

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: April 7, 2020 [] Consent [X] Regular
[] Ordinance [] Public Hearing
Department : Risk Management
Submitted By: Risk Management
Submitted For: Group Insurance Division

I. EXECUTIVE BRIEF


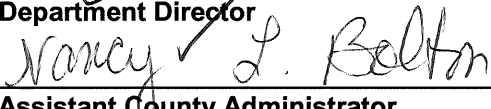
Motion and Title: Staff requests Board direction:

- A) to approve the selection of Washington National as the agent/carrier to offer a selection of new voluntary (employee paid) supplemental insurance policies ,for County employees;
- B) to add three (3) proposed policies including Accident, Cancer, and Hospitalization to the existing suite of employee benefits; and
- C) to enter into a contract, for a minimum period of 20 years, with Washington National, in order to allow for the provision of a premium rebate after twenty years of continuous coverage

Summary: At the regular meeting of the Board of County Commissioners on October 2, 2018, staff was directed to bring back a proposal for new, non-duplicative voluntary supplemental insurance policies that included a premium rebate. To accomplish the Board directive, staff issued a Request for Proposal (RFP) that required proposing carriers to review the County’s current suite of benefits and submit proposals that would provide employees with additional options to consider for their personal coverage, while not creating financial incentives that could have a negative impact on the financial performance of the County’s comprehensive health plans. Four (4) proposals, from AFLAC, Aetna, Securian Life, and Washington National, were reviewed by the selection committee. Washington National was the only carrier that provided the required premium rebate option. If the Board directs staff to enter into a contract with the selected carrier, staff recommends the selection of Washington National and three (3) of its proposed supplemental insurance policies including Accident, Cancer, and Hospitalization. Countywide (HH)

Background and Policy Issues: Currently, dental, supplemental life insurance, short term disability and upgraded long term disability are offered on a voluntary (employee pay-all) basis to County employees as a part of their benefits package, but a full suite of supplemental benefits is not offered. The Board has historically offered a very competitive and comprehensive benefits plan, which includes an HMO/POS option, and recently added an Open Access plan for major medical, which is funded 88.5% by the Board of County Commissioners, and offers employees low out of pocket copayments and no plan deductibles (for in-network coverage). The low out of pocket costs have negated the need to offer additional supplemental benefits for specific illnesses such as cancer, heart disease, or other. Voluntary supplemental benefits that pay a cash payment for certain events typically complement high deductible medical plans. Due to the low out of pocket costs of the Board’s medical plans, providing supplemental coverage that pays a cash benefit in excess of medical plan copayments could cause unintended cost increases to the plan. For example, a reimbursement by a voluntary supplemental carrier for an employee’s copayment for emergency treatment at a hospital ER would serve to erode the intended steerage of patients to a lower co-payment at a lesser costing Urgent Care Center. Voluntary benefits currently offered by the Board are comprehensive in nature and are intended to complement the benefit plan while not paying supplements in excess of out of pocket costs. The County did offer cancer and critical illness policies through Mony, Unum, and other carriers decades ago. Staff eventually discontinued offering these policies at open enrollment due to a sharp decline in enrollment over time, however they did continue to maintain enrollment for a handful of employees for a number of years. These grandfathered policies were resource intensive to administer as they could not be part of automatic processing through the benefits and payroll system and required manual intervention. Although the Board would not incur direct costs, a competitive bid process historically has been required for 100 percent employee paid benefits to ensure transparency to account for the value of the contract, as agent compensation on these products for a group the size of Palm Beach County will be substantial.

Attachments: Washington National Proposal

Recommended by: 
Department Director
Approved by: 
Assistant County Administrator
Date: 3/31/20
Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2020	2021	2022	2023	2024
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income					
In-Kind Match (County)					

Is Item Included In Proposed Budget: Yes _____ No X
Does this item include the use of federal funds? Yes _____ No X

B. Recommended Sources of Funds/Summary of Fiscal Impact:

C. Departmental Fiscal Review: 

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

 3/25/2020
OFMB 
 3/26/2020
Contract Development and Control

B. Legal Sufficiency:

Anne Delgent 3-26-2020
Assistant County Attorney

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.

Page 3 - Background and Policy Issues (continued)

On November 21, 2019, an RFP was issued (RFP No. 20-011/LJ) for Voluntary Supplemental Benefits and Enrollment Services. Aflac, Aetna, Securian and Washington National all submitted proposals that were reviewed by our contracted benefits consultant and a Selection Committee. After a thorough discussion and vetting of the proposals, the Selection Committee chose Washington National as the vendor that would best meet the specifications provided by the County, should the Board direct us to proceed with contract negotiations.

All vendors were required to perform a gap analysis to ensure their proposed plans did not duplicate our current offerings. This resulted in similar offerings but in group policies as opposed to individual offerings. Because of this, they lacked the premium return feature. Based on additional direction we received, the RFP mentioned our desire to have a Cancer policy. Washington National was the only vendor to provide this as a stand-alone option. All other vendors offered a cancer benefit, but as part of a larger Critical Illness offering with vastly different payout structure, and without the option for a premium return rider.

In addition to cancer, Washington National also proposed two (2) other policies (Hospitalization and Accident) that contained the premium return feature. While the gap analysis showed there could be a fit, consideration for those should be weighed against the fact that all policies offered are substantially more expensive than a traditional policy due to the premium return rider. Due to low copays and our current leave package, they may not represent a solid value for our employees.

Risk Management is asking for Board directive as to how to proceed:

1. Proceed to negotiate a contract with Washington National for Cancer Indemnity coverage **with** Premium Return rider; or
2. Proceed to negotiate contract with Washington National for Cancer Indemnity coverage **with** and **without** the option of Premium Return rider; and,
3. In addition to directive regarding Option 1 or Option 2 above, offer additionally quoted products of hospitalization and accident coverage with Premium Return rider, or
4. In addition to directive regarding Option 1 or Option 2 above, offer additionally quoted products of hospitalization and accident coverage with and without the option of Premium Return rider.



WORKPLACE SOLUTIONS

RFP NO. 20-011/LJ
Voluntary Supplemental Benefits and Enrollment Services

Proposer:
Washington National Insurance Company
11825 N. Pennsylvania Street
Carmel, IN 46032
(800) 888-4918 x. 74942

January 16, 2020

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3	Additional Appendices <ul style="list-style-type: none"> • Appendix C – OEBO Schedules 1, 2, 3(A) & 4 • Appendix E – Drug-Free Workplace Certification • Appendix F – Disclosure of Ownership Interests • Exhibit A – Disclosure of Ownership Interest in Affiant
4	Reference Materials <ul style="list-style-type: none"> A. Pending Litigation B. Palm Beach County Sheriff's Office Letter of Recommendation C. Palm Beach County Classroom Teachers Association Letter of Recommendation D. Sample SFTP Enrollment File E. Enrollment Summary F. Personal Benefit Statement G. Cancer Claim Form H. Critical Conditions Claim Form I. Hospital and ICU Claim Form J. Accidental Injury Claim Form K. Life Insurance Claim Form L. Solutions Cancer Materials

	<ul style="list-style-type: none"> ○ Brochure – Plan D ○ Flat Sheet – Return of Premium rider ○ Flat Sheet – Intensive Care Unit rider ○ Sample Policy ○ Worksite Poster
	<p>M. Group Critical Illness</p> <ul style="list-style-type: none"> ○ Brochure (Cancer and Heart Attack/Stroke) ○ Sample Policy ○ Worksite Poster
	<p>N. Hospital Assure</p> <ul style="list-style-type: none"> ○ Brochure – Return of Premium ○ Sample Policy ○ Worksite Poster
	<p>O. Accident Assure</p> <ul style="list-style-type: none"> ○ Brochure ○ Flat Sheet – Return of Premium rider ○ Sample Policy ○ Worksite Poster
	<p>P. Worksite Universal Life 2 (WSUL2)</p> <ul style="list-style-type: none"> ○ Brochure ○ WSUL2 Rate Sheets ○ Sample Policy ○ Worksite Poster
	<p>Q. Worksite Poster</p>
	<p>R. Communication Flyer Sample 1</p>
	<p>S. Communication Flyer Sample 2</p>
	<p>T. Communication Flyer Sample 3</p>
	<p>U. Implementation Schedule</p>



Tab 1

Letter of Transmittal and Executive Summary



11825 N. Pennsylvania Street
Carmel, IN 46032
WashingtonNational.com

January 16, 2020

Ms. Lisa A. Juliano, Senior Buyer
Palm Beach County
Board of County Commissioners
Purchasing Department
50 South Military Trail, Suite 110
West Palm Beach, Florida 33415

Dear Ms. Juliano:

Washington National Insurance Company is pleased to respond to RFP No. 20-011/LJ, Voluntary Supplemental Benefits and Enrollment Services.

Washington National was founded in 1911 and began writing accident and sickness policies for schoolteachers in 1923. Today, we provide voluntary benefits to educational institutions across the country, and we serve more than 25,000 employer groups. Our website, www.WashingtonNational.com, highlights our commitment to the worksite market and provides more information about our products and services.

Washington National is a leader in providing:

- Competitive benefits
- Affordable premiums, offered with or without Return of Premium
- Responsive, personal, customer-focused service
- Financial strength, with a Risk-based Capital Ratio of 413% (as of 09/30/19) and a rating A- (Excellent) by A.M. Best, the global rating agency for the insurance industry.

Performance Matters Associates (PMAUSA), headquartered in Carmel, Indiana is a national company that provides benefit solutions and markets voluntary insurance products. PMAUSA proudly represents Washington National Insurance Company, a company with more than 100 years experience of service to its customers. PMAUSA is a wholly owned subsidiary of CNO Financial Group, which is also the parent company of Washington National.

Our Performance Matters Associates (PMA) team of professional licensed agents and support staff will provide outstanding enrollment and servicing support, led by Michael Hogan. Michael has been a successful PMA agent and manager representing Washington National since 2014. He and his team will provide 24/7 support to the employees of Palm Beach County, supplemented by Washington National's customer support and resources.



11825 N. Pennsylvania Street
Carmel, IN 46032

WashingtonNational.com

During the proposal evaluation, if you have any questions, please contact:

Connie Burgess
Manager, Worksite Case Management
11825 N. Pennsylvania Street
Carmel, Indiana 46032
(800) 888-4918 x. 74942
(317) 817-2329 (fax)
Connie.Burgess@WashingtonNational.com

Thank you for considering Washington National. Please let us know if you need additional information or if you have any questions regarding the provided materials. We look forward to serving the employees of Palm Beach County.

Sincerely,

A handwritten signature in black ink, appearing to read "M.D. Heard", written in a cursive style.

Michael D. Heard
President
Washington National Insurance Company



Washington National Executive Summary

RFP No. 20-011/LJ

We are pleased to provide a proposal of voluntary insurance programs for Palm Beach County employees. With decades of public sector experience, we are confident our product offering is valued by employees. This, combined with our ability to manage the entire education and enrollment process, will maximize the success of this program. Our local presence with employees such as those with Palm Beach County Sheriff's Office, Palm Beach County Clerk & Comptroller, and Palm Beach County Classroom Teachers Association gives us familiarity and a proven record of success with other local public sector employees.

Our proposed benefit offering is a combination of both group and individual products which will allow us to meet requested features and standards in the RFP. Employees will have the ability to participate in multiple programs that have the unique **Return of Premium feature** (ROP). This includes cancer indemnity, hospital indemnity, and accidental injury plans.

The cancer indemnity plan requires simplified underwriting. These are simple yes/no questions that determine eligibility at the time of the enrollment.

The group critical illness plan is offered as guaranteed issue (no health questions). Other proposed products that can be offered on a guaranteed issue basis include the hospital indemnity plan (with **ROP**), accidental injury plan (with **ROP**), and universal life insurance.

The proposed products and services for the employees of Palm Beach County are outlined below:

- **OneSource Enrollment System**
 - State of the art enrollment platform which streamlines the enrollment process to help employees choose both core and voluntary benefits quickly. (no cost to the County)
 - Helps efficiently manage your supplemental benefits program with a leave behind Benefit Administration System. (no cost to the County)
 - Allows for integration with human resource information systems and consolidates reporting. (available at an additional cost)



- Enrollment Support
 - Washington National will utilize the services of Performance Matters Associates (PMAUSA) to coordinate communication, employee meetings, and the voluntary benefit enrollment to aid in the expansion of the voluntary product offerings to the employees of Palm Beach County. The process begins with pre-planning with the benefits administrator, laying out a schedule for communication, on-site enrollment, payroll administration and post enrollment activities.
 - PMAUSA has local representatives that reside and work in the Palm Beach County area and will utilize Washington National OneSource, our electronic enrollment system which will streamline the enrollment process for your employees and alleviate the County of any enrollment responsibilities.
 - PMAUSA agents are extensively trained on the products and services offered to Palm Beach County employees and are available to assist County employees before, during and after the enrollment is complete.
 - PMA USA agents will assist employees in identifying coverage gaps in their core benefit plans.

- WNezBill - Online Billing
 - Access to our online billing system which offers online review and invoice payment.
 - Flexible billing options for your premium payments that suit your schedule.

- Service
 - For HR or Payroll Administrators, we offer a dedicated worksite team that will provide you with superior service.
 - For employees, we provide access to our 24-hour Online Service Center as well as customer service in person or via telephone from one of our dedicated field or home office representatives. Claims are typically processed within fifteen business days, including printing and mailing.
 - Educational materials are available to help your employees learn how to make healthier lifestyle choices, manage and prevent common illnesses and accidents, and understand how voluntary benefits can protect both them and their families.



- Plan Overviews:

Washington National will be offering the following products with these key features:

- Solutions Cancer

- First-occurrence express payment up to \$10,000
 - **Return of Premium rider**
 - Health Advocate
 - Daily Hospital Confinement
 - Surgery and anesthesia
 - Radiation and Chemotherapy
 - Transportation and Family Lodging
 - Family coverage available
 - Issue age 18-69
 - Portable at the same rate as issued

- Group Critical Illness – *Guarantee Issue*

- Lump sum amounts: Starting at \$5,000
 - Cancer and heart & stroke lump sum
 - Coverage for critical conditions (major organ transplant, coma, end-stage renal failure, Alzheimer's and more)
 - Family coverage available
 - Issue ages 18-72
 - Limited portability

- Hospital Assure – *Guarantee Issue*

- Hospital confinement lump-sum - \$1,000, \$2,000, \$3,000
 - Hospital outpatient
 - Emergency room
 - Rehabilitation facility
 - Waiver of premium
 - **Return of Premium rider**
 - Wellness and diagnostic rider
 - Supplemental benefit rider
 - Family coverage available
 - Issue ages 18-69
 - Portable at the same rate as issued

- Accident Assure – *Guarantee Issue*

- 24-hour accident coverage
 - Hospital confinement, ICU, ambulance service and emergency room service benefits
 - Coverage for specified injuries such as fractures, dislocations, lacerations, surgeries, paralysis and burns



- **Return of Premium rider**
 - Public Safety rider
 - Physician's Office additional benefit rider
 - Accidental death and dismemberment
 - Family coverage available
 - Issue age 18-69
 - Portable at the same rate as issued
- WSUL2 – Guarantee Issue
 - Face amounts from \$5,000 to \$150,000 or up to \$250,000 with the Automatic Benefit Increase rider.
 - Child and grandchild policies as low as \$3 per week.
 - Cash value accumulation—guaranteed minimum interest rate of 3% annually.
 - Employee does not have to participate to purchase policies for family members. (may require underwriting)
 - Guarantee issue available for employees up to \$100,000 face amount
 - Living benefit chronic illness accelerated death benefit rider
 - Accidental death benefit rider
 - Children's level term insurance rider
 - Issue ages 18-70
 - Portable at the same rate as issued

We have returned over \$3 billion dollars in our **Return of Premium** feature since 1995. This includes millions of dollars to employees and retirees of the Palm Beach County Sheriff's Office. By giving employees access to the above combination of products, you can help ensure your employees can be covered in the unfortunate event of cancer or critical illness diagnosis or accidental injury, regardless of medical history or a previous diagnosis.



Tab 2

Technical Proposal

- 3.1 Questionnaire
- 3.2 Business Location/Location Preference
- 3.3 Compatibility with PeopleSoft or Other Payroll Platform
- 3.4 GAP Analysis
- 3.6 Plan Design Template
- 3.7 Price Proposal Information
- 3.8 Business Information
- 3.9 Amendments to the RFP



Voluntary Supplemental Benefits Questionnaire

1. Please indicate the legal name of your company, the home office address, the name of the home office contact and his/her telephone number.

Washington National Insurance Company
11825 N. Pennsylvania Street
Carmel, Indiana 46032
Connie Burgess
(800) 888-4918 x. 74942

2. Provide a brief history of your company including all relevant information (i.e. locations; date of inception; corporate structure):

Washington National was founded in 1911 and began writing accident and sickness policies for schoolteachers in 1923. Today, we provide voluntary benefits to more than 25,000 employer groups. Our website, www.WashingtonNational.com, highlights our commitment to the worksite market and provides more information about our products and services.

Washington National was acquired by CNO Financial Group in 1997. The company's predecessor, Conseco, Inc. was incorporated in 1979, began operations in 1982 and became a public company in 1985. The company re-branded to CNO Financial Group, Inc., in 2010. CNO Financial Group is middle-income America's valued financial security partner. CNO provides health and life insurance, as well as retirement solutions, to middle-income Americans through our family of insurance brands: Bankers Life, Colonial Penn and Washington National.

CNO Financial is one of the 15 largest public companies in Indiana. The company is financially strong and well positioned for continued growth.

3. Describe any parent/subsidiary relationship. Will you subcontract any part of the services to be provided? If so, explain.

CNO Financial Group is the parent company of Washington National Insurance Company acquired in 1997.

