

State: Arkansas **Filing Company:** Reserve National Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Group accident
Project Name/Number: /

Filing at a Glance

Company: Reserve National Insurance Company
Product Name: Group accident
State: Arkansas
TOI: H02G Group Health - Accident Only
Sub-TOI: H02G.000 Health - Accident Only
Filing Type: Form
Date Submitted: 01/18/2013
SERFF Tr Num: EWLE-128857182
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation: On Approval
Date Requested:
Author(s): Suzanne Heasley
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 01/30/2013
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Reserve National Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Group accident
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments:
 Explanation for Combination/Other: Market Type:
 Submission Type: Overall Rate Impact:
 Filing Status Changed: 01/30/2013
 State Status Changed: 01/30/2013 Deemer Date:
 Created By: Suzanne Heasley Submitted By: Suzanne Heasley
 Corresponding Filing Tracking Number:

Filing Description:
 See attached submission letter.

Company and Contact

Filing Contact Information

Suzanne Heasley, Compliance sheasley@lewisellis.com
 2325 Havard Oak Drive 972-398-3733 [Phone]
 Plano, TX 75074

Filing Company Information

(This filing was made by a third party - lewisandellisincorporated3)

Reserve National Insurance Company	CoCode: 68462	State of Domicile: Oklahoma
601 East Britton Road	Group Code:	Company Type:
Oklahoma City, OK 73114	Group Name:	State ID Number:
(800) 654-9106 ext. [Phone]	FEIN Number: 73-0661453	

Filing Fees

Fee Required? Yes
 Fee Amount: \$700.00
 Retaliatory? No
 Fee Explanation: 14 forms @ \$50 per form
 Per Company: No

Company	Amount	Date Processed	Transaction #
Reserve National Insurance Company	\$700.00	01/18/2013	66680660

SERFF Tracking #:

EWLE-128857182

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Reserve National Insurance Company

TOI/Sub-TOI:

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name:

Group accident

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/30/2013	01/30/2013

State: Arkansas **Filing Company:** Reserve National Insurance Company
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Product Name: Group accident
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Disposition

Disposition Date: 01/30/2013

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Authorization to file	Approved-Closed	Yes
Supporting Document	submission letter	Approved-Closed	Yes
Supporting Document	Clarification letter for multiple employers and associations	Approved-Closed	Yes
Supporting Document	Variability Statement	Approved-Closed	Yes
Form	Policy Pages Accident Indemnity	Approved-Closed	Yes
Form	Policyholder Accident Indemnity Application	Approved-Closed	Yes
Form	Participating Employer Accident Indemnity Application	Approved-Closed	Yes
Form	Certificate Accident Indemnity	Approved-Closed	Yes
Form	Insured Person Accident Indemnity Application	Approved-Closed	Yes
Form	Policy Pages Accident Expense	Approved-Closed	Yes
Form	Policyholder Accident Expense Application	Approved-Closed	Yes
Form	Participating Employer Accident Expense Application	Approved-Closed	Yes
Form	Certificate Accident Expense	Approved-Closed	Yes
Form	Insured Person Accident Expense Application	Approved-Closed	Yes
Form	Spouse Rider	Approved-Closed	Yes

SERFF Tracking #:

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State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Reserve National Insurance Company

TOI/Sub-TOI:

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name:

Group accident

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/

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Child(ren) Rider	Approved-Closed	Yes
Form	Accident Rider	Approved-Closed	Yes
Form	Disability Income Rider	Approved-Closed	Yes

State: Arkansas

Filing Company:

Reserve National Insurance Company

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Group accident

Project Name/Number: /

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 01/30/2013	Policy Pages Accident Indemnity	KB-MAI-POL-1301	POL	Initial			policy only pages indemnity KB-MAI-POL-1301.pdf
2	Approved-Closed 01/30/2013	Policyholder Accident Indemnity Application	KB-MAI-PHAPP-1301-AR	AEF	Initial			PH APP indemnity KB-MAI-PHAPP-1301 AR.pdf
3	Approved-Closed 01/30/2013	Participating Employer Accident Indemnity Application	KB-MAI-PEAPP-1301-AR	AEF	Initial			Part Emp APP indemnity KB-MAI-PEAPP-1301 AR.pdf
4	Approved-Closed 01/30/2013	Certificate Accident Indemnity	KB-MAI-CER-1301	CER	Initial			Certificate indemnity KB-MAI-CER-1301.pdf
5	Approved-Closed 01/30/2013	Insured Person Accident Indemnity Application	KB-MAI-IPAPP-1301-AR	AEF	Initial			Insured Person APP indemnity KB-MAI-IPAPP-1301 AR.pdf
6	Approved-Closed 01/30/2013	Policy Pages Accident Expense	KB-MAE-POL-1301	POL	Initial			policy only pages expense KB-MAE-POL-1301.pdf
7	Approved-Closed 01/30/2013	Policyholder Accident Expense Application	KB-MAE-PHAPP-1301-AR	AEF	Initial			PH APP expense KB-MAE-PHAPP-1301 AR.pdf

State: Arkansas

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Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
8	Approved-Closed 01/30/2013	Participating Employer Accident Expense Application	KB-MAE- PEAPP- 1301-AR	AEF	Initial			Part Emp APP expense KB-MAE- PEAPP-1301 AR.pdf
9	Approved-Closed 01/30/2013	Certificate Accident Expense	KB-MAE- CER-1301	CER	Initial			Certificate expense KB-MAE- CER-1301.pdf
10	Approved-Closed 01/30/2013	Insured Person Accident Expense Application	KB-MAE- IPAPP- 1301-AR	AEF	Initial			Insured Person APP expense KB- MAE-IPAPP-1301 AR.pdf
11	Approved-Closed 01/30/2013	Spouse Rider	KB-MA-SR- 1301	CERA	Initial			Spouse Rider KB- MA-SR-1301.pdf
12	Approved-Closed 01/30/2013	Child(ren) Rider	KB-MA-CR- 1301-AR	CERA	Initial			Child Rider KB- MA-CR-1301 r AR.pdf
13	Approved-Closed 01/30/2013	Accident Rider	KB-MAE- AR-1301	CERA	Initial			Accident Rider KB- MAE-AR-1301.pdf
14	Approved-Closed 01/30/2013	Disability Income Rider	KB-MA-DR- 1301	CERA	Initial			DI Benefit Rider KB-MA-DR- 1301.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
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SERFF Tracking #:

EWLE-128857182

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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



RESERVE NATIONAL

RESERVE NATIONAL INSURANCE COMPANY

A Kemper Life & Health Company
[601 East Britton Road, Oklahoma City, OK 73114]
[1-800-654-9106 www.reservenational.com]

(Referred to in this Policy as the Company, We, Us, Our)

Policyholder: [ABC Employer; ABC Association [of Employers]; ABC [Employer] Trust]

Policy Number:

State of Issue:

Policy Effective Date:

Policy Anniversary Date:

Reserve National Insurance Company in consideration of the application for this Policy and the timely payment of premiums, agrees, subject to the terms and conditions of this Policy, to provide benefits under this Policy to Insured Persons.

All periods of insurance under this Policy begin and end at 12:01 a.m. standard time at the address of the Policyholder. Subject to the terms and conditions of this Policy, it can be renewed until the first Policy Anniversary Date by timely payment of the required premium. Unless terminated in accordance with the applicable provisions of this Policy, it can be renewed after such time from month to month by timely payment of the required premium.

This Policy may be modified by mutual agreement between the Policyholder and Us.

The provisions on the following pages and the terms in the Certificate and any attached Rider(s) are a part of this Policy. A copy of the Certificate and any attached Rider(s) are attached to, and made a part of this Policy.

NOTICE OF 10 DAY RIGHT TO EXAMINE POLICY

The Policyholder is granted a period of 10 days from the date of delivery of this Policy to examine it. If the Policyholder is not satisfied for any reason, this Policy may be returned within said 10 days to the Company at its home office or to the writing agent. The Company will refund the premium paid and this Policy will be void from its beginning.

Signed for Reserve National Insurance Company.

[


Secretary


President]

**THIS IS A LIMITED POLICY. IT PROVIDES BENEFITS FOR ACCIDENTS ONLY.
PLEASE READ THIS POLICY CAREFULLY**

**Accident Indemnity Insurance
Non-Participating**

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POLICY SCHEDULE PROVISIONS

[Minimum Hours Requirement: [20 – 30] hours per week]

[Eligible Group: Participating Employer]

[Participating Employer: [XYZ Employer]]

[Minimum Participation Requirements: []]

Eligible Class: [[All; Salaried; Hourly] [employees working the Minimum Hours Requirement] [including; excluding] [part-time; seasonal; temporary] employees of the Policyholder]

[[All; Salaried; Hourly] [employees working the Minimum Hours Requirement] [including; excluding] [part-time; seasonal; temporary] employees of Participating Employers]

[All members [in good standing age [18] and over] of the Policyholder]

Waiting Period: [none; [30 – 180] days]

Coverage: [24 hour] [Off-the-job]

[CONDITIONS FOR COVERAGE OF PARTICIPATING EMPLOYERS

Eligibility for Participating Employers

An employer is eligible to be a Participating Employer under this Policy on the later of:

1. The Policy Effective Date; or
2. The date the employer becomes a Participating Employer of the Policyholder.

Effective Date of Coverage for Participating Employers

Coverage will become effective at 12:01 a. m. Standard Time at the Policyholder's address on the [first of the month following the] date the employer becomes eligible as a Participating Employer of the Policyholder; provided:

1. Application for coverage as a Participating Employer has been received; [and]
2. The required premium has been paid [; and] [.]
3. [The Participating Employer has satisfied the Minimum Participation Requirements of this Policy.]

Termination Date of Coverage for Participating Employers

Insurance terminates for a Participating Employer on the earliest of the following:

1. The date We receive the Participating Employer's written request for termination under this Policy;
2. The date this Policy terminates; or
3. The end of the Grace Period following the date any required premium with respect to the Participating Employer has not been paid.]

CONDITIONS FOR COVERAGE OF INSUREDS

Eligibility for Insureds

A person who is a member of an Eligible Class is eligible for coverage under this Policy on the later of:

1. The Policy Effective Date; or
2. The day after the person completes any applicable Waiting Period.

Effective Date of Coverage for Insureds

Coverage will become effective at 12:01 a. m. Standard Time at the Policyholder's address on the date the person becomes eligible; provided application for insurance has been received by Us and the required premium authorized.

[If the proposed insured is absent from work on the date his or her coverage would normally become effective, his or her coverage will begin on the date he or she returns to Active Employment.

For purposes of this provision, "Active Employment" means the Insured is working for his or her employer for earnings that are paid regularly and he or she is performing the material and substantial duties of his or her regular occupation.

The work site must be:

1. The Insured's employer's usual place of business;
2. An alternate work site at the direction of the Insured's employer; or
3. A location to which the Insured's job requires him or her to travel.

Normal vacation is considered Active Employment.]

PREMIUM PROVISIONS

PREMIUM PAYMENTS: Premiums are due and payable on a monthly basis. The first premium is due on the Policy Effective Date. Each premium after that is due on the first day following the period for which the preceding premium was paid. Premiums are payable to Us at Our home office or to Our designated administrator. Payment of a premium shall not maintain this insurance in force beyond the period for which it is paid except for the Grace Period provision.

PREMIUM CHANGES: The premium rates may be changed by Us. If the rates are changed, We will give at least 31 days advance written notice.

GRACE PERIOD: After the first premium is paid, each subsequent premium can be paid in the Grace Period. Any Grace Period will last 31 days after the premium due date. During this time, this Policy will remain in full force. If a past due premium is not paid by the end of the Grace Period, this Policy will lapse. The lapse date will be the last day of the Grace Period.

RETURN OF PREMIUMS: In the event of termination of this Policy, the Company shall promptly return on a pro-rata basis the unearned premium paid, if any, and the Policyholder shall promptly pay on a pro-rata basis the earned premium.

GENERAL PROVISIONS

REPLACEMENT PROVISION: If this Policy replaces another similar group policy issued to the Policyholder, all persons covered under the prior group policy, on its date of termination, will be covered under this Policy.

ENTIRE CONTRACT: This Policy, including any endorsements, amendments and riders, the Policyholder application, [the Participating Employer's application,] the Insured's individual application and the Certificate(s) issued are the entire contract between the parties. All statements made by the Policyholder [, Participating Employer] or an Insured Person will, in the absence of fraud, be deemed representations and not warranties and no such statement shall be used in defense to a claim hereunder unless it is contained in a written instrument signed by the Policyholder [, Participating Employer] or the Insured Person, a copy of which has been furnished to the Policyholder, [Participating Employer,] the Insured Person, or the Insured Person's beneficiary.

AMENDMENT AND CHANGES: No agent is authorized to alter or amend this Policy or to waive any conditions or restrictions herein, or to extend the time for paying a premium. This Policy may be amended at any time by mutual agreement between the Policyholder and Us without the consent of any Insured Person, but without prejudice to any loss incurred prior to the effective date of the amendment or endorsement. No person except an officer of the Company has authority on behalf of the Company to modify this Policy or to waive or lapse any of Our rights or requirements.

TIME LIMIT ON CERTAIN DEFENSES: No misstatements made by the Policyholder [or Participating Employer] in the application for this Policy shall be used to deny a claim for a loss which is incurred after two years from the Policy Effective Date. No claim for loss commencing after one year from the effective date of coverage for an Insured Person will be reduced or denied on the ground that a disease or physical condition had existed before the Insured Person's effective date of coverage.

TERMINATION OF THIS GROUP POLICY: We may terminate this Policy at any time following the Policy Anniversary Date by giving the Policyholder written notice at least 31 days in advance. The Policyholder may also terminate this Policy by giving Us written notice at least 31 days before the intended termination date. This Policy will also terminate if the required premium is not paid by the Policyholder as provided in the Grace Period provision.

In the event of termination of this Policy by the Policyholder, coverage under this Policy will remain in effect for the benefit of those who have continued their coverage under the Portability provision of this Policy.

MISSTATEMENT OF AGE: If the age of the Insured Person has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age. If, according to the correct age, the coverage would not have become effective, our liability shall be limited to the refund of all premiums paid for the period not covered.

NECESSARY INFORMATION: We must receive sufficient information to administer this Policy and compute the premium. We have the right to inspect any of the Policyholder's records as required to carry out the provisions of this Policy at any time.

CLERICAL ERROR OR OMISSION: Clerical error or omission by the Company will not:

1. Prevent an Insured Person from receiving coverage;
2. Affect the amount of an Insured Person's coverage; or
3. Cause an Insured Person's coverage to begin or continue when coverage would otherwise not be effective.

MINIMUM PARTICIPATION REQUIREMENT: We may establish Minimum Participation Requirement(s). For purposes of determining the Minimum Participation Requirements under this Policy, an eligible Insured Person is one who is eligible to be covered and who has not declined this insurance.

CERTIFICATES: We will issue an individual Certificate to each Insured. It will state the essential features of the insurance to which the Insured is entitled. This will include conditions of eligibility, what benefits are payable and to whom and those provisions of this Policy relative to the procedure to be followed in filing a claim.

CERTIFICATE PROVISIONS MADE A PART OF THIS POLICY: The remainder of this Policy consists of the provisions shown in the Certificate(s) issued to Insureds under this Policy. Amendments or other documents, if any, changing the provisions of the Certificate are also made a part of this Policy.



**INSURANCE BENEFITS PROVIDED BY
RESERVE NATIONAL INSURANCE COMPANY**
A Kemper Life & Health Company
[601 East Britton Road, Oklahoma City, OK 73114]
[Telephone 800.654.9106]
[service@kemperbenefits.com] [www.kemperbenefits.com]

APPLICATION FOR GROUP ACCIDENT INDEMNITY INSURANCE

POLICYHOLDER INFORMATION			
Proposed Policyholder (Full Corporate/Legal Name)		Proposed Effective Date	
Proposed Policyholder is: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____ <input type="checkbox"/> Association (attach bylaws) <input type="checkbox"/> Trust (attach Trust document)			
Mailing Address (Number/Street/City)		State	Zip
Contact Person	(Title)	Telephone ()	
Name of Business		Location(s)	
Description of the Type of Business			
Will the proposed insurance replace or act to change any existing group insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tax I.D. Number	
Classification	Description of Eligible Insureds		Minimum No. of Hours Required Per Week
% of Premium Paid by: Policyholder % Insured %		Total Number of Eligible Insureds	
BENEFIT INFORMATION			
ACCIDENT POLICY			
Coverage Basis: <input type="checkbox"/> 24 hr. <input type="checkbox"/> Non-Occ. only		Benefit Plan Basic Benefits: [<input type="checkbox"/> Bronze] [<input type="checkbox"/> Silver] [<input type="checkbox"/> Gold] [<input type="checkbox"/> ____]	Optional Additional Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No
OPTIONAL BENEFIT			
Disability Income Benefit Rider <input type="checkbox"/> Yes <input type="checkbox"/> No		Maximum Benefit Period: [<input type="checkbox"/> 13 weeks <input type="checkbox"/> 26 weeks]	
Monthly Benefit Amount per Unit	[<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$250]	Number of Units:	[Total benefit may not exceed 60% of Insured's Gross Monthly Income.]
Monthly Benefit Amount per Unit: [<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$250]			Number of Units:
Coverage Basis [(must be the same as Accident Policy)]:		<input type="checkbox"/> 24 hr. <input type="checkbox"/> Non-Occ. only	
Elimination Period:	Injury: Days [<input type="checkbox"/> 7 <input type="checkbox"/> 14]	Sickness: Days	[<input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> N/A]

AGREEMENT

IT IS UNDERSTOOD AND AGREED THAT the Group Policy will become effective on the Proposed Effective Date shown above only if this application is accepted at the Home Office of Reserve National Insurance Company and the conditions of eligibility, the insurance coverage, benefits and amounts, the conditions under which the benefits will be payable and all other terms and conditions of this insurance will be in accordance with the Group Policy issued and any certificates, amendments, riders, endorsements, thereto which together with the copy of this application attached to the Group Policy and the individual application(s), if any, of the persons to be insured will constitute the entire contract.

