CARE BENEFIT

We will pay for treatment by a legally qualified Physician or surgeon. We will also pay for the private duty services of a registered nurse (R.N.).

BLOOD TRANSFUSION BENEFIT

We will pay for a blood transfusion or transfusions, including the expense(s) incurred for blood donors.

ADDITIONAL TREATMENT DEVICES BENEFIT

We will pay for the rental of an iron lung or similar mechanical apparatus. Braces, crutches and wheel chairs as deemed necessary by the attending Physician for the treatment of the illness.

CRITICAL ILLNESS DIAGNOSIS

INVASIVE CANCER

INVASIVE CANCER means the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tumor.

For the purpose of this definition, Invasive Cancer does **NOT** include:

- (a) any carcinoma in situ lesion regardless of origin, classified as $T_{is}N_0M_0$;
- (b) any $T_1N_0M_0$ lesion treated by endoscopic procedures;
- (c) melanoma, $T_1N_0M_0$ with maximum Breslow thickness of less than or equal to 1.0mm; or
- (d) prostate cancer $T_1bN_0M_0$.

INVASIVE CANCER PAYMENT CONDITIONS

If Invasive Cancer initially both Manifests and is diagnosed after the date coverage on the Insured Person becomes effective under this Policy, We will pay the Benefit Payable as shown in the Policy Schedule.

This critical illness must not have Manifested itself and/or been diagnosed within the first 30 days after the date coverage on the Insured Person becomes effective under this Policy.

DIAGNOSTIC REQUIREMENTS FOR INVASIVE CANCER

Invasive Cancer must be Diagnosed by a Physician certified to practice pathological anatomy or osteopathic pathology and must be based on a microscopic examination of fixed tissues or preparations from hemic system. Such Diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspected tumor, tissue, and/or specimen. Clinical Diagnosis of Invasive Cancer will be accepted as evidence that Invasive Cancer exists when a pathological Diagnosis cannot be made, provided the medical evidence substantially documents the clinical Diagnosis of Invasive Cancer and the Insured Person receives treatment for Invasive Cancer.

HEART ATTACK

HEART ATTACK means the death of a portion of the heart muscle because of inadequate cardiac blood supply to the relevant area.

HEART ATTACK PAYMENT CONDITIONS

If a Heart Attack initially both Incurs and is Diagnosed after the date coverage on the Insured Person becomes effective under this Policy, We will pay the Benefit Payable as shown in the Policy Schedule.

This Critical Illness must not have Manifested itself and/or been Diagnosed within the first 30 days following the date coverage on the Insured Person becomes effective under this Policy.

DIAGNOSTIC REQUIREMENTS FOR HEART ATTACK

This Diagnosis must be supported by the following criteria which are consistent with a new Heart Attack:

- (a) typical clinical presentation; and
- (b) new electrocardiographic (EKG) changes consistent with acute myocardial infarction; and
- (c) serial measurements of cardiac biomarkers showing a pattern and a level consistent with a heart attack.

STROKE

STROKE means a cerebrovascular incident caused by infarction of brain tissue, cerebral or subarachnoid hemorrhage, cerebral embolism or cerebral thrombosis. This Diagnosis must be supported by all of the following conditions:

- (a) evidence of permanent neurological damage at least 6 weeks after the event; and
- (b) findings on magnetic resonance imaging, computerized tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

For the purpose of this definition, Stroke does NOT mean:

- (a) transient ischemic attacks (TIAs); or
- (b) brain damage due to accident or injury, infection, vasculitis, and inflammatory disease, a demyelinating process; or
- (c) vascular disease affecting the eye or optic nerve; or
- (d) ischemic disorders of the vestibular system.

STROKE PAYMENT CONDITIONS

If a Stroke is initially both Incurred and is Diagnosed after the date coverage on the Insured Person becomes effective under this Policy, We will pay the Benefit Payable as shown in the Policy Schedule

DIAGNOSTIC REQUIREMENTS FOR STROKE

The Diagnosis of Stroke must be made by a neurologist based on documented neurological deficits and confirmatory neuroimaging studies.

DIAGNOSTIC REQUIREMENTS

ALL CRITICAL ILLNESSES

We reserve the right to require a physical examination of the Insured Person and/or the review of any Critical Illness Diagnosis by a Physician of Our choice in the United States at Our expense. Such Physician must:

- (a) have specialty training and board certification in the field of medicine specific to the Critical Illness being Diagnosed; and
- (b) must follow all standardly accepted procedures and protocols in the Diagnosis of the Critical Illness.

We will not pay for any travel or other expenses of the Insured Person related to any such examination. We reserve the right to select an independent and acknowledged expert in the applicable field of medicine to review the evidence used in making any disputed Critical Illness Diagnosis.

EXCLUSIONS

For any Insured Person:

- (a) We will pay NO benefits for any critical illness that is Incurred or Manifests, whichever is applicable, and/or Diagnosed before the date coverage on the Insured Person becomes effective under this Policy. However, an Insured Child born after the Effective Date of this Policy or any subsequent reinstatement will be covered from birth for the Critical Illnesses stated in the Policy Schedule.
- (b) We will pay NO benefits for any Critical Illness or any loss caused in whole or in part by, or resulting in whole or in part from:
 - (i) any illness, loss, or condition specifically excluded from the definition of any Critical Illness; or
 - (ii) balloon angioplasty, laser relief of an obstruction, and/or other intra-arterial procedure; or

PREEXISTING CONDITION LIMITATION

We will pay NO benefits for critical illness that are caused by a Preexisting Condition unless the Critical Illness commences after this Policy has been in force for 12 months from the Effective Date or most recent reinstatement date. We will not use the existence of a Preexisting Condition to deny benefits after this Policy has been in force for a period of 12 months following the date of application for this Policy.

PREMIUMS

This Policy is effective for an initial term of 1 Premium Period as stated in the Policy Data. It may be renewed by the timely payment of the renewal premium. The first premium is due on or before the Effective Date. Each renewal premium is due at the expiration of the period for which the preceding premium was paid. Each renewal premium must be paid on or before its due date, or within the Grace Period. You may pay premiums at Our Administrative Office. You may request to change the Premium Period, subject to Our rules at the time of Your request.

GRACE PERIOD

If a premium, other than the first, is not paid by its due date, Your Policy will remain in force for a period of 31 days from the premium due date.

LAPSE

If any premium is not paid before the end of the Grace Period, Your Policy will lapse. The date of lapse will be the date following the last day of the Grace Period. **Your Policy will terminate upon lapse and provide NO further benefits.**

REINSTATEMENT

If Your Policy lapses, You may apply to reinstate it by:

- (a) paying the required premium; and
- (b) submitting an application for reinstatement, if We so require.

If We accept the premium without requiring an application, this Policy will be reinstated.

If We ask for an application, We will issue a receipt for the premium. If We approve the application, this Policy will be reinstated as of the approval date. If We disapprove the application, We will notify You in writing. If We fail to notify You of Our disapproval, this Policy will be reinstated 45 days after the date of the premium receipt.

We will pay NO benefits for a listed Critical Illness that Incurs or Manifests, whichever is applicable as stated in this Policy, and/or Diagnosed before the end of 10 days after the date coverage on the Insured Person becomes effective under this Policy due to reinstatement.

However, an Insured Child born after the Effective Date of this Policy or any subsequent reinstatement will be covered from birth for the listed Critical Illness stated in the Policy Schedule.

If You do not request a reinstatement within 60 days from the date any unpaid premium was due, no further benefits will be provided by this Policy, and after the stated time, You may be required to apply for a new Policy.

Except for the above and any new provisions We may require for reinstatement, Your rights and Ours under this Policy will be the same as just before the Policy lapsed.

Between the lapse date and reinstatement date, no benefits are payable.

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

UNEARNED PREMIUM REFUND

If the Insured or the Insured Spouse, if covered under this Policy, dies before the end of a Premium Period for which premium has been paid, We will refund the portion of premium that was applied to coverage for the decedent for the time period beyond the end of the Month in which death occurred. Unearned premiums shall be paid in lump sum on a date no later than thirty (30) days after the proof of the Insured's death has been furnished to Us.

UNPAID PREMIUM

We will deduct any premium due from any benefits that become payable to You under this Policy.

CLAIMS

NOTICE OF CLAIM

You must provide to Us written notice of loss within 60 days from the date of loss or as soon as reasonably possible. You may provide notice of loss at Our Administrative Office, 10151 Deerwood Park Boulevard, Building 100, Suite 330, Jacksonville, FL 32256, or to any of Our authorized agents. Your notice should include Your

name and Policy Number as shown in the Policy Data.

YOUR POLICY MAY NOT APPLY WHEN YOU HAVE A CLAIM! PLEASE READ!

Your Policy was issued based on the information entered in Your application, a copy of which is attached to this Policy. If, to the best of Your knowledge and belief, there is any misstatement in Your application, or if any information concerning the medical history of any Insured Person has been omitted, You should advise Us immediately regarding the incorrect or omitted information; otherwise, Your Policy may not be a valid contract.

CLAIM FORMS

When We receive Your notice of loss, We will send You the forms required to file a claim. If the forms are not sent within 15 days, You will have met the proof of loss requirements if You have provided to Us a written statement of the nature and extent of Your loss within the time allowed for filing a proof of loss.

PROOF OF LOSS

You must provide to Us, at Your expense, written proof of loss within 180 days from the date of loss. If it is not reasonably possible for You to file a written proof of loss within the stated time, Your claim will not be affected if You file a written proof of loss as soon as possible. However, unless You are legally incapacitated, You must file a written proof of loss no later than 15 months from the date of loss.

TIME OF PAYMENT OF CLAIMS

We will pay benefits immediately upon receipt of satisfactory proof of loss.