PMA USA is a national company that provides insurance benefits solutions and markets voluntary insurance products. PMA USA is a wholly owned subsidiary of CNO Financial Group.

Washington National Insurance Company will not subcontract any part of the services to be provided outside our family of companies.



4. What is the total number of clients, covered lives, and typical claims volume (number of claims and dollar amount of total claims) for which you provide Voluntary Supplemental benefits in the most recent calendar year, on your book of business?

WNIC Supp Health – 2019 Data as of 11/20/19	
Total Inforce Policies	898,749
Total Covered Lives (estimate)	1,755,262
Total Number of Claims	129,773
Total Paid Claims	\$126,330,833

WNIC Life – 2019 Data (based on monthly average)	Policy Count	Estimated Lives	Policy Count	Estimated Lives
Direct	92,182	92,182	74,813	74,813
Assumed	321	321	15	15
Ceded	39,894	39,894	9,030	9,030
Net	52,609	52,609	65,798	65,798
Total Number of Claims	5,686			
Total Paid Claims	\$33,794,436			

5. State the names, addresses, e-mail addresses, telephone numbers, and specific role of each of the staff members who will be part of any account management team dedicated to the GROUP.

Field Support

Michael Hogan
 State Manager, South Florida, Performance Matters Associates (PMAUSA)
Michael.Hogan@PMAgent.net
 (937) 207-0171

Experience: 8 years of Industry Experience. Experience includes face-to-face meetings, group meetings, large group (2,500+) implementation, Agent Training & Development. Case Enrollment Manager for Palm Beach County Sheriff's Office, Palm Beach County Clerk & Comptroller, Broward County Schools, The City of Miami.

Palm Beach County responsibility: Primary Account Manager. He will be the point person during both the initial and annual enrollments. He will provide quality control during the enrollment process and will personally be delivering any group style meetings with the staff. He will be the local representative for any questions or concerns that the administration or employees may have.

Michael Foster
 Sr. Vice President, Performance Matters Associates (PMA USA)
Michael.Foster@PMAgent.net

Experience: 30 years of insurance industry experience. This includes national account implementation (2,500 - 50,000+ EE's). Enrollment Strategy for large public sector clients such as The State of Florida employees, The State of California Employees, Palm Beach Sheriff's Office & more. Agent Training and Development.



Palm Beach County responsibility: Mike will develop and manage the strategic implementation plan.

Todd Louer

Vice President, Performance Matters Associates (PMA USA)

Todd.Louer@PMAgent.net

Experience: 15 years of industry experience. Experience includes face-to-face meetings, group meetings, large group (2,500+) implementation, Agent Training & Development.

Palm Beach County responsibility: Todd will assist with the strategic implementation plan and account management.

Micaela Wichman

Executive Administrator, South Florida, Performance Matters Associates (PMA USA)

Michaela.Wichman@PMAgent.net

Experience: 4 years of industry experience. Experience includes face-to-face meetings, group meetings, large public sector groups (2,500+). Experience also includes managing the local billing and reconciliation process, client claim process, and local existing-client policy inquiries.

Palm Beach County responsibility: Micaela will answer all employee policy related questions outside of open enrollment. She will facilitate the termination/change process outside of open enrollment coinciding with any agreed upon process with the County. Assist in rectifying any and all billing and reconciliation issues that may arise.

Andrea Draper

Regional Manager, Palm Beach County, Performance Matters Associates (PMA USA)

Andrea.Draper@PMAgent.net

Experience: 5 years of industry experience. Experience includes face-to-face meetings, group meetings, large public sector groups (2,500+)

Palm Beach County responsibility: Andrea will help oversee and execute the benefit education and enrollment process.

Tucker Doucette

Regional Manager, Palm Beach County, Performance Matters Associates (PMA USA)

Tucker.Doucette@PMAgent.net

Experience: 3.5 years of industry experience. Experience includes face-to-face meetings, group meetings, large public sector groups (2,500+)

Palm Beach County responsibility: Tucker will help oversee and execute the benefit education and enrollment process.

Anthony Muina

District Manager, Palm Beach County, Performance Matters Associates (PMA USA)

Anthony.Muina@PMAgent.net

Experience: 2.5 years of industry experience. Experience includes face-to-face meetings, group meetings, large public sector groups (2,500+)

Palm Beach County responsibility: Anthony will execute the benefit enrollment and education process.



Dennis Arvidson

District Manager, Palm Beach County, Performance Matters Associates (PMA USA)

Dennis.Arvidson@PMAgent.net

Experience: 5 years of industry experience. Experience includes face-to-face meetings, group meetings, large public sector groups (2,500+)

Palm Beach County responsibility: Dennis will execute the benefit enrollment and education process.

Avery Tacea

District Manager, Palm Beach County, Performance Matters Associates (PMA USA)

Avery.Tacea@PMAgent.net

Experience: 2.5 years of industry experience. Experience includes face-to-face meetings, group meetings, large public sector groups (2,500+)

Palm Beach County responsibility: Avery will execute the benefit enrollment and education process.

Home Office

Kelly Honn

Director, Worksite Premium Administration

11825 N. Pennsylvania Street, Carmel, Indiana 46032

Kelly.Honn@WashingtonNational.com

(800) 888-4918 x. 72686

Biography: 32 years in the financial services industry and working at CNO, Inc. Responsible for overseeing the daily operations of Worksite Cash Control and Worksite Premium/Policy Administration departments for Washington National Insurance Company.

Primary responsibility on this account: oversight of billing and collection functions

Years of experience: 32 years of Billing and Collection experience

Years with the company: 32 years with CNO

Don Papp

Senior Director, New Business Operations

11825 N. Pennsylvania Street, Carmel, Indiana 46032

Don.Papp@WashingtonNational.com

(800) 888-4918 x. 76878

Biography: More than 20 years in the finance and insurance industry with a diverse range of hands-on experience including operations (New Business, Policyholders Services, Premium Admin, Worksite, Sales Support, Customer Service), business analysis, project leadership, company acquisitions, outsourcing and operations management, with work history reflecting solid tangible results. Don has a proven track record of managing change, leading people, building and maintaining relationships, and exceeding financial, service and production goals.

Primary responsibility on this account: oversight of account setup and new business processing.

Years of experience: 25 years

Years with the company: 23 years with Washington National



John McKain
Senior Director, Agent & Customer Contact Centers
11825 N. Pennsylvania Street, Carmel, Indiana 46032
John.McKain@WashingtonNational.com
(800) 888-4918 x. 72577

Biography: John has managed the call centers for Washington National and our other sister companies for all lines of business for the last 17 years. His team handles 2.4 million calls each year.

Primary Responsibility on this account: Oversight of customer service.

Years of experience: 19 years in the insurance industry

Years with the company: 19 years with CNO

Stephen Bland
Director, Claims
11825 N. Pennsylvania Street, Carmel, Indiana 46032
Stephen.Bland@WashingtonNational.com
(800) 888-4918 x. 73821

Biography: Stephen has worked in many areas of the company including field sales, customer service, corporate training and claims.

Primary Responsibility on this account: Oversight of claims

Years of experience: 28 years in the insurance industry

Years with the company: 23 years with CNO

Connie Burgess
Manager, Worksite Case Management (Washington National)
11825 N. Pennsylvania Street, Carmel, Indiana 46032
Connie.Burgess@WashingtonNational.com
(800) 888-4918 x. 74942

Biography: Connie has been an employee at Washington National since 2000. She served for 7 years as the Product Marketing Manager for worksite products, where she created and implemented many of the products that Washington National offers today. Connie also has 13 years' experience in our sales department, focusing on worksite sales and currently manages the Worksite Case Management team responsible for assisting agents and brokers with pre-sale activities including quoting, case setup/implementation for electronic enrollment, and completion of RFPs and proposals related to worksite sales. She is a key expert on Washington National products, process and technology, and has been instrumental in assisting complex group accounts with up to 23,000 employees, across multiple states.

Primary Responsibility on this account: Ensuring that the case is implemented in an accurate and timely manner and to track and ensure deliverables such as reporting are executed and delivered on time.

Years of Experience: 32 years in insurance and business administration

Years with the Company: 20 years



Leanne McArthy

Director, Operations and Accounts Management, Performance Matters Associates (PMAUSA)

11825 N. Pennsylvania Street, Carmel, Indiana 46032

Leanne.McArthy@PMAUSA.net

(800) 628-6428 x. 75942

Biography: 28 years of sales service support in a variety of industries. BS in Business Marketing with focus for the last 20 years with PMAUSA. Developed and managed the execution of business operations for PMAUSA with focus on customer satisfaction. Relationship management to fulfill key account needs for successful enrollments and policyholder satisfaction.

Primary Responsibility on this account: Managing all expectations for service to the group and its employees are met with attention to quick resolution on escalated situations. Liaison between group contact, field agents and Washington National to ensure issues are managed and resolved.

Years of Experience: 28 years of business administration and management

Years with the Company: 22 years with Washington National Insurance Company and 20 years with PMAUSA

6. Are there any pending legal matters against your company?

Please find the listing of pending litigation for Washington National in Reference Materials, item A.

7. What is the A.M Best Financial Rating of your organization?

Washington National Insurance Company is rated A- by A.M. Best.

8. Provide two current and former large public entity client references who have at least 2,500 eligible employees that your company provides or did provide Voluntary Supplemental benefits and/or enrollment services to. The reference should include name of the client, a contact person's name, and telephone number.

Current large public entity references

1. Palm Beach Sheriff's Office, Bureau Director, Hilda Gonzalez, Chief Risk Officer, (561) 688-4325, since 1996 (see letter of recommendation in Reference Materials, item B)
2. School Board of Broward County FL, Dr. Dildra Martin-Ogburn, Director of Benefits or Vicki Moten, (754) 321-3100, since 2013
3. Palm Beach County Classroom Teachers Association, Justin Katz, Union President, (561) 683-4623, since 2019 (see letter of recommendation in Reference Materials, item C)

Former large public entity references

1. State of IA – Centralized Payroll, Meagnon Wilson, (515) 725-1248, Reason for Termination: No longer payroll deducting voluntary benefits as of December 2019.
2. State of KY – Department of Facilities and Support, Sabrina Hockensmith, (502) 564-2855, Reason for Termination: No longer payroll deducting voluntary benefits as of December 2019.



9. Provide the total number of full-time administrative support employees that will work on the County's Voluntary Supplemental benefit plans.

There are approximately fifteen (15) home office full-time administrative support employees and two dedicated field support administrators that will work on the County's voluntary supplement benefits plans.

10. What is your paid/loss ratio on the products to be offered?

CNO Financial Group, Inc., the parent company of Washington National Insurance Company, reported as of 3Q10, in their 10Q health benefit earnings for supplemental health and other was 79.1%. We calculate benefit ratios by dividing the related product's insurance policy benefits by insurance policy income.

11. Where are your customer service locations and hours of operation?

Washington National Insurance Company provides ongoing support through our Client Service Department located in the home office in Carmel, Indiana. The Call Center is open Monday-Friday, 8am-6pm EST. The Client Service phone number is 1-800-541-2254.

Micaela Wichman, Executive Administrator, will provide local customer service and is available by employee requested appointments at the worksite, Monday-Friday, 9:00am-5:00pm.

www.My.WashingtonNational.com is available to the customers 24/7 for basic inquires and claims information.

12. Will a designated Customer Service Representative be assigned to these benefits? If so, name and contact information.

Micaela Wichman, Executive Administrator, will provide local customer service and is available by employee requested appointments at the worksite, Monday-Friday, 9:00am-5:00pm.

Washington National's client service team are trained to handle calls/inquires for all customers. The Call Center is open Monday-Friday, 8am-6pm EST. The Client Service phone number is 1-800-541-2254.

13. List the language capabilities available of customer service representatives as well as preparing product documentation, other than English.

For customer service, Washington National uses a translation service for a vast number of languages other than English.

For enrollments, Spanish speaking enrollers and product brochures are available. Creole speaking assistance can be provided for enrollment, if needed.



14. The County wishes to have a dedicated account representative that can support all aspects of the program, including but not limited to: answering employee questions, managing new enrollments, changes, terminations, claims, billing reconciliation issues, attending new hire onboarding sessions, and managing all aspects of annual enrollment activities including disseminating program collateral. Please describe how your organization will support the County with managing all aspects of the program(s), as well as provide the names and backgrounds of the individuals who will be dedicated to the County.

We will utilize two dedicated professionals to lead the open enrollment and the policy and customer management process. The initial enrollment and subsequent open enrollments will be personally managed by our senior field representative Michael Hogan. Michael Hogan and his enrollment team will provide all product materials, and enrollment marketing materials. They will handle the full in-person enrollment process. This can be conducted through group meetings, and availability for one-on-one on-site meetings for those interested. Any individual meetings will be conducted at department managers' discretion to make sure that there is zero disruption to day-to-day operations. Our dedicated team can coordinate specific times within the allotted enrollment window with each department head, or location managers. This will alleviate this responsibility from the County administration.

a. Michael Hogan- State Manager

- i. Responsibilities Include: Personally, attend and service all new hire orientations, manage new enrollments, and plan, execute, and coordinate the annual enrollment process. Disseminate all enrollment and product materials during open enrollment.
- ii. Background- 5+ years managing and coordinating voluntary benefit rollouts with new employer clients. Served in this role for multiple large public sector clients such as Broward County Schools and the City of Miami.

b. Micaela Wichman- Executive Administrator

- i. Responsibilities Include: Answer all employee policy related questions outside of open enrollment. Ability to facilitate the termination/change process outside of open enrollment coinciding with any agreed upon process with the county. Assist in rectifying any and all billing and reconciliation issues that may arise.
- ii. Background- Working with Washington National for 5 years. Is licensed and certified with a 215 Life and Health insurance license. This background serves well for answering client insurance specific questions. 2+ years of experience in her role as an Executive Administrator.

15. Describe your management reporting capabilities and provide samples of your standard reports. How often will a client receive these reports?

Washington National does not have standard reporting however we will provide reports upon request. Please find attached in Reference Materials, items d, e and f for the following reports:



- Sample SFTP payroll file (D) – file transferred monthly and/or as needed.
- Enrollment Summary (E) – provided at the end of the initial enrollment and at the end of each payroll cycle.
- Personal Benefit Statement (F) – will be provided to each employee at the time of enrollment and/or plan change.

16. What role would your company play in maximizing the success of the program?

Washington National will completely handle all education and communication of the new employee benefits. We will do this either through small group department meetings and/or availability to meet one-on-one with any interested employees. We will be available at each and every work site in the County and will coordinate times with department managers to ensure that there is minimal disruption to day-to-day operations. Our company will manage the client claim process and will provide employees with both a single local point of contact as well as our robust customer service platform. By properly educating the employees on their newly available benefits, and by effectively handling the post-enrollment customer service responsibilities, our company is positioned well to ensure that this program will be successful.

17. Describe the number of years that books, records, and documents will be maintained, along with any evidence on costs and expenses for services provided.

Washington National Insurance Company maintains records and documentation for a minimum of 7 years after the contract terminates.

18. Confirm that records will be presented to the Group for audit upon request.
X Yes (confirmed) _____ No.

19. It is the County's preference that the Voluntary Supplemental benefit plans be offered on a post-tax basis but would like to establish administrative restrictions that only allows employees to make changes at each open enrollment. Can your organization accommodate this request? Please explain in detail if your organization cannot accommodate this.

All plans are being presented on a post-tax basis. Our customer service area will place a pop-up message on all policies under the account which will instruct our representatives to not allow policy changes to be made except during the specified open enrollment period. Employees will be referred to the Executive Administrator, Micaela Wichman, for vetting of any change requests.

20. If Voluntary Supplemental benefit plans were to be offered on a pre-tax basis, explain any assistance you would provide/responsibilities you would assume regarding any employer obligation to withhold taxes, including for any fixed-indemnity health or hospitalization payments that may be made. Provide details regarding tax withholding and tax reporting assistance you would provide.

Not applicable. Washington National Insurance Company is presenting the proposed products on a post-tax basis based on the County's preference.



21. The County requests flexible, electronic interface frequency options (bi-weekly, monthly, etc.). Is this something your organization can allow? Please explain.

From an internal perspective, each frequency option would be set up as a separate group to allow for multiple transmissions. All groups would be tied to a master group for billing and administrative purposes.

22. Does your organization allow a grace period of 30 days or more as requested by the County in this RFP?

Washington National Insurance Company allows a grace period of 30 days.

23. Describe the process and timing for remitting premiums.

A bill will be generated for each applicable billing frequency. The remittance time will vary based on the frequency. For example, monthly billing allows 30 days for remittance of premium from the billing date. Bi-weekly or bi-monthly billing allows two weeks for premium remittance from the billing date.

24. Does your organization provide the ability to access and review invoices online as well as make payments?

Washington National Insurance Company has an electronic billing system called WNezBill that will allow you to access your invoice(s), complete additions and deletions, and pay your invoice(s) online. Invoices are generated in the current month of the deductions and payments are due by the date on the invoice. A sample of the invoice is available upon request, and a demo of the WNezBill system is available on www.WashingtonNational.com.

25. What is the claim process? Please provide details. What is the employee required to submit when filing a claim and how is the claims process done. (Electronic, paper submission via email, fax, or mail, or telephonic)? Please provide examples of your standard claim forms and screen shots of electronic, online claim submission options.

All proposed products have paper claim forms available. This is necessary, as some products require information to be provided by the medical provider prior to submission of the claim. However, for simple claims related to accident, cancer, wellness and life insurance, an online claim filing option is available.

Completed claim forms and all supporting documentation may be submitted online, faxed, emailed or mailed to Washington National for processing. The average processing time for claims submitted with all necessary documents is 15 days from receipt, including printing and mailing. Wellness claims are processed on average within 3 days. Claim payments are currently paid via check and delivered in the mail. Development is underway for claim payments to be made via electronic transfer options.