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

SUBMITTED FOR PROPOSED GROUP POLICYHOLDER

	On	At
	(Mo/Day/Yr)	(City/State)
(Name/Title)	(Signature)	
(Agent Name/Agent No.)	(Signature)	

POLICYHOLDER _____ GROUP POLICY NUMBER _____



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 [service@kemperbenefits.com] [www.kemperbenefits.com]

APPLICATION FOR GROUP ACCIDENT INDEMNITY INSURANCE

PARTICIPATING EMPLOYER INFORMATION			
Proposed Participating Employer (Full Corporate/Legal Name)		Proposed Effective Date	
Mailing Address (Number/Street/City)		State	Zip
Contact Person	(Title)	Telephone ()	
Name of Business		Location(s)	
Description of the Type of Business			
Will the proposed insurance replace or act to change any existing group insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tax I.D. Number	
Classification	Description of Eligible Insureds	Minimum No. of Hours Required Per Week	
% of Premium Paid by: Participating Employer % Insured %		Total Number of Eligible Insureds	
BENEFIT INFORMATION			
ACCIDENT INDEMNITY POLICY			
Coverage Basis: <input type="checkbox"/> 24 hr. <input type="checkbox"/> Non-Occ. only		Benefit Plan Basic Benefits: [<input type="checkbox"/> Bronze] [<input type="checkbox"/> Silver] [<input type="checkbox"/> Gold] [<input type="checkbox"/> ____]	Optional Additional Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No
OPTIONAL BENEFIT			
Disability Income Benefit Rider <input type="checkbox"/> Yes <input type="checkbox"/> No		Maximum Benefit Period: [<input type="checkbox"/> 13 weeks] [<input type="checkbox"/> 26 weeks]	
Monthly Benefit Amount per Unit	[<input type="checkbox"/> \$50] [<input type="checkbox"/> \$100] [<input type="checkbox"/> \$150] [<input type="checkbox"/> \$250]	Number of Units:	[Total benefit may not exceed 60% of Insured's Gross Monthly Income.]
Coverage Basis [(must be the same as Accident Policy)]:		<input type="checkbox"/> 24 hr. <input type="checkbox"/> Non-Occ. only	
Elimination Period:	Injury: Days [<input type="checkbox"/> 7] [<input type="checkbox"/> 14]	Sickness: Days	[<input type="checkbox"/> 7] [<input type="checkbox"/> 14] [<input type="checkbox"/> N/A]

AGREEMENT

IT IS UNDERSTOOD AND AGREED THAT coverage for the Participating Employer will become effective on the Proposed Effective Date shown above only if this application is accepted at the Home Office of Reserve National Insurance Company and the conditions of eligibility, the insurance coverage, benefits and amounts, the conditions under which the benefits will be payable and all other terms and conditions of this insurance will be in accordance with the Group Policy issued and any certificates, amendments, riders, endorsements, thereto which together with the copy of the Group Policy application attached to the Group Policy, this application and the individual application(s), if any, of the persons to be insured will constitute the entire contract.

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

SUBMITTED FOR PROPOSED PARTICIPATING EMPLOYER

	On	At
	(Mo/Day/Yr)	(City/State)
(Name/Title)	(Signature)	
(Agent Name/Agent No.)	(Signature)	



**RESERVE
NATIONAL**

RESERVE NATIONAL INSURANCE COMPANY

A **Kemper Life & Health** Company
[601 East Britton Road, Oklahoma City, OK 73114]
[1-800-654-9106 www.reservenational.com]

(Referred to in the Policy as the Company, We, Us, Our)

This Certificate explains the insurance benefits issued to the Policyholder named in the Schedule of Benefits. We agree to pay the benefits to each Insured Person in accordance with the terms of the Policy and any attached Rider(s).

The Policy under which this Certificate is issued may be amended or cancelled at any time as stated in its provisions. Only an officer of Reserve National Insurance Company may approve a change and it must be done in writing. Such action may be taken without the consent of or notice to any person who claims rights or benefits under the Policy.

THIS CERTIFICATE IS NOT MEDICARE SUPPLEMENT COVERAGE. IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE, WHICH IS AVAILABLE FROM THE COMPANY.

This Certificate replaces any previous certificate(s) issued to the Insured under the Policy.

**THE POLICY IS A LIMITED POLICY. IT PROVIDES BENEFITS FOR ACCIDENTS ONLY.
PLEASE READ THIS CERTIFICATE CAREFULLY.**

**Accident Indemnity Insurance
Non-Participating**

Signed for Reserve National Insurance Company.

[


Secretary


President

]

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General Provisions	19
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SCHEDULE OF BENEFITS

Policyholder:	Insured:
Policy Number:	Certificate Number:
Policy Effective Date:	Certificate Effective Date:
Disability Income Benefit Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No	Insured Spouse:
Type of Coverage: <input type="checkbox"/> Insured only <input type="checkbox"/> Insured/Spouse <input type="checkbox"/> Insured/Children <input type="checkbox"/> Family	Insured Child(ren):

Certificate Premiums

Accident Indemnity Benefits
 [Spouse Rider]
 [Child(ren) Rider]
 [Disability Income Benefit Rider]

Monthly Premiums

[\$XX.XX]
 [\$XX.XX]
 [\$XX.XX]
 [\$XX.XX]

TOTAL MONTHLY PREMIUM

[\$XX.XX]

ACCIDENT INDEMNITY BENEFITS

DESCRIPTION OF COVERAGE

BENEFIT AMOUNT

Accidental Death Benefit

Insured	\$[25,000; 50,000; 100,000]
Insured Spouse	\$[10,000; 20,000; 40,000]
Each Insured Child	\$[5,000; 10,000; 20,000]

Accidental Death Common Carrier Benefit

Insured	\$[50,000; 100,000; 200,000]
Spouse	\$[20,000; 40,000; 80,000]
Each Child	\$[10,000; 20,000; 40,000]

Accidental Dismemberment Benefit per Insured Person

Loss of Both Hands; OR Loss of Both Feet; OR Loss of Sight of Both Eyes	\$[12,500; 25,000; 50,000]
Loss of One Hand and One Foot; OR Loss of One Hand and Sight of One Eye; OR Loss of One Foot and Sight of One Eye	\$[12,500; 25,000; 50,000]
Loss of One Hand; OR Loss of One Foot; OR Loss of Sight of One Eye	\$[6,250; 12,500; 25,000]

Ambulance Benefit per Insured Person

Air Ambulance	\$[500; 1,000; 2,000]
Ground Ambulance	\$[125; 250; 500]

Appliance Benefit per Insured Person

\$[50; 100; 200]

Blood/Plasma/Platelets Benefit per Insured Person

[\$125; 250; 500]

Burns/Skin Grafts Benefit per Insured Person**Burns**2nd Degree; 35 sq. in. or more

[\$500; 1,000; 2,000]

3rd Degree, 10 – 20 sq. in.

[\$1,500; 3,000; 6,000]

3rd Degree, 20 – 35 sq. in.

[\$2,500; 5,000; 10,000]

3rd Degree, 35 sq. in. or more

[\$5,000; 10,000; 20,000]

Skin Grafts – 2nd or 3rd Degree Burns

50% of Burn Benefit

Skin Grafts – Other Accidental loss

10 – 20 sq. in.

[\$150; 300; 450]

20 – 35 sq. in.

[\$250; 500; 750]

35 sq. in. or more

[\$500; 1,000; 1,500]

Coma Benefit per Insured Person

[\$5,000; 10,000; 15,000]

Concussion Benefit per Insured Person

[\$100; 200; 300]

Dental Benefit per Insured Person

Emergency Crown

[\$150; 300; 450]

Emergency Extraction

[\$50; 100; 150]

Dislocation Benefit per Insured Person**Closed Reduction****Open Reduction**

Hip

[\$1,250; 2,500; 5,000]

[\$2,500; 5,000; 10,000]

Knee (except Patella)

[\$750; 1,500; 3,000]

[\$1,500; 3,000; 6,000]

Ankle bone or bones of foot (other than toes)

[\$625; 1,250; 2,500]

[\$1,250; 2,500; 5,000]

Collarbone (Sternoclavicular)

[\$300; 600; 1,000]

[\$600; 1,000; 2,000]

Lower jaw

[\$200; 400; 800]

[\$400; 800; 1,600]

Shoulder (Glenohumeral)

[\$200; 400; 800]

[\$400; 800; 1,600]

Elbow

[\$200; 400; 800]

[\$400; 800; 1,600]

Wrist

[\$200; 400; 800]

[\$400; 800; 1,600]

Bone or bones of hand (other than fingers)

[\$200; 400; 800]

[\$400; 800; 1,600]

Collarbone (Acromioclavicular and separation)

[\$100; 200; 400]

[\$200; 400; 800]

One toe or finger

[\$100; 200; 400]

[\$200; 400; 800]

Eye Injury Benefit per Insured Person

[\$200; 300; 400]

Fracture Benefit per Insured Person**Closed Reduction****Open Reduction**

Skull (except bones of face or nose) Depressed

[\$1,250; 2,500; 5,000]

[\$2,500; 5,000; 10,000]

Skull (except bones of face or nose) Non-depressed

[\$750; 1,500; 3,000]

[\$1,500; 3,000; 6,000]

Hip, Thigh (Femur)

[\$750; 1,500; 3,000]

[\$1,500; 3,000; 6,000]

Vertebrae, Body of (excluding Vertebral Process)

[\$625; 1,250; 2,500]

[\$1,250; 2,500; 5,000]

Pelvis

[\$625; 1,250; 2,500]

[\$1,250; 2,500; 5,000]

Leg (Tibia and/or Fibula)

[\$625; 1,250; 2,500]

[\$1,250; 2,500; 5,000]

Bone of the face or nose (except Mandible or Maxilla)

[\$250; 500; 1,000]

[\$500; 1,000; 2,000]

Upper Jaw, Maxilla (except Alveolar Process)

[\$250; 500; 1,000]

[\$500; 1,000; 2,000]

Upper Arm between Elbow and Shoulder (Humerus)

[\$250; 500; 1,000]

[\$500; 1,000; 2,000]

Lower Jaw, Mandible (except Alveolar Process)

[\$100; 200; 800]

[\$200; 400; 1,600]

Shoulder Blade (Scapula)

[\$200; 400; 800]

[\$400; 800; 1,600]

Collarbone (Clavicle, Sternum)	\$[200; 400; 800]	\$[400; 800; 1,600]
Vertebral Process	\$[200; 400; 800]	\$[400; 800; 1,600]
Forearm (Radius and/or Ulna)	\$[200; 400; 800]	\$[400; 800; 1,600]
Hand, Wrist (except Fingers)	\$[200; 400; 800]	\$[400; 800; 1,600]
Kneecap (Patella)	\$[200; 400; 800]	\$[400; 800; 1,600]
Foot (except Toes)	\$[200; 400; 800]	\$[400; 800; 1,600]
Ankle	\$[200; 400; 800]	\$[400; 800; 1,600]
Rib	\$[125; 250; 500]	\$[250; 500; 1,000]
Coccyx	\$[75; 150; 300]	\$[150; 300; 600]
Finger, Toe	\$[25; 50; 100]	\$[50; 100; 200]
Knee Cartilage Benefit per Insured Person		
Torn with surgical repair		\$[500; 750; 1,000]
Exploratory without repair		\$[100; 150; 200]
Laceration Benefit per Insured Person		
Not requiring stitches		\$[25; 50; 75]
Less than 2 in. long with stitches		\$[50; 75; 100]
2 – 6 in. long with stitches		\$[200; 300; 400]
6 in. or more with stitches		\$[400; 600; 800]
Lodging (per night) Benefit per Insured Person		\$[100; 150; 200]
Pain Management Benefit per Insured Person		\$[50; 100; 150]
Prosthetic Device Benefit per Insured Person		
One only		\$[500; 750; 1,000]
Two or more		\$[1,000; 1,500; 2,000]
Rehabilitation Unit Confinement (per day) Benefit per Insured Person		\$[50; 100; 150]
Ruptured Disc with Surgical Repair Benefit per Insured Person		\$[500; 750; 1,000]
Surgery		
Open Abdominal & Thoracic		\$[1,000; 1,500; 2,000]
Hernia		\$[100; 150; 200]
Exploratory Without Repair		\$[100; 150; 200]
Tendon/Ligament/Rotator Cuff Benefit per Insured Person		
Single		\$[750; 1,000; 1,250]
Multiple		\$[1,250; 1,750; 2,000]
Exploratory without repair		\$[100; 200; 300]
Transportation Benefit per Insured Person		\$[0.30; 0.45; 0.60] per mile
[Hospital Admission Benefit per Insured Person		\$[250 – 2,500] in increments of \$250]
[Hospital ICU Admission Benefit per Insured Person		200% of Hospital Admission Benefit]
[Hospital Confinement Benefit per Insured Person (per day up to 365 days)		\$[50 – 500] in increments of \$25]

[Hospital ICU Confinement Benefit per Insured Person (per day up to 365 days	200% of Hospital Confinement Benefit]
[Emergency Room Treatment Benefit per Insured Person	[\$50 – 100] in increments of \$50]
[Emergency Care in Physician Office or Urgent Care Facility Benefit per Insured Person	[\$75 – 150] in increments of \$75]
[Physician Follow-up Visit Benefit per Insured Person Visit Maximum	[\$25 – 150] in increments of \$25 [1 – 4]]
[Therapy Services Benefit per Insured Person (Occupational Therapy, Physical Therapy, Speech Therapy) Visit Maximum	[\$25 – 150] in increments of \$25 [5; 10; 15]]
[Chiropractic Treatment Benefit per Insured Person Visit Maximum	[\$25 – 150] in increments of \$25 [5; 10; 15]]
[X-Ray Benefit per Insured Person	[\$25 – 100]]
[Major Diagnostic Imaging Benefit per Insured Person	[\$100 – 500]]
[Outpatient Surgical Facility Benefit per Insured Person	[\$50 – 500]]

DEFINITIONS

Accident means an unforeseen event, which occurs on or after the effective date of coverage for the Insured Person and while this Certificate is in force, that is the direct cause of an Accidental Injury to an Insured Person.

Accidental Injury means bodily injury to an Insured Person that is directly caused by an Accident and is the direct cause of a covered loss sustained on or after the effective date of coverage for the Insured Person and while this Certificate is in force, which is independent of Sickness, disease or bodily infirmity and not excluded under the Policy.

Care means medical treatment or attention received in an Emergency Room, Hospital, Urgent Care Center or Physician's office.

[Chiropractic Care Services means spinal manipulation services conducted by a licensed chiropractor to correct a structural imbalance caused by an Accidental Injury. Benefits are not payable for massage therapy or for treatment of chronic conditions or other injuries not related to structural imbalance.]

Closed Reduction means manipulative repair of a Fracture.

Common Carrier means a commercial airlines, train, bus, boat, ferry or ship, subway or streetcar, operated on a regularly scheduled basis between pre-determined ports or cities. Taxis and privately chartered vehicles are not common carriers.

Confined or Confinement means the assignment to a bed as a resident inpatient in a Hospital on the advice of a Physician or Confinement in an Observation Unit within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician.

Diagnosis/Diagnosed means a Physician, specializing in a particular field of medicine, where applicable, has definitively identified a disease or irregularity in an Insured Person. Such Diagnosis must:

1. Be based upon the use of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations and where the results are documented in and supported by the Insured Person's medical records; and
2. Meet all diagnostic requirements stated in the Policy for the particular Accidental Injury being Diagnosed.

Emergency Room means a specified area within a Hospital that is designated for the emergency Care of Accidental Injuries. This area must:

1. Be staffed and equipped to handle trauma;
2. Be supervised and provide Care by a Physician;
3. Provide Care 7 days per week, 24 hours per day.

Epidural Anesthesia means a form of regional anesthesia involving injection of drugs through a catheter placed into the epidural space. The epidural must be administered due to an Accidental Injury and does not include treatment for childbirth or diseases.

Fracture means a break, rupture or crack in a bone that can be Diagnosed by x-ray. The fracture must require correction by a Physician through either Open Reduction or Closed Reduction.

Hospital means an institution that:

1. Is operated pursuant to law and is licensed as a Hospital by the responsible state agency;
2. Is primarily and continuously engaged in providing or operating, either on its premises or in facilities available to the Hospital on a prearranged basis and under the supervision of a staff of duly licensed Physicians, medical, diagnostic and major surgical facilities for the Care of sick or injured persons on an inpatient basis for which a charge is made; and
3. Provides 24-hour nursing services by or under the supervision of registered graduate professional nurses (RNs).

Hospital does NOT mean or include:

1. Convalescent, assisted living, extended care, hospice, rest or nursing facilities;
2. Facilities primarily affording custodial, educational or rehabilitative care or facilities primarily for the aged or for substance abusers; or
3. A private monitored room.

[Hospital Intensive Care Unit means a place which:

1. Is a specifically designated area of the Hospital that is restricted to patients who are critically ill or injured and who require intensive, comprehensive observation and Care;
2. Is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement;
3. Is permanently equipped with special lifesaving equipment for the Care of the critically ill or injured;
4. Is under close observation by a specially trained nursing staff assigned exclusively to the Intensive Care Unit on a 24 hour basis; and
5. Has a Physician assigned to the Intensive Care Unit on a full-time basis.

A Hospital Intensive Care Unit that meets the definition above may include Hospital units with the following names:

1. Intensive Care Unit;
2. Coronary Care Unit;
3. Neonatal Intensive Care Unit;
4. Pulmonary Care Unit;
5. Burn Unit; or
6. Transplant Unit.]

Immediate Family Member means a person who is related to the Insured Person in any of the following ways: spouse, child (including a legally adopted child, stepchild, son-in-law and daughter-in-law), parents (including stepparent, mother-in-law and father-in-law), and brother or sister (including stepbrother, stepsister, brother-in-law or sister-in-law).

Insured means the person named as the Insured on the Schedule of Benefits.

Insured Child(ren) means the Eligible Dependent Child(ren) of the Insured whose coverage is effective under the Child(ren) Rider attached to the Policy/Certificate.

Insured Person means You, the Insured Spouse and all Insured Child(ren), named on the Schedule of Benefits and covered under the Spouse Rider and/or Child(ren) Rider attached to the Policy/Certificate.

Insured Spouse means the Eligible Spouse of the Insured whose coverage is effective under the Spouse Rider attached to the Policy/Certificate.