PAYMENT OF CLAIMS

We will pay all of the benefits provided by this Policy to You or to Your designated Beneficiary in the event of Your death, unless You have assigned the benefits. If You have requested an assignment of benefits in writing, either before or with Your written proof of loss, We can pay all or part of any benefit to a Hospital or person that provided the Care.

We may pay any benefits provided by this Policy that become payable to Your estate to any relative who We determine is entitled to a payment. Such payment will discharge Our liability for that payment.

GENERAL PROVISIONS

ENTIRE CONTRACT – CHANGES

This Policy, riders, and the attached application are the entire contract. This contract is made in consideration of the application and the payment of premiums as required. We have relied on all statements in the application for this Policy as being complete and true to the best of the knowledge and belief of the person signing the application.

No change to this Policy will be valid until approved by 1 of Our officers and unless such approval be endorsed hereon or attached hereto. No agent or other representative has the authority to change or waive any Policy provision or extend the time for paying a premium.

AGE AND GENDER

If an Insured Person's Age or gender is not correct as stated in the application and Policy, all benefits provided by this Policy will be the benefits that the premium paid would have purchased at the Insured Person's correct Age or gender on the Effective Date. If the correct Age is such that We would not have issued this Policy or an Insured Person's coverage under this Policy would have terminated, Our liability under this Policy is limited to a refund of any premiums paid for the period which there was no coverage.

INCONTESTABLE

After 3 years from the Effective Date or reinstatement date of this Policy, no misstatements made by the applicant in the application for this Policy shall be used to void the Policy or deny a claim for loss incurred (as defined in the Policy) commencing after the expiration of such 3 year period.

No claim for loss incurred, as defined in the policy, commencing after three (3) years from the date of issue of this policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the effective date of coverage of this policy

TERMINATION

Coverage for each Insured Person will terminate on the earlier of:

- (a) the date on which this Policy lapses or terminates;
- (b) the Policy anniversary on or following the date the Insured Person reaches Age 65. (The maximum coverage Age for the Insured and Insured Spouse is Age 65. The maximum age for an Insured Child is explained in the Insured Child Provision.); or
- (c) the Benefit Payable Per Lifetime Per Insured is paid.

This Policy can be continued for any remaining Insured Persons, after coverage has been terminated for an

Insured Person. The premium will be recalculated based on the remaining Insured Persons as of the Effective Date of this Policy. The termination of coverage on any Insured Person will not reduce Our liability for any claim originating prior to the termination.

This Policy will terminate on the earliest of:

- (a) the date on which this Policy lapses or terminates;
- (b) the Policy anniversary date on or next following the date that the last Insured Person reaches their maximum coverage age;
- (c) any premium due date requested by You in writing;
- (d) the end of the Grace Period following the due date for which a premium was not paid; or
- (e) the death of the Insured and the Insured Spouse (if any).

OWNER

The Insured is the Owner of this Policy unless otherwise stated in the application or later changed.

As Owner, You may exercise all rights in this Policy while the Insured Person is living. If You are without legal capacity, We will allow Your rights to be exercised by:

- (a) a legally appointed Guardian responsible for Your property; or
- (b) at Our sole discretion a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You must follow the procedures stated in this Policy. All elections, designations, and Policy change requests must be made in writing and in a form acceptable to Us.

If You change Your Beneficiary, address, or request any other action by Us, You should do so on the form prepared for each purpose. You may obtain such forms from Our Administrative Office.

BENEFICIARY

The Beneficiary designated by You in the application or later changed will receive any benefits unpaid at Your death. All surviving beneficiaries of the same class will share equally in any payments to that class, unless otherwise designated by You.

If no stated beneficiary is living at the time of the Insured's death, We will pay:

- (a) the personal representative of the Insured's estate; or
- (b) the spouse, child, or parent of the Insured who We determine is entitled to payment.

CHANGE OF OWNER OR BENEFICIARY

While the Insured is living, You may change:

- (a) the Owner; or
- (b) Your Beneficiary designation, if it is not restricted by a previous designation.

We can require that any change on Your Policy be endorsed. Any change will be effective as of the date Your change request was signed, except that it will not apply to any payment We make or any action We take before We record or acknowledge Your request in Our Administrative Office.

EFFECTIVE DATE

This Policy will take effect at 12:01 AM (Central Time) on the Effective Date as stated in the Policy Data and will terminate at 11:59 PM (Central Time) on the date provided for termination. If this Policy lapses and is reinstated, the Effective Date is as described in the Reinstatement Provision. The Effective Date for any rider adding coverage for an Insured Person after this Policy is issued will be as described in that rider.

LEGAL ACTIONS

No legal action may be brought to recover any benefits provided by this Policy until 60 days after the date written proof of loss was received. No action may be brought after 3 years from the date written proof was required.

CONFORMITY WITH STATE STATUTES

Any provision of this Policy, which conflicts with any laws of the state where this Policy was issued, is amended to conform to such laws.

NONPARTICIPATION

This Policy is nonparticipating. Premiums do not include a charge for participation in surplus.

TAX CONSEQUENCES

Benefits under this Policy may be taxable. If so, You or Your Beneficiary may incur tax obligations. As with all tax matters, You should consult Your personal tax advisor for more information about how this may effect You.

CANCELLATION BY THE INSURED

You may cancel this Policy at any time by written notice delivered or mailed to Us. Cancellation will take effect upon the date We receive written notice, or upon such later date You specify in the notice. Should You cancel, We will return promptly the unearned portion of any premiums paid. Cancellation will not prejudice any claim

which originates before the Effective Date of cancellation.

PHYSICAL EXAMINATION AND AUTOPSY

At Our expense We may require:

- (a) a physical examination to be performed on an Insured Person by a Physician of Our choice in the United States, as often as is reasonably necessary while a claim is pending; or
- (b) an autopsy to be performed after an Insured Person's death, if allowed by law.

ASSIGNMENT

You may assign the benefits payable under this Policy. Your rights and those of any other person referred to in this Policy will be subject to the assignment. We are not bound by an assignment unless it is in writing and until a duplicate of the original assignment has been filed at Our Home Office. We assume no responsibility regarding the validity of any assignment or payment made without notice of a prior assignment.

FAMILY COVERAGE

INSURED SPOUSE

If the words "Insured Spouse" are NOT shown as an "Insured Person" in the Policy Data, this provision does not apply and We will pay NO benefits for Your spouse.

An **Insured Spouse** means only the Insured's spouse named in the application for this Policy.

Coverage on the Insured Spouse will terminate on the Policy anniversary on or following the Insured Spouse's 65th birthday. The termination of coverage on the Insured Spouse will not reduce Our liability for any claim originating prior to the termination of such coverage.

If this Policy is in force and the Insured dies, the Insured Spouse may continue this Policy by payment of the required premiums when they are due. The following conditions will apply:

- (a) the Insured Spouse will become the Insured under this Policy; and
- (b) the premiums will be based on the Insured Spouse's Age on the Effective Date of this Policy.

If this Policy is in force and the Insured Spouse dies, We will reduce the premium.

If this Policy is in force and the Insured's marriage to the Insured Spouse is terminated by a divorce decree, the Insured Spouse may obtain a separate Critical Illness Policy, subject to the Conversion Privilege provision below. Coverage provided on any Insured Person by this Policy cannot be continued if the Insured Person is subsequently covered by a separate Critical Illness Policy issued by Us. Coverage on any Insured Person provided by this Policy ceases when coverage on such Insured Person becomes effective under a separate Critical Illness Policy issued by Us.

INSURED CHILD

If the words "Insured Child" are NOT shown as an "Insured Person" in the Policy Date, this provision does not apply and We will pay NO benefits for Your child.

An **Insured Child** under this Policy is the Insured's child (biological child, legally adopted child or the assumption and retention by the Insured of a legal obligation for total or partial support of a child in anticipation of the adoption of the child, or a stepchild) who is unmarried and dependent on the Insured, and is:

- (a) named in the application and is no more than 18 years of Age on the date of application;
- (b) born after the Effective Date of this Policy, and the Insured is named as the parent on the child's birth certificate;
- (c) legally adopted by the Insured after the Effective Date of this Policy and before the child's 19th birthday; or
- (d) foster child from the moment of placement in the foster home.

Coverage on any Insured Child will terminate on the earlier of:

- (a) the date on which this Policy lapses or terminates for the failure to meet a condition precedent required in the Policy;
- (b) the premium due date following the Insured Child's 19th birthday unless:
 - i) the Insured Child remains dependent on the Insured; and
 - ii) the Insured Child is either enrolled as a fulltime student in high school or in an institution of higher learning beyond high school, or has been so enrolled for at least 5 months of each year since his/her 19th birthday, or is eligible to enroll in such an institution but is prevented from enrolling due to illness;
- (c) the premium due date after the Insured Child's 26th birthday if coverage on the Insured Child is continued past the Insured Child's 19th birthday under this provision; or
- (d) the Date of Issue of a separate Policy, which is issued to the Insured Spouse and provides coverage on the Insured Child.

The termination of an Insured Child's Coverage will not reduce Our liability for any claim originating prior to the termination.

If this Policy is in force when an Insured Child's coverage terminates, such Insured Child may obtain a separate Critical Illness Policy, subject to the Conversion Privilege provision below.

The coverage provided on an Insured Child by this Policy may be continued, so long as the Insured child is legally incapable of self-sustained employment due to mental or physical incapacity.

You must submit satisfactory proof of incapacity or dependency to Us and subsequently as We may require, at our request and expense, but no more frequently than annually after the 2 year period following the date coverage on the Insured Child would otherwise have terminated. The premium for continuing the coverage on the incapacitated or dependent Insured Child shall remain at the child rate.

CONVERSION PRIVILEGE

We will issue a separate Critical Illness Policy to an Insured Spouse or Insured Child as described in this Policy.