The standard claim forms can be found in Reference Materials, items G, H, I, J and K. Below are screen shots of the online claims submission using the Accident policy in the example. The employees will have access to www.My.WashingtonNational.com where they can register their Washington National policies. Once they've added their policies to the site, they can access each policy by clicking on View Policy.

The screenshot shows the Washington National online claims submission interface. On the left is a blue sidebar with navigation links: Account home, Worksite Critical Illness, Universal Life, Accident, Cancer, Life, Claims, Payment center, and Forms. The main content area displays a list of policies. The 'Accident' policy is highlighted with a red box around its 'View Policy' button. Below the list is an 'Add a policy' button and two sections: 'Claims' (View filed claims for your health policies) and 'Forms' (Access claim and policy service forms).

Within the policy screen, the employee will have access to high level information regarding their policy and can update personal information like legal name and beneficiary as well as claim forms by clicking Get Started under Online Forms section.

The screenshot shows the 'Accident' policy details page. The left sidebar is the same as the previous screenshot. The main content area displays the policy details for 'Accident'. It includes sections for 'ESSENTIALS' (Account Status, Payment, Agent), 'ONLINE FORMS' (a list of available forms), and 'REQUEST A DOCUMENT' (Duplicate ID, Certificate of Insurance, Duplicate Bill). The 'Get Started' button under the 'ONLINE FORMS' section is highlighted with a red box.



The employee will then select the request they would like to complete. In this example, they would select Accidental Injury Claim.

The screenshot shows the Washington National account dashboard. On the left is a blue sidebar with navigation links: Account home, Worksite Critical Illness, Universal Life, Accident, and Cancer. The main content area has a header with 'Hello, [Name] LOGOUT' and links for 'Manage Account', 'FAQs', 'Contact Us', and a search bar. Below the header is a 'Brief Details' section showing policy information. A section titled 'Please select the Request you would like to do at this time' contains several buttons: 'Accidental Injury Claim' (highlighted with a red box), 'Beneficiary Change', 'Cancer Claim', 'Name Change', 'Ownership Change', 'Payor Change', 'Premium Payment Service Plan', and 'Wellness Benefit Claim'.

This will take the employee into the Accidental Injury Claims form to be completed online. Some fields will be auto filled based on the information within the policy. The form will walk through each step of the claims form all the way through submission.

The screenshot shows the 'Accidental Injury Claim' form. At the top, it says 'Apply the Accidental Injury Claim to the following policy: Policy# [Reference Number:]'. Below this is a progress bar with 15 steps. Step 1, 'Tell Us About Yourself', is highlighted with a red box. The form fields include: Policy Number, Primary Insured, Policy Issue Date (10/01/2017), Policy Owned By (Individual), a checkbox for 'Are there one or more additional owners?', and sections for 'Personal Details' (Policy Owner First Name, MI, Policy Owner Last Name, Social Security Number, Owner Date of Birth) and 'Contact Details' (Address, City, State, Zip Code, Zip Code Extension, Primary Phone Number, Primary Email, Fax Number, Alternate Contact Number). 'Cancel' and 'Continue' buttons are at the bottom.

26. What is the claim turnaround time (how many business days) from the time the employee submits the claim with proper documentation until they are reimbursed?

For the express payment on the first-occurrence benefit, payment is typically processed within 2 business days.

For a claim in good order, outside of the contestability period, the benefit payment is typically processed on within 15 business days, including printing and mailing.

For ongoing claims, the same process occurs, contingent on receiving all necessary proof of loss requirements in order to proceed with the payment.



27. Describe the flow of a claim that is received, including anticipated timeframes for each step in the process.

Supplemental Health Claims

Upon receipt of a customer's request for claim benefits, the claim is scanned into our internal workflow system and distributed to the appropriate claims adjuster (health vs. life) for claims processing. The claims adjuster reviews the proof of loss submitted with the claim. If the claim is received with complete proof of loss, the adjuster reviews benefit eligibility and processes the claim, including payment of all applicable benefit(s) and sends an explanation of benefit letter to the policyholder. If the claim is received with incomplete proof of loss needed to substantiate benefit eligibility, the adjuster sends a letter to the policyholder explaining what additional information is needed to substantiate benefit eligibility and refers the file to the claims assistant who reaches out to the medical provider to obtain the medical records.

Supplemental Life Claims

Upon receipt of a customer's request for claim benefits, the claims adjuster reviews the claim form and proof of death documentation submitted. If the claim is received with complete documentation, the adjuster reviews the claim, verifies the beneficiary and processes the claim. An explanation of benefit letter is included with a check to the beneficiary. If the claim is received with incomplete information needed to substantiate claim payment, the adjuster attempts to call the beneficiary to obtain the needed information and sends a letter explaining what additional information is needed.

For policies with a face amount of \$10,000 or less and are not contestable, where natural death occurred in the U.S. and the beneficiary is an adult, we have an express claims process where the beneficiary can file the claim over the phone and once the claim is verified, the check is mailed within 3 business days of the call or receipt of any final information (such as assignment paperwork) required to complete the claim.

All Claims

The standard turn-around time for claims is fifteen business days from receipt of the claim, including printing and mailing. If a claim is received incomplete and pended for missing records, the claim is processed within two days upon receipt of the additional records.

28. Explain which claims require substantiation/back-up documentation to be processed for payment, including outlining the various methods a participant can submit substantiation for a claim.

The proposed products generally require documentation substantiating what services were incurred (procedures) and why those services were incurred (diagnosis). This information is generally contained on the itemized bills from the medical provider. The information may be submitted via electronic web submission, email, fax or mail. For claims which occur within the contestability period, additional documentation may be required.



29. The County requests that all proposed products be portable allowing employees to take the policies with them should their employment status change. Do the products you're proposing include portability? Yes X No . Please provide the portability language and process in your response.

Please see the portability language by presented product listed below:

Solutions Cancer, Hospital Assure, Accident Assure and Worksite UL2

If this policy was issued on a payroll deduction payment method as designated in your application and if, after at least one premium payment, premiums cease to be remitted through a valid payroll group, you may continue your insurance by remitting premium through one of our other payment methods then available.

Currently, our other payment methods include:

- Monthly deduction from a checking or saving account; and,
- Direct bill for an annual, semi-annual or quarterly premium.

The premium rate will not be increased by this transfer.

Group Critical Illness

If your coverage otherwise would terminate because you are no longer in an eligible class, you may be eligible to retain coverage under your existing group certificate of coverage without evidence of insurability, as long as the group policy is in force.

To be eligible for portability coverage, the following conditions must be met:

1. The certificate holder's coverage under the group certificate of coverage must have been in force for twelve (12) consecutive months from the effective date shown in the group certificate of coverage.
2. A portability coverage election form must be received by us within thirty-one (31) days after the certificate holder is no longer in an eligible class; and
3. The premium for the group certificate of coverage must be paid. Your premium for the portability coverage will not change because the certificate holder is no longer in an eligible class. Your premium will change as the premium rates for the group policy change.

Your portability coverage will remain at the current level of coverage you had prior to your eligible class termination. No benefit changes will be allowed until thirty (30) days following our receipt of your portability coverage election form.

The portability coverage ends:

1. At the due date of the unpaid premium if the premium is not paid by the end of the grace period;
2. The date you request to end your coverage under the group certificate of coverage; or
3. The date the group policy terminates.

If coverage ends for any of the above reasons, the coverage cannot be reinstated.



30. Explain what employee communications will be provided by your organization and who will be responsible for the cost and production, as well as provide samples to be reviewed by the County.

Please see the employee communications by product listed below. There is no cost to the County for the employee communications. Copies of all materials are located in Reference Materials, items L, M, N, O and P.

Solutions Cancer (L)

- Solutions Cancer Brochure – Plan D
- Solutions Cancer Flat Sheet – ICU rider
- Solutions Cancer Flat Sheet – Return of Premium rider
- Solutions Cancer Poster

Group Critical Illness (M)

- Group Critical Illness Brochure (cancer and heart attack/stroke)
- Group Product Poster

Hospital Assure (N)

- Hospital Assure Brochure – Return of Premium
- Hospital Assure Poster

Accident Assure (O)

- Accident Assure Brochure
- Accident Assure Flat Sheet – Return of Premium rider
- Accident Assure Poster

WSUL2 (P)

- WSUL2 Brochure
- WSUL2 Poster

General enrollment communications can be found in Reference Materials, items Q, R, S and T.

31. If your organization plans on utilizing paper enrollment forms as part of your enrollment strategy, please provide a sample of each enrollment form and detail what the process will be both at the initial enrollment and ongoing.

Washington National does not plan on utilizing paper enrollment forms. We will be enrolling on our enrollment system, One Source, powered by Selerix.

32. List and describe all access options that are made available to participants to gain information regarding their policies (e.g. toll-free customer service number, website, mobile apps, text messages, Interactive Voice Response System, etc.).

Washington National Insurance Company provides ongoing support through our Client Service Department located in the home office in Carmel, Indiana. The Call Center is open Monday-Friday, 8am-6pm EST. The Client Service phone number is 1-800-541-2254.



Micaela Wichman, Executive Administrator, will provide local customer service is available by employee requested appointment at the worksite, Monday-Friday, 9:00am-5:00pm.

www.My.WashingtonNational.com is available to the customers 24/7 for basic inquires and claims information.

33. Are the products being proposed by your organization considered group or individual?

The following products proposed are considered individual:

- Solutions Cancer
- Hospital Assure
- Accident Assure
- WSUL2

The following product proposed is considered group:

- Group Critical Illness

34. Please outline the commissions built into the products being proposed and list all parties and entities that would be eligible to receive these commissions.

All Field Support listed in question 5 of this questionnaire will be eligible to receive a portion of the maximum commission available on the policies sold to the County employees.

The maximum commission available is:

Solutions Cancer

Commissions for the cancer product are 70% for the first policy year, 17.5% for years 2-10, 10% for years 11+. If the Return of Premium rider is purchased, the commission on the rider is paid 80% first year only, with 0% renewals.

Group Critical Illness

Commissions for the group critical illness base product and riders are paid at 65% for the first year and 10% for years 2+.

Hospital Assure

Commissions for the hospital product (ages 18-59) are 65% for the first policy year, 13% for years 2-10, 11% for years 11+. For ages 60-69, the first policy year is 40%, 7% for years 2-10, 7% for years 11+. If the Return of Premium rider is purchased, the commission on the rider is paid 65% (ages 18-59) and 40% (ages 60-69) first year only, with 0% renewals.

Accident Assure

Commissions are paid at 60% for the first policy year, with 10% renewals for the base policy (Level 2). If the Return of Premium rider is purchased, commission for the rider is paid at 80% for the first year with 0% renewals.



WSUL2

Commissions are paid at 90% first year, 4% for years 2–10 and 1% thereafter.

35. Describe any current performance guarantees you offer. How will performance guarantees benefit the enrolled employees if they are not met? If you offer Performance Guarantees, provide details of the same.

Washington National does not offer performance guarantees, however, our service levels are as follows:

- Implementation – brochures/marketing materials will be delivered to PBC in final form prior to open enrollment.
- Claims –
 - On average, 88% of claims in good order, will be processed within 15 business days from receipt of the claim, including time for printing and mailing.
 - Claims payment accuracy will be 97% accurate.
 - Claim inquiries/complaints – written claim inquiries or complaints from PBC or employees and their covered dependents will receive a written response within 10 calendar days of receipt.
- Telephone response – employees of PBC will have their calls returned within 24 hours of receipt.

36. How will it be determined whether your company has met the standards set by the performance guarantees (if offered)?

Not applicable.

37. Please provide a sample copy of your contract including performance guarantees (if they are offered) and transparency regarding terms and conditions, including compensation, in the contract.

Washington National does not have a standard contract. We would use the contract provided by the County.

38. Please confirm your organization has a return of premium option available on the Voluntary Supplemental benefit plans as required by this RFP and describe in detail how this provision works, including whether there is interest built into the premium or benefit, the additional cost, if any, this benefit adds to the plans, and indicate any tax liability to the participant, as well as any other pertinent details.

Washington National confirms Return of Premium is available as an optional rider on the following presented products:

- Solutions Cancer
- Hospital Assure
- Accident Assure

The addition of this rider to a policy results in approximately a 60% increase in premium, and this



is included as part of the premium returned upon maturity of the rider. The rider returns all premiums paid; minus claims incurred. Specific information related to how the rider works for each product is included in Reference Materials, items L, M, N, O and P.

Return of Premium is not available on the Group Critical Illness or WSUL2 products.

There is no tax liability to the participant for any of the products presented because the premiums are collected post-tax.

39. Does your organization send participants policies and certificates? Please detail the process and provide samples of the policies and certificates.

Washington National sends participants policies to their home address for the following presented products:

- Solutions Cancer
- Hospital Assure
- Accident Assure
- WSUL2

For Group Critical Illness, the master policy and individual employee certificates will be provided to the County.

Please see attached sample policies/certificates for each presented product in Reference Materials, items L, M, N, O and P.

40. Indicate who owns the policies & certificates (i.e. The County or the participant)?

Solutions Cancer, Hospital Assure, Accident Assure and WSUL2 are individually issued policies, those will be owned by the participants, however, the Group Critical Illness policy will be owned by the County.

41. Does your organization handle enrollments or do you partner with a third-party enrollment firm? Please explain?

Enrollments will be conducted by Performance Matters Associates (PMAUSA), a wholly owned subsidiary of CNO Financial Group, Washington National's parent company. We will not be using a third-party enrollment firm.

42. If your organization does handle enrollments, please explain how the enrollers and other staff members who will be interacting with the County are paid (Include all supplemental comp, commission, bonuses, etc.)?

The internal employees outlined in question 5 along with other home office employees are paid a salary or hourly wage. Michael Hogan and the field team will be paid a commission as outlined in question 34.



43. Proposer must be able and willing to render enrollment assistance to the GROUP, including in person attendance of all scheduled and enrollment meetings as determined by the County, including the BOARD, PALM TRAN, and SUPERVISOR employees. Depending on the enrollment process determined more than one enroller may be required at times. The proposer shall provide sufficient personnel to take a lead role during annual and other enrollment processes by holding meetings as well as providing resources and support for other communication methods (i.e. recorded sessions, webinars, videos, etc.). What will you do to assist during implementation, and annually during Open Enrollment periods and thereafter. Provide specifics.

Washington National will provide sufficient personnel to take the lead role during annual and any other enrollment periods. We will provide support for the initial enrollment and following open enrollment periods. Thereafter, we will;

- Coordinate and schedule with advice from Risk Management and HR on any and all department group meetings to review the benefit offerings. This can include webinar info-sessions if needed.
- Coordinate and schedule times and dates to be available at each department to provide on-site enrollment and policy-holder service.
- Provide all enrollment staff necessary to assist in employee enrollment at each department and location throughout the county.
- Supply and utilize various benefit communication methods such as email announcements, flyers, program brochures etc.
- Have specific program information available online for easy employee access.

44. Describe the process of ongoing enrollments of new hires during the year. Outline the process by which the election information will be transferred from the GROUP to the proposer.

The enrollment process for new hires throughout the year can be handled as described below as well as customized to fit what the County deems necessary.

- County provides new hire list to the local Executive Administrator.
- Lead Local Field Representative, Michael Hogan, will attend new hire orientations to cover product/information and coordinate any one-on-one meetings with interested new hires.
 - Interested new hires are contacted directly with information regarding the available benefits.
 - They can ask questions and are granted an individual appointment with a benefit representative to decide if they would like to enroll.

45. Please confirm that all services provided in this RFP are at zero cost to the County.

Washington National confirms that all services provided in this RFP are at zero cost to the County.



46. List and describe any additional services you will offer to the County.

- Health Advocate (included in Solutions Cancer) – This benefit is provided to offer support with any medical condition for the insured and their family members (i.e. dependents, spouse, parents, etc.). A cancer diagnosis is not needed to use this service. Health Advocate provides a personal representative to assist with questions related to health concerns, questions about prescribed treatment, finding the best treatment for a health condition, assistance with understanding billing, assistance with filing claims, finding providers and more.
- ScriptSave Discounts – is a FREE and easy to use program that provides valuable discounts on prescription drugs, vision and hearing care and other medical supplies.
- Custom benefit website through Web Benefits Design (optional) – custom website creates a single access point for your employees for all of the County's benefits offerings.

47. Please confirm that there is an employee in the organization that is appropriately licensed within the state of Florida to be responsible for application and policy delivery as required by Florida Law.

Washington National confirms all persons responsible for handling the enrollment and application/policy delivery of this account are appropriately licensed within the state of Florida.

APPENDIX D
CERTIFICATION OF BUSINESS LOCATION
RFP NO. 20-011/LJ

In accordance with the Palm Beach County Local Preference Code, a preference may be given to: (1) proposers having a permanent place of business in Palm Beach County ("County"); or (2) proposers having a permanent place of business in the Glades that are able to provide the goods, services or construction to be utilized or built within the Glades. To receive a local preference, proposers must have a permanent place of business within the County or the Glades, as applicable, prior to the County's issuance of any solicitation. A Business Tax Receipt which is issued by the Palm Beach County Tax Collector, authorizes the proposer to provide the goods/services to be purchased, and will be used to verify that the proposer had a permanent place of business prior to the issuance of the solicitation. The proposer must submit this Certification of Business Location ("Certification") along with the required Business Tax Receipt at the time of proposal submission. The Business Tax Receipt and this Certification are the sole determinant of local preference eligibility. Errors in the completion of this Certification or failure to submit this completed Certification will cause the proposer to not receive a local preference.

In instances where the proposer is exempt by law from the requirement of obtaining a Business Tax Receipt, the proposer must: (a) provide a citation to the specific statutory exemption; and (b) provide other documentation which clearly establishes that the proposer had a permanent place of business within the County or the Glades prior to the date of issuance of the solicitation. The County hereby retains the right to contact said proposer for additional information related to this requirement after the proposal due date.