Observation Unit means a specified area within a Hospital, apart from the Emergency Room, where a patient can be monitored following outpatient surgery or treatment in the Emergency Room by a Physician and which:

1. Is under the direct supervision of a Physician or registered nurse;
2. Is staffed by nurses assigned specifically to that unit; and
3. Provides Care seven days per week, 24 hours per day.

[Occupational Therapist means a person, other than an Insured Person or an Immediate Family Member who:

1. Possesses the designation "Occupational Therapist Registered (OTR)";
2. Is licensed by the State to practice Occupational therapy;
3. Performs services which are allowed by his or her license; and
4. Performs services for which benefits are provided under the Policy.]

[Occupational Therapy means the treatment of a physically disabled person by means of constructive activities designed and adapted to promote the restoration of the person's ability to satisfactorily accomplish the ordinary tasks of daily living and those tasks required by the person's particular occupational role. Occupational Therapy does not include diversional, recreational, vocational therapies (e.g. hobbies, arts and crafts).]

Open Reduction means the surgical repair of a Fracture.

[Physical Therapist means a person, other than an Insured Person or an Immediate Family Member who:

1. Is licensed by the State to practice Physical Therapy;
2. Performs services which are allowed by his or he license;
3. Performs services for which benefits are provided under the Policy; and
4. Practices according to the Code of Ethics of the American Physical Therapy Association.]

[Physical Therapy means treatment by physical means, hydrotherapy, heat or similar modalities, physical agents, bio-mechanical and neuro-physiological principles and devices. Such therapy is given to relieve pain, restore function and to prevent disability following injury to or loss of a body part.]

Physician means a licensed medical provider, other than the Insured, an Immediate Family Member or anyone living at the Insured's residence, who acts within the scope of his or her license and provides treatment or Care necessary for an Accidental Injury.

Pre-Existing Conditions means an injury for which medical advice, Diagnosis or treatment was recommended by a Physician or received from a Physician within the one-year period before the effective date of coverage of the Insured Person.

Primary Care Physician means a Physician, such as a family practice Physician, internist or other general medical Physician, chosen by the Insured Person to serve as his or her primary health-care professional. This Primary Care Physician should be capable of handling a variety of health-related issues and would be able to refer patients to appropriate Specialists (or subspecialists) when needed.

Rehabilitation Unit means an appropriately licensed facility that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of the combined use of medical, social, educational and vocational services to enable patients disabled by an Accidental Injury to achieve the highest possible functional ability. Services must be provided by or under the supervision of an organized staff of Physician. The Rehabilitation Unit may be part of a Hospital or a freestanding facility.

A Rehabilitation Unit is not:

1. A nursing home;
2. An extended care facility;
3. A skilled nursing facility;
4. A rest home or home for the aged;
5. A hospice care facility;
6. A place for alcoholics or drug addicts; or
7. An assisted living facility.

Sickness means a disease, bodily infirmity, illness, infection or any other physical condition that affects the Insured Person and is wholly independent of an Accident.

Specialist (or subspecialist) means a Physician whose practice is limited to a particular specialty (or subspecialty) of medicine or surgery. The Physician would not routinely provide primary Care or general Care for patients.

[Speech Therapist (or speech pathologist) means a person other than the Insured Person or an Immediate Family Member who:

1. Is licensed by the State to practice Speech Therapy;
2. Performs services which are allowed by his or her license;
3. Performs services for which benefits are provided under the Policy; and
4. Practices according to the Code of Ethics of the American Speech-Language-Hearing Association.]

[Speech Therapy means treatment and assistance for disorders related to speech, language, cognitive-communication, voice, swallowing and fluency.]

Urgent Care Center means a facility operated pursuant to law and licensed by the responsible State agency. Such center is dedicated to the delivery of unscheduled, walk-in care outside of a Hospital Emergency Room. The center must be under the supervision of a duly licensed Physician.

You or Your means the person named as the Insured on the Schedule of Benefits.

We, Us or Our means Reserve National Insurance Company.

FIXED INDEMNITY BENEFITS

We will pay the benefit shown in the Schedule of Benefits if an Insured Person has an Accidental Injury for the below listed benefits subject to the following:

1. The service or supply must be incurred due to an Accidental Injury [and is not due to or in connection with the Insured Person's occupation];
2. The service or supply must be incurred in the United States;
3. Initial Care for the Accidental Injury must begin within [48; 72; 120] hours of the Accidental Injury (unless otherwise specified);
4. The service or supply must be incurred within [30; 60; 90; 120] days of the Accidental Injury (unless otherwise specified);
5. The Accidental Injury must occur while coverage for the Insured Person is in force; and
6. The service or supply must be incurred while coverage for the Insured Person is in force.

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 Accidental Injury. 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.

Accidental Death Benefit

We will pay the Accidental Death Benefit shown in the Schedule of Benefits if an Insured Person suffers an Accidental Injury which causes the Insured Person's death within 90 days of the Accidental Injury. If the death occurs due to the Accidental Injury while the Insured Person was riding on a Common Carrier, We will pay the Accidental Death Common Carrier Benefit shown on the Schedule of Benefits. We will pay either the Accidental Death Benefit or the Accidental Death Common Carrier Benefit shown in the Schedule of Benefits.

Accidental Dismemberment Benefit

We will pay the applicable Accidental Dismemberment Benefit shown in the Schedule of Benefits if an Insured Person suffers one or more of the following losses due to and within 90 days following an Accidental Injury:

- Loss of Hand (the hand is cut off through or above the wrist joint)
- Loss of Foot (the foot is cut off through or above the ankle joint)
- Loss of Sight (total and irrecoverable loss of sight)

If the Insured Person sustains more than one of the Losses shown in the Schedule of Benefits from one Accidental Injury, We will pay for the loss which has the greatest benefit.

Ambulance Benefit

Air Ambulance: We will pay the Air Ambulance Benefit shown in the Schedule of Benefits if a licensed professional air ambulance company transports by air any Insured Person to or from a Hospital or between medical facilities where treatment is received as the result of an Accidental Injury. The air ambulance transportation must be within 48 hours after the Accidental Injury. This benefit is payable once per Insured Person per Accidental Injury.

Ground Ambulance: We will pay the Ground Ambulance Benefit shown in the Schedule of Benefits if a licensed professional ambulance company transports any Insured Person by ground to or from a Hospital or between medical facilities where treatment is received as the result of an Accidental Injury. This benefit is payable once per Insured Person per Accidental Injury.

Appliance Benefit

We will pay the Appliance Benefit shown in the Schedule of Benefits if a Physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility as a result of an Accidental Injury. For purposes of this benefit, appliance means a walking boot that extends above the ankle, brace for the neck, back or leg, cane, crutches, walker and wheelchair. The use of a medical appliance must begin within 90 days of the Accidental Injury. This benefit is payable once per Insured Person per Accidental Injury.

Blood/Plasma/Platelets Benefit

We will pay the Blood/Plasma/Platelets Benefit shown in the Schedule of Benefits if an Insured Person receives the transfusion of blood, plasma and/or platelets due to an Accidental Injury.

Burns/Skin Grafts Benefit

Burns: We will pay the applicable Burns Benefit shown in the Schedule of Benefits if an Insured Person receives burns as a result of an Accidental Injury and is treated by a Physician within 72 hours after such Accidental Injury. In the event the Insured Person suffers more than one of the burn classifications, We will pay the higher amount. This benefit is payable for only one of the benefit amounts shown in the Schedule of Benefits per Insured Person per Accidental Injury.

Burns - Skin Grafts: We will pay the applicable Skin Grafts Benefit shown in the Schedule of Benefits if an Insured Person receives a skin graft for a burn as a result of an Accidental Injury. This benefit is payable once per Insured Person per Accidental Injury. This benefit will not be paid for elective procedures and/or cosmetic surgery that are not the result of an Accidental Injury.

Coma Benefit

We will pay the Coma Benefit shown in the Schedule of Benefits if an Insured Person is in a coma resulting from a severe traumatic brain injury as a result of an Accidental Injury. The Insured Person must be in a continuous state of profound unconsciousness lasting for a period of 14 or more consecutive days characterized by the absence of:

1. Eye opening;
2. Verbal response; and
3. Motor response.

The condition must require intubation for respiratory assistance. Benefits will not be paid for a medically induced coma. This benefit is payable once per Insured Person per Accidental Injury.

Concussion Benefit

We will pay the Concussion Benefit shown in the Schedule of Benefits if an Insured Person sustains a concussion as the result of an Accidental Injury and is Diagnosed by a Physician with 72 hours following the Accidental Injury. This benefit is payable once per Insured Person per Accidental Injury.

Dental Benefit

We will pay the Dental Benefit shown in the Schedule of Benefits if an Insured Person suffers a broken tooth as the result of an Accidental Injury and the tooth is repaired by a dental crown and/or dental extraction. The dental services must begin within 60 days following the Accidental Injury.

One dental crown and one dental extraction benefit is payable per Insured Person per Accidental Injury regardless of the number of teeth involved.

Dislocation Benefit

We will pay the applicable Dislocation Benefit shown in the Schedule of Benefits if an Insured Person suffers a dislocation as the result of an Accidental Injury. A dislocation is a completely separated joint. It must be Diagnosed as a dislocation by a Physician within 90 days after the Accidental Injury. The dislocation must be corrected by Open Reduction or Closed Reduction.

Dislocation: We will pay this benefit only for the first dislocation of a joint after the effective date of coverage for the Insured Person. Subsequent dislocations of the same joint after the effective date of coverage for the Insured Person will not be covered.

Multiple Dislocations: If more than one joint is dislocated, We will pay for each dislocation, but no more than two times the Dislocation Benefit for the joint involved which has the highest benefit amount.

Reduction by a Physician Without Anesthesia: We will pay 25% of the Dislocation Benefit shown in the Schedule of Benefits for a Closed Reduction of the joint involved.

Incomplete Dislocation Diagnosed by a Physician: We will pay 25% of the Dislocation Benefit shown in the Schedule of Benefits for a Closed Reduction of the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.

Eye Injury Benefit

We will pay the Eye Injury Benefit shown in the Schedule of Benefits if an Insured Person suffers an eye injury as the result of an Accidental Injury. The eye injury must require surgery or the removal of a foreign object by a Physician within 90 days after the Accidental Injury. An examination with anesthesia will not be considered surgery. This benefit is payable once per Insured Person per Accidental Injury.

Fracture Benefit

We will pay the applicable Fracture Benefit shown in the Schedule of Benefits if an Insured Person suffers a fracture as the result of an Accidental Injury. It must be Diagnosed as a fracture by a Physician within 90 days after the Accidental Injury. The fracture must require Open Reduction or Closed Reduction by a Physician.

Fracture of One Bone: We will pay this benefit only for the first Fracture of any bone after the effective date of coverage for the Insured Person. If there are multiple Fractures to the same bone, We will pay only one Fracture Benefit.

Fracture of Multiple Bones: We will pay for each Fracture but will pay no more than two times the Fracture Benefit for the bone involved which has the highest benefit amount.

Chip Fracture: We will pay 25% of the Fracture Benefit shown in the Schedule of Benefits for the Closed Reduction for the bone involved. A chip Fracture is a Fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

Knee Cartilage Benefit

We will pay the Knee Cartilage Benefit shown in the Schedule of Benefits if an Insured Person suffers a torn knee cartilage (meniscus) as the result of an Accidental Injury. The torn knee cartilage must be treated by a Physician within 60 days following the Accidental Injury and it must be repaired through surgery by a Physician within one year following the Accidental Injury. This benefit is payable once per Insured Person per Accidental Injury.

If exploratory arthroscopic surgery is performed and no repair is done or if the cartilage is shaved, We will pay the applicable amount shown in the Schedule of Benefits for exploratory surgery under the Knee Cartilage Benefit once per Insured Person per Accidental Injury.

Laceration Benefit

We will pay the Laceration Benefit shown in the Schedule of Benefits if an Insured Person suffers a laceration (a cut) as the result of an Accidental Injury. The laceration must be repaired by a Physician within 72 hours following the Accidental Injury. The amount We will pay is based on the total length of all lacerations received in any one Accidental Injury which requires repair. If the laceration is severe enough to require stitches but the Physician chooses to repair it in another way, We will pay the benefit as a laceration repaired with stitches. This benefit is payable once per Insured Person per Accidental Injury.

Lodging Benefit

We will pay the Lodging Benefit shown in the Schedule of Benefits for up to 30 days per Accidental Injury for one motel/hotel room for a companion to accompany an Insured Person who is Confined in a Hospital as the result of an Accidental Injury. This benefit is payable only for motel/hotel stays during the period of time the Insured Person is Confined to the Hospital. In order for this benefit to be payable, the Hospital must be more than 50 miles from the residence of the Insured Person.

Pain Management Benefit

We will pay the Pain Management Benefit shown in the Schedule of Benefits if an Insured Person receives Epidural Anesthesia as the result of an Accidental Injury. The Epidural Anesthesia must be administered within 60 days following the Accidental Injury. This benefit is payable once per Insured Person per Accidental Injury.

Prosthetic Device Benefit

We will pay the Prosthetic Device Benefit shown in the Schedule of Benefits if an Insured Person receives one or more prosthetic device(s)/artificial limb(s) when the Insured Person loses a hand, foot or sight of one eye as the result of an Accidental Injury. The prosthetic device(s)/artificial limb(s) must be received within one year of the Accidental Injury.

This benefit is payable once per Insured Person per Accidental Injury. This benefit is not payable for hearing aids, dental aids (including false teeth), eyeglasses, or cosmetic prostheses such as hair wigs. We will not pay for joint replacement such as artificial hip or knee.

Rehabilitation Unit Confinement Benefit

We will pay the Rehabilitation Unit Confinement Benefit shown in the Schedule of Benefits if an Insured Person is transferred to a Rehabilitation Unit immediately after a period of Hospital Confinement due to an Accidental Injury. We will pay this amount for each day of confinement in a Rehabilitation Unit, up to a maximum of 15 days per Insured Person per Accidental Injury but not to exceed 30 days per calendar year.

We will not pay both the Rehabilitation Unit Confinement Benefit and the Hospital Confinement Benefit concurrently.

Ruptured Disc with Surgical Repair Benefit

We will pay the Ruptured Disc with Surgical Repair Benefit shown in the Schedule of Benefits if an Insured Person suffers a ruptured disc in the spine as the result of an Accidental Injury. It must be treated by a Physician within 60 days following the Accidental Injury. It must be repaired through surgery by a Physician within one year following the Accidental Injury. This benefit is payable once per Insured Person per Accidental Injury.

Surgery

Open Abdominal & Thoracic: We will pay the applicable Surgery Benefit shown in the Schedule of Benefits if an Insured Person undergoes open abdominal or thoracic surgery other than hernia repair as the result of an Accidental Injury. The surgery must be performed within 72 hours of the Accidental Injury to repair internal injuries. This benefit is payable once per Insured Person per Accidental Injury.

If any Insured Person has open abdominal and hernia surgery, or open thoracic and hernia surgery as a result of the same Accidental Injury, We will only pay the Open Abdominal or Thoracic Surgery benefit.

Hernia: We will pay the applicable Surgery Benefit shown in the Schedule of Benefits if an Insured Person undergoes hernia surgery as the result of an Accidental Injury. The hernia must be Diagnosed within 30 days of the Accidental Injury and the surgery must be performed within 60 days following the Accidental Injury.

Exploratory Without Repair: We will pay the applicable Surgery Benefit shown in the Schedule of Benefits if an Insured person undergoes exploratory surgery and no repair is done. This benefit is payable once per Insured Person per Accidental Injury.

Tendon/Ligament/Rotator Cuff Benefit

We will pay the Tendon/Ligament/Rotator Cuff Benefit shown in the Schedule of Benefits if an Insured Person suffers a torn, ruptured or severed tendon, ligament or rotator cuff as the result of an Accidental Injury. It must be treated by a Physician within 60 days following the Accidental Injury and repaired through surgery by a Physician within 180 days after the Accidental Injury.

If exploratory surgery is performed and no repair is done, We will pay the applicable amount listed in the Schedule of Benefits for exploratory surgery once per Insured Person per Accidental Injury.

Transportation Benefit

We will pay the Transportation Benefit shown in the Schedule of Benefits for an Insured Person who must travel from his or her residence more than 50 miles one way on Physician's advice for treatment as the result of an Accidental Injury.

The Transportation Benefit will be paid for:

1. A Hospital Confinement;
2. Outpatient surgery; or
3. A Physician's office (Primary Care Physician or Specialist) visit.

We will pay this benefit for the injured Insured Person when traveling to and from the Insured Person's destination via:

1. Commercial travel (plane, train or bus); or
2. Non-commercial travel (use of a personal car).

Travel by taxi is not covered.

We will measure the mileage for the most direct route from the Insured Person's residence to the facility where treatment is received.

We will pay this benefit up to 3 round trips, not to exceed 1200 miles per round trip per Accidental Injury. This benefit is not payable for transportation by ambulance or air ambulance.

[Hospital Admission Benefit

We will pay the Hospital Admission Benefit shown in the Schedule of Benefits if an Insured Person initially becomes Confined to a Hospital due to and within 180 days following an Accidental Injury. This benefit is payable once per Insured Person per Accidental Injury.]

[Hospital Intensive Care Unit Admission Benefit

We will pay the Hospital Intensive Care Unit Admission Benefit if an Insured Person is admitted directly to a Hospital Intensive Care Unit due to and within 30 days following an Accidental Injury. This benefit is payable once per Insured Person per Accidental Injury.

We will only pay either the Hospital Admission Benefit or the Hospital Intensive Care Unit Admission Benefit once per Insured Person per Accidental Injury. If admitted directly to the Hospital, then the Hospital Admission Benefit is payable. If admitted directly into the Hospital Intensive Care Unit, then the Hospital Intensive Care Unit Admission Benefit is payable. We will not pay the Hospital Admission Benefit and the Hospital Intensive Care Unit Admission benefit for the same Accidental Injury concurrently.]

[Hospital Confinement Benefit

We will pay the Hospital Confinement Benefit if an Insured Person is Confined to a Hospital due to and within 180 days following an Accidental Injury. We will pay this benefit for up to 365 days per Accidental Injury.]

[Hospital Intensive Care Unit Confinement Benefit

We will pay the Hospital Intensive Care Unit Confinement Benefit shown in the Schedule of Benefits if an Insured Person becomes Confined to a Hospital Intensive Care Unit due to and within 30 days following an Accidental Injury. We will pay this benefit for up to 365 days per Accidental Injury.