Written application with payment of the first premium for such separate Policy must be made:

- (a) by the Insured Spouse within 31 days following termination of marriage by divorce decree;
- (b) prior to the Policy anniversary date on or following the Insured's 64th birthday; or
- (c) by the Insured Child within 31 days following the termination of his or her coverage under this Policy.

A separate Policy will be issued:

- (a) without evidence of insurability;
- (b) on a Policy form currently being issued by Us in Your state of residence, providing Critical Illness coverage can be issued or is still being issued by Us in Your state;
- (c) with the same provisions applicable to such Insured Person, if any, provided by this Policy;
- (d) with a current Effective Date;

- (e) at the premium rate and class in effect for the Insured Person's Age and sex on the date of application for the separate Policy;
- (f) with the same benefits payable, if any, reduced by any benefits previously paid for the Illnesses stated in the Policy Schedule of Benefits; and
- (g) with the same Incontestable provision applicable to such Insured Person provided by this Policy, commencing on the date coverage on the Insured Person becomes effective under this Policy.

SERFF Tracking #:

YTYC-128567340

State Tracking #:

Company Tracking #:

AEP2012.50 FR

State: Arkansas

Filing Company:

Life of the South Insurance Company

TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness

Product Name: Accident and Sickness Expense Limited Benefits Insurance

Project Name/Number: AEP/Limited Benefits/LOTS2012

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing: New Program

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Life of the South Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking #:

YTYC-128567340

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

AEP2012.50 FR

State:

Arkansas

Filing Company:

Life of the South Insurance Company

TOI/Sub-TOI:

H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness

Product Name:

Accident and Sickness Expense Limited Benefits Insurance

Project Name/Number:

AEP/Limited Benefits/LOTS2012

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information	Attachments
1	Approved-Closed 08/07/2012	Critical Illness Premium Rate Schedule	LS-1550P-AR	New		LS-1550P Critical Illness Premium Rate Schedule 7-3-12.pdf

Critical Illness Plan
Annual Premium Rates

Critical Illness Pricing - Annual Premium			
Non-Tobacco			
Adult Rate		Children Rate	
Maximum		Maximum	
5,000		5,000	
\$		\$	
Issue Age		Issue Age	
	Female Male		Female Male
18-24	\$15.84 \$18.92	18-24	\$18.80
25-29	\$22.92 \$23.89		
30-34	\$30.60 \$29.82		
35-39	\$40.37 \$38.67		
40-44	\$53.99 \$52.85		
45-49	\$74.40 \$78.39		
50-54	\$95.35 \$100.65		
55-59	\$129.62 \$138.45		
60-64	\$145.31 \$156.17		
Maximum		Maximum	
10,000		10,000	
\$		\$	
Issue Age		Issue Age	
	Female Male		Female Male
18-24	\$31.68 \$37.85	18-24	\$37.60
25-29	\$45.85 \$47.77		
30-34	\$61.19 \$59.64		
35-39	\$80.74 \$77.34		
40-44	\$107.98 \$105.70		
45-49	\$148.79 \$156.77		
50-54	\$190.70 \$201.31		
55-59	\$259.24 \$276.90		
60-64	\$290.62 \$312.34		

Critical Illness Pricing - Annual Premium			
Tobacco			
Adult Rate		Children Rate	
Maximum		Maximum	
5,000		5,000	
\$		\$	
Issue Age		Issue Age	
	Female Male		Female Male
18-24	\$29.68 \$36.42	18-24	\$18.80
25-29	\$41.23 \$43.57		
30-34	\$53.65 \$51.94		
35-39	\$70.08 \$65.67		
40-44	\$94.61 \$90.06		
45-49	\$135.12 \$142.04		
50-54	\$174.85 \$183.55		
55-59	\$253.87 \$270.63		
60-64	\$290.62 \$312.34		
Maximum		Maximum	
10,000		10,000	
\$		\$	
Issue Age		Issue Age	
	Female Male		Female Male
18-24	\$59.36 \$72.84	18-24	\$37.60
25-29	\$82.46 \$87.15		
30-34	\$107.29 \$103.88		
35-39	\$140.17 \$131.35		
40-44	\$189.21 \$180.12		
45-49	\$270.25 \$284.09		
50-54	\$349.69 \$367.11		
55-59	\$507.74 \$541.27		
60-64	\$581.23 \$624.67		

Critical Illness Plan
Annual Premium Rates

Critical Illness Pricing - Annual Premium			
Non-Tobacco			
Adult Rate		Children Rate	
Maximum		Maximum	
15,000		15,000	
\$		\$	
Issue Age	Female	Male	
18-24	\$47.51	\$56.77	\$56.39
25-29	\$68.77	\$71.66	
30-34	\$91.79	\$89.47	
35-39	\$121.12	\$116.01	
40-44	\$161.98	\$158.54	
45-49	\$223.19	\$235.16	
50-54	\$286.05	\$301.96	
55-59	\$388.87	\$415.35	
60-64	\$435.93	\$468.50	
Maximum		Maximum	
20,000		20,000	
\$		\$	
Issue Age	Female	Male	
18-24	\$63.35	\$75.69	\$75.18
25-29	\$91.70	\$95.55	
30-34	\$122.39	\$119.29	
35-39	\$161.49	\$154.68	
40-44	\$215.97	\$211.39	
45-49	\$297.58	\$313.54	
50-54	\$381.40	\$402.61	
55-59	\$518.49	\$553.80	
60-64	\$581.23	\$624.67	
Maximum		Maximum	
25,000		25,000	
\$		\$	
Issue Age	Female	Male	
18-24	\$79.19	\$94.61	\$93.98
25-29	\$114.62	\$119.44	
30-34	\$152.99	\$149.11	
35-39	\$201.86	\$193.35	
40-44	\$269.96	\$264.24	
45-49	\$371.98	\$391.93	
50-54	\$476.75	\$503.27	
55-59	\$648.11	\$692.25	
60-64	\$726.54	\$780.84	

Critical Illness Pricing - Annual Premium			
Tobacco			
Adult Rate		Children Rate	
Maximum		Maximum	
15,000		15,000	
\$		\$	
Issue Age	Female	Male	
18-24	\$89.05	\$109.27	\$56.39
25-29	\$123.69	\$130.72	
30-34	\$160.94	\$155.82	
35-39	\$210.25	\$197.02	
40-44	\$283.82	\$270.18	
45-49	\$405.37	\$426.13	
50-54	\$524.54	\$550.66	
55-59	\$761.61	\$811.90	
60-64	\$871.85	\$937.01	
Maximum		Maximum	
20,000		20,000	
\$		\$	
Issue Age	Female	Male	
18-24	\$118.73	\$145.69	\$75.18
25-29	\$164.92	\$174.30	
30-34	\$214.59	\$207.76	
35-39	\$280.33	\$262.70	
40-44	\$378.43	\$360.24	
45-49	\$540.49	\$568.17	
50-54	\$699.39	\$734.22	
55-59	\$1,015.49	\$1,082.53	
60-64	\$1,162.47	\$1,249.34	
Maximum		Maximum	
25,000		25,000	
\$		\$	
Issue Age	Female	Male	
18-24	\$148.41	\$182.11	\$93.98
25-29	\$206.15	\$217.87	
30-34	\$268.23	\$259.70	
35-39	\$350.42	\$328.37	
40-44	\$473.03	\$450.30	
45-49	\$675.62	\$710.22	
50-54	\$874.23	\$917.77	
55-59	\$1,269.36	\$1,353.17	
60-64	\$1,453.09	\$1,561.68	

SERFF Tracking #:

YTYC-128567340

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

AEP2012.50 FR

State:

Arkansas

Filing Company:

Life of the South Insurance Company

TOI/Sub-TOI:

H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness

Product Name:

Accident and Sickness Expense Limited Benefits Insurance

Project Name/Number:

AEP/Limited Benefits/LOTS2012

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/07/2012
Comments:	Due to the technical nature of some of the forms, we are requesting that they be accepted as is.		
Attachment(s):	LOTS 1550 Readability rev AR.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	08/07/2012
Comments:	Application has been submitted under SERFF tracking Number: YTYC-128566542 and has not been approved yet with that filing.		

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	08/07/2012
Comments:			
Attachment(s):	LOTS 1550 Outline of Coverage CI rev AR.pdf		

		Item Status:	Status Date:
Satisfied - Item:	SERFF Filing Authorization	Approved-Closed	08/07/2012
Comments:			
Attachment(s):	Authorization Letter - Life of the South.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	08/07/2012
Comments:			
Attachment(s):	LOTS AEP 1550 Statemnt of Variability rev AR.pdf		

Item Status:**Status Date:**

SERFF Tracking #:

YTYC-128567340

State Tracking #:

Company Tracking #:

AEP2012.50 FR

State:

Arkansas

Filing Company:

Life of the South Insurance Company

TOI/Sub-TOI:

H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness

Product Name:

Accident and Sickness Expense Limited Benefits Insurance

Project Name/Number:

AEP/Limited Benefits/LOTS2012

Satisfied - Item:	Filing Memorandum	Approved-Closed	08/07/2012
Comments:			
Attachment(s):			
LOTS AEP Filing memo rev AR 1550.pdf			

LIFE OF THE SOUTH INSURANCE COMPANY

INDIVIDUAL ACCIDENT AND SICKNESS EXPENSE LIMITED BENEFITS INSURANCE

READABILITY STATEMENT

Flesch Score

Critical Illness Benefit Policy	The individual Policy and Application LS-1550P-AR (4/12)	41.7
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We certify that, to the best of our knowledge and belief, the form listed does not meets the minimum readability. The score was calculated using an electronic Flesch scoring method. Due to nature of this form we are requesting its acceptance as is.

NOTICE: Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application and the coverage originally applied for has not been issued.