I. Proposer is a:

_____ Local Business: A local business has a permanent place of business in
Palm Beach County.

(Please indicate):

_____ Headquarters located in Palm Beach County
_____ Permanent office or other site located in Palm Beach County
from which a vendor will produce a substantial portion of the
goods or services.

_____ Glades Business: A Glades business has a permanent place of business in
the Glades.

(Please indicate):

_____ Headquarters located in the Glades
_____ Permanent office or other site located in the Glades from which a
vendor will produce a substantial portion of the goods or services.

II. The attached copy of proposer's County Business Tax Receipt verifies proposer's permanent place of business.

THIS CERTIFICATION is submitted by _____, as
(Name of Individual)

_____, of _____
(Title/Position) (Firm Name of Proposer)

who hereby certifies that the information stated above is true and correct and that the County Business Tax Receipt is a true and correct copy of the original. Further, it is hereby acknowledged that any misrepresentation by the proposer on this Certification will be considered an unethical business practice and be grounds for sanctions against future County business with the proposer.

(Signature)

(Date)



APPENDIX D
CERTIFICATION OF BUSINESS LOCATION
RFP NO. 20-011/LJ

Washington National Insurance Company's home office is located in Carmel, Indiana, however, we have local representatives in the Palm Beach area who will be servicing this account. Please reference Appendix G, Questionnaire, question #5 for the full list of local Field Support.



Compatibility with PeopleSoft or Other Payroll Platform RFP No. 20-011/LJ

- a. List the proposed process and the name of any systems (if any) that would be used for the purposes of enrolling the proposed benefits. Further, if recommending an alternative system please indicate if other carrier benefits can be supported on this platform or if it is limited to only your proposed benefits.

Washington National's internal policy issue and billing systems do not have direct feeds into the PeopleSoft platform; however, we are able to provide data files for enrollment, changes and terminations on a regular basis which can be uploaded into the PeopleSoft platform. Our enrollment system, Washington National One Source, is powered by Selerix and has EDI feeds established with PeopleSoft and can accommodate other carrier benefits along with ours.

- b. Include how you will alleviate the County from having to manage any portion of the enrollment process.

Our enrollment strategy is to capitalize on group meetings that are conducted on a department by department basis. After the group meetings, we will schedule times with each department or location manager to be available at each location. While we are on-site, we will be able to meet with staff during the non-working hours. This will include before and after shifts, break times, and lunchtime. This will ensure that there is zero disruption to day-to-day County operations and is the method used in other similar enrollments of this size. All those who are interested or have questions following the group meetings will be able to ask them and enroll if they would like, during these on-site visits. We will not request the County to facilitate this process, other than the scheduling of the initial group meetings. This is a standard enrollment method that has proven to be effective and efficient.

- c. Detail how the Proposer will provide the County with inbound/outbound payroll files post enrollment and ongoing to easily upload in the County's PeopleSoft specifications. Electronic deduction files shall be provided to the County in a timely manner both at the initial enrollment and ongoing to ensure payroll deductions are set-up timely and there is minimal work for the County's staff. The County requires electronic outbound interface to vendor for payroll deductions (reconciliation and invoices) and secure data/file transfer technology such as SFTP.



Based on the election deduction file provided by the County, we will be able to accommodate the initial all employee election deduction files through the established SFTP site for the County. Washington National will require the County to provide a census file including the following fields: (census template will be provided)

- Employee Social Security Number
- Employee ID Number
- Employee First Name
- Employee Middle Initial
- Employee Last Name
- Employee Date of Birth
- Employee Gender
- Date of Hire
- Location
- Payroll Deduct Mode
- Employee Home Address
- City
- State
- Zip Code
- Employee Phone Number

For ongoing election deduction files, we can provide any additions (new hires) and/or terminations. We would ask that the County provide us a monthly list of any terminations and new hires which have occurred between reporting periods.

- d. If the Proposer's recommended enrollment strategy includes paper enrollment forms, samples of each paper enrollment form shall be included in the proposal.

Washington National is not proposing the use of paper enrollment forms.

- e. The proposal should demonstrate all communications to be provided by the Proposer prior to enrollment, during the open enrollment period, and ongoing for new hires. Communications should address at a minimum the enrollment process, benefit offerings, how the benefits work, and any other details that the County stipulates. The proposer's sample communications shall also be included in the response to this RFP.

Washington National will utilize various benefit communication methods such as email announcements, flyers, product brochures, etc. The communications will be provided at no cost to the County. The product materials and flyers are included in the Reference Materials section, items Q, R, S and T. We will have benefit information available online for easy employee access. This is part of the additional services mentioned in the Questionnaire and is optional.



- f. Proposer should provide in the proposal a detailed description of the agents/counselor training process and the experience of each individual who will be involved in the County's program.

PMA USA is a national insurance marketing organization that specializes in the communication and administration of employee benefits at the worksite. Each licensed agent goes through an initial 12-week training and certification process consisting of:

- Compliant product presentations
- Product knowledge testing
- HIPAA compliance testing and certification
- Online training
- Classroom training
- "Hands on" field training
- Implementation of the compliant Delivery System
- Technology and communication training

Additional ongoing training and certifications include:

- Weekly training meetings
- On-going manager "pop-ins" to inspect execution and compliance at the worksites
- Monthly reviews

Please refer to the list of Field Support in Question 5 of the Questionnaire for the account management team who will be involved in the program.

- g. Proposer shall demonstrate in its proposal its ability to provide call center support (inbound and outbound) to communicate and enroll group members on the County's platform as needed.

We have licensed representatives who are phone certified to be able to receive inbound or make outbound phone calls and process enrollment applications when needed.

- h. Proposer shall designate in its proposal an Implementation Manager to oversee the project from start to finish and provide a bio that outlines their experience.

Michael Hogan, the project implementation manager, will oversee the project from start to finish. Michael has 8 years of industry experience, including face-to-face meetings, group meetings, large group (2,500+) implementation, agent training and development. Michael serves as case enrollment manager for:

- Palm Beach County Sheriff's
- Palm Beach County Clerk & Comptroller Office
- School Board of Broward County
- City of Miami.



- i. Proposer shall provide a sample timeline in its proposal and, if selected, provide a final timeline that will be strictly adhered to within 3 business days of the first implementation call.

Please find the implementation schedule in Reference Materials, item U.

- j. Proposer should have prior experience enrolling large public entity employers that have at least 2,500 eligible employees. Proposer shall detail in its response to this RFP your proposal how many years' experience you have in this sector, and your firm's success in this space.

Washington National has been enrolling public entity employers since 1923. Washington National currently services more than 500 public sector groups with over 2,500 employees. Some notable groups not mentioned already include: Commonwealth of VA, State of Louisiana, Los Angeles County, San Francisco U.S.D., City of Jacksonville, FL, Florida Department of Revenue and South Florida Police Benevolent Association. For the majority of our public sector accounts, we've established and maintained the relationships over decades.

- k. Proposer should provide a post enrollment survey of no more than 5 questions that measures the employees' satisfaction with their enrollment session and shall provide a performance guarantee that is tied to overall performance. In its proposal, the proposer shall provide details of your firm's performance guarantees. Performance shall be measured by the results of the employee survey and any issues that occur as a result of your firm and services only.

Employees will be provided a survey after the enrollment is complete consisting of 5 questions to measure their satisfaction with the products offered, enrollers and overall experience with the enrollment. The results of the survey will be shared with PBC upon completion.

- l. Proposer must indicate in its proposal that it will complete and implement enrollment by May 1, 2020.

Washington National will complete and implement the enrollment by May 1, 2020, per the County's request.

- m. Proposer shall provide service guarantees and outline the details of the guarantee in its proposal.

Please see Appendix G, Questionnaire, question #35.



GAP Analysis RFP NO. 20-01-011/LJ

The county provides a robust core-benefit package for employees. While the core-benefit package is substantial, there are gaps in coverage that employees are responsible for covering. These gaps include, a deductible for POS out-of-network services, co-payments for both the HMO and POS, co-insurance for POS, hospital care charges, and outpatient surgery charges. As always, employees are responsible for charges within their plan up to the maximum out of pocket cost which is anywhere between \$2,000 and \$6,000 for county employees depending on who they cover, and the plan selected. In addition, employees are responsible for pharmaceutical cost up to \$3,875 for employees and \$7,700 for family coverage.

Our voluntary benefit offering provides employees access to coverages that pay the employee directly if they become diagnosed with covered illnesses or receive covered services as outlined in their chosen plan. The monetary benefits received can be used for anything the employee desires. This can include helping employees pay for out-of-pocket medical costs or drug costs associated with their health insurance. On top of any cost derived from medical treatment and services, employees will face substantial non-medical costs if they are diagnosed with cancer, a critical illness, or other covered event. These costs may include, special diets, family care, travel to treatment, and more. An employee who is out of work can receive disability benefits from the county, but those benefits only contribute up to 67% of an employee's base pay/salary. Most employees will find the GAP of 33%+ of their income will create financial hardship. This is especially true in situations of Cancer or Critical Illness where the employee may have drastically altered their own and their immediate family's work schedule or even miss work entirely for extended periods of time.

The below table illustrates common GAP's that were found in the County provided core-benefit offering. Following this analysis, you will be provided with an executive summary of our product offering, and subsequent product and enrollment details/requirements.



Existing Benefit Feature	The GAP	Solution Notes
POS – Deductible (out of network) (\$)	\$500 deductible	Accident/Hospital/Cancer/ Critical Illness
HMO/POS Max Out of Pocket (in network) (\$)	\$2,500 EE, \$5,000 FAM	Accident/Hospital/Cancer/ Critical Illness
POS Max Out of Pocket (out of network) (\$)	\$3,000 EE, \$6,000 FAM	Accident/Hospital/Cancer/ Critical Illness
HMO/POS Pharmacy – Max Out of Pocket (\$)	\$3,875 EE, \$7,700 FAM	Accident/Hospital/Cancer/ Critical Illness
HMO – Common Co-payments (\$)	\$20 – PCP, \$40 – SCP, \$150 Imaging, \$200 ER, \$25 Urgent Care	Accident/Hospital/Cancer/ Critical Illness
POS (out of network) – Common Co-insurance (%)	30% - PCP, 30% - SPC	Accident/Hospital/Cancer/ Critical Illness
HMO – Hospital Costs (\$)	\$350 admission	Accident/Hospital/Cancer/ Critical Illness
POS – Hospital Costs (out of network) (%)	30% after \$500 deductible	Accident/Hospital/Cancer/ Critical Illness
HMO – Outpatient Surgery (\$)	\$150	Accident/Hospital/Cancer/ Critical Illness Accident/Hospital/Cancer/ Critical Illness
POS – Outpatient Surgery (out of network) (%)	30%	
Group Life Insurance	Portability, but with Rate Change. Determined on EE current age and risk class	Permanent & Portable Universal Life Option – at the same rate
STD/LTD – Disability Coverages (%)	Only provides 50%-67% of income. Depending on STD or LTD coverage	Accident/Hospital/Cancer/ Critical Illness



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CANCER PLAN DESIGN TEMPLATE

Solutions Cancer Product – Plan D

Plan Provision	Coverage Level / Benefit Amount	Lifetime Maximum / Exclusions
First Occurrence Benefit / Amount(s) Offered	Express payment \$1,000 included in base policy \$1,000-\$9,000 optional buy-up Children receive a 50% higher benefit.	This benefit is payable once for each person; it is not payable for skin cancer diagnosis. <i>Please note...Solutions Cancer has a 30-day waiting period. The waiting period does not begin until the effective date of coverage and must be satisfied before benefits are payable.</i>
Reoccurrence Benefit	While the first occurrence benefit does not have an additional payout, the indemnity benefits can be used as needed to treat any additional occurrences of cancer.	Most indemnity benefits do not have a lifetime maximum payout. Any variations are described below in the benefit explanations.
Hospital Confinement Benefit	\$250 per day, 1-30 days \$500 per day, 31+ days	For confinements in a U.S. government hospital, this benefit amount is paid in lieu of all other benefits – except the first-occurrence express payment, transportation (insured), transportation (family member) and lodging benefits.
Surgical/Anesthesia Benefit	\$135 to \$9,000 for Surgery \$34 to \$2,250 for Anesthesia	Surgery – If more than one procedure is performed through the same incision at the same time, we will pay for the one with the largest benefit amount. Benefits also are paid for surgical biopsies leading to a positive cancer diagnosis, based on the surgical schedule listed in the policy. Anesthesia –If more than one surgical procedure is performed at the same time, we will pay for the anesthesia with the largest benefit amount. Benefits also are paid for surgical biopsy anesthesia leading to a positive cancer diagnosis, based on the schedule listed in the policy.



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Nursing Services Benefit	\$125 per day	Benefits are paid when the covered person receives private RN, LPN or LVN full-time care while confined to the hospital as an inpatient. This does not include nursing care that is regularly furnished by the hospital. Services must be provided by someone other than a spouse or family member. Benefits are payable for up to the same number of days you receive benefits for hospital confinement.
Outpatient Hospital Surgical Benefit	\$135 to \$9,000	If more than one procedure is performed through the same incision at the same time, we will pay for the one with the largest benefit amount. Benefits also are paid for surgical biopsies leading to a positive cancer diagnosis, based on the surgical schedule in the policy.
Second & Third Surgical Opinion Benefit	\$250 per opinion	Does not cover skin cancer. A third opinion is covered if the second opinion fails to confirm that the recommended surgery is necessary.
Ambulance Benefit	\$250 per one-way trip including air ambulance	Up to two one-way trips per confinement. Benefits include air ambulance when necessary to protect the covered person's health and safety and no other travel methods are available.
Transportation Benefit	Actual charges up to \$2,500 for coach-class plane, train or bus transportation or 40 cents per mile for transportation. (Insured and Family Member)	Limited to two one-way trips per period of confinement from the family member's home to the hospital in which the insured is confined. The hospital must be more than 100 miles one-way within the continental U.S. from each person's home (including Alaska, Hawaii and Puerto Rico). Separate confinements within 30 days of each other are considered the same period of confinement. This transportation benefit also applies for consultation at a comprehensive or clinical cancer



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		center recognized by the National Cancer Institute (NCI).
Lodging Benefit	Actual charges up to \$70 per day	Benefits are paid for one immediate family member's lodging, in one room per day, for up to 60 days per period of the insured's confinement. Lodging must be more than 100 miles one way within the continental U.S. From each person's home (including Alaska, Hawaii and Puerto Rico).
Extended Care Facility Benefit	\$150 per day	Benefits are paid when a doctor prescribes confinement to a skilled nursing facility due to cancer within 14 days after a covered hospital confinement. Benefits are payable for up to the same number of days you received the hospital confinement benefit during the most recent hospital confinement.
Hospice Benefit	\$120 per day for the first 60 days; \$60 per day for an unlimited number of days thereafter.	Benefits are paid for the care provided at home or in a hospice facility by a licensed hospice to a terminally ill patient who is no longer receiving definitive cancer treatment and is expected to live six months or less. The benefit is not payable at the same time as the home healthcare benefit.
Home Health Care Benefit	\$40 per visit	Benefits are paid for up to 10 visits per confinement and 30 visits per year. This benefit is not payable at the same time as the hospice benefit.
Wellness Benefit	Actual charges up to \$50 per calendar year, per insured. After the 30-day eligibility period has been met, benefits are paid for the following screenings for each insured: <ul style="list-style-type: none"> • Mammogram • Breast ultrasound • Pap smear (lab and procedure) • Biopsy • Flexible sigmoidoscopy • Hemocult stool specimen • Chest X-ray 	Diagnosis of cancer is not required for this benefit to be payable. There is no lifetime maximum limit.



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	<ul style="list-style-type: none"> • CEA (blood test for colon cancer) • CA 152 (blood test for ovarian cancer) • PSA (blood test for prostate cancer) • Thermography • Colonoscopy • Virtual colonoscopy • ThinPrep 	
Medical Imaging with Diagnosis Benefit	\$200 per calendar year	<p>This benefit is provided when a covered person receives an initial diagnosis or follow-up evaluation of internal cancer using one of the following medical imaging exams: CT scan, MRI, bone scan, multiple gated acquisition (MUGA) scan, positron emission tomography (PET) scan or transrectal ultrasound. These exams must be performed in a Hospital, an ambulatory surgical center, imaging center, or a Physician's office. The benefit is limited to one payment for each calendar year for each insured.</p>
Nonsurgical Treatment Benefits (List all Benefits included)		
Oral/Topical Chemotherapy Benefits/Prescription per month	Actual charges up to \$300 per drug	<p>Includes self-injected medications, medications dispensed by pump or implant and oral chemotherapy taken on an outpatient/inpatient basis. Limited to a monthly maximum of \$2,400 for all medications combined. No lifetime maximum.</p>
Injected Chemotherapy Benefits	Actual charges up to \$300 per day	<p>Includes injections by medical personnel in a physician's office, clinic or hospital. No monthly or lifetime maximum.</p>
Radiation Therapy Benefit	<p>Actual charges up to \$300 per day. The surgery benefit provides additional amounts payable for insertion and removal.</p>	<p>This includes but is not limited to the interstitial or intracavity application of radium or radioisotopes. Radiation delivered by laser or other form of light is not covered. No monthly or lifetime maximum.</p>
Experimental Treatment Benefit	Actual charges up to \$300 per day	Experimental treatments must be



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		approved by the U.S. Food and Drug Administration. If treatment is provided by medical personnel, limitations are the same as defined under Injected Chemotherapy benefits listed above. If treatment is self-administered, a monthly maximum of \$2,400 applies to all medication combined.
Immunotherapy Benefit	Not Covered	Not available



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CANCER PLAN DESIGN TEMPLATE (CONTINUED)

Plan Provision	Coverage Level / Benefit Amount	Lifetime Maximum / Exclusions
Immunotherapy Benefit	Not Covered	Not available
Anti-Nausea Benefit	Actual charges up to \$150 per month	Benefit is payable for medication taken on an outpatient basis. No lifetime maximum
Stem Cell Transplantation Benefit	Actual charges up to \$2,500	This benefit is not payable for bone marrow transplants. Limited to once per lifetime for each insured
Bone Marrow Transplantation Benefit	\$10,000	This benefit is not payable for stem cell transplant. Limited to once per lifetime for each insured
Donor Bone Marrow Transplantation Benefit	Same as Bone Marrow Transplant Benefit	Limited to once per lifetime for each insured
Blood, Plasma, Platelets Benefit	\$80 per unit	Benefit is payable for each unit of whole blood, plasma, red cells, packed cell or platelets the covered person receives for definitive cancer treatment whether inpatient or outpatient at an ambulatory surgical center, a physician's office, or a hospital, other than a U.S. government hospital. Donated blood is covered. No lifetime maximum
Skin Cancer Surgery Benefit	\$135 - \$250 dependent on diameter and location of malignant lesion.	No lifetime maximum
Egg Harvesting and Storage (cryopreservation) Benefit	Not available	Not available
Reconstructive Surgery Benefit	Actual charges equal to the amount paid for mastectomy.	Limited to reconstructive breast surgery and applicable anesthesia benefit.
Surgical Prosthesis Benefit	Actual charges up to \$3,000 per device	Benefits are paid for surgically implanted prosthetic devices needed due to and received within three years of a covered surgery as prescribed by a physician due to cancer.