If an Insured Person is Confined to a Hospital Intensive Care Unit that does not meet the definition in the Policy of Hospital Intensive Care Unit, We will pay the Hospital Confinement Benefit.

We will pay either the Hospital Confinement Benefit or the Hospital Intensive Care Unit Confinement Benefit shown in the Schedule of Benefits.]

[Emergency Room Treatment Benefit

We will pay the Emergency Room Treatment Benefit shown in the Schedule of Benefits if an Insured Person requires initial examination and treatment by a Physician in an Emergency Room as the result of an Accidental Injury. Such initial examination and treatment must be received within 72 hours following the Accidental Injury. This benefit is payable once per Insured Person per Accidental Injury.

We will pay either the Emergency Room Treatment Benefit or the Emergency Care in a Physician Office or Urgent Care Facility Benefit for the initial treatment of the Accidental Injury but will not pay both for the same Accidental Injury. Follow-up treatment prescribed by a Physician will be paid under the Physician Follow-up Benefit.]

[Emergency Care in Physician Office or Urgent Care Facility Benefit

We will pay the Emergency Care in Physician Office or Urgent Care Facility Benefit shown in the Schedule of Benefits if an Insured Person requires initial treatment and/or advice by a Physician, Primary Care Physician or Specialist in a Physician's office or Urgent Care Facility as the result of an Accidental Injury. This does not include Occupational Therapy, Speech Therapy or Physical Therapy. The initial treatment and/or advice must be received within 72 hours following the Accidental Injury and the services provided must be the result of the Accidental Injury and not for routine examinations or preventive testing. This benefit is payable once per Insured Person per Accidental Injury.

We will pay either the Emergency Room Treatment Benefit or the Emergency Care in a Physician Office or Urgent Care Facility Benefit for the initial treatment of the Accidental Injury but will not pay both for the same Accidental Injury. Follow-up treatment prescribed by a Physician will be paid under the Physician Follow-up Benefit.]

[Physician Follow-up Visit Benefit

We will pay the Physician Follow-up Visit Benefit shown in the Schedule of Benefits if an Insured Person receives initial treatment more than 72 hours after an Accidental Injury or follow-up treatment (other than Occupational Therapy, Speech Therapy, Physical Therapy or Chiropractic Treatment) that is recommended or advised by a Physician, Primary Care Physician, or Specialist.

Treatment must:

1. Begin within 60 days and be completed within 365 days following the Accidental Injury;
2. Be due to or as a result of an Accidental Injury;
3. Occur in a Physician's office, Primary Care Physician's office, Specialist's office, Urgent Care Facility or Hospital on an outpatient basis; and
4. Not be for routine examinations, preventive testing or lab work.

We will pay this benefit up to visit maximum shown in the Schedule of Benefits per Insured Person per Accidental Injury. We will not pay the Emergency Room Treatment Benefit and the Physician Follow-up Benefit for visits on the same day.]

[Therapy Services Benefit – Occupational Therapy, Physical Therapy and Speech Therapy

We will pay the Therapy Services Benefit shown in the Schedule of Benefits for an Insured Person who receives Occupational Therapy, Physical Therapy or Speech Therapy as the result of an Accidental Injury. We will pay up to the maximum number of visits per Insured Person per Accidental Injury. The therapy must begin within 90 days following the Accidental Injury and must be completed within one year following the Accidental Injury. All services must be prescribed by a Physician and rendered by an Occupational Therapist, Physical Therapist or Speech Therapist and performed in an office or in a Hospital on an inpatient or outpatient basis.]

[Chiropractic Treatment Benefit

We will pay the Chiropractic Treatment Benefit shown in the Schedule of Benefits if an Insured Person suffers a structural imbalance due to an Accidental Injury and receives Chiropractic Care Services by a chiropractor in a chiropractor's office. Treatment must begin within 60 days following the Accidental Injury and must be completed within 180 days after the Accidental Injury. We will pay this benefit up to the number of visit maximum per Insured Person per Accidental Injury shown in the Schedule of Benefits.]

[X-Ray Benefit

We will pay the X-Ray Benefit shown in the Schedule of Benefits if an Insured Person receives an x-ray or a set of x-rays due to an Accidental Injury. The x-ray(s) must be performed in a Hospital or at a Physician's office within 14 days following the Accidental Injury.]

[Major Diagnostic Imaging Benefit

We will pay the Major Diagnostic Imaging Benefit shown in the Schedule of Benefits if an Insured Person receives a covered medical imaging test due to an Accidental Injury. The test must be ordered by a Physician and must be performed in a medical facility within 180 days following the Accidental Injury. Medical imaging tests covered under the Policy are:

1. Positron Emission Tomography (PET);
2. Computed Tomography Scan (CT); and
3. Computed Axial Tomography (CAT).]

[Outpatient Surgical Facility Benefit

We will pay the Outpatient Surgical Facility Benefit shown in the Schedule of Benefits for an Insured Person that has a surgery, as specified below, on an outpatient basis in a surgical center due to an Accidental Injury. This does not include surgery received in the Emergency Room or while Confined in a Hospital.

The following specified injuries must be treated by a Physician within 60 days following the date of the Accidental Injury and the specified surgery must be performed within the time shown below:

- Knee Cartilage: One year following the Accidental Injury
- Ruptured Disc: One year following the Accidental Injury
- Tendon/Ligament/Rotator Cuff: 180 days following the Accidental Injury.

The following specified injury and the specified surgery must be performed within:

- Eye injury: 90 days following the Accidental Injury

The following specified injury must be Diagnosed within 30 days following the date of the Accidental Injury and the specified surgery must be performed within:

- Hernia: 60 days following the Accidental Injury.]

EXCLUSIONS AND LIMITATIONS

Exclusions: Benefits under the Policy and any attached Rider(s) will not be payable for any loss caused in whole or in part by or resulting in whole or part from the following:

1. Suicide or attempt at suicide, intentional self-inflicted injury or Sickness, any attempt at intentional self-inflicted injury, injury caused by a self-inflicted act or Sickness, while sane or insane;
2. Being under the influence of a stimulant (such as amphetamines or pitrates), depressant, hallucinogen, narcotic or any other drug intoxicant including those prescribed by a Physician that are misused by the Insured Person;
3. Voluntary inhalation of gas;
4. Commission of or attempt to commit an assault or felony;
5. Engaging in an illegal activity or occupation;
6. Voluntary participation in any riot or civil insurrection;
7. Declared war or any act of declared war;
8. Operating, learning to operate, serving as a crew member of, or jumping, parachuting or falling from an aircraft or hot air balloon, including those which are not motor driven;
9. Engaging in hang gliding, bungee jumping, parachuting, sail-gliding or parasailing;
10. Riding in or driving any motor driven vehicle in a race, stunt show or speed test;
11. Practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating or coaching, for which the Insured Person receives any compensation or remuneration;
12. Operating any type of land, water or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the Accidental Injury occurred;
13. Charges for services ordered, directed or performed by a Physician or supplies purchased from a provider who is an Insured Person, the Insured Person's Immediate Family Member a person who is employed or retained by an Insured Person, an employer of an Insured Person or a person who ordinarily resides with an Insured Person;
14. Bacterial infection that was not caused by a cut or wound from an Accidental Injury;
15. Auto-erotic asphyxiation;
16. Engaging in mountaineering using ropes and/or other equipment; or
17. Treatment, services, drugs, medicines or supplies used to treat a Sickness.

We will not pay any benefits for services and supplies that are not specifically covered or not related to a covered Accidental Injury.

Pre-Existing Condition Limitation: We will not pay any benefits for services and supplies for a Pre-Existing Condition until the Insured Person's coverage has been in force under the Policy for one year.

PREMIUM PROVISIONS

Premiums. We provide insurance coverage in return for premium payment. The first premium is due on the Certificate Effective Date shown in the Schedule of Benefits. Each premium after that is due on the first day following the period for which the preceding premium was paid. The premium should be paid to Us by the Insured Person or the Policyholder on or before the due date.

Our Right to Change Premium Rates. We have the right to change Our premium rates. We will give the Policyholder at least 31 days prior written notice of any change.

Grace Period. After the first premium is paid, each subsequent premium can be paid in the Grace Period. Any Grace Period will last 31 days after the premium due date. During this time, this Certificate will remain in full force. If a past due premium is not paid by the end of the Grace Period, this Certificate will lapse. The lapse date will be the last day of the Grace Period.

Refund of Unearned Premium. If coverage under this Certificate for an Insured Person terminates for any reason, We will promptly refund any unearned premium with respect to such Insured Person.

GENERAL PROVISIONS

Independent, Non-Coordinated Benefits. Each benefit under the Policy is independent of and is not coordinated with the benefits, exclusions or any other provision of any other health insurance coverage or health plan. Each benefit under the Policy is payable with respect to any event without regard to whether benefits are provided with respect to the same event under any other health insurance coverage or health plan. Benefits payable under the Policy will not be reduced on account of any other health insurance coverage or health plan.

Notice of Claim. The Insured Person must give Us written notice of claim. It must be given within 20 days after a covered loss occurs or starts, or as soon as reasonably possible. The notice must be given by the Insured Person or the Insured Person's representative. Such notice should include the Insured Person's name, Policy number and Certificate number. Notice should be mailed to Us at [601 East Britton Road, Oklahoma City, Oklahoma 73114-7710] or to any authorized agent.

Claim Forms. When We receive notice of claim, We will give or provide the Insured Person forms for filing proof of loss. If We do not give or provide them within 15 days, the Insured Person can meet the proof of loss requirement by giving Us a written statement of what happened. This statement should include the type and extent of the loss incurred. We must receive this statement within the time given for filing proof of loss.

Proof of Loss. If the Policy provides for periodic payment for a continuing loss, written proof of loss must be given to Us within 90 days after the end of each period for which We are liable. For any other loss, written proof must be given within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, except in the absence of legal capacity, the proof required must be given no later than one year from the time specified.

Time of Payment of Claims. We will pay benefits immediately upon receipt of due written proof of loss for benefits provided under the Policy. However, a benefit that is payable by periodic payments, subject to due written proof of loss, will be paid monthly. Any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of due written proof.

Payment of Claims. Benefits will be paid to the Insured Person. Loss of life benefits, if any, are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to the Insured Person's estate. Any other benefits unpaid at death may be paid, at Our option, either to the Insured Person's beneficiary or estate. If benefits are payable to the Insured Person's estate or a beneficiary who cannot execute a valid release, We can pay benefits up to \$1,000 to someone related to the Insured Person or the Insured Person's beneficiary by blood or marriage whom We consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

Assignment. The Insured Person may assign the benefits payable under the Policy. 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.

Overpayments. We have the right to recover any overpayments due to fraud and any error We make in processing a claim. The Insured must reimburse Us in full. We will determine the method by which the repayment is to be made.

Unpaid Premium. Any unpaid premium due for an Insured Person's coverage under the Policy may be recovered by Us by offsetting against amounts otherwise payable under the Policy.

Change of Beneficiary. Unless the Insured Person makes an irrecoverable designation of beneficiary, the right to change a beneficiary is reserved to the Insured Person and the consent of the beneficiary or beneficiaries will not be requisite to assignment of the Policy or to change of beneficiary or beneficiaries or to any changes in the Policy. A change of beneficiary will not have a bearing on any payment We made before We receive the change.

Physical Examination and Autopsy. We, at Our expense, may have the Insured Person examined when and as often as We may reasonably require while a claim is pending and to have an autopsy performed after an Insured Person's death as allowed by law.

Legal Actions. No legal action may be brought to recover on the Policy within 60 days after written proof of loss has been given as required by the Policy. No such action may be brought after the expiration of 3 years after the time written proof of loss is required to be given.

Non-Participating. The Policy is a non-participating policy and does not share in the Company's surplus.

Workers' Compensation. The Policy is not a Workers' Compensation policy. It does not satisfy any requirement for coverage by Workers' Compensation insurance.

Conformity With State Statutes. Any provision of this Certificate which, on the Certificate Effective Date, is in conflict with the statutes of the state in which the Insured resides on such date, is hereby amended to conform to the minimum requirements of such state.

TERMINATION OF COVERAGE

Termination. Insurance for the Insured will terminate, subject to the Portability provision, on the earliest of the following dates:

1. The end of the month on or following the date the Insured ceases to be a member of an Eligible Class shown in the Policy Schedule provisions;
2. The end of the month on or following the date the Eligible Class to which the Insured is a member is no longer an Eligible Class for coverage under the Policy;
3. The end of the month on or following the date We receive the Insured's written request for termination of coverage;
4. The end of the Grace Period following the date any required premium for the Insured has not been paid;
5. The date the Insured attains age 70;
6. The date of the Insured's death; [or]
7. The date the Policy is cancelled or terminated[.] [;]
8. [The end of the month on or following the date the Insured ceases to be a member of an Eligible Group shown in the Policy Schedule provisions; or
9. The end of the month on or following the date the Eligible Group to which the Insured is a member is no longer an Eligible Group for coverage under the Policy.]

Termination of coverage under the Policy will not affect a claim that existed on the date of termination.

Portability Provision. If the Insured's coverage under the Policy terminates, the Insured may have the right to apply to continue coverage under the Policy. If the Insured elects to continue coverage under this Portability provision, the Insured may elect to include his or her Insured Spouse and/or Insured Dependent Child(ren), if any, covered under a Spouse Rider and/or Dependent Child(ren) Rider attached to the Policy/Certificate. Application for coverage under this Portability provision and payment of the first premium for Portability coverage must be received by Us within [30 – 120] days after the date the Insured's coverage ends.

An Insured is not eligible to apply for Portability coverage if the Insured's coverage under the Policy ends for any of the following reasons:

1. The Insured failed to pay the required premium when due, subject to the Grace Period provision; or
2. The Policy is cancelled or terminated by Us.

Coverage for an Insured Person under this Portability provision will be the same coverage for the Insured Person under the Policy as of the date coverage ended under the Policy and subject to the same provisions, exclusions and limitations of the Policy.

Premiums will be billed directly to the Insured. The initial premium rates will be based on the premium rates in effect at the time the Insured applies for Portability coverage. The Insured must also pay any portion of the premium previously paid by the [Policyholder] [Insured's employer] for the coverage.

Portability coverage will end on the earliest of the following:

1. The date of the Insured's death;
2. The date the Insured attains age 70;
3. The end of the Grace Period following the date the Insured fails to pay the required premium;
4. The end of the month on or following the date the Insured is again covered under the Policy; or
5. The date coverage under this Portability provision is cancelled or terminated by Us for any reason upon 31 days advanced notice.

Once Portability coverage is cancelled or terminated, it cannot be reinstated.

New Application Group No: _____ Change/Certificate No. _____ Requested Effective Date: _____



**INSURANCE BENEFITS PROVIDED BY
RESERVE NATIONAL INSURANCE COMPANY**
A Kemper Life & Health Company
[601 East Britton Road, Oklahoma City, OK 73114]
[Telephone 800.654.9106]
[service@kemperbenefits.com]
[www.kemperbenefits.com]

Application for Accident Indemnity Insurance

PERSONS TO BE COVERED					
Full Name (Please PRINT):	Relationship	Gender	Date of Birth	Social Security #	U. S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
	Applicant (Self)				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Spouse				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Child				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Child				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Child				<input type="checkbox"/> Yes <input type="checkbox"/> No

Coverage Applied For: Insured Only Insured/Spouse Insured/Children Family

APPLICANT INFORMATION			
Street Address:		City:	State: Zip:
Home Phone:	Cell Phone:	Work Phone:	Email Address:
If electing Disability Income Rider, chosen amount cannot exceed 60% of Insured's Gross Monthly Income or maximum established by Policyholder.		Total Monthly Benefit Amount: \$ _____	Gross Monthly Income: \$ _____

EMPLOYMENT INFORMATION			
Employer Name:	Employee Number (if applicable):	Date of Hire:	
Employer's Street Address:	City:	State:	Zip:
Occupation:	Scheduled # of Work Hours/wk:	Are you Actively at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

BENEFICIARY INFORMATION	
APPLICANT	SPOUSE (if covered)
Primary Beneficiary (name and relationship):	Primary Beneficiary (name and relationship):
Secondary Beneficiary (name and relationship):	Secondary Beneficiary (name and relationship):

AUTHORIZATION FOR PAYROLL DEDUCTION
Applicant hereby authorizes (Name of Employer) _____ to deduct from my salary to pay the required premium for my coverage.
Signature of Applicant: _____ Date: _____

APPLICATION AND SIGNATURE

I hereby apply to Reserve National Insurance Company for a certificate to be issued in reliance on my written answers to the foregoing questions. All statements and answers are complete and true to the best of my knowledge and belief.

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

Dated at: _____ on: _____ 20 ____
City, State & Zip Month & Day

Signature of Applicant: _____

AGENT'S STATEMENT

I represent: 1) That any information recorded by me is true and correct to the best of my knowledge and belief. 2) This (does) (does not) replace other insurance.

Dated: _____ on _____ 20 _____

Agent Name (Print)

Agent Signature

Agent No.



RESERVE NATIONAL

RESERVE NATIONAL INSURANCE COMPANY

A Kemper Life & Health Company
[601 East Britton Road, Oklahoma City, OK 73114]
[1-800-654-9106 www.reservenational.com]

(Referred to in this Policy as the Company, We, Us, Our)

Policyholder: [ABC Employer; ABC Association [of Employers]; ABC [Employer] Trust]

Policy Number:

State of Issue:

Policy Effective Date:

Policy Anniversary Date:

Reserve National Insurance Company in consideration of the application for this Policy and the timely payment of premiums, agrees, subject to the terms and conditions of this Policy, to provide benefits under this Policy to Insured Persons.

All periods of insurance under this Policy begin and end at 12:01 a.m. standard time at the address of the Policyholder. Subject to the terms and conditions of this Policy, it can be renewed until the first Policy Anniversary Date by timely payment of the required premium. Unless terminated in accordance with the applicable provisions of this Policy, it can be renewed after such time from month to month by timely payment of the required premium.

This Policy may be modified by mutual agreement between the Policyholder and Us.