LIFE OF THE SOUTH INSURANCE COMPANY

Home Office: 2350 Prince Av., Bldg. 1 Ste 4, Athens, GA 30603

Administrative Office: 10151 Deerwood Park Boulevard, Building 100, Suite 500,
Jacksonville, FL 32256 (800) 888-2738

OUTLINE OF COVERAGE

Policy Form LS-1550P-AR

Read Your Policy Carefully

This outline provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

CRITICAL ILLNESS LIMITED BENEFIT COVERAGE

Critical Illness coverage is designed to provide Insured Persons restricted coverage paying benefits *ONLY* when certain losses occur as a result of Heart Attack, Stroke or Invasive Cancer. Coverage is *not* provided for any loss due to sickness. Coverage is *not* provided for basic hospital, basic medical-surgical or major-medical expenses.

BENEFITS SCHEDULE

Invasive Cancer

Heart Attack

Stroke

If manifested and/or diagnosed on the 31st day or later after the date of coverage on an Insured Person becomes effective we will pay up to [\$5,000-\$25,000]

Reduced Benefit Period

Invasive Cancer

First 30 days

Heart Attack

First 30 days

Stroke

First 30 days

If manifested and/or diagnosed on the 1st to 30th day after the date of coverage on an Insured Person becomes effective the most we will pay is 10% of [\$5,000-\$25,000] up to a maximum of \$1,000.

CRITICAL ILLNESS BENEFIT PAYMENT CONDITIONS

When We receive due written proof that expenses incurred are due to a critical illness, We will pay the benefits outlined in the Critical Illness Benefits section up to the Benefit Payable Per Lifetime Per Insured shown in the Policy Schedule and subject to all applicable Policy provisions. If a Critical Illness is both initially Incurred or Manifests, and is Diagnosed after the date coverage on the Insured Person becomes effective.

The payment of benefits for a Critical Illness stated in the Policy Schedule is subject to the following conditions:

- (a) the Critical Illness initially Incurs and/or Manifests; and
- (b) the Critical Illness is initially Diagnosed while the coverage on an Insured Person is effective under this Policy; and
- (c) the Critical Illness is Diagnosed within the United States or its territories; and
- (d) the benefit payment is not excluded by any general or specific exclusion or limitation.

We reserve the right to request that a Physician of Our choice review any Diagnosis in the event of a dispute or disagreement regarding the appropriateness or correctness of a Diagnosis. We also reserve the right to require that an Insured Person submit to an examination to confirm a disputed Critical Illness. We reserve the right to request that an independent and acknowledged expert in the applicable field of medicine review the evidence used in making any disputed Diagnosis. We will pay for any such requested examination or review.

CRITICAL ILLNESS BENEFITS

INPATIENT HOSPITAL SERVICES BENEFIT

We will pay benefits for hospital room and board for semi-private accommodations and other hospital furnished medical services or supplies.

X-RAY BENEFIT

We will pay benefits if an Insured Person requires an x-ray, radium or other therapy procedures used in diagnosis and treatment.

AMBULANCE OR EMERGENCY TRANSPORTATION BENEFIT

We will pay for transportation of an Insured Person in a professional ambulance for local service to or from a local Hospital. We will also pay for emergency transportation if, in the opinion of the attending Physician, it is necessary to transport the Insured Person to another locality for treatment of the illness.

DRUGS BENEFIT

We will pay for drugs and medicines prescribed by a Physician.

QUALIFIED CARE BENEFIT

We will pay for treatment by a legally qualified Physician or surgeon. We will also pay for the private duty services of a registered nurse (R.N.).

BLOOD TRANSFUSION BENEFIT

We will pay for a blood transfusion or transfusions, including the expense(s) incurred for blood donors.

ADDITIONAL TREATMENT DEVICES BENEFIT

We will pay for the rental of an iron lung or similar mechanical apparatus. Braces, crutches and wheel chairs as deemed necessary by the attending Physician for the treatment of the illness.

CRITICAL ILLNESS DIAGNOSIS

INVASIVE CANCER means the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tumor.

For the purpose of this definition, Invasive Cancer does **NOT** include:

- (a) any carcinoma in situ lesion regardless of origin, classified as $T_{is}N_0M_0$;
- (b) any $T_1N_0M_0$ lesion treated by endoscopic procedures;
- (c) melanoma, $T_1N_0M_0$ with maximum Breslow thickness of less than or equal to 1.0mm; or
- (d) prostate cancer $T_1bN_0M_0$.

HEART ATTACK means the death of a portion of the heart muscle because of inadequate cardiac blood supply to the relevant area.

STROKE means a cerebrovascular incident caused by infarction of brain tissue, cerebral or subarachnoid hemorrhage, cerebral embolism or cerebral thrombosis. This Diagnosis must be supported by all of the following conditions:

- (a) evidence of permanent neurological damage at least 6 weeks after the event; and
- (b) findings on magnetic resonance imaging, computerized tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

For the purpose of this definition, Stroke does NOT mean:

- (a) transient ischemic attacks (TIAs); or
- (b) brain damage due to accident or injury, infection, vasculitis, and inflammatory disease, a demyelinating process; or
- (c) vascular disease affecting the eye or optic nerve; or
- (d) ischemic disorders of the vestibular system.

EXCLUSIONS

For any Insured Person:

(a) We will pay NO benefits for any critical illness that is Incurred or Manifests, whichever is applicable, and/or Diagnosed before the date coverage on the Insured Person becomes effective under this Policy. However, an Insured Child born after the Effective Date of this Policy or any subsequent reinstatement will be covered from birth for the Critical Illnesses stated in the Policy Schedule.

(b) We will pay NO benefits for any Critical Illness or any loss caused in whole or in part by, or resulting in whole or in part from:

- (i) any illness, loss, or condition specifically excluded from the definition of any Critical Illness; or
- (ii) balloon angioplasty, laser relief of an obstruction, and/or other intra-arterial procedure; or

PRE EXISTING CONDITIONS LIMITATIONS

We will pay NO benefits for critical Illness that are caused by a Preexisting Condition unless the Critical Illness commences after this Policy has been in force for 12 months from the Effective Date or most recent reinstatement date. We will not use the existence of a Preexisting Condition to deny benefits after this Policy has been in force for a period of 12 months following the date of application for this Policy.

GUARANTEED RENEWABLE TO AGE 65

Your policy may be continued by paying the appropriate premiums when they are due. A Grace Period of 31 days will be granted for each premium payment after the first. The Company retains no right to restrict your benefits after the policy has been issued. The premiums can be changed on a class basis only. Any such change will be based on the Insured's age at the Date of Issue. Such change will not become effective until you have been notified in writing.

TERMINATION DATE

Coverage for each Insured Person will terminate on the earlier of:

- (a) the date on which this Policy lapses or terminates;
- (b) the Policy anniversary on or following the date the Insured Person reaches Age 65. (The maximum coverage Age for the Insured and Insured Spouse is Age 65. The maximum age for an Insured Child is explained in the Insured Child Provision.); or
- (c) the Benefit Payable Per Lifetime Per Insured is paid.

This Policy can be continued for any remaining Insured Persons, after coverage has been terminated for an Insured Person. The premium will be recalculated based on the remaining Insured Persons as of the Effective Date of this Policy. The termination of coverage on any Insured Person will not reduce Our liability for any claim originating prior to the termination.

This Policy will terminate on the earliest of:

- (a) the date on which this Policy lapses or terminates;
- (b) the Policy anniversary date on or next following the date that the last Insured Person reaches their maximum coverage age;
- (c) any premium due date requested by You in writing;
- (d) the end of the Grace Period following the due date for which a premium was not paid; or
- (e) the death of the Insured and the Insured Spouse (if any).

THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED; THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.

<p>Life Of The South Insurance Company</p> <p>10151 Deerwood Park Boulevard Building 100, Suite 330 Jacksonville, FL 32256</p> <p>(800) 888-2738</p>	<p>The underwriting risks and financial obligations and support functions associated with the products issued by Life of the South Insurance Company are solely its responsibility. Life of the South Insurance Company is responsible for its own financial condition and contractual obligations.</p>
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May 1, 2012

Commissioner of Insurance

RE: Life of the South Insurance Company
NAIC #: 97691

To Whom It May Concern:

This letter, or a copy thereof, will authorize Year to Year Consulting, L.L.C. to represent Life of the South Insurance Company, in any matters related to submitting policy forms, rates and/or rules for approval via SERFF or any other means.

Sincerely,

A handwritten signature in black ink, appearing to read "Q. Frank Gottuso", with a long horizontal flourish extending to the right.

Q. Frank Gottuso
Assistant Vice President
Compliance
Life of the South Insurance Company

LIFE OF THE SOUTH INSURANCE COMPANY

INDIVIDUAL ACCIDENT AND SICKNESS EXPENSE LIMITED BENEFITS INSURANCE

STATEMENT OF VARIABILITY Individual Policies

Critical Illness Benefit Policy

Form Numbers

LS-1550P-AR (4/12)

The Policy Data Page contains brackets, used to designate variable items that may be unique for each policyholder. Descriptions of the bracketed items are as follows:

LS-1550P-AR (4/12) Policy Data Page 2

Insured Person/Insured: This is the Insured, Insured Spouse, or Insured Child(ren)'s' Names and will be unique to each Insured.

Policy Number: Is the unique policy number by which the company distinguishes each policy issued on this form.

Gender: Only options are (M) =Male or (F) =Female

Effective Date: This provides the effective date of the policy.

Premium Period: annual, semi-annual, quarterly, monthly

Age at Issue: This is the issue age of the Insured.

Annual Premium dependent on proposed applicant's selections and subject to filed rates.