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Non-Surgical Prosthesis Benefit	Actual charges up to \$250	Devices must be obtained within three years after the date of the cancer surgery for which we paid a benefit. Non-surgically implanted prosthetic devices include voice boxes, removable breast prostheses, and ostomy pouches and are subject to the lifetime maximum of \$250 per insured.
Non-Surgical	No specific non-surgical benefits. All benefits included in the policy are described in this attachment.	Not applicable
Specified Disease Benefit List (List All Diseases and Benefit Coverage)	Not available	Not available
Dependent Child First Occurrence Benefit	50% higher benefit of employee's chosen First Occurrence benefit amount Express payment – up to \$15,000	This benefit is payable only once for each child.
Additional Benefits (List All Other Benefits)	<p>Wigs and hairpieces – Actual charges up to \$250. This benefit pays for a wig or hairpiece needed due to cancer treatments for which you receive benefits under the policy.</p> <p>Health Advocate – This benefit is provided to each covered person for support with any medical condition. A cancer diagnosis is not needed to use this service. Health Advocate provides a personal representative when a covered person has concerns or questions about his/her health or prescribed treatment.</p> <p>Inpatient drugs and diagnostic testing - \$50 per day</p>	<p>These items must be obtained within three years after the cancer treatment for which we paid a benefit. Lifetime maximum per insured of \$250.</p> <p>Medication must be approved by the U.S. Food and Drug Administration (FDA). This benefit also includes diagnostic and laboratory tests and x-rays necessary for the diagnosis and treatment of cancer which are administered while you are an</p>

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	<p>inpatient in a Hospital. This benefit does not cover drugs that are paid under the radiation and chemotherapy benefit. Experimental treatments are covered if they are investigationally approved by the FDA.</p>
<p>Attending physician - \$40 per day. Benefits are paid per covered confinement for cancer-treatment by a physician other than your surgeon.</p> <p>Cancer Preventive Care Rider This benefit helps keep pace with medical advances, enabling earlier detection of cancer and better post-treatment care for cancer survivors. It covers:</p> <p><u>Cancer screening wellness</u> - \$50 per calendar year per covered person. The following screenings are covered:</p> <ul style="list-style-type: none"> • mammogram • breast ultrasound • Pap smear (lab and procedure) • Biopsy • flexible sigmoidoscopy • hemocult stool specimen • chest X-ray • CEA (blood test for colon cancer) • CA 125 (blood test for ovarian cancer) • PSA (blood test for prostate cancer) • Thermography • Colonoscopy • virtual colonoscopy • ThinPrep <p><u>Additional screening and treatment</u> - \$50 per calendar year per covered person.</p>	<p>Benefits are payable for up to the same number of days you receive benefits for hospital confinement.</p> <p>This benefit pays for one cancer test in a calendar year. This pays in addition to the Wellness benefit in the base policy.</p> <p>This benefit is payable for a second cancer screening or preventive treatment based on an abnormal result of your initial screening that</p>



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		we paid for.
	<p><u>Skin cancer diagnosis</u> - \$300 upon initial diagnosis</p> <p><u>Annual care</u> - \$750 per year for up to five consecutive years per insured.</p>	<p>This one-time benefit per covered person is payable when skin cancer is diagnosed.</p> <p>It activates on the anniversary of the base policy's first-occurrence benefit payment. To receive the benefit, the insured person must be under the active care of a physician. This benefit is not payable for skin cancer.</p>
	<p>Hospital Intensive Care Rider – This benefit rider helps provide protection against unexpected medical expenses when an accidental bodily injury or sickness occurs. This benefit covers: <u>Intensive care unit</u> - Employee and Spouse - \$1,000 per day Child(ren) less than 1 year old - \$300 Vehicular accidents pay double</p>	<p>This benefit is only payable following one or more days of confinement in an intensive care unit. This benefit is payable only once for each day of intensive care unit confinement, even if caused by more than one sickness or accidental injury. We will pay no more than a combined maximum of 30 days per period of confinement for this benefit and the sub-acute intensive care unit confinement benefit</p>
	<p><u>Sub-acute intensive care unit –</u> Employee and Spouse - \$400 per day Child(ren) less than 1 year old - \$120 Vehicular accidents pay double</p>	<p>This benefit is only payable following one or more days of confinement in an intensive care unit. This benefit is payable only once for each day of intensive care unit confinement, even if caused by more than one sickness or accidental injury. We will pay no more than a combined maximum of 30 days per period of confinement for this benefit and the sub-acute intensive care unit confinement benefit. The sub-acute intensive care unit may be referred to by</p>



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	<p><u>Attending physician benefit –</u> \$75 per day Benefits are paid per covered confinement for treatment by a physician other than your surgeon.</p> <p><u>Blood and plasma –</u> \$50 per day</p> <p><u>Ambulance benefit –</u> \$150 per trip Ground or air</p> <p><u>Physician's office benefit –</u> Employee and Spouse - \$75 Child(ren) - \$50</p> <p>The following screenings are covered:</p>	<p>other names such as progressive care, intermediate care or step-down unit.</p> <p>During a period of confinement, we will pay \$75 for each day you are visited by an attending physician. This benefit is payable for up to the number of days which you receive benefits under the intensive care unit confinement benefit or under the sub-acute intensive care unit benefit.</p> <p>Benefit is payable for each unit of whole blood, plasma, red cells, packed cell or platelets the covered person receives for covered treatment for up to the number of days you receive benefits under the intensive care unit confinement benefit or the sub-acute intensive care unit benefit.</p> <p>We will not pay for processing administration and storage or laboratory charges.</p> <p>The ambulance benefit is limited to 2 trips per confinement to or from a hospital other than a U.S. government hospital in which the covered person is confined to an intensive care unit and the intensive care unit confinement benefit is paid.</p> <p>Benefit is payable one time per calendar, per insured after the 30-day waiting period. This benefit is</p>
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	<ul style="list-style-type: none"> • Annual physical exam • mammogram • breast ultrasound • Pap smear (lab and procedure) • Biopsy • flexible sigmoidoscopy • hemocult stool specimen • chest X-ray • CEA (blood test for colon cancer) • CA 125 (blood test for ovarian cancer) • PSA (blood test for prostate cancer) • Thermography • Colonoscopy • virtual colonoscopy • ThinPrep • Stress test on a bicycle or treadmill • Fasting blood glucose test • Blood test for triglycerides • Serum cholesterol test to determine level of HDL and LDL • Electrocardiogram (EKG) • Carotid doppler • Echocardiogram • Lipid panel (total cholesterol count) <p><i>Note...confinement to an intensive care unit (ICU) or critical care unit (CCU) can result from: heart attack and stroke, serious trauma accident, complications from surgery and other serious medical conditions.</i></p> <p>Return of Premium Rider This benefit allows the policyowner to receive a check for all premiums paid – minus claims incurred – when they keep the policy in force for 20 years.</p>	<p>paid in addition to the Wellness benefit in the base policy.</p>
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	The only requirement is to keep the policy and rider in force until maturity.	
Pre-existing Condition Limitations	<p>Means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twenty-four (24) month period preceding the Effective Date of the coverage of the Insured or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twenty-four (24) month period preceding the Effective Date of coverage.</p> <p>Routine follow-up care to determine whether breast cancer has reoccurred in a Covered Person who was previously determined to be breast cancer free does not constitute medical advice, diagnosis, care, or treatment for purposes of determining preexisting conditions - unless evidence of breast cancer is found during or as a result of the follow-up care.</p>	Not applicable
Waiver of Premium	Yes	<p>If the insured is diagnosed with cancer 30 or more days after the coverage effective date and is disabled due to such cancer for more than 90 days, premiums are not required during the disability period to keep coverage in force. The disability must begin before the insured's 65th birthday and meet the policy definition of "disabled."</p> <p>Disabled means;</p> <ul style="list-style-type: none"> • Unable, due to cancer, to perform the duties of any gainful occupation for which he/she is reasonably fitted by training, experience and accomplishment; • Not working at any job, for wage, benefits or profit;



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		<p>AND</p> <ul style="list-style-type: none">Under the care of a physician for the treatment of cancer, unless the physician certifies the maximum point of recovery has been reached and further treatment would be beneficial.
Guarantee Issue	No	Not applicable
Guaranteed Renewable	Yes	As long as premiums are paid current.
Eligible Participants (Full/Part-Time) Employee, Family, Dependents, Domestic Partners	Individual, Spouse (including same-sex spouse) and Children. Domestic partners may purchase their own policy.	The employee must purchase insurance in order for a spouse or child to receive coverage.
Participation Requirements	No	Not applicable
Portability? Yes No_	Yes	Premiums must be paid by monthly bank draft or semi/annual direct bill.



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CRITICAL ILLNESS PLAN DESIGN TEMPLATE

Please see Critical Illness (Lump-Sum) Plan Design Template

Plan Provision	Coverage Level / Benefit Amount	Lifetime Maximum / Exclusions
First Occurrence Benefit Amount Options		
Reoccurrence Benefit		
Secondary Specified Health Event		
Covered Conditions (List all i.e. Coma, Persistent Vegetative State, Major Third Degree Burns, Alzheimer's)		
Hospital Confinement Benefit		
Hospital Intensive Care Unit		
Major Organ Transplant		
Ambulance Benefit – Ground/Air		
Transportation Benefit – Employee/Family Member		
Lodging Benefit – Employee/Family Member		
Continuing Care		
Physical Therapy		
Speech Therapy		
Occupational Therapy		
Respiratory Therapy		
Dietary Therapy/Consultation		
Home Health Care		
Dialysis		
Hospice Care		
Extended Care		
Physician Visits		
Nursing Home Care		
Wellness Benefit		
Pre-existing Condition Limitations		
Waiver of Premium		



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CRITICAL ILLNESS PLAN DESIGN TEMPLATE (CONTINUED)

Plan Provision	Coverage Level / Benefit Amount	Lifetime Maximum / Exclusions
Guaranteed Issue		
Guaranteed Renewable		
Eligible Participants (Full/Part-time) Employee, Family, Dependents, Domestic Partners		
Participation Requirements		
Portability? Yes <u>X</u> No <u> </u>		
Other Benefits (List All Other Benefits)		



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CRITICAL ILLNESS (LUMP SUM) PLAN DESIGN TEMPLATE

Group Critical Illness Product

Cancer and Heart & Stroke Lump Sum with Recurrence and Critical Conditions rider

Plan Provision	Coverage Level / Benefit Amount	Lifetime Maximum / Exclusions
Lump Sum Plan Amount Options: Example \$10,000 – \$50,000	\$5,000-\$100,000 (available in \$1,000 increments). Provides payment upon diagnosis of cancer, heart attack or stroke, as well as coronary artery bypass surgery. This benefit is paid even when the covered cancer, heart attack or stroke is diagnosed after death.	This benefit does not apply to skin cancer. For spouse, the benefit is 50% of the lump-sum amount. For eligible children, a benefit equal to 25% of the lump-sum amount is payable one time for each child. When the employee turns 76, lump-sum benefit amounts are reduced by 50%. The lump-sum benefit amount payable will not exceed 100%.
Recurrence Benefits 100%-25% Covered Lump Sum Conditions: Please List and Explain	Eighteen months after not receiving or needing treatment for a cancer, heart or stroke diagnosis, the recurrence benefits begins to grow – up to 100% of the original lump-sum benefit amount after five years. 0-18 months: 0% 19-36 months: 25% 37-60 months: 50% 61+ months: 100%	The recurrence benefit does not apply to carcinoma in-situ or skin cancer. This benefit is reduced 50% for all covered persons when the certificate holder turns age 76. The recurrence benefit does not apply to any of the lump-sum riders.
Secondary Occurrence Benefit Amount (new critical illness)	Benefits are paid in three health diagnosis categories: 1. Cancer 2. Heart attack and stroke 3. Critical Conditions For each selected coverage option, the lump-sum benefit is payable. When all three coverage options with lump sum benefits – cancer, heart attack and stroke, critical conditions – are chosen, 100% of the selected lump-sum benefit is payable for a diagnosis in each coverage option.	Not applicable
Wellness/Screening Benefit: List Specific Screenings	Choice of \$25, \$50, \$75 or \$100. Payable once per covered person each calendar year for any covered procedure related to cancer or heart	Limited to one test per person per calendar year.

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	<p style="text-align: center;">and stroke.</p> <p>Covered procedures include:</p> <ul style="list-style-type: none"> • Mammogram • Breast ultrasound • Pap smear (lab or procedure) • Thin Prep • Cancer Antigen 125 (CA-125) • Flexible sigmoidoscopy • Colonoscopy • Virtual colonoscopy • Hemoccult stool specimen • Carcino-Embryonic Antigen (CEA) • Prostate-Specific Antigen (PSA) • Chest x-ray • Thermography • Stress test on a bicycle or treadmill • Electrocardiogram • Echocardiogram • Carotid Doppler • Fasting blood glucose test • Blood test for triglycerides • Serum cholesterol test • Lipid panel <p>The annual care benefit is payable each year on the first anniversary after payment of the lump-sum benefit for a covered person for a specified critical illness and is payable each year on the anniversary date of the payment of the lump sum benefit and will not exceed a total of five (5) consecutive annual payments per covered person. The covered person must continue to be under the regular care of a physician for cancer, heart attack or stroke.</p>	<p>This benefit excludes skin cancer and carcinoma in-situ.</p>
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Covered Conditions at 100% of Lump Sum upon Diagnosis List Illness/Condition:	Category 1 (base cancer) Cancer (internal): 100% Category 2 (base heart attack & stroke) Heart attack: 100% Stroke: 100% Category 3 (Critical Conditions benefit) Coma: 100% Paralysis: 100% End-stage renal failure: 100% Permanent blindness: 100% Major organ transplant surgery: 100%	This benefit does not apply to skin cancer. The recurrence benefit does not apply to the Critical Conditions benefit.
Covered Conditions at 50% of Lump Sum upon Diagnosis List Illness/Condition:	Category 3 (Critical Conditions benefit) Diabetic amputation: 50% Major organ transplant list: 50%	The recurrence benefit does not apply to the Critical Conditions benefit.
Covered Conditions at 25% of Lump Sum upon Diagnosis List Illness/Condition:	Category 1 (base cancer) Carcinoma in-situ: 25% Category 2 (base heart attack & stroke) Coronary artery bypass surgery: 25% Category 3 (Critical Conditions benefit) Alzheimer's: 25% Permanent deafness: 25%	The recurrence benefit does not apply to the Critical Conditions benefit.
Alzheimer's Coverage Yes X No 100%/50%/25% of Coverage	25%	Not applicable
Dependent Eligibility/Child Coverage 100% Employee Coverage 25% Employee Coverage	25% of the lump-sum amount is payable one time for each eligible child	Dependent children must: be 25 years old or younger, be unmarried, be living in the U.S. and be a dependent of the primary covered person for support and maintenance.
Benefits Paid In Addition to Other Coverage? Yes <u>X</u> No <u> </u>	Benefits are payable regardless of any other insurance carrier's coverage.	Not applicable
Pre-existing Condition Limitations	Means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the effective	No benefits are payable for a pre-existing condition during the first twelve (12) months after the effective date of coverage for that covered person.