The provisions on the following pages and the terms in the Certificate and any attached Rider(s) are a part of this Policy. A copy of the Certificate and any attached Rider(s) are attached to, and made a part of this Policy.

NOTICE OF 10 DAY RIGHT TO EXAMINE POLICY

The Policyholder is granted a period of 10 days from the date of delivery of this Policy to examine it. If the Policyholder is not satisfied for any reason, this Policy may be returned within said 10 days to the Company at its home office or to the writing agent. The Company will refund the premium paid and this Policy will be void from its beginning.

Signed for Reserve National Insurance Company.


Secretary


President

**THIS IS A LIMITED POLICY. IT PROVIDES BENEFITS FOR ACCIDENTS ONLY.
PLEASE READ THIS POLICY CAREFULLY**

**Accident Expense Insurance
Non-Participating**

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POLICY SCHEDULE PROVISIONS

[Minimum Hours Requirement: [20 – 30] hours per week]

[Eligible Group: Participating Employer]

[Participating Employer: [XYZ Employer]]

[Minimum Participation Requirements: []]

Eligible Class: [[All; Salaried; Hourly] [employees working the Minimum Hours Requirement] [including; excluding] [part-time; seasonal; temporary] employees of the Policyholder]

[[All; Salaried; Hourly] [employees working the Minimum Hours Requirement] [including; excluding] [part-time; seasonal; temporary] employees of Participating Employers]

[All members [in good standing age [18] and over] of the Policyholder]

Waiting Period: [none; [30 – 180] days]

Coverage: [24 hour] [Off-the-job]

[CONDITIONS FOR COVERAGE OF PARTICIPATING EMPLOYERS

Eligibility for Participating Employers

An employer is eligible to be a Participating Employer under this Policy on the later of:

1. The Policy Effective Date; or
2. The date the employer becomes a Participating Employer of the Policyholder.

Effective Date of Coverage for Participating Employers

Coverage will become effective at 12:01 a. m. Standard Time at the Policyholder's address on the [first of the month following the] date the employer becomes eligible as a Participating Employer of the Policyholder; provided:

1. Application for coverage as a Participating Employer has been received; [and]
2. The required premium has been paid [; and] [.]
3. [The Participating Employer has satisfied the Minimum Participation Requirements of this Policy.]

Termination Date of Coverage for Participating Employers

Insurance terminates for a Participating Employer on the earliest of the following:

1. The date We receive the Participating Employer's request for termination under this Policy;
2. The date this Policy terminates; or
3. The end of the Grace Period following the date any required premium with respect to the Participating Employer has not been paid.]

CONDITIONS FOR COVERAGE OF INSUREDS

Eligibility for Insureds

A person who is a member of an Eligible Class is eligible for coverage under this Policy on the later of:

1. The Policy Effective Date; or
2. The day after the person completes any applicable Waiting Period.

Effective Date of Coverage for Insureds

Coverage will become effective at 12:01 a. m. Standard Time at the Policyholder's address on the date the person becomes eligible; provided application for insurance has been received by Us and the required premium authorized.

[If the proposed insured is absent from work on the date his or her coverage would normally become effective, his or her coverage will begin on the date he or she returns to Active Employment.

For purposes of this provision, "Active Employment" means the Insured is working for his or her employer for earnings that are paid regularly and he or she is performing the material and substantial duties of his or her regular occupation.

The work site must be:

1. The Insured's employer's usual place of business;
2. An alternate work site at the direction of the Insured's employer; or
3. A location to which the Insured's job requires him or her to travel.

Normal vacation is considered Active Employment.]

PREMIUM PROVISIONS

PREMIUM PAYMENTS: Premiums are due and payable on a monthly basis. The first premium is due on the Policy Effective Date. Each premium after that is due on the first day following the period for which the preceding premium was paid. Premiums are payable to Us at Our home office or to Our designated administrator. Payment of a premium shall not maintain this insurance in force beyond the period for which it is paid except for the Grace Period provision.

PREMIUM CHANGES: The premium rates may be changed by Us. If the rates are changed, We will give at least 31 days advance written notice.

GRACE PERIOD: After the first premium is paid, each subsequent premium can be paid in the Grace Period. Any Grace Period will last 31 days after the premium due date. During this time, this Policy will remain in full force. If a past due premium is not paid by the end of the Grace Period, this Policy will lapse. The lapse date will be the last day of the Grace Period.

RETURN OF PREMIUMS: In the event of termination of this Policy, the Company shall promptly return on a pro-rata basis the unearned premium paid, if any, and the Policyholder shall promptly pay on a pro-rata basis the earned premium.

GENERAL PROVISIONS

REPLACEMENT PROVISION: If this Policy replaces another similar group policy issued to the Policyholder, all persons covered under the prior group policy, on its date of termination, will be covered under this Policy.

ENTIRE CONTRACT: This Policy, including any endorsements, amendments and riders, the Policyholder application, [the Participating Employer's application,] the Insured's individual application and the Certificate(s) issued are the entire contract between the parties. All statements made by the Policyholder [, Participating Employer] or an Insured Person will, in the absence of fraud, be deemed representations and not warranties and no such statement shall be used in defense to a claim hereunder unless it is contained in a written instrument signed by the Policyholder [, Participating Employer] or the Insured Person, a copy of which has been furnished to the Policyholder, [Participating Employer,] the Insured Person, or the Insured Person's beneficiary.

AMENDMENT AND CHANGES: No agent is authorized to alter or amend this Policy or to waive any conditions or restrictions herein, or to extend the time for paying a premium. This Policy may be amended at any time by mutual agreement between the Policyholder and Us without the consent of any Insured Person, but without prejudice to any loss incurred prior to the effective date of the amendment or endorsement. No person except an officer of the Company has authority on behalf of the Company to modify this Policy or to waive or lapse any of Our rights or requirements.

TIME LIMIT ON CERTAIN DEFENSES: No misstatements made by the Policyholder [or Participating Employer] in the application for this Policy shall be used to deny a claim for a loss which is incurred after two years from the Policy Effective Date. No claim for loss commencing after one year from the effective date of coverage for an Insured Person will be reduced or denied on the ground that a disease or physical condition had existed before the Insured Person's effective date of coverage.

TERMINATION OF THIS GROUP POLICY: We may terminate this Policy at any time following the Policy Anniversary Date by giving the Policyholder written notice at least 31 days in advance. The Policyholder may also terminate this Policy by giving Us written notice at least 31 days before the intended termination date. This Policy will also terminate if the required premium is not paid by the Policyholder as provided in the Grace Period provision.

In the event of termination of this Policy by the Policyholder, coverage under this Policy will remain in effect for the benefit of those who have continued their coverage under the Portability provision of this Policy.

MISSTATEMENT OF AGE: If the age of the Insured Person has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age. If, according to the correct age, the coverage would not have become effective, our liability shall be limited to the refund of all premiums paid for the period not covered.

NECESSARY INFORMATION: We must receive sufficient information to administer this Policy and compute the premium. We have the right to inspect any of the Policyholder's records as required to carry out the provisions of this Policy at any time.

CLERICAL ERROR OR OMISSION: Clerical error or omission by the Company will not:

1. Prevent an Insured Person from receiving coverage;
2. Affect the amount of an Insured Person's coverage; or
3. Cause an Insured Person's coverage to begin or continue when coverage would otherwise not be effective.

MINIMUM PARTICIPATION REQUIREMENT: We may establish Minimum Participation Requirement(s). For purposes of determining the Minimum Participation Requirements under this Policy, an eligible Insured Person is one who is eligible to be covered and who has not declined this insurance.

CERTIFICATES: We will issue an individual Certificate to each Insured. It will state the essential features of the insurance to which the Insured is entitled. This will include conditions of eligibility, what benefits are payable and to whom and those provisions of this Policy relative to the procedure to be followed in filing a claim.

CERTIFICATE PROVISIONS MADE A PART OF THIS POLICY: The remainder of this Policy consists of the provisions shown in the Certificate(s) issued to Insureds under this Policy. Amendments or other documents, if any, changing the provisions of the Certificate are also made a part of this Policy.



**INSURANCE BENEFITS PROVIDED BY
RESERVE NATIONAL INSURANCE COMPANY**
A Kemper Life & Health Company
[601 East Britton Road, Oklahoma City, OK 73114]
[Telephone 800.654.9106]
[service@kemperbenefits.com] [www.kemperbenefits.com]

APPLICATION FOR GROUP ACCIDENT EXPENSE INSURANCE

POLICYHOLDER INFORMATION			
Proposed Policyholder (Full Corporate/Legal Name)		Proposed Effective Date	
Proposed Policyholder is: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____ <input type="checkbox"/> Association (attach bylaws) <input type="checkbox"/> Trust (attach Trust document)			
Mailing Address (Number/Street/City)		State	Zip
Contact Person	(Title)	Telephone ()	
Name of Business		Location(s)	
Description of the Type of Business			
Will the proposed insurance replace or act to change any existing group insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tax I.D. Number	
Classification	Description of Eligible Insureds	Minimum No. of Hours Required Per Week	
% of Premium Paid by: Policyholder % Insured %		Total Number of Eligible Insureds	
BENEFIT INFORMATION			
ACCIDENT EXPENSE POLICY			
Coverage Basis:	<input type="checkbox"/> 24 hr. <input type="checkbox"/> Non-Occ. only	Maximum Benefit Per Calendar Year Per Insured Per Insured Spouse Per all Insured Dependent Child(ren):	\$ \$ \$
OPTIONAL BENEFITS			
Accidental Death Benefit Rider <input type="checkbox"/> Yes <input type="checkbox"/> No			
Rider Benefit:	Insured: \$	Insured Spouse: \$	Insured Child: \$
Disability Income Benefit Rider <input type="checkbox"/> Yes <input type="checkbox"/> No		Maximum Benefit Period: <input type="checkbox"/> 13 weeks <input type="checkbox"/> 26 weeks	
Monthly Benefit Amount per Unit	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$250	Number of Units:	[Total benefit may not exceed 60% of Insured's Gross Monthly Income.]
Monthly Benefit Amount per Unit: <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$250		Number of Units:	
Coverage Basis [(must be the same as Accident Expense Policy)]: <input type="checkbox"/> 24 hr. <input type="checkbox"/> Non-Occ. only			
Elimination Period:	Injury: Days <input type="checkbox"/> 7 <input type="checkbox"/> 14	Sickness: Days <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> N/A	

AGREEMENT

IT IS UNDERSTOOD AND AGREED THAT the Group Policy will become effective on the Proposed Effective Date shown above only if this application is accepted at the Home Office of Reserve National Insurance Company and the conditions of eligibility, the insurance coverage, benefits and amounts, the conditions under which the benefits will be payable and all other terms and conditions of this insurance will be in accordance with the Group Policy issued and any certificates, amendments, riders, endorsements, thereto which together with the copy of this application attached to the Group Policy and the individual application(s), if any, of the persons to be insured will constitute the entire contract.

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

SUBMITTED FOR PROPOSED GROUP POLICYHOLDER

	On	At
	(Mo/Day/Yr)	(City/State)
(Name/Title)	(Signature)	
(Agent Name/Agent No.)	(Signature)	

AGREEMENT

IT IS UNDERSTOOD AND AGREED THAT coverage for the Participating Employer will become effective on the Proposed Effective Date shown above only if this application is accepted at the Home Office of Reserve National Insurance Company and the conditions of eligibility, the insurance coverage, benefits and amounts, the conditions under which the benefits will be payable and all other terms and conditions of this insurance will be in accordance with the Group Policy issued and any certificates, amendments, riders, endorsements, thereto which together with the copy of the Group Policy application attached to the Group Policy, this application and the individual application(s), if any, of the persons to be insured will constitute the entire contract.

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

SUBMITTED FOR PROPOSED PARTICIPATING EMPLOYER

	On	At
	(Mo/Day/Yr)	(City/State)
(Name/Title)	(Signature)	
(Agent Name/Agent No.)	(Signature)	



**RESERVE
NATIONAL**

RESERVE NATIONAL INSURANCE COMPANY

A **Kemper Life & Health** Company
[601 East Britton Road, Oklahoma City, OK 73114]
[1-800-654-9106 www.reservenational.com]

(Referred to in the Policy as the Company, We, Us, Our)

This Certificate explains the insurance benefits issued to the Policyholder named in the Schedule of Benefits. We agree to pay the benefits to each Insured Person in accordance with the terms of the Policy and any attached Rider(s).

The Policy under which this Certificate is issued may be amended or cancelled at any time as stated in its provisions. Only an officer of Reserve National Insurance Company may approve a change and it must be done in writing. Such action may be taken without the consent of or notice to any person who claims rights or benefits under the Policy.

THIS CERTIFICATE IS NOT MEDICARE SUPPLEMENT COVERAGE. IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE, WHICH IS AVAILABLE FROM THE COMPANY.

This Certificate replaces any previous certificate(s) issued to the Insured under the Policy.

**THE POLICY IS A LIMITED POLICY. IT PROVIDES BENEFITS FOR ACCIDENTS ONLY.
PLEASE READ THIS CERTIFICATE CAREFULLY.**

**Accident Expense Insurance
Non-Participating**

Signed for Reserve National Insurance Company.

[


Secretary


President

]

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SCHEDULE OF BENEFITS

Policyholder:	Insured:
Policy Number:	Certificate Number:
Policy Effective Date:	Certificate Effective Date:
Disability Income Benefit Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No	Insured Spouse:
Type of Coverage: <input type="checkbox"/> Insured only <input type="checkbox"/> Insured/Spouse <input type="checkbox"/> Insured/Children <input type="checkbox"/> Family	Insured Child(ren):

Certificate Premiums	Monthly Premiums
Accident Medical Expense Benefits	[\$XX.XX]
[Spouse Rider]	[\$XX.XX]
[Child(ren) Rider]	[\$XX.XX]
[Disability Income Benefit Rider]	[\$XX.XX]
[Accidental Death Benefit Rider]	[\$XX.XX]
TOTAL MONTHLY PREMIUM	[\$XX.XX]

ACCIDENT MEDICAL EXPENSE BENEFITS

DESCRIPTION OF COVERAGE	BENEFIT AMOUNT
Maximum Benefit per Calendar Year per Insured	[\$1,000 to \$50,000 in increments of \$1,000]
[Maximum Benefit per Calendar Year per Insured Spouse]	[\$1,000 to \$50,000 in increments of \$1,000]
[Maximum Benefit per Calendar Year all Insured Dependent Child(ren)]	[\$1,000 to \$50,000 in increments of \$1,000]
Accidental Dismemberment Benefit per Insured Person	
Loss	
Both Hands; OR Both Feet; OR Sight of Both Eyes; OR One Hand and One Foot; OR One Hand and Sight of One Eye; OR One Foot and Sight of One Eye	[100%; 200%] of the Maximum Benefit per Calendar Year per Insured Person
One Hand; OR One Foot; OR Sight of One Eye	[50%; 100%] of the Maximum Benefit per Calendar Year per Insured Person

DEFINITIONS

Accident means an unforeseen event, which occurs on or after the effective date of coverage for the Insured Person and while this Certificate is in force, that is the direct cause of an Accidental Injury to an Insured Person.

Accidental Injury means bodily injury to an Insured Person that is directly caused by an Accident and is the direct cause of a covered loss sustained on or after the effective date of coverage for the Insured Person and while this Certificate is in force, which is independent of Sickness, disease or bodily infirmity and not excluded under the Policy.

Care means medical treatment or attention received in an Emergency Room, Hospital, Urgent Care Center or Physician's office.

Closed Reduction means manipulative repair of a Fracture.

Common Carrier means a commercial airlines, train, bus, boat, ferry or ship, subway or streetcar, operated on a regularly scheduled basis between pre-determined points or cities. Taxis and privately chartered vehicles are not common carriers.

Deductible means the dollar amount shown in the Covered Expenses which must be incurred by the Insured Person before that benefit is payable.

Diagnosis/Diagnosed means a Physician, specializing in a particular field of medicine, where applicable, has definitively identified a disease or irregularity in an Insured Person. Such Diagnosis must:

1. Be based upon the use of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations and where the results are documented in and supported by the Insured Person's medical records; and
2. Meet all diagnostic requirements stated in the Policy for the particular Accidental Injury being Diagnosed.

Emergency Room means a specified area within a Hospital that is designated for the emergency Care of Accidental Injuries. This area must:

1. Be staffed and equipped to handle trauma;
2. Be supervised and provide Care by a Physician;
3. Provide Care 7 days per week, 24 hours per day.

Expenses Incurred means the charges actually incurred by an Insured Person for covered treatment under the Policy. An expense is considered incurred on the date the covered treatment is provided to the Insured Person for a covered Accidental Injury.

Fracture means a break, rupture or crack in a bone that can be Diagnosed by x-ray. The fracture must require correction by a Physician through either Open Reduction or Closed Reduction.

Hospital means an institution that:

1. Is operated pursuant to law and is licensed as a Hospital by the responsible state agency;
2. Is primarily and continuously engaged in providing or operating, either on its premises or in facilities available to the Hospital on a prearranged basis and under the supervision of a staff of duly licensed Physicians, medical, diagnostic and major surgical facilities for the Care of sick or injured persons on an inpatient basis for which a charge is made; and
3. Provides 24-hour nursing services by or under the supervision of registered graduate professional nurses (RNs).

Hospital does NOT mean or include:

1. Convalescent, assisted living, extended care, hospice, rest or nursing facilities;
2. Facilities primarily affording custodial, educational or rehabilitative care or facilities primarily for the aged or for substance abusers; or
3. A private monitored room.

Immediate Family Member means a person who is related to the Insured Person in any of the following ways: spouse, child (including a legally adopted child, stepchild, son-in-law and daughter-in-law), parents (including stepparent, mother-in-law and father-in-law), and brother or sister (including stepbrother, stepsister, brother-in-law or sister-in-law).

Insured means the person named as the Insured on the Schedule of Benefits.

Insured Child(ren) means the Eligible Dependent Child(ren) of the Insured whose coverage is effective under the Child(ren) Rider attached to the Policy/Certificate.

Insured Person means You, the Insured Spouse and all Insured Child(ren), named on the Schedule of Benefits and covered under the Spouse Rider and/or Child(ren) Rider attached to the Policy/Certificate.

Insured Spouse means the Eligible Spouse of the Insured whose coverage is effective under the Spouse Rider attached to the Policy/Certificate.