Range

Benefit Payable per Lifetime Per Insured
Spouse, child(ren)

\$5,000-\$25,000

\$5,000-\$25,000

Last paragraph, last sentence on page 2 [annual, semi-annual, quarterly, monthly]. This denotes the number of premiums payable each year, as selected by the proposed insured in establishing his or her planned modal premium payments

LIFE OF THE SOUTH INSURANCE COMPANY

INDIVIDUAL ACCIDENT AND SICKNESS EXPENSE LIMITED BENEFITS INSURANCE FILING MEMORANDUM

The purpose of this filing is to introduce a new product in the company's portfolio of programs. Life of the South Insurance Company (LOTS) has no prior rate history or form production under this type of product and will not be replacing any previously approved policy forms. The Accident and Sickness Expense Limited Benefits program has a base Policy and optional Riders.

LOTS has developed individual policy coverages to be offered in case the base Policy and Riders is not desired nor affordable as a package by the proposed insured. Actuarial Memorandums and Exhibits are provided for justification of the rate schedules for each individual Policy.

The following coverage will be offered to a proposed insured to be purchased separately from the base Policy package.

Critical Illness Benefit Policy– provides for benefits payable per lifetime per insured upon proof that expenses were incurred on the occurrence of a heart attack, stroke or invasive cancer. The benefit ranges from \$5,000 to \$25,000. The proposed insured selects the benefit.

The individual Policy and Application

Critical Illness Benefit Policy	LS-1550P-AR (4/12)
Application for Accident and Health Insurance	LS-AP10501SA-1 (4/12)

The Application LS-AP10501SA-1 (4/12) that will be used with this policy has been included in SERFF filing YTYC-128566542 for review.

This plan will be sold by captive agents in the accident and critical illness market. The company may at some point in the future offer this plan through electronic means and will comply with laws and or regulations concerning the electronic application process in the state in which this plan is sold.

SERFF Tracking #:

YTYC-128567340

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

AEP2012.50 FR

State:

Arkansas

Filing Company:

Life of the South Insurance Company

TOI/Sub-TOI:

H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness

Product Name:

Accident and Sickness Expense Limited Benefits Insurance

Project Name/Number:

AEP/Limited Benefits/LOTS2012

Superseded Schedule Items

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

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/12/2012	Supporting Document	Outline of Coverage	08/06/2012	LOTS 1550 Outline of Coverage CI rev AR.pdf (Superseded)
07/12/2012	Form	Critical Illness Benefit Policy	08/06/2012	LOTS Critical Illness Policy rev AR.pdf (Superseded)

NOTICE: Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application and the coverage originally applied for has not been issued.

LIFE OF THE SOUTH INSURANCE COMPANY

Home Office: 2350 Prince Av., Bldg. 1 Ste 4, Athens, GA 30603

Administrative Office: 10151 Deerwood Park Boulevard, Building 100, Suite 500,
Jacksonville, FL 32256 (800) 888-2738

OUTLINE OF COVERAGE

Policy Form LS-1550P-AR

Read Your Policy Carefully

This outline provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

CRITICAL ILLNESS LIMITED BENEFIT COVERAGE

Critical Illness coverage is designed to provide Insured Persons restricted coverage paying benefits *ONLY* when certain losses occur as a result of Heart Attack, Stroke or Invasive Cancer. Coverage is *not* provided for any loss due to sickness. Coverage is *not* provided for basic hospital, basic medical-surgical or major-medical expenses.

BENEFITS SCHEDULE

Waiting Period

Heart Attack

30 days

Stroke

30 days

Invasive Cancer

30 days. If manifested and/or Diagnosed on the 31st to 89th day after the date of coverage on an Insured Person becomes effective – 10% up to a maximum of \$1,000.

If manifested and/or Diagnosed on the 90th day or later after the date coverage on an Insured Person becomes effective – [\$5,000 to \$25,000].

CRITICAL ILLNESS BENEFIT PAYMENT CONDITIONS

When We receive due written proof that expenses incurred are due to a critical illness, We will pay the benefits outlined in the Critical Illness Benefits section up to the Benefit Payable Per Lifetime Per Insured shown in the Policy Schedule and subject to all applicable Policy provisions. If a Critical Illness is both initially Incurred or Manifests, and is Diagnosed more than 30 days after the date coverage on the Insured Person becomes effective.

The payment of benefits for a Critical Illness stated in the Policy Schedule is subject to the following conditions:

- (a) the Critical Illness initially Incurs and/or Manifests; and
- (b) the Critical Illness is initially Diagnosed while the coverage on an Insured Person is effective under this Policy; and
- (c) the Critical Illness is Diagnosed within the United States or its territories; and
- (d) the benefit payment is not excluded by any general or specific exclusion or limitation.

We reserve the right to request that a Physician of Our choice review any Diagnosis in the event of a dispute or disagreement regarding the appropriateness or correctness of a Diagnosis. We also reserve the right to require that an Insured Person submit to an examination to confirm a disputed Critical Illness. We reserve the right to request that an independent and acknowledged expert in the applicable field of medicine review the evidence used in making any disputed Diagnosis. We will pay for any such requested examination or review.

CRITICAL ILLNESS BENEFITS

INPATIENT HOSPITAL SERVICES BENEFIT

We will pay benefits for hospital room and board for semi-private accommodations and other hospital furnished medical services or supplies.

X-RAY BENEFIT

We will pay benefits if an Insured Person requires an x-ray, radium or other therapy procedures used in diagnosis and treatment.

AMBULANCE OR EMERGENCY TRANSPORTATION BENEFIT

We will pay for transportation of an Insured Person in a professional ambulance for local service to or from a local Hospital. We will also pay for emergency transportation if, in the opinion of the attending Physician, it is necessary to transport the Insured Person to another locality for treatment of the illness.

DRUGS BENEFIT

We will pay for drugs and medicines prescribed by a Physician.

QUALIFIED CARE BENEFIT

We will pay for treatment by a legally qualified Physician or surgeon. We will also pay for the private duty services of a registered nurse (R.N.).

BLOOD TRANSFUSION BENEFIT

We will pay for a blood transfusion or transfusions, including the expense(s) incurred for blood donors.

ADDITIONAL TREATMENT DEVICES BENEFIT

We will pay for the rental of an iron lung or similar mechanical apparatus. Braces, crutches and wheel chairs as deemed necessary by the attending Physician for the treatment of the illness.

CRITICAL ILLNESS DIAGNOSIS

INVASIVE CANCER means the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tumor.

For the purpose of this definition, Invasive Cancer does **NOT** include:

- (a) any carcinoma in situ lesion regardless of origin, classified as $T_{is}N_0M_0$;
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- (c) melanoma, $T_1N_0M_0$ with maximum Breslow thickness of less than or equal to 1.0mm; or
- (d) prostate cancer $T_1bN_0M_0$.

HEART ATTACK means the death of a portion of the heart muscle because of inadequate cardiac blood supply to the relevant area.

STROKE means a cerebrovascular incident caused by infarction of brain tissue, cerebral or subarachnoid hemorrhage, cerebral embolism or cerebral thrombosis. This Diagnosis must be supported by all of the following conditions:

- (a) evidence of permanent neurological damage at least 6 weeks after the event; and
- (b) findings on magnetic resonance imaging, computerized tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

For the purpose of this definition, Stroke does NOT mean:

- (a) transient ischemic attacks (TIAs); or
- (b) brain damage due to accident or injury, infection, vasculitis, and inflammatory disease, a demyelinating process; or
- (c) vascular disease affecting the eye or optic nerve; or
- (d) ischemic disorders of the vestibular system.

EXCLUSIONS

For any Insured Person:

(a) We will pay NO benefits for any critical illness that is Incurred or Manifests, whichever is applicable, and/or Diagnosed before the first 30 days after the date coverage on the Insured Person becomes effective under this Policy. However, an Insured Child born after the Effective Date of this Policy or any subsequent reinstatement will be covered from birth for the Critical Illnesses stated in the Policy Schedule.

(b) We will pay NO benefits for any Critical Illness or any loss caused in whole or in part by, or resulting in whole or in part from:

- (i) any illness, loss, or condition specifically excluded from the definition of any Critical Illness; or
- (ii) balloon angioplasty, laser relief of an obstruction, and/or other intra-arterial procedure; or

PRE EXISTING CONDITIONS LIMITATIONS

We will pay NO benefits for critical Illness that are caused by a Preexisting Condition unless the Critical Illness commences after this Policy has been in force for 12 months from the Effective Date or most recent reinstatement date. We will not use the existence of a Preexisting Condition to deny benefits after this Policy has been in force for a period of 12 months following the date of application for this Policy.

GUARANTEED RENEWABLE TO AGE 65

Your policy may be continued by paying the appropriate premiums when they are due. A Grace Period of 31 days will be granted for each premium payment after the first. The Company retains no right to restrict your benefits after the policy has been issued. The premiums can be changed on a class basis only. Any such change will be based on the Insured's age at the Date of Issue. Such change will not become effective until you have been notified in writing.

TERMINATION DATE

Coverage for each Insured Person will terminate on the earlier of:

- (a) the date on which this Policy lapses or terminates;
- (b) the Policy anniversary on or following the date the Insured Person reaches Age 65. (The maximum coverage Age for the Insured and Insured Spouse is Age 65. The maximum age for an Insured Child is explained in the Insured Child Provision.); or
- (c) the Benefit Payable Per Lifetime Per Insured is paid.

This Policy can be continued for any remaining Insured Persons, after coverage has been terminated for an Insured Person. The premium will be recalculated based on the remaining Insured Persons as of the Effective Date of this Policy. The termination of coverage on any Insured Person will not reduce Our liability for any claim originating prior to the termination.

This Policy will terminate on the earliest of:

- (a) the date on which this Policy lapses or terminates;
- (b) the Policy anniversary date on or next following the date that the last Insured Person reaches their maximum coverage age;
- (c) any premium due date requested by You in writing;
- (d) the end of the Grace Period following the due date for which a premium was not paid; or
- (e) the death of the Insured and the Insured Spouse (if any).

THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED; THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.