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	<p>date of the coverage of the covered person or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a six (6) month period preceding the effective date of coverage.</p> <p>Routine follow-up care to determine whether breast cancer has recurred in a covered person who was previously determined to be breast cancer free does not constitute medical advice, diagnosis, care, or treatment for purposes of determining preexisting conditions, unless evidence of breast cancer is found during or as a result of the follow-up care.</p>	
Waiver of Premium	Yes	<p>Subject to the conditions of the certificate, premium payments will not be required if the certificate holder is:</p> <ol style="list-style-type: none">1. Diagnosed as having cancer, heart attack or stroke thirty (30) days or more after his or her effective date of coverage under this certificate; and2. disabled due to cancer, heart attack or stroke for more than ninety (90) consecutive days. Such disability must begin on or after the date of diagnosis and prior to the certificate holder's 65th birthday. <p>Premium is not waived for carcinoma in-situ or skin cancer. After it has been determined that the certificate holder is disabled, we will waive premium payments for the period of disability, except those due during the first ninety (90) days of such period. We will waive the premium for a continuous period of disability and for up to a maximum</p>



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		<p>period of twelve (12) months.</p> <p>Proof of disability: the certificate holder must send us a physician's statement containing the following:</p> <ol style="list-style-type: none"> 1. the date cancer, heart attack or stroke were diagnosed; 2. the date disability, due to cancer, heart attack or stroke began; and 3. the expected date, if any, such disability will end. <p>Proof of continued disability must be furnished at least once every six (6) months.</p> <p>Periods of disability: once disability due to cancer, heart attack or stroke ends for at least thirty (30) days, any future disability will be considered a new period of disability. Such new disability due to cancer, heart attack or stroke will require disability for ninety (90) consecutive days in order for the waiver of premium to begin. New proof of disability must be provided.</p> <p>End of disability: the certificate holder must notify us in writing as soon as disability ends. We will assume disability no longer exists if:</p> <ol style="list-style-type: none"> 1. proof of continued disability is not sent to us at least once every six (6) months; 2. the certificate holder does not agree to have a physical examination performed; or 3. we are notified the disability has ended. <p>When the certificate holder is no longer disabled due to cancer, heart attack or stroke, coverage will continue until the next month. Thereafter, premiums must be paid in order for this certificate to continue in force.</p>
Guaranteed Issue	Yes	<p>Base Coverage: \$5,000-\$30,000</p> <p>Optional coverage:</p>



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		Critical Conditions: \$5,000-\$30,000 Wellness and annual care: Yes
Guaranteed Renewable	No	Optionally renewable
Eligible Participants (Full/Part-Time) Employee, Family, Dependents, Domestic Partners	Employee, Spouse (including same-sex spouse) and Children. Domestic partners may purchase their own policy.	The employee must purchase insurance in order for a spouse or child to receive coverage.
Participation Requirements	None	Not applicable
Portability? Yes <u>X</u> No ___	Yes. This product can be ported for all family members as long as the group policy is in force.	Premiums must be paid by monthly bank draft or semi/annual direct bill.
Other Benefits (List All Other Benefits)	<p style="text-align: center;">Heart & Stroke</p> <p>This benefit is payable upon the diagnosis of a heart attack or stroke, as well as coronary artery bypass surgery, pacemaker, ICD, stent, TIA or angioplasty. The benefit is paid even when a covered condition is diagnosed after death.</p> <p>For a spouse, the benefit is 50% of the lump-sum amount. For eligible children, a benefit equal to 25% of the lump-sum amount is payable one time for each covered child.</p>	<p>When the employee turns 76, lump-sum benefit amounts are reduced by 50%. The lump sum benefit is never payable prior to satisfying the waiting period.</p> <p>The following procedures must be performed as a result of coronary artery disease: coronary artery bypass surgery, angioplasty, artificial permanent pacemaker or implantable cardioverter defibrillator (ICD), or stent(s). If you have more than one surgical procedure performed at the same time, the lump sum amount will only be paid one time for the procedure with the largest lump sum percentage.</p> <p>The lump sum benefit amount is payable only one (1) time per covered person per specified critical illness category. The amount of your benefit will be reduced by any prior amount paid. At no time under this rider can a covered person receive a benefit amount in excess of a 100% of the benefit amount shown on the certificate schedule for any one (1) single specified critical illness category.</p>

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	<p style="text-align: center;">Critical Conditions</p> <p>A lump-sum is paid when the covered person is diagnosed after the effective date of coverage for the following specified critical illnesses: coma, paralysis, end-stage renal failure, permanent blindness, permanent deafness, Alzheimer's disease, diabetic amputation, major organ transplant list and major organ transplant surgery.</p> <p>For a spouse, the benefit is 50% of the lump-sum amount selected. For eligible children, a benefit equal to 25% of the lump-sum amount is payable one time for each covered child.</p> <p style="text-align: center;">Hospital benefit</p> <p><u>Inpatient hospital benefit</u> - payable when a covered person is confined as an inpatient in a hospital due to a covered accident or covered sickness we will pay as follows:</p> <ol style="list-style-type: none"> 1. \$200 per day when confined in a regular hospital room; or, 2. \$400 per day when confined in an Intensive Care Unit or a Sub-Acute Intensive Care Unit. <p>We will pay for up to three (3) days of inpatient hospital confinement. This benefit will be calculated based on the number of days that the hospital charges you for room and board.</p> <p><u>Outpatient surgical benefit</u> – payable when a covered person has a surgery on an outpatient basis for a covered sickness or a covered accident, we will pay \$200 for the day outpatient surgery is performed.</p>	<p>When the employee turns 76, lump-sum benefit amounts are reduced by 50%. The lump-sum benefit amount payable will not exceed 100%. The lump sum benefit amount is payable only one (1) time per covered person per specified critical illness category. The amount of your lump sum benefit will be reduced by any prior amount paid. At no time under this rider can a covered person receive a benefit amount in excess of a 100% of the lump sum benefit amount shown on the certificate schedule for any one single specified critical illness category.</p> <p>This benefit is limited to three (3) periods of confinement per calendar year and a lifetime maximum of \$15,000. Periods of confinement separated by less than 30 days are considered the same period of confinement.</p> <p>This benefit is only payable one day per covered person per calendar year.</p>
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	<p><u>Skilled care facility benefit</u> – payable when a covered person is confined to a skilled nursing facility by physician's order due to a covered accident or a covered sickness following an inpatient hospital confinement.</p> <p style="text-align: center;">Cancer treatment</p> <p>This benefit is payable when the covered person has been diagnosed and is receiving treatment for cancer and a physician prescribes radiation or chemical treatments as part of definitive cancer treatment, this rider will pay benefits as follows:</p> <ul style="list-style-type: none"> • Radiation therapy - \$200 per day. • Injected chemotherapy - \$200 per day for injected chemotherapy. • Oral chemotherapy - \$300 per calendar month. • Skin cancer - \$300 	<p>The covered person must be considered disabled. In order to be considered disabled under the benefit, the covered person must be unable to perform two or more ADLs. After the elimination period has been met, 7-days, the benefit is payable for each day up to a maximum of fourteen (14) days you are confined. This benefit is limited to one (1) period of confinement per calendar year.</p> <p>At the time of administration all treatments must be fully or investigationally approved or recognized for the treatment of Cancer in any of the Standard Reference Compendium or in substantially accepted peer-reviewed Medical Literature for the treatment of Cancer by the U.S. Food and Drug Administration or National Cancer Institute. Treatment may be performed on an outpatient or inpatient basis.</p> <p>Radiation and chemotherapy have a \$5,000 per year maximum. If the injected chemotherapy is administered by pump the benefit is payable only on the date the pump is started and on the date of each refill.</p> <p>Oral chemotherapy is payable for a lifetime maximum of up to 36 months.</p> <p>This is a one-time benefit per covered person upon diagnosis of skin cancer.</p>
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	<p>Wellness and annual care Choice of \$25, \$50, \$75 or \$100. Payable once per covered person each calendar year for any covered procedure related to cancer or heart and stroke.</p> <p>Covered procedures include:</p> <ul style="list-style-type: none"> • Mammogram • Breast ultrasound • Pap smear (lab or procedure) • Thin Prep • Cancer Antigen 125 (CA-125) • Flexible sigmoidoscopy • Colonoscopy • Virtual colonoscopy • Hemoccult stool specimen • Carcino-Embryonic Antigen (CEA) • Prostate-Specific Antigen (PSA) • Chest x-ray • Thermography • Stress test on a bicycle or treadmill • Electrocardiogram • Echocardiogram • Carotid Doppler • Fasting blood glucose test • Blood test for triglycerides • Serum cholesterol test • Lipid panel <p>The annual care benefit is payable each year on the first anniversary after payment of the lump-sum benefit for a covered person for a specified critical illness and is payable each year on the anniversary date of the payment of the lump sum benefit and will not exceed a total of five (5) consecutive</p>	<p>Limited to one test per person per calendar year.</p> <p>This benefit excludes skin cancer and carcinoma in-situ.</p>
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	annual payments per covered person. The covered person must continue to be under the regular care of a physician for cancer, heart attack or stroke.	
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HOSPITAL INDEMNITY/INTENSIVE CARE PLAN DESIGN TEMPLATE

Hospital Assure (non-HSA) Product – Plan 3

Plan Provision	Coverage Level/Benefit Amount	Lifetime Maximum / Exclusions
Initial Hospital Admission/Hospital Confinement Benefit (Per Year)	Choice of \$1,000, \$2,000, \$3,000, \$4,000 and \$5,000	Limited to one day per calendar year. \$4,000 and \$5,000 not available for GI This benefit is reset each January 1st. If a hospital confinement continues uninterrupted without discharge from one (1) calendar year to the next, no hospital confinement lump sum benefit shall be payable for any day of that hospital confinement in the later calendar year. Upon discharge, for a benefit to be payable in the later calendar year, a hospital confinement for any covered sickness or any covered accident must begin more than thirty (30) days after the discharge.
Daily Benefit	Not available	Not applicable
Rehabilitation Benefit	\$100/day	Payable if the covered person is hospital confined due to a covered sickness or covered accident and the covered person is transferred to a rehabilitation facility by physician's order as the direct result of the covered sickness or covered accident. The transfer must be within twenty-four (24) hours after discharge from the hospital confinement. The benefit is limited to 15 days per period of hospital confinement, limited to 30 days per calendar year per covered person.
Ambulatory Surgical Center	\$100/day	Up to 2 days per person, per calendar year. Payable when the covered person receives care in a hospital, including an observation room or ambulatory surgical facility, for less than 23 hours.



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Surgical Benefit	See Optional Supplemental Benefits rider	Not applicable
Anesthesia Benefit	Not available	Not applicable
Medical Diagnostic Testing	See Optional Wellness and Diagnostic Benefits rider	Not applicable
Intensive Diagnostic Exams	Not available	Not applicable
Outpatient Surgical Room	\$100/day	Up to 2 days per calendar year. Payable when the covered person receives care in a hospital, including an observation room or ambulatory surgical facility, for less than 23 hours.
Outpatient Physician Benefit	See Optional Wellness and Diagnostic Benefits rider	Not applicable
Urgent Care/Emergency Room Benefit	\$100/day	Up to 2 days per calendar year. Not payable on the same day the Hospital outpatient benefit is paid.
Issue Age (Minimum/Maximum)	Employee and Spouse: 18-69 Child(ren): 0-25	
Ambulance Benefit	See Optional Supplemental Benefits rider	
Wellness Benefit	See Optional Wellness and Diagnostic Benefits rider	
Pregnancy	Yes	We will not pay benefits for loss contributed to, caused by, or resulting from a normal pregnancy beginning on or after the effective date of coverage or childbirth that occurs within the first ten (10) months after the effective of coverage; or a cesarean delivery that is not the result of complications of pregnancy. Loss due to complications of pregnancy will be paid the same as for any other covered benefit.
Pregnancy of Dependent Child	No	A pregnancy of a dependent child will not be covered. Loss due to complications of pregnancy will be paid the same as for any other covered benefit.
Waiver of Premium	Yes	After you are hospital confined as



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		<p>an inpatient for a covered sickness or a covered accident for a period of more than thirty (30) consecutive days, this benefit will begin on the thirty-first (31st) day for any period of uninterrupted continuation of that inpatient hospital confinement and end on the earlier of (1) discharge from the hospital or U.S. Government hospital, or (2) twelve (12) months of uninterrupted continuous inpatient hospital confinement. This period, if any, is referred to as the waiver period. We will waive the premium payments for this policy and any attached rider(s) that fall due during the waiver period. When you submit proof of your inpatient hospital confinement, including dates, premiums will be waived on a maximum of a month by month basis during the waiver period no matter your then current mode of payment of premium. You must pay all premiums to keep this policy and any attached rider(s) in force until you have been hospital confined as an inpatient for more than thirty (30) consecutive days and the waiver benefit becomes effective. When a waiver period ends, premium payment must be resumed. Any later inpatient hospital confinement after a waiver period ends, whether due to a covered sickness or a covered accident, must again satisfy the thirty (30) consecutive day requirement before this benefit begins anew. This benefit is only available for the policyowner and not any other covered person.</p>
Coordination of Benefits	No	Not applicable



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Pre-existing Condition Limitations	Means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the effective date of coverage for that covered person or a condition for which medical advice or treatment was recommended by a physician or received from a physician or for which prescription drugs were prescribed within a twelve (12) month period preceding the effective date of coverage for that covered person. A pre-existing condition can exist even though a diagnosis has not yet been made.	
Guaranteed Issue	Yes	Plan 3 - \$1,000, \$2,000 and \$3,000 benefit amounts. \$4,000 and \$5,000 benefit amounts are not available for guarantee issue coverage and require simplified issue underwriting.
Guaranteed Renewable	Yes. As long as premiums are paid current.	Not applicable
Eligible Participants: (Employees, Spouses, Eligible Children, Domestic Partner and/or Significant Other)	Individual, Spouse (including same-sex spouse) and Children Domestic partners may purchase their own policy	The employee must purchase insurance in order for a spouse or child to receive coverage.
Participation Requirements	None	Not applicable
Portability? Yes <u>X</u> No ____	Yes. This policy can be ported for all family members.	Premiums must be paid by monthly bank draft or semi/annual direct bill.
Other Benefits (List all other benefits)	Wellness and diagnostic rider <ul style="list-style-type: none"> Physician's office visit benefit - \$25 per day. Payable for any day a covered person goes to a Physician's office appointment, including telemedicine visit. This benefit covers appointments for a covered sickness, covered accident or routine wellness exams, at a designated facility. 	This benefit only pays once per day regardless of the number of appointments on that day. <i>Individual coverage:</i> Limited to 3 days per calendar year. <i>Individual/Spouse, Individual/Child, and Family coverage:</i> Limited to 3 days per covered person, up to 6 days per calendar year.

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	<ul style="list-style-type: none"> • <u>Lab test and x-ray</u> - \$50 per day. Payable for any day a covered person has laboratory testing or x-rays, ordered by a physician, for a covered sickness or covered accident. The laboratory testing or x-ray must be performed at a hospital, U.S. government hospital, a medical diagnostic imaging center, a physician's office, an urgent care facility or an ambulatory surgical facility. • <u>Imaging exams</u> - \$100 per day. Payable for the following exams: computed tomography (CT scan, CAT scan), magnetic resonance imaging (MRI), electroencephalogram (EEG), thallium stress test, myelogram angiogram, or arteriogram; due to a covered sickness or accident. The exam must be performed at a hospital, U.S. government hospital, a medical diagnostic imaging center, a physician's office, an urgent care facility or an ambulatory surgical facility. • <u>Diagnostic exams</u> - \$100 per day. Payable for the following exams: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, endoscopy, esophagoscopy, gastroscopy, laparoscopy, laryngoscopy, or sigmoidoscopy; due to a covered sickness or accident. The exam must be performed at a hospital, U.S. government hospital, a medical 	<p>This benefit pays only once per day regardless of the number of exams performed on that day. This benefit is not payable for exams as listed under the Imaging Benefit or the Diagnostic Benefit. <i>Individual coverage:</i> Limited to 3 days per calendar year. <i>Individual/Spouse, Individual/Child, and Family coverage:</i> Limited to 3 days per covered person, up to 6 days per calendar year.</p> <p>This benefit pays only once per day regardless of the number of exams performed on that day. This benefit is not payable for a Laboratory Test or X-ray which are only payable under the Laboratory Test and X-ray Benefit or the exams listed under the Diagnostic Benefit. <i>Individual coverage:</i> Limited to 3 days per calendar year. <i>Individual/Spouse, Individual/Child, and Family coverage:</i> Limited to 3 days per covered person, up to 6 days per calendar year.</p> <p>This benefit pays only once per day regardless of the number of exams performed on that day. This benefit is not payable for a Laboratory Test or X-ray which are only payable under the Laboratory Test and X-ray Benefit or the exams listed under the Imaging Benefit. <i>Individual coverage:</i> Limited to 3 days per calendar year. <i>Individual/Spouse, Individual/Child,</i></p>
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	<p>diagnostic imaging center, a physician's office, an urgent care facility or an ambulatory surgical facility.</p> <p>Supplemental Benefits rider</p> <ul style="list-style-type: none">• <u>ADDITIONAL hospital confinement lump sum</u> - \$100, \$200 or \$300 per day. After the hospital confinement lump sum benefit included in the base policy pays, this benefit is payable for the first day of a new period of hospital confinement within the same calendar year. Periods of confinement separated by 30 days or less are considered the same period of confinement. This benefit is reset each January 1st.• <u>Daily hospital confinement</u> - \$50, \$100 or \$150 per day. This benefit adds to the daily hospital confinement benefit provided by the base plan. Payable per day per covered person, for up to 365 days per period of confinement when hospital confined for 23 or more hours.• <u>Intensive Care Unit (ICU) confinement</u> - \$50, \$100 or \$150 per day. Payable in addition to the daily hospital confinement for each day a covered person is confined to an ICU due to covered sickness or covered accident.	<p><i>and Family coverage:</i> Limited to 3 days per covered person, up to 6 days per calendar year.</p> <p>If a hospital confinement continues uninterrupted without discharge from one calendar year to the next, no hospital confinement lump sum benefit shall be payable for any day of that hospital confinement in the later calendar year. Upon discharge, for a benefit to be payable in the later calendar year, a hospital confinement for any covered sickness or any covered accident must begin more than thirty (30) days after the discharge. This benefit is limited to 3 confined days per calendar year, per covered person.</p> <p>A readmission within 30 days of a prior hospital confinement, for the same medical condition, is considered part of the previous confinement. Limited to 365 days per period of confinement.</p> <p>A readmission within 30 days of a prior hospital confinement, for the same medical condition, is considered part of the previous confinement. This benefit is limited to 30 days per</p>
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	<ul style="list-style-type: none">• <u>ADDITIONAL hospital outpatient</u> - +\$50, +\$100 or +\$150. This benefit adds to the hospital outpatient benefit provided by the base plan. Payable per day when a covered person is in a hospital or U.S. government hospital for less than 23 hours, including observation units and ambulatory surgical facilities• <u>ADDITIONAL rehabilitation facility</u> - +\$50, +\$100 or +\$150. This benefit adds to the rehabilitation facility benefit provided by the base plan. Payable per day when a covered person receives rehabilitation services due to a covered sickness or covered accident.• <u>Surgical procedure</u> - \$100-\$1,000 per surgery. Payable for a covered surgery performed in a hospital, U.S. Government hospital, or an ambulatory surgical facility.	<p>period of confinement.</p> <p>Limited to 2 days per calendar year. This benefit is not payable for the same day as the emergency room benefit is payable.</p> <p>If a covered person is confined within thirty (30) days for the same covered sickness or covered accident, then that later confinement will be considered a continuation and part of the prior period of confinement. This benefit does not include outpatient rehabilitation services.</p> <p>Limited to 15 days per period of confinement, limited to 30 days per calendar year. The covered person must be hospital confined and the covered person is transferred to a rehabilitation facility by physician's order as the direct result of the covered sickness or covered accident. The transfer must be within 24 hours after the discharge from the hospital confinement.</p> <p>This benefit is limited to one surgical procedure in a 24-hour period per covered person. The amount payable for the surgical procedure will be based on the procedure terminology code (CPT) and the Relative Values physicians</p>
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	<ul style="list-style-type: none">• <u>Ambulance</u> - \$200 ground, \$2,000 air. Payable if a licensed surface or air ambulance service transports a covered person to or from a hospital. <p>Return of Premium rider With the optional Return of Premium benefit rider, you can receive a check for premiums paid—minus claims incurred—every 20 years (or on the benefit anniversary date following your 75th birthday, if that comes sooner).</p>	<p>publication. If a covered person has more than one surgical procedure performed at the same time through the same incision. We will pay only for the one surgical procedure performed for which the largest benefit amount is payable.</p> <p><i>Individual coverage:</i> Limited to 3 one-way trips per calendar year. <i>Individual/Spouse, Individual/Child & Family coverage:</i> Limited to 3 one-way trips per covered person, up to 6 one-way trips, per calendar year.</p>
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HOSPITAL INDEMNITY/INTENSIVE CARE PLAN DESIGN TEMPLATE