Open Reduction means the surgical repair of a Fracture.

Physical Therapy means treatment by physical means, hydrotherapy, heat or similar modalities, physical agents, bio-mechanical and neuro-physiological principles and devices. Such therapy is given to relieve pain, restore function and to prevent disability following injury to or loss of a body part.

Physician means a licensed medical provider, other than the Insured, an Immediate Family Member or anyone living at the Insured's residence, who acts within the scope of his or her license and provides treatment or Care necessary for an Accidental Injury.

Pre-Existing Conditions means an injury for which medical advice, Diagnosis or treatment was recommended by a Physician or received from a Physician within the one-year period before the effective date of coverage of the Insured Person.

Sickness means a disease, bodily infirmity, illness, infection or any other physical condition that affects the Insured Person and is wholly independent of an Accident.

Urgent Care Center means a facility operated pursuant to law and licensed by the responsible State agency. Such center is dedicated to the delivery of unscheduled, walk-in Care outside of a Hospital Emergency Room. The center must be under the supervision of a duly licensed Physician.

You or Your means the person named as the Insured on the Schedule of Benefits.

We, Us or Our means Reserve National Insurance Company.

COVERED EXPENSES

We will pay the actual Expenses Incurred by an Insured Person for the below listed benefits subject to the following:

1. The Expenses Incurred must be due to an Accidental Injury [and is not due to or in connection with the Insured Person's occupation];
2. The Expenses Incurred must be in the United States;
3. Initial Care for the Accidental Injury must begin within [48; 72; 120] hours of the Accidental Injury (unless otherwise specified);
4. The Expenses Incurred must be within [30; 60; 90; 120] days of the Accidental Injury (unless otherwise specified);
5. The Accidental Injury must occur while coverage for the Insured Person is in force; and
6. The Expenses Incurred must be while coverage for the Insured Person is in force.

Benefits payable are subject to the Maximum Benefit per Calendar Year shown in the Schedule of Benefits and any limits, maximums or deductibles described in the benefits.

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 Accidental Injury. 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.

Accidental Dismemberment Benefit

When We receive proof that the Insured Person sustained an Accidental Injury that, directly and independently of all other causes, resulted in a covered Loss within 90 days of such Accidental Injury and while the Policy was in force, We will pay the applicable Accidental Dismemberment Benefit shown in the Schedule of Benefit to the Insured Person.

If the Insured Person sustains more than one of the Losses shown in the Schedule of Benefits from one Accidental Injury, We will pay for the covered Loss which has the greatest benefit.

If the covered Loss occurred due to the Accidental Injury while the Insured Person was riding on a Common Carrier, We will pay double the applicable Accidental Dismemberment Benefit.

For purposes of this benefit, "Loss" means any of the following:

- **Loss of Hand** means complete severance at or above the wrist joint.
- **Loss of Foot** means complete severance at or above the ankle joint.
- **Loss of Sight** means total and irrecoverable loss of sight.

Emergency Care Benefit

Benefits are payable for Expenses Incurred for emergency Care received from a Physician, in a Hospital, including an Emergency Room or in an Urgent Care Center. If expenses are incurred at a Hospital Emergency Room, a [\$50; \$100] Deductible will apply for each Accidental Injury. [The Deductible will be waived if the Insured Person is admitted to the Hospital.]

Follow Up Care Benefit

Benefits are payable for Expenses Incurred if an Insured Person receives follow up Care for which Emergency Care Benefits have been payable under the Policy for the Insured Person. The follow up Care must:

1. Be furnished by a Physician in a Physician's office, or in a Hospital on an outpatient basis;
2. Not be performed on the same day for which the Emergency Care Benefit is payable;
3. Not be performed in the same visit that the Physical Therapy Benefit is payable; and
4. Not be for routine examinations, preventive testing or lab work.

This benefit is limited to one follow up visit per day up to a maximum of [3; 5] follow up visits per Accidental Injury.

Ambulance Benefit

Benefits are payable for Expenses Incurred for transportation of an Insured Person to a Hospital resulting from an Accidental Injury for which an Emergency Care Benefit is payable under the Policy. This benefit is limited to [5%; 10%; 15%] of the Maximum Benefit per Calendar Year for transportation in a ground ambulance per Accidental Injury and [15%; 20% 25%] of the Maximum Benefit per Calendar Year for transportation in an air ambulance per Accidental Injury.

Drug Benefit

Benefits are payable for Expenses Incurred for drugs that are administered in a Hospital or Urgent Care Center during the Care of an Accidental Injury. Drugs prescribed to be taken or used after the initial Care of the Accidental Injury are not covered.

Fracture/Dislocation Benefit

Benefits are payable for Expenses Incurred for a Fracture or dislocation sustained by an Insured Person as a result of an Accidental Injury. The Fracture or dislocation must be Diagnosed within 14 days of the Accidental Injury.

Diagnostic Exam Benefit

X-Ray Benefit: Benefits are payable for Expenses Incurred for an x-ray or a set of x-rays for an Insured Person due to an Accidental Injury. The x-ray(s) must be performed in a Hospital or at a Physician's office within 14 days of the Accidental Injury.

Major Diagnostic Exams Benefit: Benefits are payable for Expenses Incurred for a Major Diagnostic Exam for an Insured Person due to an Accidental Injury. The Major Diagnostic Exam must be performed in a Hospital or at a Physician's office within 14 days of the Accidental Injury.

Major Diagnostic Exams are limited to the following:

- CT (computerized tomography) scan;
- CTA (computerized tomography angiogram) scan;
- MRI (magnetic resonance imaging);
- MRA (magnetic resonance angiogram); and
- EEG (electroencephalogram).

The Major Diagnostic Exams benefit is limited to one major diagnostic exam per Accidental Injury up to [10%; 15%; 25%] of the Maximum Benefit per Calendar Year.

Physical Therapy Benefit

Benefits are payable for Expenses Incurred for Physical Therapy prescribed by a Physician to an Insured Person due to an Accidental Injury. The Physical Therapy must begin within 45 days of the later of:

1. The date the Accidental Injury occurred; or
2. The date the Insured Person is discharged from the Hospital following the Accidental Injury.

The Physical Therapy must be completed within 6 months after the Accidental Injury. This benefit is limited to one Physical Therapy visit per day up to a maximum of [5; 10; 15] visits for each Accidental Injury.

Prosthesis Benefit

Benefits are payable for Expenses Incurred for a prosthetic device prescribed by a Physician to an Insured Person when the Insured Person suffers the dismemberment of a hand, foot, arm or leg due to an Accidental Injury. The prosthetic device must be for the dismemberment and must be received by the Insured Person within one year from the Accidental Injury.

This benefit is limited to one prosthetic device per Accidental Injury.

Dental Benefit

Benefits are payable for Expenses Incurred for dental work for repair of broken teeth of an Insured Person due to an Accidental Injury. Repair of broken teeth includes dental extractions and dental crowns.

This benefit is limited to [5%; 10%; 15%] of the Maximum Benefit per Calendar Year per Accidental Injury.

Appliance Benefit

Benefits are payable for Expenses Incurred for an appliance to aid in personal locomotion or mobility prescribed by a Physician to an Insured Person due to an Accidental Injury. For purposes of this benefit, appliance means a walking boot that extends above the ankle, a brace for the neck, back or leg, a cane, crutches, a walker and a wheelchair.

This benefit is limited to [5%; 10%] of the Maximum Benefit per Calendar Year per Accidental Injury.

EXCLUSIONS AND LIMITATIONS

Exclusions: Benefits under the Policy and any attached Rider(s) will not be payable for any loss caused in whole or in part by or resulting in whole or part from the following:

1. Suicide or attempt at suicide, intentional self-inflicted injury or Sickness, any attempt at intentional self-inflicted injury, injury caused by a self-inflicted act or Sickness, while sane or insane;
2. Being under the influence of a stimulant (such as amphetamines or pitrates), depressant, hallucinogen, narcotic or any other drug intoxicant including those prescribed by a Physician that are misused by the Insured Person;
3. Voluntary inhalation of gas;
4. Commission of or attempt to commit an assault or felony;
5. Engaging in an illegal activity or occupation;
6. Voluntary participation in any riot or civil insurrection;
7. Declared war or any act of declared war;
8. Operating, learning to operate, serving as a crew member of, or jumping, parachuting or falling from an aircraft or hot air balloon, including those which are not motor driven;
9. Engaging in hang gliding, bungee jumping, parachuting, sail-gliding or parasailing;
10. Riding in or driving any motor driven vehicle in a race, stunt show or speed test;

11. Practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating or coaching, for which the Insured Person receives any compensation or remuneration;
12. Operating any type of land, water or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the Accidental Injury occurred;
13. Charges for services ordered, directed or performed by a Physician or supplies purchased from a provider who is an Insured Person, the Insured Person's Immediate Family Member a person who is employed or retained by an Insured Person, an employer of an Insured Person or a person who ordinarily resides with an Insured Person;
14. Bacterial infection that was not caused by a cut or wound from an Accidental Injury;
15. Auto-erotic asphyxiation;
16. Engaging in mountaineering using ropes and/or other equipment; or
17. Treatment, services, drugs, medicines or supplies used to treat a Sickness.

We will not pay any benefits for Expenses Incurred that are not related to a covered Accidental Injury.

Pre-Existing Condition Limitation: We will not pay any benefits for Expenses Incurred for a Pre-Existing Condition until the Insured Person's coverage has been in force under the Policy for one year.

PREMIUM PROVISIONS

Premiums. We provide insurance coverage in return for premium payment. The first premium is due on the Certificate Effective Date shown in the Schedule of Benefits. Each premium after that is due on the first day following the period for which the preceding premium was paid. The premium should be paid to Us by the Insured Person or the Policyholder on or before the due date.

Our Right to Change Premium Rates. We have the right to change Our premium rates. We will give the Policyholder at least 31 days prior written notice of any change.

Grace Period. After the first premium is paid, each subsequent premium can be paid in the Grace Period. Any Grace Period will last 31 days after the premium due date. During this time, this Certificate will remain in full force. If a past due premium is not paid by the end of the Grace Period, this Certificate will lapse. The lapse date will be the last day of the Grace Period.

Refund of Unearned Premium. If coverage under this Certificate for an Insured Person terminates for any reason, We will promptly refund any unearned premium with respect to such Insured Person.

GENERAL PROVISIONS

Independent, Non-Coordinated Benefits. Each benefit under the Policy is independent of and is not coordinated with the benefits, exclusions or any other provision of any other health insurance coverage or health plan. Each benefit under the Policy is payable with respect to any event without regard to whether benefits are provided with respect to the same event under any other health insurance coverage or health plan. Benefits payable under the Policy will not be reduced on account of any other health insurance coverage or health plan.

Notice of Claim. The Insured Person must give Us written notice of claim. It must be given within 20 days after a covered loss occurs or starts, or as soon as reasonably possible. The notice must be given by the Insured Person or the Insured Person's representative. Such notice should include the Insured Person's name, Policy number and Certificate number. Notice should be mailed to Us at [601 East Britton Road, Oklahoma City, Oklahoma 73114-7710] or to any authorized agent.

Claim Forms. When We receive notice of claim, We will give or provide the Insured Person forms for filing proof of loss. If We do not give or provide them within 15 days, the Insured Person can meet the proof of loss requirement by giving Us a written statement of what happened. This statement should include the type and extent of the loss incurred. We must receive this statement within the time given for filing proof of loss.

Proof of Loss. If the Policy provides for periodic payment for a continuing loss, written proof of loss must be given to Us within 90 days after the end of each period for which We are liable. For any other loss, written proof must be given within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, except in the absence of legal capacity, the proof required must be given no later than one year from the time specified.

Time of Payment of Claims. We will pay benefits immediately upon receipt of due written proof of loss for benefits provided under the Policy. However, a benefit that is payable by periodic payments, subject to due written proof of loss, will be paid monthly. Any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of due written proof.

Payment of Claims. Benefits will be paid to the Insured Person. Loss of life benefits, if any, are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to the Insured Person's estate. Any other benefits unpaid at death may be paid, at Our option, either to the Insured Person's beneficiary or estate. If benefits are payable to the Insured Person's estate or a beneficiary who cannot execute a valid release, We can pay benefits up to \$1,000 to someone related to the Insured Person or the Insured Person's beneficiary by blood or marriage whom We consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

Assignment. The Insured Person may assign the benefits payable under the Policy. 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.

Overpayments. We have the right to recover any overpayments due to fraud and any error We make in processing a claim. The Insured must reimburse Us in full. We will determine the method by which the repayment is to be made.

Unpaid Premium. Any unpaid premium due for an Insured Person's coverage under the Policy may be recovered by Us by offsetting against amounts otherwise payable under the Policy.

Change of Beneficiary. Unless the Insured Person makes an irrecoverable designation of beneficiary, the right to change a beneficiary is reserved to the Insured Person and the consent of the beneficiary or beneficiaries will not be requisite to assignment of the Policy or to change of beneficiary or beneficiaries or to any changes in the Policy. A change of beneficiary will not have a bearing on any payment We made before We receive the change.

Physical Examination and Autopsy. We, at Our expense, may have the Insured Person examined when and as often as We may reasonably require while a claim is pending and to have an autopsy performed after an Insured Person's death as allowed by law.

Legal Actions. No legal action may be brought to recover on the Policy within 60 days after written proof of loss has been given as required by the Policy. No such action may be brought after the expiration of 3 years after the time written proof of loss is required to be given.

Non-Participating. The Policy is a non-participating policy and does not share in the Company's surplus.

Workers' Compensation. The Policy is not a Workers' Compensation policy. It does not satisfy any requirement for coverage by Workers' Compensation insurance.

Conformity With State Statutes. Any provision of this Certificate which, on the Certificate Effective Date, is in conflict with the statutes of the state in which the Insured resides on such date, is hereby amended to conform to the minimum requirements of such state.

TERMINATION OF COVERAGE

Termination. Insurance for the Insured will terminate, subject to the Portability provision, on the earliest of the following dates:

1. The end of the month on or following the date the Insured ceases to be a member of an Eligible Class shown in the Policy Schedule provisions;
2. The end of the month on or following the date the Eligible Class to which the Insured is a member is no longer an Eligible Class for coverage under the Policy;
3. The end of the month on or following the date We receive the Insured's written request for termination of coverage;
4. The end of the Grace Period following the date any required premium for the Insured has not been paid;
5. The date the Insured attains age 70;
6. The date of the Insured's death; [or]
7. The date the Policy is cancelled or terminated[.] [;]
8. [The end of the month on or following the date the Insured ceases to be a member of an Eligible Group shown in the Policy Schedule provisions; or
9. The end of the month on or following the date the Eligible Group to which the Insured is a member is no longer an Eligible Group for coverage under the Policy.]

Termination of coverage under the Policy will not affect a claim that existed on the date of termination.

Portability Provision. If the Insured's coverage under the Policy terminates, the Insured may have the right to apply to continue coverage under the Policy. If the Insured elects to continue coverage under this Portability provision, the Insured may elect to include his or her Insured Spouse and/or Insured Dependent Child(ren), if any, covered under a Spouse Rider and/or Dependent Child(ren) Rider attached to the Policy/Certificate. Application for coverage under this Portability provision and payment of the first premium for Portability coverage must be received by Us within [30 – 120] days after the date the Insured's coverage ends.

An Insured is not eligible to apply for Portability coverage if the Insured's coverage under the Policy ends for any of the following reasons:

1. The Insured failed to pay the required premium when due, subject to the Grace Period provision; or
2. The Policy is cancelled or terminated by Us.

Coverage for an Insured Person under this Portability provision will be the same coverage for the Insured Person under the Policy as of the date coverage ended under the Policy and subject to the same provisions, exclusions and limitations of the Policy.

Premiums will be billed directly to the Insured. The initial premium rates will be based on the premium rates in effect at the time the Insured applies for Portability coverage. The Insured must also pay any portion of the premium previously paid by the [Policyholder] [Insured's employer] for the coverage.

Portability coverage will end on the earliest of the following:

1. The date of the Insured's death;
2. The date the Insured attains age 70;
3. The end of the Grace Period following the date the Insured fails to pay the required premium;
4. The end of the month on or following the date the Insured is again covered under the Policy; or
5. The date coverage under this Portability provision is cancelled or terminated by Us for any reason upon 31 days advanced notice.

Once Portability coverage is cancelled or terminated, it cannot be reinstated.

New Application Group No: _____ Change/Certificate No. _____ Requested Effective Date: _____



**INSURANCE BENEFITS PROVIDED BY
RESERVE NATIONAL INSURANCE COMPANY**
A Kemper Life & Health Company
[601 East Britton Road, Oklahoma City, OK 73114]
[Telephone 800.654.9106]
[service@kemperbenefits.com]
[www.kemperbenefits.com]

Application for Accident Expense Insurance

PERSONS TO BE COVERED					
Full Name (Please PRINT):	Relationship	Gender	Date of Birth	Social Security #	U. S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
	Applicant (Self)				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Spouse				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Child				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Child				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Child				<input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICANT INFORMATION					
Street Address:		City:		State:	Zip:
Home Phone:	Cell Phone:	Work Phone:		Email Address:	
If electing Disability Income Rider, chosen amount cannot exceed 60% of Insured's Gross Monthly Income or maximum established by Policyholder.			Total Monthly Benefit Amount: \$ _____	Gross Monthly Income: \$ _____	
EMPLOYMENT INFORMATION					
Employer Name:		Employee Number (if applicable):		Date of Hire:	
Employer's Street Address:			City:	State:	Zip:
Occupation:			Scheduled # of Work Hours/wk:	Are you Actively at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
BENEFICIARY INFORMATION					
APPLICANT			SPOUSE (if covered)		
Primary Beneficiary (name and relationship):			Primary Beneficiary (name and relationship):		
Secondary Beneficiary (name and relationship):			Secondary Beneficiary (name and relationship):		
AUTHORIZATION FOR PAYROLL DEDUCTION					
Applicant hereby authorizes (Name of Employer) _____ to deduct from my salary to pay the required premium for my coverage.					
Signature of Applicant: _____				Date: _____	

APPLICATION AND SIGNATURE

I hereby apply to Reserve National Insurance Company for a certificate to be issued in reliance on my written answers to the foregoing questions. All statements and answers are complete and true to the best of my knowledge and belief.