<p>Life Of The South Insurance Company</p> <p>10151 Deerwood Park Boulevard Building 100, Suite 330 Jacksonville, FL 32256</p> <p>(800) 888-2738</p>	<p>The underwriting risks and financial obligations and support functions associated with the products issued by Life of the South Insurance Company are solely its responsibility. Life of the South Insurance Company is responsible for its own financial condition and contractual obligations.</p>
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LIFE OF THE SOUTH INSURANCE COMPANY

Administrative Office: 10151 Deerwood Park Boulevard, Building 100, Suite 500
Jacksonville, FL 32256 (800) 888-2738
(called "We", "Us", or "Our")

**GUARANTEED RENEWABLE TO AGE 65, SUBJECT TO CHANGE IN PREMIUM BY CLASS.
BENEFITS FOR A CRITICAL ILLNESS AS DESCRIBED AND LIMITED IN THIS POLICY.
NONPARTICIPATING**

WE AGREE TO PAY the benefits described in this Policy, subject to its provisions, exclusions and limitations.

YOU or **YOUR** refers to the Owner of this Policy, which means the Insured unless otherwise stated in the application or later changed.

LEGAL CONTRACT. This Policy is a legal contract between You and Us. You should **READ THIS CONTRACT CAREFULLY.**

GUARANTEED RENEWABLE TO AGE 65 – SUBJECT TO CHANGE IN PREMIUM BY CLASS. You may continue the coverage on each Insured Person provided by this Policy, until the Policy anniversary on or following the Insured Person’s 65th birthday, subject to the Policy’s Termination and Insured Child provisions, by paying all premiums when they are due. We will not add any restrictive riders or endorsements while this Policy is in force. We reserve the right to change the premium charged for this Policy. Any change in premium will be made on a class basis only, as We determine, and will be based on the Insured Person’s Age on the Effective Date. No change in premium will become effective until 60 days after We deliver to You, or mail to Your last known address, a written notice of premium change. Premiums may not be changed more often than once every 12 months.

MEDICAID ELIGIBILITY. The Insured Person’s current or future eligibility for Medicaid may affect the payment of benefits provided by this Policy. It is possible that the benefits provided by this Policy will not be paid directly to You, because state regulations may require payments to be made to the Medicaid organization or to the medical provider.

TEN DAYS TO EXAMINE POLICY. You may return the Policy within 10 days after delivery, either to Us or to Our authorized agent, if You are not satisfied with it for any reason. The return of this Policy will void it from the Effective Date and any premium paid will be refunded.

Signed at Our Administrative Office.


Secretary


President

CONTENTS OF POLICY

Policy Data	Page 2	Exclusions	Page 5
Schedule of Benefits and Premiums	Page 2	Claims	Pages 6
Definitions	Pages 3 & 4	General Provisions	Pages 6, 7 & 8
Benefits	Pages 4 & 5	Family Coverage	Pages 8 & 9

A copy of the application and any supplemental applications will be included after the last page of this Policy.

**THIS IS A LIMITED BENEFIT POLICY.
PLEASE READ IT CAREFULLY.**

POLICY DATA

Insured Person – Insured, [Insured Spouse], [Insured Child(ren)]

Insured	[Name]	Policy Number	[00000]
Gender	[Sex]	Effective Date	[Date]
Premium Period	[Annual]	Age at Issue	[Age]

POLICY SCHEDULE OF BENEFITS AND PREMIUMS

Waiting Period

Heart Attack	30 days
Stroke	30 days
Invasive Cancer	30 days. If manifested and/or Diagnosed on the 31 st to 89 th day after the date of coverage on an Insured Person becomes effective – 10% up to a maximum of \$1,000. If manifested and/or Diagnosed on the 90 th day or later after the date coverage on an Insured Person becomes effective – [\$5,000 to \$25,000].

Annual Premium

Insured	[\$00.00]
[Spouse]	[\$00.00]
[Child(ren)]	[\$00.00]

Benefit Payable Per Lifetime Per Insured

Insured	[\$5,000-25,000]
[Spouse]	[\$5,000-25,000]
[Child(ren)]	[\$5,000-25,000]

Total Annual Premium [\$00.00]

Premiums payable other than annually are equal to a percentage of the annual premium and include additional premium charges. The Insured will save money by paying the premiums on an annual basis. The first [ANNUAL] premium is [\$000.00].

DEFINITIONS

AGE means the attained age as of the Insured Person's last birthday.

CRITICAL ILLNESS means heart attack, stroke and invasive cancer. See the Critical Illness Diagnosis Benefits provisions.

DIAGNOSED/DIAGNOSIS/DIAGNOSTIC means a definitive diagnosis made by a Physician (where applicable, specializing in a particular area of medicine);

- (a) based upon the use of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations; and the results must be documented in and supported by the Insured Person's medical records; and
- (b) meeting any diagnostic requirements stated in this Policy for the particular Critical Illness being diagnosed.

INSURED means the person named as "Insured" in the Policy Data (or the Insured Spouse, or the child(ren) if indicated as an "Insured Person" in the Policy Data. Such Insured Spouse becomes the Insured upon the death of the person named as "Insured" in the Policy Data).

INCURS/INCURRED means an event or incident that:

- (a) initially occurs on or after the date coverage on an Insured Person becomes effective under this Policy; and
- (b) initially occurs while coverage on an Insured Person under this Policy is in force; and
- (c) is not excluded by any specific description or exclusion stated in this Policy.

MANIFESTS/MANIFESTED/MANIFESTATION means a condition or symptom for which a person would seek diagnosis, medical advice, care, attention or treatment:

- (a) on or after the date coverage on an Insured Person becomes effective under this Policy; and
- (b) while coverage on an Insured Person under this Policy is in force; and
- (c) is not excluded by any specific description or exclusion stated in this Policy.

PHYSICIAN means a person who:

- (a) is a legally qualified-practitioner of the healing arts and is licensed in the United States or its territories;
- (b) practices within the scope of his or her license;
- (c) is not the Insured Person;
- (d) is not related to the Insured Person as a spouse, parent, child or sibling; and
- (e) does not customarily reside in the same household as the Insured Person.

PREEXISTING CONDITION means those conditions for which medical advice, diagnosis, care or treatment was received or recommended within the one year period immediately preceding the Effective Date of the Insured Person's coverage.

TRANSIENT ISCHEMIC ATTACK (TIA) means a neurological condition or event with the signs and symptoms of a stroke, but which disappear clinically within a twenty-four hour period, after which no residual signs, symptoms, deficits, or abnormalities are revealed or shown on neuroimaging studies.

WAITING PERIOD means the period that begins on the Effective Date of the Policy and continues for the period shown in the Policy Schedule. There is NO coverage for Critical Illness that first manifests itself to the Insured during the Waiting Period.

UNITED STATES means the 50 states, plus the District of Columbia, and includes Guam, the U.S. Virgin Islands and Puerto Rico.

CRITICAL ILLNESS BENEFIT PAYMENT CONDITIONS

When We receive due written proof that expenses incurred are due to a critical illness, We will pay the benefits outlined in the Critical Illness Benefits section up to the Benefit Payable Per Lifetime Per Insured shown in the Policy Schedule and subject to all applicable Policy provisions. If a Critical Illness is both initially Incurred or Manifests, and is Diagnosed more than 30 days after the date coverage on the Insured Person becomes effective.

The payment of benefits for a Critical Illness stated in the Policy Schedule is subject to the following conditions:

- (a) the Critical Illness initially Incurs and/or Manifests; and
- (b) the Critical Illness is initially Diagnosed while the coverage on an Insured Person is effective under this Policy; and
- (c) the Critical Illness is Diagnosed within the United States or its territories; and
- (d) the benefit payment is not excluded by any general or specific exclusion or limitation.

We reserve the right to request that a Physician of Our choice review any Diagnosis in the event of a dispute or disagreement regarding the appropriateness or correctness of a Diagnosis. We also reserve the right to require that an Insured Person submit to an examination to confirm a disputed Critical Illness. We reserve the right to request that an independent and acknowledged expert in the applicable field of medicine review the evidence used in making any disputed Diagnosis. We will pay for any such requested examination or review.

CRITICAL ILLNESS BENEFITS

INPATIENT HOSPITAL SERVICES BENEFIT

We will pay benefits for hospital room and board for semi-private accommodations and other hospital furnished medical services or supplies.

X-RAY BENEFIT

We will pay benefits if an Insured Person requires an x-ray, radium or other therapy procedures used in diagnosis and treatment.

AMBULANCE OR EMERGENCY TRANSPORTATION BENEFIT

We will pay for transportation of an Insured Person in a professional ambulance for local service to or from a local Hospital. We will also pay for emergency transportation if, in the opinion of the attending Physician, it is necessary to transport the Insured Person to another locality for treatment of the illness.

DRUGS BENEFIT

We will pay for drugs and medicines prescribed by a Physician.

QUALIFIED CARE BENEFIT

We will pay for treatment by a legally qualified Physician or surgeon. We will also pay for the private duty services of a registered nurse (R.N.).

BLOOD TRANSFUSION BENEFIT

We will pay for a blood transfusion or transfusions, including the expense(s) incurred for blood donors.

ADDITIONAL TREATMENT DEVICES BENEFIT

We will pay for the rental of an iron lung or similar mechanical apparatus. Braces, crutches and wheel chairs as deemed necessary by the attending Physician for the treatment of the illness.

CRITICAL ILLNESS DIAGNOSIS

INVASIVE CANCER

INVASIVE CANCER means the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tumor.

For the purpose of this definition, Invasive Cancer does **NOT** include:

- (a) any carcinoma in situ lesion regardless of origin, classified as $T_{is}N_0M_0$;
- (b) any $T_1N_0M_0$ lesion treated by endoscopic procedures;
- (c) melanoma, $T_1N_0M_0$ with maximum Breslow thickness of less than or equal to 1.0mm; or
- (d) prostate cancer $T_1bN_0M_0$.