*Solutions Cancer – Hospital Intensive Care Insurance

Additional rider

Plan Provision	Coverage Level/Benefit Amount	Lifetime Maximum/Exclusions
Daily Hospital Intensive Care Benefit	Employee and Spouse - \$1,000 per day Child(ren) less than 1 year old - \$300 Vehicular accidents pay double	This benefit is payable only once for each day of intensive care unit confinement, even if caused by more than one sickness or accidental injury. We will pay no more than a combined maximum of 30 days per period of confinement for this benefit and the sub-acute intensive care unit confinement benefit
Daily Sub-Acute Intensive Care Unit Benefit	Employee and Spouse - \$400 per day Child(ren) less than 1 year old - \$120 Vehicular accidents pay double	This benefit is only payable following one or more day so of confinement in an intensive care unit. This benefit is payable only once for each day of intensive care unit confinement, even if caused by more than one sickness or accidental injury. We will pay no more than a combined maximum of 30 days per period of confinement for this benefit and the sub-acute intensive care unit confinement benefit
Ambulatory Surgical Center	Not available	Not applicable
Human Organ Transplant Benefit	Not available	Not applicable
Ambulance Benefit	\$150 per trip	Limited to two trips per confinement
Waiver of Premium		
Coordination of Benefits		
Pre-existing Condition Limitations	No benefits are payable for a pre-existing condition during the first twelve (12) months after the effective date of coverage for that covered person	



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Guaranteed Issue	Not available	Not applicable
Guaranteed Renewable	Yes.	As long as premiums are paid current.
Eligible Participants (Full/Part-Time) Employee, Family, Dependents, Domestic Partners)	Individual, Spouse (including same-sex spouse) and Children. Domestic partners may purchase their own policy.	The employee must purchase insurance in order for a spouse or child to receive coverage.
Participation Requirements	No	Not applicable
Portability? Yes X No_	Yes	Premiums must be paid by monthly bank draft or semi/annual direct bill.
Other Benefits (List All Other Benefits)	<p>Attending physician benefit - \$75 per day</p> <p>Blood and plasma - \$50 per day</p> <p>Physician's office wellness benefit – Employee and Spouse - \$75 Child(ren) - \$50 Physician's office wellness benefit (per, person, per calendar year) - \$75 The following screenings are covered:</p> <ul style="list-style-type: none"> • Annual physical exam • mammogram • breast ultrasound • Pap smear (lab and procedure) • Biopsy 	<p>During a period of confinement, we will pay \$75 for each day you are visited by an attending physician. This benefit is payable for up to the number of days which you receive benefits under the intensive care unit confinement benefit or under the sub-acute intensive care unit benefit.</p> <p>This benefit is payable for up to the number of days you receive benefits under the intensive care unit confinement benefit or the sub-acute intensive care unit benefit. We will not pay for processing administration, and storage or laboratory charges.</p> <p>Benefit is payable one time per calendar, per insured after the 30-day waiting period.</p>



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	<ul style="list-style-type: none">• flexible sigmoidoscopy• hemocult stool specimen• chest X-ray• CEA (blood test for colon cancer)• CA 125 (blood test for ovarian cancer)• PSA (blood test for prostate cancer)• thermography• Colonoscopy• virtual colonoscopy• ThinPrep• Stress test on a bicycle or treadmill• Fasting blood glucose test• Blood test for triglycerides• Serum cholesterol test to determine level of HDL and LDL• Electrocardiogram (EKG)• Carotid doppler• Echocardiogram• Lipid panel (total cholesterol count)	
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****Note...confinement to an intensive care unit (ICU) or critical care unit (CCU) can result from: heart attack and stroke, serious trauma accident, complications from surgery and other serious medical conditions.***



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LONG-TERM CARE PLAN DESIGN TEMPLATE

***WASHINGTON NATIONAL IS NOT QUOTING ON LONG-TERM CARE.**

Plan Provision	Coverage Level/Benefit Amount	Lifetime Maximum/Exclusions
Eligible Participants (Employees and Spouses or Surviving Spouses, Parents and Parents-in-law, Retirees and Spouses or Surviving Spouses, Domestic Partner and/or Significant Other)		
Issue Age (Minimums/Maximums)		
Linkages, Employees, Spouses, Children, Domestic Partner and/or Significant Other		
Participation Requirements		
Guaranteed Renewable		
Guaranteed Issue		
Pre-existing Conditions		
Nursing Home Care		
Alternative Care Facilities		
Non-institutional Care		
Respite Care/Informal Care		
Daily Benefit Amount		
Maximum Lifetime Benefit (i.e., 1 year – 5 year)		
Benefit Eligibility		
Care Management		
Waiting Period		
Home Care		
Adult Day Care		
Hospice Care		



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LONG-TERM CARE PLAN DESIGN TEMPLATE (CONTINUED)

Plan Provision	Coverage Level/Benefit Amount	Lifetime Maximum/Exclusions
At Home Hospice Care		
Alternative Plan of Care		
Waiver of Premium		
Coordination of Benefits		
Inflation Protection		
Nonforfeiture		
Portability? Yes___No___		
Other Benefits (List All Other Benefits)		



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ACCIDENT PLAN DESIGN TEMPLATE **Accident Assure Level 2 with Physician's** **Additional Optional Rider and Return of Premium Rider**

Plan Provision	Coverage Level/Benefit Amount	Lifetime Maximum/Exclusions
Accidental Death - Common Carrier	<p>Common Carrier – Employee & Spouse - \$150,000 Child(ren) - \$37,500 Includes commercial airline, railroad train licensed and operated for passengers on a scheduled route.</p> <p>Motorized vehicle or pedestrian – Employee & Spouse - \$125,000 Child(ren) - \$31,250 Includes motorized vehicle: automobiles, trucks of all sizes, taxicabs, buses</p> <p>Accidental death – Employee & Spouse - \$75,000 Child(ren) - \$18,750</p>	<p>Benefit pays when an insured person dies within 90 days as a result of a covered accident.</p> <p>Does not include motorcycle accidents. This would be covered under accidental death.</p>
Accidental Dismemberment	<p>One finger or toe – Employee & Spouse - \$2,000 Child(ren) - \$500</p> <p>More than one finger and/or toe - Employee & Spouse - \$2,500 Child(ren) - \$625</p> <p>One eye, hand, foot, arm or leg – Employee & Spouse - \$12,000 Child(ren) - \$3,000</p> <p>More than one eye, hand, foot, arm or leg – Employee & Spouse - \$40,000 Child(ren) - \$10,000</p>	<p>The dismemberment must occur within 365 days after the covered accident.</p>
Ambulance		
<ul style="list-style-type: none"> Ground 	<p>\$250</p>	<p>Pays one lump sum for each covered accident within 72 hours of the covered accident.</p>



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• Air	\$1,500	Pays one lump sum for each covered accident within 72 hours of the covered accident.
Appliances	\$125	Payable one time per insured for each covered accident.
Blood, Plasma and Platelets	\$200 per accident	Available one time per covered accident regardless of the number of units received.
Catastrophic Accident (Loss of entire Arm/Leg, Sight/Hearing in both)	See Accidental Dismemberment coverage	The dismemberment must occur within 365 days after the covered accident. Loss of sight and/or hearing is not covered.
Common Accidental Injuries	<p>Fractures - \$250 - \$3,200 depending on type of fracture.</p> <p>Dislocations - \$250 - \$3,000 depending on type of dislocation.</p> <p>Lacerations requiring sutures - \$100 - \$400 depending on combined length of laceration(s)</p> <p>Paralysis – Paraplegia - \$10,000 Quadriplegia - \$12,500</p> <p>Burn – Second – or third-degree burn - \$1,200</p>	<p>To qualify for these benefits, the injury must be due to a covered accident and be diagnosed and treated by a physician within 90 days of the covered accident. (within 72 hours for laceration and burns)</p> <p>We will pay benefits only for the first complete or partial dislocation of a joint. We will not pay for recurring dislocations of the same joint. If you dislocated a joint before you become insured under this policy and you dislocate the same joint again, this benefit will not be paid.</p> <p>This benefit is not payable for first degree burns.</p>
Emergency Room Treatment	<p>Employee & Spouse – \$500</p> <p>Child(ren) - \$350</p>	Pays one amount per 24-hour period within 72 hours of the covered accident.
Hospital Admission (Due to Accident)	Not available	Not applicable



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Hospital Confinement (Due to Accident)	\$500 per day In-patient confinement pays a daily amount for up to 365 days when admission to a hospital for more than 24 hours.	Must be admitted within 30 days of a covered accident.
Hospital ICU Confinement	\$1,000 per day	Payable up to 15 days per covered accident.
Initial Doctor's Office Visit	\$50 per visit	Pays up to 2 visits per insured for each covered accident (including chiropractor).
Lodging (Employee/Dependent)	\$125 per day	Family lodging only. Payable for one hotel room for an immediate family member for up to 30 days when an insured is confined more than 100 miles from residence.
Major Diagnostic Exams	\$200 for CT, MRI and EEG exams.	These exams must be performed in a Hospital, an ambulatory surgical center, imaging center, or a physician's office. Pays a one-time benefit per insured for each covered accident.
Physical Therapy	\$50 per visit	Helps cover expenses for up to 8 visits per year per insured for each covered accident.
Prosthetic Devices	\$750	Pays the insured when the required item is obtained within 3 years of a covered accident. Maximum benefit is specified per device, per covered accident, per insured.
Surgery	<p>Eye injury - \$200</p> <p>Tendon or ligament – Single \$800 Multiple \$1,200</p> <p>Ruptured disc – During first year of coverage \$200 After first year of coverage \$800</p> <p>Torn cartilage – During first year of coverage \$200 After first year of coverage \$800</p> <p>Hernia –</p>	The injury must be due to a covered accident and be diagnosed and treated by a physician within 90 days of the covered accident (within 60 days for a ruptured disc, torn cartilage or hernia).



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	During first year of coverage \$200 After first year of coverage \$400	
Additional Benefits		
<ul style="list-style-type: none"> • Health Screening Benefit Rider (Wellness) 	Not available	Not applicable
<ul style="list-style-type: none"> • Sickness Hospital Confinement and Admission Rider 	Not available	Not applicable
<ul style="list-style-type: none"> • Accident Off-Job Disability Income Rider 	Yes. Covers the employee when they have an accident outside of work and become disabled. Pays \$500, \$1,000, \$1,500 or \$2,000 per month	<p>Coverage is available for up to 12 months and is guaranteed renewable to age 70. Coverage can be purchased up to 66-2/3% of the individual's gross monthly income from all sources.</p> <p>Note: Available only on Disability coverage. (Not quoted)</p>
<ul style="list-style-type: none"> • Family Coverage 	Individual, Spouse (including same-sex spouse) and Children. Domestic partners may purchase their own policy.	The employee must purchase insurance in order for a spouse or child to receive coverage.
<ul style="list-style-type: none"> • Leave of Absence Coverage 	Not available	Not applicable
Pre-Existing Condition	Having any injury or conditions not otherwise excluded by name or specific description which was diagnosed by or for which you consulted a physician within 12 months prior to the date you become insured under this policy. Benefits will not be paid for losses related to such injury or condition which occur during the first 12 months after the date you become insured under this policy. Routine follow-up care to determine whether breast cancer has recurred in an Insured who was previously determined to be breast cancer free does not constitute medical advice, diagnosis, care, or treatment for purposes of determining preexisting conditions, unless evidence of breast cancer is found during or as a result of the follow-up care.	Not available



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Portability? Yes <u>X</u> No ____	Yes. This product can be ported for all family members.	Premiums must be paid by monthly bank draft or semi/annual direct bill.
Guaranteed Renewable	Yes. As long as premiums are paid current.	Not applicable
Other Benefits (List All Other Benefits)	<p>Transportation Benefit - \$600 Covers costs when an insured must travel to receive care more than 100 miles from the accident site.</p> <p>Physician's Office Additional Benefit Rider – Benefit Payable 2 ways:</p> <ul style="list-style-type: none"> \$200 benefit payable to diagnose and treat injuries not covered under base policy (broken natural teeth, sprains, first-degree burns and other no covered injuries). The \$200 benefit pays in addition to the physician's office visit benefit included in the base policy. – OR – When the physician's office benefit is paid along with other benefits that are covered in the base policy, this rider pays an additional \$50 (instead of \$200). <p>Sickness Disability rider – applicants may purchase up to the same amount of coverage selected for the off-the-job disability coverage (\$500, \$1,000, \$1,500 or \$2,000), but no more. Note...this rider cannot be purchased unless off-the-job disability coverage is also purchased.</p> <p>Return of Premium (ROP) rider - Once the policy is in force for 20 years, all premiums will be reimbursed to the insured less any claims. In addition, the policy will still</p>	<p>Payable for up to 3 trips per insured each calendar year.</p> <p>Provides flexibility to receive treatment in a number of non-emergency room medical facilities such as physician's office, dentist's office, or urgent/immediate care center.</p> <p>All benefit payments under this rider are subject to a 14-day elimination period for each sickness. (Not quoted)</p>



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	remain in force as long as premiums continue to be paid current.	
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LIFE INSURANCE –PERMANENT LIFE PLAN DESIGN TEMPLATE

Worksite Universal Life

Plan Provision	Coverage Level/Benefit Amount	Lifetime Maximum/Exclusions
Insurance Amount		
Minimum Face Amount	Employee and Spouse: \$5,000 or the amount of insurance which can be purchased for \$4 per week, whichever is higher. Child(ren) and Grandchild(ren): The amount of insurance that can be purchased for \$3 per week.	Not applicable
Maximum Face Amount	Employee - issue ages 18 -65: \$200,000 at issue issue ages 66 – 70: \$100,000 at issue Spouse - \$100,000 at issue Child(ren)/grandchild(ren) – The amount of insurance that can be purchased for \$3.50 per week. The face amount of the policy will be determined by the child/grandchild's age at time of issue.	With the Automatic Benefit Increase rider up to \$250,000 (employee and/or spouse only)
Death Benefit	Level Death Benefit	Not applicable
Interest Rates		
• Guaranteed Minimum %	3%	Not applicable
• Current Rate %	4.8%	Not applicable
Incontestability	2 years	Not applicable
Issue Ages	Employee and spouse - 18-70 (age last birthday) Child(ren) – 15 days – 23 years Grandchild(ren) – 15 days – 18 years	Not applicable
Paid Up Values	The policyowner may surrender this policy for a paid-up insurance benefit until the Maturity Date of this policy. The amount of paid-up insurance benefit will be the Cash Surrender Value of this policy divided by the net single premium for the insured's attained age.	Not applicable
Cash or Loan Values	Yes, with annual statements provided to policyowner	Not applicable
Premium Waiver	Yes, with waiver of stipulated premium	Not applicable