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

Dated at: _____ on: _____ 20 ____
City, State & Zip Month & Day

Signature of Applicant: _____

AGENT'S STATEMENT

I represent: 1) That any information recorded by me is true and correct to the best of my knowledge and belief. 2) This (does) (does not) replace other insurance.

Dated: _____ on _____ 20 _____

Agent Name (Print)

Agent Signature

Agent No.



RESERVE NATIONAL

RESERVE NATIONAL INSURANCE COMPANY

A Kemper Life & Health Company
[601 East Britton Road, Oklahoma City, OK 73114]
[1-800-654-9106 www.reservenational.com]

SPOUSE RIDER

This Rider is made part of the Policy/Certificate to which it is attached. It is issued in consideration of the statements made in the Policyholder's/[Participating Employer's]/Certificateholder's application and the payment, in advance, of the first premium. It is subject to the definitions, provisions, exclusions, limitations and conditions of the Policy/Certificate to which it is attached and which are not inconsistent with the provisions of this Rider.

The Rider Date of this Rider is [the later of] the Certificate Effective Date [or _____].

RIDER DEFINITIONS

ELIGIBLE SPOUSE means the Insured's lawful spouse, including a legally separated spouse, residing in the United States. The Insured may not cover his or her spouse if the spouse is enrolled for coverage under the Policy as an Insured. [Spouse, wherever used, includes domestic partner. Domestic partner is the person named in the Insured's declaration of domestic partnership. The Insured must execute and provide the Policyholder with such a declaration which states and gives proof that the domestic partnership meets the requirements of the State in which the Insured and the domestic partner reside.]

RIDER CONDITIONS FOR COVERAGE

Eligibility. An Insured's Eligible Spouse is eligible to be covered for the benefits under the Policy/Certificate to which this Rider is attached on the later of:

1. The Insured's Certificate Effective Date; or
2. The date the Insured acquires an Eligible Spouse.

The Insured may not apply for coverage for his or her Eligible Spouse if the Eligible Spouse is covered under the Policy/Certificate as an Insured.

Effective Date of Coverage. Coverage will become effective at 12:01 a. m. Standard Time at the Policyholder's address on the date the Eligible Spouse becomes eligible for coverage under the Policy/Certificate; provided application for insurance has been received by Us and the required premium authorized.

RIDER BENEFITS

The Eligible Spouse is an Insured Person and is covered under the Policy/Certificate to which this Rider is attached.

RIDER TERMINATION

This Rider will terminate on the earliest of:

1. The date We receive the Insured's written request to terminate this Rider;
2. The date the Insured Spouse attains age 70;
3. The date of the Insured Spouses' death;
4. The end of the month on or following the date the Insured Spouse ceases to meet the definition of Eligible Spouse, subject to the Portability provision of this Rider;
5. The end of the Grace Period following the date any required premium for this Rider has not been paid; or
6. The date the Certificate to which this Rider is attached terminates.

Termination of coverage under this Rider will not affect a claim that existed on the date of termination.

Portability Provision.

If the Insured Spouse's coverage terminates due to the Insured Spouse no longer meeting the definition of Eligible Spouse, the Insured Spouse may have the right to continue coverage under this Rider. If the Insured Spouse elects to continue coverage under this Portability provision, the Insured Spouse may elect to include his or her Insured Dependent Child(ren) provided:

1. The Dependent Child(ren) are insured under the Child(ren) Rider at the time of the Insured Spouse's coverage termination; and
2. The Insured is not continuing coverage for the Insured Dependent Child(ren) under the Policy/Certificate.

Application for coverage under this Portability provision and payment of the first premium must be received by Us within [30 – 120] days after the date the Insured Spouse's coverage ends.

The Insured Spouse is not eligible to apply for Portability coverage if the Insured Spouse's coverage ends for any of the following reasons:

1. The required premium for this Rider was not paid when due, subject to the Grace Period provision; or
2. The Policy is cancelled or terminated by Us.

Coverage for an Insured Person under this Portability provision will be the same coverage for the Insured Person under the Policy/Certificate as of the date coverage ended under this Rider and subject to the same provisions, exclusions and limitations of the Policy/Certificate.

Premiums will be billed directly to the Insured Spouse. The initial premium rate will be based on the premium rates in effect at the time the Insured Spouse applies for Portability coverage. The Insured Spouse must also pay any portion of the premium previously paid by the [Policyholder] [Insured's employer] for the coverage.

Portability coverage will end on the earliest of the following:

1. The date of the Insured Spouse's death;
2. The date the Insured Spouse attains age 70;
3. The end of the Grace Period following the date any required premium for Portability coverage has not been paid; or
4. The date coverage under this Portability provision is cancelled or terminated by Us for any reason upon 31 days advanced notice.

Once Portability coverage is cancelled or terminated, it cannot be reinstated.

RIDER PREMIUMS

While this Rider is in effect, premiums are due and may be changed according to the terms of the Policy/Certificate to which it is attached.

IN WITNESS WHEREOF, Reserve National Insurance Company has caused this Rider to be signed by its President and its Secretary at its home office in the City of [Oklahoma City] as of the Rider Date.

[


Secretary


President]



RESERVE NATIONAL

RESERVE NATIONAL INSURANCE COMPANY

A Kemper Life & Health Company
[601 East Britton Road, Oklahoma City, OK 73114]
[1-800-654-9106 www.reservenational.com]

CHILD(REN) RIDER

This Rider is made part of the Policy/Certificate to which it is attached. It is issued in consideration of the statements made in the Policyholder's/[Participating Employer's]/Certificateholder's application and the payment, in advance, of the first premium. It is subject to the definitions, provisions, exclusions, limitations and conditions of the Policy/Certificate to which it is attached and which are not inconsistent with the provisions of this Rider.

The Rider Date of this Rider is [the later of] the Certificate Effective Date [or _____].

RIDER DEFINITIONS

DEPENDENT CHILD means a financially dependent child, foster, stepchild or adopted child of the Insured or a child for whom the Insured must provide medical support under a court order, named on the application, unless specifically excluded in any part of the Policy/Certificate or this Rider. A newborn child or child placed for adoption or foster care after the Rider Date is considered a Dependent Child.

ELIGIBLE DEPENDENT CHILD(REN) means:

1. [A Dependent Child who is under age 26;
2. A Dependent Child who is age 26 or over, who is chiefly dependent on the Insured for support and maintenance if he/she is not able to support him/herself because of mental retardation or physical disability. We request that the Insured give Us notice of the incapacity at Our expense. at Our home office.]

RIDER CONDITIONS FOR COVERAGE

Eligibility. An Insured's Eligible Dependent Child(ren) is eligible to be covered for the benefits under the Policy/Certificate to which this Rider is attached on the later of:

1. The Insured's Certificate Effective Date; or
2. The date the Insured acquires an Eligible Dependent Child(ren).

The Insured may not apply for coverage for his or her Eligible Dependent Child(ren) if the Insured's Eligible Spouse is covered under the Policy as an Insured and the Dependent Child(ren) are covered under the Eligible Spouse's coverage under the Policy.

Effective Date of Coverage. Subject to the Newborn, Adopted, Foster and Medical Support Ordered Child(ren) provision, coverage will become effective at 12:01 a. m. Standard Time at the Policyholder's address on the date the Eligible Child(ren) becomes eligible for coverage under the Policy/Certificate; provided application for insurance has been received by Us and the required premium paid.

Newborn, Adopted, Foster and Medical Support Ordered Child(ren).

Newborn – A Dependent Child(ren) born while the Insured is covered under the Policy/Certificate is covered from the moment of birth for a period of 31 days. If any additional premium is required, a notice of birth together with the additional premium must be submitted to Us within 31 days after the date of birth to continue coverage beyond the 31-day period.

Adopted – A Dependent Child(ren) under the charge, care and control of the Insured for whom the Insured has filed a petition to adopt while the Insured is covered under the Policy/Certificate is covered from the date of the filing of a petition to adopt. An adopted newborn child or a newborn child under the charge, care and control of the Insured for whom the Insured has filed a petition to adopt while the Insured is covered under the Policy/Certificate is covered from the date of birth. Coverage will continue until the dismissal or denial of the petition to adopt. If any additional premium is required, a notice of petition to adopt together with the additional premium must be submitted to Us within 60 days after the date of petition to adopt or, with respect to a newborn child, the date of birth to continue coverage beyond the 60-day period.

Foster – A Dependent Child(ren) placed with the Insured as a foster child while the Insured is covered under the Policy/Certificate is covered from the date of placement. If any additional premium is required, a notice of placement as a foster child together with the additional premium must be submitted to Us within 31 days after the date of such placement to continue coverage beyond the 31-day period.

Medical Support Ordered – A Dependent Child(ren) who is the subject of a medical support order is covered under the Policy/Certificate when We receive notice of the medical support order. If any additional premium is required, it must be submitted to Us within 31 days after the date of the notice to continue coverage beyond the 31-day period.

RIDER BENEFITS

The Eligible Child(ren) is an Insured Person and is covered under the Policy/Certificate to which this Rider is attached.

RIDER TERMINATION

Termination Under this Rider. Coverage for an Insured Child under this Rider will terminate on the earliest of:

1. The date We receive the Insured's written request to terminate coverage under this Rider for such Insured Child;
2. The end of the month on or following the date the Insured Child ceases to meet the definition of Eligible Dependent Child; or
3. The date this Rider terminates.

Rider Termination. This Rider will terminate on the earliest of:

1. The date We receive the Insured's written request to terminate this Rider;
2. The date the Insured does not have any Eligible Dependent Children;
3. The end of the Grace Period following the date any required premium for this Rider has not been paid; or
4. The date the Certificate to which this Rider is attached terminates.

Termination of coverage under this Rider will not affect a claim that existed on the date of termination.

RIDER PREMIUMS

While this Rider is in effect, premiums are due and may be changed according to the terms of the Policy/Certificate to which it is attached.

IN WITNESS WHEREOF, Reserve National Insurance Company has caused this Rider to be signed by its President and its Secretary at its home office in the City of [Oklahoma City] as of the Rider Date.

[


Secretary


President]



RESERVE NATIONAL

RESERVE NATIONAL INSURANCE COMPANY

A Kemper Life & Health Company
[601 East Britton Road, Oklahoma City, OK 73114]
[1-800-654-9106 www.reservenational.com]

ACCIDENTAL DEATH BENEFIT RIDER

This Rider is made part of the Policy/Certificate to which it is attached. It is issued in consideration of the statements made in the Policyholder's/[Participating Employer's]/Certificateholder's application and the payment, in advance, of the first premium. It is subject to the definitions, provisions, exclusions, limitations and conditions of the Policy/Certificate to which it is attached and which are not inconsistent with the provisions of this Rider.

The Rider Date of this Rider is [the later of] the Certificate Effective Date [or _____].

RIDER SCHEDULE

INSURED PERSON	RIDER BENEFIT
Insured	[\$10,000 - \$100,000 in increments of \$1,000]
Insured Spouse	[½ of the Insured's Rider Benefit; Same as Insured's Rider Benefit]
Insured Child(ren)	[¼;½] of the Insured's Rider Benefit

RIDER DEFINITIONS

COMMON CARRIER means a commercial airlines, train, bus, boat, ferry or ship, subway or streetcar, operated on a regularly scheduled basis between pre-determined points or cities. Taxis and privately chartered vehicles are not common carriers.

RIDER BENEFITS

When We receive proof that the Insured Person sustained an Accidental Injury that, directly and independently of all other causes, resulted in the Insured Person's death within 90 days of such Accidental Injury and while this Rider was in force, We will pay the Rider Benefit to the Insured Person's beneficiary.

If death occurred due to the Accidental Injury while the Insured Person was riding on a Common Carrier, We will pay double the Rider Benefit.

RIDER TERMINATION

This Rider will terminate on the earliest of:

1. The date We receive the Insured's written request to terminate this Rider;
2. The end of the Grace Period following the date any required premium for this Rider has not been paid; or
3. The date the Certificate to which this Rider is attached terminates.

RIDER PREMIUMS

While this Rider is in effect, premiums are due and may be changed according to the terms of the Policy/Certificate to which it is attached.

IN WITNESS WHEREOF, Reserve National Insurance Company has caused this Rider to be signed by its President and its Secretary at its home office in the City of [Oklahoma City] as of the Rider Date.

[


Secretary


President]



**RESERVE
NATIONAL**

RESERVE NATIONAL INSURANCE COMPANY

A Kemper Life & Health Company
[601 East Britton Road, Oklahoma City, OK 73114]
[1-800-654-9106 www.reservenational.com]

DISABILITY INCOME BENEFIT RIDER

This Rider is made part of the Policy/Certificate to which it is attached. It is issued in consideration of the statements made in the Policyholder's/[Participating Employer's]/Certificateholder's application and the payment, in advance, of the first premium. It is subject to the definitions, provisions, exclusions, limitations and conditions of the Policy/Certificate to which it is attached and which are not inconsistent with the provisions of this Rider.

The Rider Date of this Rider is [the later of] the Certificate Effective Date [or _____].

RIDER SCHEDULE

ELIMINATION PERIOD: [[7; 14] Days]
[Injury: [7; 14] Days
Illness: [7; 14] Days]

MONTHLY BENEFIT AMOUNT: [[\\$50; \\$100; \\$150; \\$200] per unit up to [1 – 25] units] [\\$XX.XX]

MAXIMUM BENEFIT PERIOD: [13; 26] Weeks

RIDER DEFINITIONS

ACTIVELY AT WORK means the Insured is performing every duty of his or her job at the Insured's employer's usual place of business.

ELIMINATION PERIOD means the selected days at the beginning of the Insured's covered Total Disability for which no benefit is payable.

[GROSS MONTHLY INCOME means earned income, including salaries or wages, bonuses, commissions and any other compensation the Insured receives or is entitled to receive from regular monthly vocational efforts. Gross Monthly Income does not include unearned income, such as investment income, royalties, gifts or annuities received independently of regular monthly vocational efforts.]

[ILLNESS means a sickness or disease of the Insured that first manifests itself on or after the Rider Date and while the Insured's coverage is in force under this Rider [and is not due to or in connection with the Insured's occupation].]

INJURY means bodily injury or injuries caused by an Accidental Injury and sustained by the Insured on or after the Rider Date. The Injury must be the direct cause of a loss and must be independent of

disease, bodily infirmity or any other cause. The Accidental Injury must occur while the Insured's coverage is in force under this Rider [and does not occur while the Insured is Actively at Work].

TOTAL DISABILITY or **TOTALLY DISABLED** means that the Insured is completely and continuously unable to perform all the substantial and material duties of the Insured's job or a comparable job and is not engaged in any employment or occupation for wage or profit. The condition causing Total Disability must require the regular care and attendance of a Physician.

RIDER BENEFITS

MONTHLY BENEFITS. When We receive proof that the Insured is Totally Disabled as a result of Injury [or Illness], We will pay, beginning with the first day of Total Disability following the Elimination Period, the Monthly Benefit Amount shown in the Rider Schedule for each month [not to exceed 60% of the Insured's Monthly Gross Income].

If the Insured is continuously Totally Disabled, benefits are payable for the Maximum Benefit Period shown in the Rider Schedule and will end on the earlier of:

1. The date the Maximum Benefit Period ends; or
2. The date this Rider terminates.

The Insured must be continuously Totally Disabled during the Elimination Period and as long as benefits are payable.

BENEFITS FOR LESS THAN A MONTH. Total Disability for less than a month will be paid at a daily rate of one-thirtieth of the Monthly Benefit Amount.

SUCCESSIVE DISABILITIES. Successive periods of Total Disability shall be considered to be one period of Total Disability subject to the Maximum Benefit Period unless the subsequent period of Total Disability is due to a bodily Injury [or Illness] entirely unrelated to the cause or causes of the previous periods of Total Disability and it commences after the Insured has returned to and has been Actively at Work for at least [4 - 6] weeks.

RIDER GENERAL PROVISIONS

CLAIM CONDITIONS:

1. The Insured must undergo a medical examination, functional capacity examination and/or psychiatric examination, including any related test as are reasonably necessary to the performance of the examination or specialist for the condition at such time and place and with such frequency as We reasonably require. We reserve the right to select the examiner. We will pay for the examination, including the costs associated with travel to the examination, if the examination cannot be conducted locally.
2. The Insured must meet with Our representative for a personal interview or review of records at such time and with such frequency, as We reasonably require. We reserve the right to have phone interviews and answers to written questions.
3. We must be given the information, which We need to determine if a benefit is payable and how much that benefit should be.

CHANGE OF OCCUPATION: If the Insured sustains the Accidental Injury after he or she changes the occupation stated in his or her application to one classified by Us as more hazardous or while doing for compensation anything pertaining to an occupation so classified, We will pay only the portion of the indemnity provided in this Rider as the premium paid would have purchased at the rates and within the limits fixed by Us for the more hazardous occupation. If the Insured changes his or her occupation to one classified by Us as less hazardous than the occupation stated in the application, We, upon receipt of the proof of change of occupation, will reduce the premium rate accordingly, and will return the excess pro-rata unearned premium from the date of change in occupation.

RIDER TERMINATION

This Rider will terminate on the earliest of:

1. The date We receive the Insured’s written request to terminate this Rider;
2. The end of the month on or following the date the Insured retires;
3. The end of the Grace Period following the date any required premium for this Rider has not been paid; or
4. The date the Certificate to which this Rider is attached terminates.

RIDER PREMIUMS

While this Rider is in effect, premiums are due and may be changed according to the terms of the Policy/Certificate to which it is attached.

IN WITNESS WHEREOF, Reserve National Insurance Company has caused this Rider to be signed by its President and its Secretary at its home office in the City of [Oklahoma City] as of the Rider Date.

[


Secretary


President]

SERFF Tracking #:

EWLE-128857182

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company:

Reserve National Insurance Company

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Group accident

Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/30/2013
Comments:			
Attachment(s):			
AR-INP (1-13).pdf			
Compliance Certification AR.pdf			
Readability Multiple Employers AR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	01/30/2013
Comments:	The applications have been entered onto the Forms Tab.		