INVASIVE CANCER PAYMENT CONDITIONS

If Invasive Cancer initially both Manifests and is diagnosed more than 30 days after the date coverage on the Insured Person becomes effective under this Policy, We will pay the Benefit Payable as shown in the Policy Schedule.

This critical illness must not have Manifested itself and/or been diagnosed within the first 30 days after the date coverage on the Insured Person becomes effective under this Policy.

DIAGNOSTIC REQUIREMENTS FOR INVASIVE CANCER

Invasive Cancer must be Diagnosed by a Physician certified to practice pathological anatomy or osteopathic pathology and must be based on a microscopic examination of fixed tissues or preparations from hemic system. Such Diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspected tumor, tissue, and/or specimen. Clinical Diagnosis of Invasive Cancer will be accepted as evidence that Invasive Cancer exists when a pathological Diagnosis cannot be made, provided the medical evidence substantially documents the clinical Diagnosis of Invasive Cancer and the Insured Person receives treatment for Invasive Cancer.

HEART ATTACK

HEART ATTACK means the death of a portion of the heart muscle because of inadequate cardiac blood supply to the relevant area.

HEART ATTACK PAYMENT CONDITIONS

If a Heart Attack initially both Incurs and is Diagnosed more than 30 days after the date coverage on the Insured Person becomes effective under this Policy, We will pay the Benefit Payable as shown in the Policy Schedule.

This Critical Illness must not have Manifested itself and/or been Diagnosed within the first 30 days following the date coverage on the Insured Person becomes effective under this Policy.

DIAGNOSTIC REQUIREMENTS FOR HEART ATTACK

This Diagnosis must be supported by the following criteria which are consistent with a new Heart Attack:

- (a) typical clinical presentation; and
- (b) new electrocardiographic (EKG) changes consistent with acute myocardial infarction; and
- (c) serial measurements of cardiac biomarkers showing a pattern and a level consistent with a heart attack.

STROKE

STROKE means a cerebrovascular incident caused by infarction of brain tissue, cerebral or subarachnoid hemorrhage, cerebral embolism or cerebral thrombosis. This Diagnosis must be supported by all of the following conditions:

- (a) evidence of permanent neurological damage at least 6 weeks after the event; and
- (b) findings on magnetic resonance imaging, computerized tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

For the purpose of this definition, Stroke does NOT mean:

- (a) transient ischemic attacks (TIAs); or
- (b) brain damage due to accident or injury, infection, vasculitis, and inflammatory disease, a demyelinating process; or
- (c) vascular disease affecting the eye or optic nerve; or
- (d) ischemic disorders of the vestibular system.

STROKE PAYMENT CONDITIONS

If a Stroke is initially both Incurred and is Diagnosed more than 30 days after the date coverage on the Insured Person becomes effective under this Policy, We will pay the Benefit Payable as shown in the Policy Schedule

DIAGNOSTIC REQUIREMENTS FOR STROKE

The Diagnosis of Stroke must be made by a neurologist based on documented neurological deficits and confirmatory neuroimaging studies.

DIAGNOSTIC REQUIREMENTS

ALL CRITICAL ILLNESSES

We reserve the right to require a physical examination of the Insured Person and/or the review of any Critical Illness Diagnosis by a Physician of Our choice in the United States at Our expense. Such Physician must:

- (a) have specialty training and board certification in the field of medicine specific to the Critical Illness being Diagnosed; and
- (b) must follow all standardly accepted procedures and protocols in the Diagnosis of the Critical Illness.

We will not pay for any travel or other expenses of the Insured Person related to any such examination. We reserve the right to select an independent and acknowledged expert in the applicable field of medicine to review the evidence used in making any disputed Critical Illness Diagnosis.

EXCLUSIONS

For any Insured Person:

- (a) We will pay NO benefits for any critical illness that is Incurred or Manifests, whichever is applicable, and/or Diagnosed before the first 30 days after the date coverage on the Insured Person becomes effective under this Policy. However, an Insured Child born after the Effective Date of this Policy or any subsequent reinstatement will be covered from birth for the Critical Illnesses stated in the Policy Schedule.
- (b) We will pay NO benefits for any Critical Illness or any loss caused in whole or in part by, or resulting in whole or in part from:
 - (i) any illness, loss, or condition specifically excluded from the definition of any Critical Illness; or
 - (ii) balloon angioplasty, laser relief of an obstruction, and/or other intra-arterial procedure; or

PREEXISTING CONDITION LIMITATION

We will pay NO benefits for critical illness that are caused by a Preexisting Condition unless the Critical Illness commences after this Policy has been in force for 12 months from the Effective Date or most recent reinstatement date. We will not use the existence of a Preexisting Condition to deny benefits after this Policy has been in force for a period of 12 months following the date of application for this Policy.

PREMIUMS

This Policy is effective for an initial term of 1 Premium Period as stated in the Policy Data. It may be renewed by the timely payment of the renewal premium. The first premium is due on or before the Effective Date. Each renewal premium is due at the expiration of the period for which the preceding premium was paid. Each renewal premium must be paid on or before its due date, or within the Grace Period. You may pay premiums at Our Administrative Office. You may request to change the Premium Period, subject to Our rules at the time of Your request.

GRACE PERIOD

If a premium, other than the first, is not paid by its due date, Your Policy will remain in force for a period of 31 days from the premium due date.

LAPSE

If any premium is not paid before the end of the Grace Period, Your Policy will lapse. The date of lapse will be the date following the last day of the Grace Period. **Your Policy will terminate upon lapse and provide NO further benefits.**

REINSTATEMENT

If Your Policy lapses, You may apply to reinstate it by:

- (a) paying the required premium; and
- (b) submitting an application for reinstatement, if We so require.

If We accept the premium without requiring an application, this Policy will be reinstated.

If We ask for an application, We will issue a receipt for the premium. If We approve the application, this Policy will be reinstated as of the approval date. If We disapprove the application, We will notify You in writing. If We fail to notify You of Our disapproval, this Policy will be reinstated 45 days after the date of the premium receipt.

We will pay NO benefits for a listed Critical Illness that Incurs or Manifests, whichever is applicable as stated in this Policy, and/or Diagnosed before the end of 10 days after the date coverage on the Insured Person becomes effective under this Policy due to reinstatement.

However, an Insured Child born after the Effective Date of this Policy or any subsequent reinstatement will be covered from birth for the listed Critical Illness stated in the Policy Schedule.

If You do not request a reinstatement within 60 days from the date any unpaid premium was due, no further benefits will be provided by this Policy, and after the stated time, You may be required to apply for a new Policy.

Except for the above and any new provisions We may require for reinstatement, Your rights and Ours under this Policy will be the same as just before the Policy lapsed.

Between the lapse date and reinstatement date, no benefits are payable.

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

UNEARNED PREMIUM REFUND

If the Insured or the Insured Spouse, if covered under this Policy, dies before the end of a Premium Period for which premium has been paid, We will refund the portion of premium that was applied to coverage for the decedent for the time period beyond the end of the Month in which death occurred. Unearned premiums shall be paid in lump sum on a date no later than thirty (30) days after the proof of the Insured's death has been furnished to Us.

UNPAID PREMIUM

We will deduct any premium due from any benefits that become payable to You under this Policy.

CLAIMS

NOTICE OF CLAIM

You must provide to Us written notice of loss within 60 days from the date of loss or as soon as reasonably possible. You may provide notice of loss at Our Administrative Office, 10151 Deerwood Park Boulevard, Building 100, Suite 330, Jacksonville, FL 32256, or to any of Our authorized agents. Your notice should include Your

name and Policy Number as shown in the Policy Data.

YOUR POLICY MAY NOT APPLY WHEN YOU HAVE A CLAIM! PLEASE READ!

Your Policy was issued based on the information entered in Your application, a copy of which is attached to this Policy. If, to the best of Your knowledge and belief, there is any misstatement in Your application, or if any information concerning the medical history of any Insured Person has been omitted, You should advise Us immediately regarding the incorrect or omitted information; otherwise, Your Policy may not be a valid contract.

CLAIM FORMS

When We receive Your notice of loss, We will send You the forms required to file a claim. If the forms are not sent within 15 days, You will have met the proof of loss requirements if You have provided to Us a written statement of the nature and extent of Your loss within the time allowed for filing a proof of loss.

PROOF OF LOSS

You must provide to Us, at Your expense, written proof of loss within 180 days from the date of loss. If it is not reasonably possible for You to file a written proof of loss within the stated time, Your claim will not be affected if You file a written proof of loss as soon as possible. However, unless You are legally incapacitated, You must file a written proof of loss no later than 15 months from the date of loss.

TIME OF PAYMENT OF CLAIMS

We will pay benefits immediately upon receipt of satisfactory proof of loss.

PAYMENT OF CLAIMS

We will pay all of the benefits provided by this Policy to You or to Your designated Beneficiary in the event of Your death, unless You have assigned the benefits. If You have requested an assignment of benefits in writing, either before or with Your written proof of loss, We can pay all or part of any benefit to a Hospital or person that provided the Care.

We may pay any benefits provided by this Policy that become payable to Your estate to any relative who We determine is entitled to a payment. Such payment will discharge Our liability for that payment.

GENERAL PROVISIONS

ENTIRE CONTRACT – CHANGES

This Policy, riders, and the attached application are the entire contract. This contract is made in consideration of the application and the payment of premiums as required. We have relied on all statements in the application for this Policy as being complete and true to the best of the knowledge and belief of the person signing the application.

No change to this Policy will be valid until approved by 1 of Our officers and unless such approval be endorsed hereon or attached hereto. No agent or other representative has the authority to change or waive any Policy provision or extend the time for paying a premium.

AGE AND GENDER

If an Insured Person's Age or gender is not correct as stated in the application and Policy, all benefits provided by this Policy will be the benefits that the premium paid would have purchased at the Insured Person's correct Age or gender on the Effective Date. If the correct Age is such that We would not have issued this Policy or an Insured Person's coverage under this Policy would have terminated, Our liability under this Policy is limited to a refund of any premiums paid for the period which there was no coverage.