		Item Status:	Status Date:
Satisfied - Item:	Authorization to file	Approved-Closed	01/30/2013
Comments:			
Attachment(s):			
LetterofAuthorization-Lewis&Ellis.pdf			

		Item Status:	Status Date:
Satisfied - Item:	submission letter	Approved-Closed	01/30/2013
Comments:			
Attachment(s):			
AR Submission letter multiple employers.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Clarification letter for multiple employers and associations	Approved-Closed	01/30/2013
Comments:			
Attachment(s):			

SERFF Tracking #:

EWLE-128857182

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company:

Reserve National Insurance Company

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Group accident

Project Name/Number: /

ArkansasMultipleEmployersLetter.pdf

		Item Status:	Status Date:
Satisfied - Item:	Variability Statement	Approved-Closed	01/30/2013
Comments:			
Attachment(s):			
VARIABILITY STATEMENT multiple AR.pdf			

IMPORTANT NOTICE

Customer Service Department of Reserve National Insurance Company:

601 East Britton Road
Oklahoma City, OK 73114-7710
Telephone # 1-800-654-9106.

If we at Reserve National Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department

Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
Telephone (501) 371-2640 or (800) 852-5494

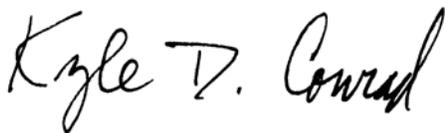
Compliance Certification

Insurance Company: Reserve National Insurance Company

<u>Form Number</u>	<u>Description of Form</u>	<u>Score</u>
KB-MAI-POL-1301	Policy Pages Accident Indemnity	52.8
KB-MAI-PHAPP-1301-AR	Policyholder Accident Indemnity Application	50.2
KB-MAI-PEAPP-1301-AR	Participating Employer Accident Indemnity Application	50.2
KB-MAI-CER-1301	Certificate Accident Indemnity	53.6
KB-MAI-IPAPP-1301-AR	Insured Person Accident Indemnity Application	53.3
KB-MAE-POL-1301	Policy Pages Accident Expense	52.8
KB-MAE-PHAPP-1301-AR	Policyholder Accident Expense Application	50.2
KB-MAE-PEAPP-1301-AR	Participating Employer Accident Expense Application	50.2
KB-MAE-CER-1301	Certificate Accident Expense	50.2
KB-MAE-IPAPP-1301-AR	Insured Person Accident Expense Application	53.3
KB-MA-SR-1301	Spouse Rider (Indemnity and Expense)	53.7
KB-MA-CR-1301-AR	Child(ren) Rider (Indemnity and Expense)	52.0
KB-MAE-AR-1301	Accident Rider (Expense)	50.5
KB-MA-DR-1301	Disability Income Rider (Indemnity and Expense)	52.1

I hereby certify that in connection with the above referenced forms, Reserve National Insurance Company will comply with the requirements of:

Rule & Regulation 19 pertaining to Unfair Sex Discrimination
Rule & Regulation 49 pertaining to Guaranty Association Notices



Authorized Signature

Kyle D. Conrad

Name

Sr. Vice President and Associate Corporate Counsel

Title

January 18, 2013

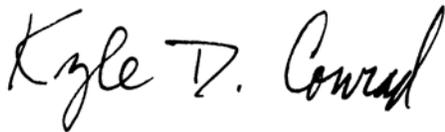
Date

Readability Certification

Insurance Company: Reserve National Insurance Company

<u>Form Number</u>	<u>Description of Form</u>	<u>Score</u>
KB-MAI-POL-1301	Policy Pages Accident Indemnity	52.8
KB-MAI-PHAPP-1301-AR	Policyholder Accident Indemnity Application	50.2
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KB-MAI-CER-1301	Certificate Accident Indemnity	53.6
KB-MAI-IPAPP-1301-AR	Insured Person Accident Indemnity Application	53.3
KB-MAE-POL-1301	Policy Pages Accident Expense	52.8
KB-MAE-PHAPP-1301-AR	Policyholder Accident Expense Application	50.2
KB-MAE-PEAPP-1301-AR	Participating Employer Accident Expense Application	50.2
KB-MAE-CER-1301	Certificate Accident Expense	50.2
KB-MAE-IPAPP-1301-AR	Insured Person Accident Expense Application	53.3
KB-MA-SR-1301	Spouse Rider (Indemnity and Expense)	53.7
KB-MA-CR-1301-AR	Child(ren) Rider (Indemnity and Expense)	52.0
KB-MAE-AR-1301	Accident Rider (Expense)	50.5
KB-MA-DR-1301	Disability Income Rider (Indemnity and Expense)	52.1

I hereby certify that the above referenced forms comply with the readability requirements of this State.



Authorized Signature

Kyle D. Conrad

Name

Sr. Vice President and Associate Corporate Counsel

Title

January 18, 2013

Date



December 31, 2012

RE: Filing Authorization
Lewis & Ellis, Inc.

To Whom It May Concern:

I hereby authorize Lewis & Ellis, Inc. and any authorized representative of Lewis & Ellis, Inc. to submit state filings of insurance applications/forms/rates/products on behalf of Reserve National Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such applications/forms/rates/products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of Reserve National Insurance Company.

Sincerely,

A handwritten signature in black ink that reads "Kyle D. Conrad".

Kyle D. Conrad
Senior Vice President
and Associate Corporate Counsel

KDC:bdd

[Type text]

[Type text]

[Type text]



Dallas

Glenn A. Tobleman, F.S.A., F.C.A.S.
S. Scott Gibson, F.S.A.
Cabe W. Chadick, F.S.A.
Michael A. Mayberry, F.S.A.
David M. Dillon, F.S.A.
Gregory S. Wilson, F.C.A.S.
Steven D. Bryson, F.S.A.
Bonnie S. Albritton, F.S.A.
Brian D. Rankin, F.S.A.
Wesley R. Campbell, F.S.A.
Jacqueline B. Lee, F.S.A.
Robert E. Gove, A.S.A.
J. Finn Knox-Seith, A.S.A.
Brian C. Stentz, A.S.A.
Jay W. Fuller, A.S.A.
Sujaritha Tansen, A.S.A.
Josh A. Hammerquist, A.S.A.
Xiaoxiao (Lisa) Jiang, A.S.A.
Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)

Kansas City

Gary L. Rose, F.S.A.
Terry M. Long, F.S.A.
David L. Batchelder, A.S.A.
Leon L. Langlitz, F.S.A.
Gary R. McElwain, FLMI
Anthony G. Proulx, F.S.A.
Thomas L. Handley, F.S.A.
D. Patrick Glenn, A.S.A., A.C.A.S.
Christopher H. Davis, F.S.A.
Karen E. Elsom, F.S.A.
Jill J. Humes, F.S.A.

London / Kansas City

Roger K. Annin, F.S.A.
Timothy A. DeMars, F.S.A.
Scott E. Morrow, F.S.A.

Baltimore

David A. Palmer, C.F.E.

January 18, 2013

Arkansas Department of Insurance

RE: Reserve National Insurance Company NAIC # 68462
KB-MAI-POL-1301 Policy Pages Accident Indemnity
KB-MAI-PHAPP-1301-AR Policyholder Accident Indemnity Application
KB-MAI-PEAPP-1301-AR Participating Employer Accident Indemnity Application
KB-MAI-CER-1301 Certificate Accident Indemnity
KB-MAI-IPAPP-1301-AR Insured Person Accident Indemnity Application
KB-MAE-POL-1301 Policy Pages Accident Expense
KB-MAE-PHAPP-1301-AR Policyholder Accident Expense Application
KB-MAE-PEAPP-1301-AR Participating Employer Accident Expense Application
KB-MAE-CER-1301 Certificate Accident Expense
KB-MAE-IPAPP-1301-AR Insured Person Accident Expense Application
KB-MA-SR-1301 Spouse Rider (Indemnity and Expense)
KB-MA-CR-1301-AR Child(ren) Rider (Indemnity and Expense)
KB-MAE-AR-1301 Accident Rider (Expense)
KB-MA-DR-1301 Disability Income Rider (Indemnity and Expense)

Dear Sir or Madam:

This submission is being made on behalf of Reserve National Insurance Company. These forms are submitted for review and approval. These forms are new and not intended to replace any previously approved forms.

The forms are designed to provide group accident coverage on either an expense basis or an indemnity basis. The forms include the flexibility to be issued to a traditional employer, a multiple employer trust or an association of employers. A variability statement is included. Additionally, we have included a clarification letter regarding issue of these forms to an association or a trust.

Form KB-MAI-POL-1301 is the Policy Pages for the Accident Indemnity coverage. Form KB-MAI-PHAPP-1301-AR is the Policyholder Accident Indemnity Application and Form KB-MAI-PEAPP-1301-AR is the Participating Employer Accident Indemnity Application in the event that Participating Employers will be involved. Form KB-MAI-CER-1301 is the Certificate Accident Indemnity and Form KB-MAI-IPAPP-1301-AR is the Insured Person Accident Indemnity Application.

Form KB-MAE-POL-1301 is the Policy Pages for the Accident Expense coverage. Form KB-MAE-PHAPP-1301-AR is the Policyholder Accident Expense Application and Form KB-MAE-PEAPP-1301-AR is the Participating Employer Accident Expense Application in the event that Participating Employers will be involved. Form KB-MAE-CER-1301 is the Certificate Accident Expense and Form KB-MAE-IPAPP-1301-AR is the Insured Person Accident Expense Application.

Form KB-MA-SR-1301 is a Spouse Rider to be used with both the Indemnity and Expense forms. Form KB-MA-CR-1301-AR is the Child(ren) Rider to be used with both the Indemnity and Expense forms. Form KB-MAE-AR-1301 is an Accident Rider to be used with the Expense forms only. Form KB-MA-DR-1301 is a Disability Income Rider to be used with both the Indemnity and Expense forms.

Similar forms have been approved in the domicile state on January 3, 2013.

Should you have any questions or need additional information, please do not hesitate to call me at (972) 398-3733.

Sincerely,



Suzanne Heasley, FLMI, CLU
Legal Assistant and Compliance Specialist



January 18, 2013

Arkansas Department Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Reserve National Insurance Company NAIC # 68462
Group Accident Filing form series KB-MAI-POL-1301, et al
Clarification Letter regarding Association and Trust Group Policyholders

Dear Sir or Madam:

This clarification letter is being provided to accompany the Group Accident Submission, form series KB-MAI-POL-1301, et al. The filing is a group product that has been set up to accommodate traditional employer groups, associations of employer groups and multiple employer groups under a trust. We are requesting that the forms be reviewed and approved with these options.

We certify that once the forms are approved, prior to the forms being issued to an association or to a trust, we will submit to your office the association by-laws as well as the required documentation contained in the Association Requirements from your department website or trust documents applicable to the particular association or trust to which we intend to issue the forms. The by-laws, additional required documentation for associations or trust document will be submitted, via SERFF, in accordance with Arkansas requirements. We understand that we will not need to re-file the policy, certificate, applications, etc. at that time, but that those forms may not be issued to an association or trust without prior approval thereof by the Arkansas Insurance Department.

We appreciate your consideration in reviewing our submission on this basis. Should you have any questions or need additional information or clarifications, please do not hesitate to contact me at (405) 848-7931, ext. 549.

Sincerely,

A handwritten signature in black ink that reads "Kyle D. Conrad". The signature is written in a cursive, flowing style.

Kyle D. Conrad
Senior Vice President
and Associate Corporate Counsel

KDC:bdd

VARIABILITY STATEMENT (Multiple Options for Policyholder)

All Forms

The brackets around the Company logo, address of Company, name and signature of officers allow for revisions in the event these items are changed.

Policyholder Expense Application (Form KB-MAE-PHAPP-1301-AR)

The brackets allow for the insertion of benefits elected. All ranges and options are shown.

Policyholder Indemnity Application (Form KB-MAI-PHAPP-1301-AR)

The brackets allow for the insertion of benefits elected. All ranges and options are shown. With respect to the 4th option on the Benefit Plan Basic Benefits, such option will be amounts determined by based on existing amounts of benefits reflecting a factor ranging from .5% to 3.0%.

Participating Employer Expense Application (Form KB-MAE-PEAPP-1301-AR)

The brackets allow for the insertion of benefits elected. All ranges and options are shown. All ranges and options are shown. With respect to the 4th option on the Benefit Plan Basic Benefits, such option will be amounts determined by based on existing amounts of benefits reflecting a factor ranging from .5% to 3.0%.

Participating Employer Indemnity Application (Form KB-MAI-PEAPP-1301-AR)

The brackets allow for the insertion of benefits elected. All ranges and options are shown. With respect to the 4th option on the Benefit Plan Basic Benefits, such option will be amounts determined by based on existing amounts of benefits reflecting a factor ranging from .5% to 3.0%.

Insured Person Indemnity Application (Form KB-MAI-IPAPP-1301-AR)

The brackets allow for the insertion of benefits elected. All ranges and options are shown.

Insured Person Expense Application (Form KB-MAE-IPAPP-1301-AR)

The brackets allow for the insertion of benefits elected. All ranges and options are shown.

Group Policy Indemnity (Form KB-MAI-POL-1301)

1. Face Page – The brackets and blank areas allow for the personalization of the policy issued.
2. Policy Schedule Provisions – The brackets allow for the personalization of the policy issued along with customization of Policyholder practices.
3. Conditions for Coverage of Participating Employers – The brackets allow for removal or insertion of the provision in the event the Policyholder has Participating Employers. The brackets within the provision allow for customization of effective and termination date practices of the Policyholder.
4. General Provisions, Entire Contract, and Time Limit on Certain Defenses – The brackets allow for removal of the language referring to Participating Employers in the event that the Policyholder does not have Participating Employers.

Group Policy Expense (Form KB-MAE-POL-1301)

1. Face Page – The brackets and blank areas allow for the personalization of the policy issued.
2. Policy Schedule Provisions – the brackets allow for the personalization of the policy issued along with customization of Policyholder practices.
3. Conditions for Coverage of Participating Employers – The brackets allow for removal or insertion of the provision in the event the Policyholder has Participating Employers. The brackets within the provision allow for customization of effective and termination date practices of the Policyholder.
4. General Provisions, Entire Contract – The brackets allow for removal of the language referring to Participating Employers in the event that the Policyholder does not have Participating Employers.

Certificate Expense (Form KB-MAE-CER-1301)

1. Schedule of Benefits – The brackets allow for personalization of the certificate and benefits elected. All ranges and options of benefits are shown.
2. Covered Expenses – The brackets allow for insertion of the benefits elected. All ranges and options are shown.
3. Termination of Coverage, Portability Provision (application timelines) – The brackets include the minimum and maximum time periods available.
4. Termination of Coverage, Portability Provision (premium paragraph) – The brackets allow for inclusion of either the Policyholder or the Insured's employer, depending on which one was paying the premium.

Certificate Indemnity (Form KB-MAI-CER-1301)

1. Schedule of Benefits – The brackets allow for personalization of the certificate and benefits elected. All ranges and options of benefits are shown.
2. Definitions – The brackets around the following definitions allow for them to be removed in the event that the covered benefit to which the definition applies is not elected to be included in the particular certificate: Chiropractic Care Services, Hospital Intensive Care Unit, Occupational Therapist, Occupational Therapy, Physical Therapist, Physical Therapy, Speech Therapist, Speech Therapy.
3. Fixed Indemnity Benefits – The brackets allow for the insertion of the benefits elected. All ranges and options are shown. In the event that an entire benefit is in brackets, either the benefit will be deleted in its entirety or will stay in its entirety.
4. Termination of Coverage, Portability Provision (application timelines) – The brackets allow for inclusion of either the Policyholder or the Insured's employer, depending on which one was paying the premium.

Spouse Rider (Form KB-MA-SR-1301)

1. First Paragraph – The brackets allow for removal of the language referring to Participating Employer in the event that the Policyholder does not have Participating Employers.
2. Rider Date – The brackets allow for the rider to be issued after the Certificate Effective Date or at the same time as the Certificate Effective Date.
3. Definition of Eligible Spouse – The brackets allow for revision due to Policyholder requests. Any revision made will be in compliance with minimum requirements of the state in which the rider is issued.
4. Portability Provision Application timelines – The brackets include the minimum and maximum time periods available.
5. Portability Provision Premium paragraph – The brackets allow for inclusion of either the Policyholder or the Insured's employer, depending on which was previously paying the premium.

Child Rider (Form KB-MA-CR-1301-AR)

1. First Paragraph – The brackets allow for removal of the language referring to Participating Employer in the event that the Policyholder does not have Participating Employers.
2. Rider Date – The brackets allow for the rider to be issued after the Certificate Effective Date or at the same time as the Certificate Effective Date.
3. Definition of Eligible Dependent Child(ren) – The brackets allow for revision due to Policyholder requests. Any revision made will be in compliance with minimum requirements of the state in which the rider is issued.

Accident Rider (Form KB-MAE-AR-1301)

1. First Paragraph – The brackets allow for removal of the language referring to Participating Employers in the event that the Policyholder does not have Participating Employers.
2. Rider Date – The brackets allow for the rider to be issued after the Certificate Effective Date or at the same time as the Certificate Effective Date.
3. Rider Schedule – The brackets allow for the insertion of benefits elected. All ranges and options are shown.

Disability Income Benefit Rider (Form KB-MA-DR-1301)

1. First Paragraph – The brackets allow for removal of the language referring to Participating Employers in the event that the Policyholder does not have Participating Employers.
2. Rider Date – The brackets allow for the rider to be issued after the Certificate Effective Date or at the same time as the Certificate Effective Date.
3. Rider Schedule – The brackets allow for the insertion of benefits elected. All ranges and options are shown.
4. Definition of Gross Monthly Income – The brackets allow for the inclusion of this definition in the event the Insured's Monthly Benefits are based on the Insured's Gross Monthly Income.
5. Definition of Illness – The brackets allow for the removal of this definition in the event that the rider provides benefits in connection with Injuries only. If the definition is to be included, the brackets within the definition allow for removal of the language in the event the rider excludes occupational illnesses.
6. Definition of Injury – The brackets within the definition allow for removal of the language in the event the rider excludes occupational injuries.
7. Rider Benefits, Monthly Benefits, first paragraph – The first brackets allow for removal of the language in the event that the rider provides benefits in connection with Injuries only. The second brackets allow for removal of the language in the event that the Insured's Monthly Benefits are not based on the Insured's Gross Monthly Income.
8. Rider Benefits, Successive Disabilities - The brackets allow for the insertion of benefits elected. All ranges and options are shown.