INCONTESTABLE

After 3 years from the Effective Date or reinstatement date of this Policy, no misstatements made by the applicant in the application for this Policy shall be used to void the Policy or deny a claim for loss incurred (as defined in the Policy) commencing after the expiration of such 3 year period.

No claim for loss incurred, as defined in the policy, commencing after three (3) years from the date of issue of this policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the effective date of coverage of this policy

TERMINATION

Coverage for each Insured Person will terminate on the earlier of:

- (a) the date on which this Policy lapses or terminates;
- (b) the Policy anniversary on or following the date the Insured Person reaches Age 65. (The maximum coverage Age for the Insured and Insured Spouse is Age 65. The maximum age for an Insured Child is explained in the Insured Child Provision.); or
- (c) the Benefit Payable Per Lifetime Per Insured is paid.

This Policy can be continued for any remaining Insured Persons, after coverage has been terminated for an

Insured Person. The premium will be recalculated based on the remaining Insured Persons as of the Effective Date of this Policy. The termination of coverage on any Insured Person will not reduce Our liability for any claim originating prior to the termination.

This Policy will terminate on the earliest of:

- (a) the date on which this Policy lapses or terminates;
- (b) the Policy anniversary date on or next following the date that the last Insured Person reaches their maximum coverage age;
- (c) any premium due date requested by You in writing;
- (d) the end of the Grace Period following the due date for which a premium was not paid; or
- (e) the death of the Insured and the Insured Spouse (if any).

OWNER

The Insured is the Owner of this Policy unless otherwise stated in the application or later changed.

As Owner, You may exercise all rights in this Policy while the Insured Person is living. If You are without legal capacity, We will allow Your rights to be exercised by:

- (a) a legally appointed Guardian responsible for Your property; or
- (b) at Our sole discretion a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You must follow the procedures stated in this Policy. All elections, designations, and Policy change requests must be made in writing and in a form acceptable to Us.

If You change Your Beneficiary, address, or request any other action by Us, You should do so on the form prepared for each purpose. You may obtain such forms from Our Administrative Office.

BENEFICIARY

The Beneficiary designated by You in the application or later changed will receive any benefits unpaid at Your death. All surviving beneficiaries of the same class will share equally in any payments to that class, unless otherwise designated by You.

If no stated beneficiary is living at the time of the Insured's death, We will pay:

- (a) the personal representative of the Insured's estate; or
- (b) the spouse, child, or parent of the Insured who We determine is entitled to payment.

CHANGE OF OWNER OR BENEFICIARY

While the Insured is living, You may change:

- (a) the Owner; or
- (b) Your Beneficiary designation, if it is not restricted by a previous designation.

We can require that any change on Your Policy be endorsed. Any change will be effective as of the date Your change request was signed, except that it will not apply to any payment We make or any action We take before We record or acknowledge Your request in Our Administrative Office.

EFFECTIVE DATE

This Policy will take effect at 12:01 AM (Central Time) on the Effective Date as stated in the Policy Data and will terminate at 11:59 PM (Central Time) on the date provided for termination. If this Policy lapses and is reinstated, the Effective Date is as described in the Reinstatement Provision. The Effective Date for any rider adding coverage for an Insured Person after this Policy is issued will be as described in that rider.

LEGAL ACTIONS

No legal action may be brought to recover any benefits provided by this Policy until 60 days after the date written proof of loss was received. No action may be brought after 3 years from the date written proof was required.

CONFORMITY WITH STATE STATUTES

Any provision of this Policy, which conflicts with any laws of the state where this Policy was issued, is amended to conform to such laws.

NONPARTICIPATION

This Policy is nonparticipating. Premiums do not include a charge for participation in surplus.

TAX CONSEQUENCES

Benefits under this Policy may be taxable. If so, You or Your Beneficiary may incur tax obligations. As with all tax matters, You should consult Your personal tax advisor for more information about how this may effect You.

CANCELLATION BY THE INSURED

You may cancel this Policy at any time by written notice delivered or mailed to Us. Cancellation will take effect upon the date We receive written notice, or upon such later date You specify in the notice. Should You cancel, We will return promptly the unearned portion of any premiums paid. Cancellation will not prejudice any claim

which originates before the Effective Date of cancellation.

PHYSICAL EXAMINATION AND AUTOPSY

At Our expense We may require:

- (a) a physical examination to be performed on an Insured Person by a Physician of Our choice in the United States, as often as is reasonably necessary while a claim is pending; or
- (b) an autopsy to be performed after an Insured Person's death, if allowed by law.

ASSIGNMENT

You may assign the benefits payable under this Policy. Your rights and those of any other person referred to in this Policy will be subject to the assignment. We are not bound by an assignment unless it is in writing and until a duplicate of the original assignment has been filed at Our Home Office. We assume no responsibility regarding the validity of any assignment or payment made without notice of a prior assignment.

FAMILY COVERAGE

INSURED SPOUSE

If the words "Insured Spouse" are NOT shown as an "Insured Person" in the Policy Data, this provision does not apply and We will pay NO benefits for Your spouse.

An **Insured Spouse** means only the Insured's spouse named in the application for this Policy.

Coverage on the Insured Spouse will terminate on the Policy anniversary on or following the Insured Spouse's 65th birthday. The termination of coverage on the Insured Spouse will not reduce Our liability for any claim originating prior to the termination of such coverage.

If this Policy is in force and the Insured dies, the Insured Spouse may continue this Policy by payment of the required premiums when they are due. The following conditions will apply:

- (a) the Insured Spouse will become the Insured under this Policy; and
- (b) the premiums will be based on the Insured Spouse's Age on the Effective Date of this Policy.

If this Policy is in force and the Insured Spouse dies, We will reduce the premium.

If this Policy is in force and the Insured's marriage to the Insured Spouse is terminated by a divorce decree, the Insured Spouse may obtain a separate Critical Illness Policy, subject to the Conversion Privilege provision below. Coverage provided on any Insured Person by this Policy cannot be continued if the Insured Person is subsequently covered by a separate Critical Illness Policy issued by Us. Coverage on any Insured Person provided by this Policy ceases when coverage on such Insured Person becomes effective under a separate Critical Illness Policy issued by Us.

INSURED CHILD

If the words "Insured Child" are NOT shown as an "Insured Person" in the Policy Date, this provision does not apply and We will pay NO benefits for Your child.

An **Insured Child** under this Policy is the Insured's child (biological child, legally adopted child or the assumption and retention by the Insured of a legal obligation for total or partial support of a child in anticipation of the adoption of the child, or a stepchild) who is unmarried and dependent on the Insured, and is:

- (a) named in the application and is no more than 18 years of Age on the date of application;
- (b) born after the Effective Date of this Policy, and the Insured is named as the parent on the child's birth certificate;
- (c) legally adopted by the Insured after the Effective Date of this Policy and before the child's 19th birthday; or
- (d) foster child from the moment of placement in the foster home.

Coverage on any Insured Child will terminate on the earlier of:

- (a) the date on which this Policy lapses or terminates for the failure to meet a condition precedent required in the Policy;
- (b) the premium due date following the Insured Child's 19th birthday unless:
 - i) the Insured Child remains dependent on the Insured; and
 - ii) the Insured Child is either enrolled as a fulltime student in high school or in an institution of higher learning beyond high school, or has been so enrolled for at least 5 months of each year since his/her 19th birthday, or is eligible to enroll in such an institution but is prevented from enrolling due to illness;
- (c) the premium due date after the Insured Child's 26th birthday if coverage on the Insured Child is continued past the Insured Child's 19th birthday under this provision; or
- (d) the Date of Issue of a separate Policy, which is issued to the Insured Spouse and provides coverage on the Insured Child.

The termination of an Insured Child's Coverage will not reduce Our liability for any claim originating prior to the termination.

If this Policy is in force when an Insured Child's coverage terminates, such Insured Child may obtain a separate Critical Illness Policy, subject to the Conversion Privilege provision below.

The coverage provided on an Insured Child by this Policy may be continued, so long as the Insured child is legally incapable of self-sustained employment due to mental or physical incapacity.

You must submit satisfactory proof of incapacity or dependency to Us within 31 days of the date on which the coverage on the Insured Child would terminate if he or she were not incapacitated or dependent, and subsequently as We may require, but not more frequently than annually after the 2 year period following the date coverage on the Insured Child would otherwise have terminated. We may charge an additional premium for continuing the coverage on any Insured Child. We will determine the premium on the basis of the Age, sex and premium rate and class in effect for the Insured Child on the date proof of incapacity or dependency is provided.

CONVERSION PRIVILEGE

We will issue a separate Critical Illness Policy to an Insured Spouse or Insured Child as described in this Policy.

Written application with payment of the first premium for such separate Policy must be made:

- (a) by the Insured Spouse within 31 days following termination of marriage by divorce decree;
- (b) prior to the Policy anniversary date on or following the Insured's 64th birthday; or
- (c) by the Insured Child within 31 days following the termination of his or her coverage under this Policy.

A separate Policy will be issued:

- (a) without evidence of insurability;
- (b) on a Policy form currently being issued by Us in Your state of residence, providing Critical Illness coverage can be issued or is still being issued by Us in Your state;
- (c) with the same provisions applicable to such Insured Person, if any, provided by this Policy;
- (d) with a current Effective Date;

- (e) at the premium rate and class in effect for the Insured Person's Age and sex on the date of application for the separate Policy;
- (f) with the same benefits payable, if any, reduced by any benefits previously paid for the Illnesses stated in the Policy Schedule of Benefits; and
- (g) with the same Incontestable provision applicable to such Insured Person provided by this Policy, commencing on the date coverage on the Insured Person becomes effective under this Policy.