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	rider	
Pre-existing Condition	None	Employee - Actively at work Spouse/Child(ren)/ Grandchild(ren): Not currently disabled or receiving disability payments
Guaranteed Issue	Yes	
Guaranteed Renewable	Yes, as long as premiums are paid	
Eligible Participants	W-2 employees who work a minimum of 20 hours per week	Eligibility Waiting Period: Educators, Administrative and Professional Staff <ul style="list-style-type: none"> • No waiting period All Other Eligible Employees <ul style="list-style-type: none"> • Full-time: 90 days • Part-time: 180 days
Participation Requirements	A minimum of 3 employees must qualify for coverage.	Not applicable
Other Benefits	<p>Free Terminal Illness Accelerated Benefit rider – pays an advance on the death benefit amount when the insured is diagnosed with a terminal illness.</p> <p>Accidental Death Benefit rider – pays an additional amount equal to the face amount of the base policy if the insured accidentally dies before age 70.</p> <p>Automatic Benefit Increase rider – increases the policy face amount through a pre-authorized premium increases each year on the anniversary date of the policy.</p> <p>Children's Level Term Insurance rider Pays a \$5,000 or \$10,000 benefit for the death of a covered child(ren).</p> <p>Waiver of Stipulated Premium rider pays the policy premiums when a</p>	<p>The maximum benefit will not exceed 75% of the policy's death benefit. Insured is expected to die within 12 months.</p> <p>Issue ages: 18 – 65 for employee and spouse 15 - 23 years for Child(ren) 15 - 18 years for Grandchild(ren) The amount of the rider cannot exceed the face amount.</p> <p>Not available for insureds over the age of 60 or child(ren) or grandchild(ren) policies. Maximum face amount cannot exceed \$250,000.</p> <p>Issue ages – 15 days – 18 years for child(ren) and up to age 60 for employee and/or spouse. Not available for grandchild(ren).</p> <p>Issue ages – 18 - 55 for employee and/or spouse and ages 18 – 23 for</p>



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	<p>policyowner is disabled and has satisfied the 6-month elimination period.</p> <p>Living Benefit Chronic Illness Accelerated Death Benefit rider – advances the death benefit when the insured is certified with a chronic illness. If a certified claim for a chronic illness begins in year 4 or later of this coverage, the two available options are:</p> <p>70% lump sum advance of the death benefit OR 4% per month advance, up to 100% of the death benefit.</p> <p>If a certified claim for a chronic illness begins earlier than year 4 of this coverage, the two available options are:</p> <p>20% lump sum advance of the death benefit OR 1% per month advance, up to 100% of the death benefit.</p> <p>As long as the policy remains in force, any death benefit not advanced is available at the time of death.</p>	<p>child(ren) and age 18 only for grandchild(ren).</p> <p>Employee and/or spouse coverage only.</p> <p>Must be unable to perform at least 2 ADLs OR have severe cognitive impairment.</p>
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APPENDIX A **PRICE PROPOSAL PAGES** **RFP NO. 20-011/LJ**

Cancer Financial Response Form – Without Return of Premium Solutions Cancer Plan D (weekly rates)					
Age Category	2020	2021	2022	2023	2024
Less than 20	Age-banded rates not available for this product.				
20-24					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-69					
70-74					
75 and over					
	2020	2021	2022	2023	2024
Composite Rate					
Employee Only	\$5.05	\$5.05	\$5.05	\$5.05	\$5.05
Family Rate	\$9.92	\$9.92	\$9.92	\$9.92	\$9.92



Cancer Financial Response Form – With Return of Premium Solutions Cancer Plan D (weekly rates)					
Age Category	2020	2021	2022	2023	2024
Less than 20	Age-banded rates not available for this product.				
20-24					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-69					
70-74					
75 and over					
	2020	2021	2022	2023	2024
Composite Rate					
Employee Only	\$8.08	\$8.08	\$8.08	\$8.08	\$8.08
Family Rate	\$15.88	\$15.88	\$15.88	\$15.88	\$15.88

1. Are the above rates guaranteed for 60 months?

Yes___No X

2. If rates are not guaranteed for 60 months, what timeframe are the proposed rates guaranteed for?

No rate guarantee, however, it is guaranteed renewable for life and if any increase in rate were to occur, it would be for all policies of the same kind in the state of issue.

3. Is your company willing to provide rate caps/guarantees for additional years?

Yes___No X If yes, what are the guarantees/caps?

No rate cap/guarantee, however, it is guaranteed renewable for life and if any increase in rate were to occur, it would be for all policies of the same kind in the state of issue.

4. List and describe all assumptions and/or qualifications including commission breakdown used in developing your proposed premiums including your retention.

Premium rates are developed from expected claim and lapse experience using sound actuarial principles. Expected claims and lapses come from company experience on similar policy forms.



5. Are the above rates for a group or individual product?
Group ___ Individual X Both ___

6. Identify any fees for direct billing.

There is not a fee for direct billing.

7. Provide a list of all administrative services included in your stated rates.

These rates include administrative services including, but not limited to, policy issue, enrollment, billing, claims and customer service.

8. Confirm that enrollees will always be charged the in force rate for the age group they were in at the time they enrolled (e.g., they will not "age up" into a new rating band).

Rates are not age-banded and will remain the same rate for the life of the policy.

9. In addition, to the above, provide a complete age rate table for the product offered and a complete commission schedule for each plan/product being offered.

Payment mode: 52-Pay
Issue state: FL
Desired effective date: 05/01/2020
Policy: Solutions Cancer

Included coverage:
Cancer: Plan D

Included coverage:

Age	Individual	Total Premium	
		Single Parent	Family
18-85	\$5.05	\$5.72	\$9.92

Payment mode: 52-Pay
Issue state: FL
Desired effective date: 05/01/2020
Policy: Solutions Cancer

Included coverage:
Cancer: Plan D
Return of Premium: Yes

Included coverage:

Age	Individual	Total Premium	
		Single Parent	Family
18-75	\$8.08	\$9.16	\$15.88

The maximum commissions available for the Solutions Cancer product are 70% for the first policy year, 17.5% for years 2-10, 10% for years 11+. If the Return of Premium rider is purchased, the commission on the rider is paid 80% first year only, with 0% renewals.

10. Is the proposed plan/product a state regulated plan/product that rates/premiums will only change upon a change for the entire state?
Yes X No ___ If yes, when was the last entire state change.

There have been no rate increases on this product since its inception in 2004.



11. Have you filed (but not yet implemented) any premium rate increases for any proposal products in Florida?

Yes ☐ No ☒ If yes, detail filing date, expected date of implementation, and amount of rate increase and for what products.

Washington National has not filed any premium rate increase for any proposed products in Florida.



Critical Illness Financial Response Form – Without Return of Premium Group Critical Illness – Cancer and Heart/Stroke lump-sum with Critical Conditions (weekly rates, individual only)						
Age Category	2020		2021	2022	2023	2024
	Non- Tobacco	Tobacco				
Less than 20	\$1.73	\$2.22	Same	Same	Same	Same
20-24	\$1.73	\$2.22	Same	Same	Same	Same
25-29	\$2.02	\$2.78	Same	Same	Same	Same
30-34	\$2.60	\$3.85	Same	Same	Same	Same
35-39	\$3.30	\$5.22	Same	Same	Same	Same
40-44	\$4.73	\$7.96	Same	Same	Same	Same
45-49	\$6.52	\$11.66	Same	Same	Same	Same
50-54	\$8.63	\$16.24	Same	Same	Same	Same
55-59	\$11.60	\$22.80	Same	Same	Same	Same
60-64	\$15.51	\$31.53	Same	Same	Same	Same
65-69	\$19.11	\$38.99	Same	Same	Same	Same
70-74*	\$20.98	\$40.53	Same	Same	Same	Same
75 and over	Not available		Not available	Not available	Not available	Not available
	2020		2021	2022	2023	2024
Composite Rate						
Employee Only	Not available		Not available	Not available	Not available	Not available
Family Rate	Not available		Not available	Not available	Not available	Not available

*Maximum issue age is 72.



Critical Illness Financial Response Form – With Return of Premium Return of Premium is not available on Group Critical Illness					
Age Category	2020	2021	2022	2023	2024
Less than 20					
20-24					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-69					
70-74					
75 and over					
	2020	2021	2022	2023	2024
Composite Rate					
Employee Only					
Family Rate					



1. Are the above rates guaranteed for 60 months?

Yes___No X

2. If rates are not guaranteed for 60 months, what timeframe are the proposed rates guaranteed for?

Rates are guaranteed for one year. This is due to the state of Florida only allowing a one-year rate guarantee at the time the product was filed.

3. Is your company willing to provide rate caps/guarantees for additional years?

Yes___No X If yes, what are the guarantees/caps?

No rate caps/guarantees for additional years.

4. List and describe all assumptions and/or qualifications including commission breakdown used in developing your proposed premiums including your retention.

Premium rates are developed from expected claim and lapse experience using sound actuarial principles. Expected claims and lapses come from company experience on similar policy forms.

5. Are the above rates for a group or individual product?

Group X Individual___Both ___

6. Identify any fees for direct billing.

There is not a fee for direct billing.

7. Provide a list of all administrative services included in your stated rates.

These rates include administrative services including, but not limited to, policy issue, enrollment, billing, claims and customer service.

8. Confirm that enrollees will always be charged the in force rate for the age group they were in at the time they enrolled (e.g., they will not "age up" into a new rating band).

Yes. We confirm rates are based on the employee's age at the time the policy is issued.



9. In addition, to the above, provide a complete age rate table for the product offered and a complete commission schedule for each plan/product being offered.

Group situs state: FL
 Group effective date: 05/01/2020
 Policy: Group Critical Illness

Coverage:	Plan 1	Plan 2	Plan 3
Premium mode	52-Pay	52-Pay	52-Pay
Cancer and heart/stroke lump sum	\$10,000	\$20,000	\$30,000
Critical conditions benefit	\$10,000	\$20,000	\$30,000

Included coverage:

	Age	Plan 1		Plan 2		Plan 3	
		You	You + spouse	You	You + spouse	You	You + spouse
Nontobacco	18-24	\$1.73	\$2.52	\$3.47	\$5.05	\$5.20	\$7.57
	25-29	\$2.02	\$2.95	\$4.04	\$5.89	\$6.06	\$8.84
	30-34	\$2.60	\$3.82	\$5.19	\$7.64	\$7.78	\$11.45
	35-39	\$3.30	\$4.87	\$6.59	\$9.75	\$9.89	\$14.62
	40-44	\$4.73	\$7.03	\$9.44	\$14.04	\$14.17	\$21.07
	45-49	\$6.52	\$9.73	\$13.05	\$19.47	\$19.57	\$29.21
	50-54	\$8.63	\$12.92	\$17.28	\$25.83	\$25.91	\$38.75
	55-59	\$11.60	\$17.36	\$23.21	\$34.74	\$34.80	\$52.10
	60-64	\$15.51	\$23.23	\$31.01	\$46.46	\$46.52	\$69.69
	65-69	\$19.11	\$28.62	\$38.20	\$57.24	\$57.31	\$85.87
Tobacco	70-72	\$20.98	\$31.45	\$41.95	\$62.88	\$62.93	\$94.33
	18-24	\$2.22	\$3.24	\$4.45	\$6.48	\$6.67	\$9.72
	25-29	\$2.78	\$4.06	\$5.56	\$8.12	\$8.33	\$12.17
	30-34	\$3.85	\$5.64	\$7.70	\$11.30	\$11.56	\$16.94
	35-39	\$5.22	\$7.68	\$10.45	\$15.36	\$15.67	\$23.04
	40-44	\$7.96	\$11.75	\$15.91	\$23.49	\$23.87	\$35.24
	45-49	\$11.66	\$17.28	\$23.32	\$34.55	\$34.99	\$51.83
	50-54	\$16.24	\$24.12	\$32.47	\$48.25	\$48.71	\$72.37
	55-59	\$22.80	\$33.95	\$45.62	\$67.89	\$68.42	\$101.83
	60-64	\$31.53	\$46.98	\$63.05	\$93.96	\$94.57	\$140.93
	65-69	\$38.99	\$58.13	\$77.98	\$116.26	\$116.97	\$174.39
	70-72	\$40.53	\$58.60	\$81.07	\$117.20	\$121.60	\$175.81

The maximum commissions available for the Group Critical Illness base product and riders are 65% for the first year and 10% for years 2+.

10. Is the proposed plan/product a state regulated plan/product that rates/premiums will only change upon a change for the entire state?
Yes___ No X If yes, when was the last entire state change.

This is a group policy and rates may change based on the claims experience of the group.

11. Have you filed (but not yet implemented) any premium rate increases for any proposal products in Florida?
Yes___ No X If yes, detail filing date, expected date of implementation, and amount of rate increase and for what products.

Washington National has not filed any premium rate increases for any proposed products in Florida.



Hospital Indemnity/Intensive Care Financial Response Form - Without Return of Premium Hospital Assure (non-HSA) product – Plan 3 \$1,000 guarantee issue rates – weekly, individual only					
Age Category	2020	2021	2022	2023	2024
Less than 20	\$5.05	\$5.05	\$5.05	\$5.05	\$5.05
20-24	\$5.05	\$5.05	\$5.05	\$5.05	\$5.05
25-29	\$5.05	\$5.05	\$5.05	\$5.05	\$5.05
30-34	\$5.05	\$5.05	\$5.05	\$5.05	\$5.05
35-39	\$5.05	\$5.05	\$5.05	\$5.05	\$5.05
40-44	\$5.05	\$5.05	\$5.05	\$5.05	\$5.05
45-49	\$5.05	\$5.05	\$5.05	\$5.05	\$5.05
50-54	\$6.43	\$6.43	\$6.43	\$6.43	\$6.43
55-59	\$6.43	\$6.43	\$6.43	\$6.43	\$6.43
60-64	\$8.94	\$8.94	\$8.94	\$8.94	\$8.94
65-69	\$13.08	\$13.08	\$13.08	\$13.08	\$13.08
70-74	Not available	Not available	Not available	Not available	Not available
75 and over	Not available	Not available	Not available	Not available	Not available
	2020	2021	2022	2023	2024
Composite Rate					
Employee Only	Not available	Not available	Not available	Not available	Not available
Family Rate	Not available	Not available	Not available	Not available	Not available



Hospital Indemnity/Intensive Care Financial Response Form - With Return of Premium Hospital Assure (non-HSA) product – Plan 3 \$1,000 guarantee issue rates – weekly, individual only					
Age Category	2020	2021	2022	2023	2024
Less than 20	\$8.08	\$8.08	\$8.08	\$8.08	\$8.08
20-24	\$8.08	\$8.08	\$8.08	\$8.08	\$8.08
25-29	\$8.08	\$8.08	\$8.08	\$8.08	\$8.08
30-34	\$8.08	\$8.08	\$8.08	\$8.08	\$8.08
35-39	\$8.08	\$8.08	\$8.08	\$8.08	\$8.08
40-44	\$8.08	\$8.08	\$8.08	\$8.08	\$8.08
45-49	\$8.08	\$8.08	\$8.08	\$8.08	\$8.08
50-54	\$10.29	\$10.29	\$10.29	\$10.29	\$10.29
55-59	\$10.29	\$10.29	\$10.29	\$10.29	\$10.29
60-64	\$14.30	\$14.30	\$14.30	\$14.30	\$14.30
65-69	\$20.93	\$20.93	\$20.93	\$20.93	\$20.93
70-74	Not available	Not available	Not available	Not available	Not available
75 and over	Not available	Not available	Not available	Not available	Not available
	2020	2021	2022	2023	2024
Composite Rate					
Employee Only	Not available	Not available	Not available	Not available	Not available
Family Rate	Not available	Not available	Not available	Not available	Not available

1. Are the above rates guaranteed for 60 months?

Yes___No X

2. If rates are not guaranteed for 60 months, what timeframe are the proposed rates guaranteed for?

No rate guarantee, however, it is guaranteed renewable for life and if any increase in rate were to occur, it would be for all policies of the same kind in the state of issue.

3. Is your company willing to provide rate caps/guarantees for additional years?

Yes___No X If yes, what are the guarantees/caps?

No rate cap/guarantee, however, it is guaranteed renewable for life and if any increase in rate were to occur, it would be for all policies of the same kind in the state of issue.

4. List and describe all assumptions and/or qualifications including commission breakdown used in developing your proposed premiums including your retention.

Premium rates are developed from expected claim and lapse experience using sound actuarial principles. Expected claims and lapses come from company experience on similar policy forms.



5. Are the above rates for a group or individual product?
Group___Individual X Both ___

6. Identify any fees for direct billing.

There is not a fee for direct billing.

7. Provide a list of all administrative services included in your stated rates.

These rates include administrative services including, but not limited to, policy issue, enrollment, billing, claims and customer service.

8. Confirm that enrollees will always be charged the in force rate for the age group they were in at the time they enrolled (e.g., they will not "age up" into a new rating band).

Yes. We confirm rates are based on the employee's age at the time the policy is issued.

9. In addition, to the above, provide a complete age rate table for the product offered and a complete commission schedule for each plan/product being offered.

Guarantee issue plans are available with \$1,000, \$2,000 and \$3,000 benefit amounts.

Issue state: FL Desired effective date: 05/01/2020 Policy: HospitalAssure												
Included Coverage												
Age	Plan 1 \$1,000				Plan 2 \$2,000				Plan 3 \$3,000			
	You	You+ Spouse	You+ Children	Family	You	You+ Spouse	You+ Children	Family	You	You+ Spouse	You+ Children	Family
18-49	\$5.05	\$8.92	\$6.45	\$10.62	\$8.34	\$14.72	\$10.63	\$17.51	\$11.84	\$20.90	\$15.10	\$24.87
50-59	\$6.43	\$11.38	\$7.81	\$13.01	\$10.75	\$19.05	\$13.07	\$21.77	\$15.22	\$26.97	\$18.50	\$30.82
60-64	\$8.94	\$15.65	\$10.73	\$17.88	\$15.34	\$26.85	\$18.41	\$30.69	\$21.74	\$38.05	\$26.09	\$43.49
65-69	\$13.08	\$22.89	\$15.70	\$26.16	\$22.81	\$39.91	\$27.37	\$45.61	\$32.53	\$56.93	\$39.04	\$65.06

Issue state: FL Desired effective date: 05/01/2020 Policy: HospitalAssure												
Coverage: Plan 1 Plan 2 Plan 3 Return of Premium Yes Yes Yes												
Included Coverage												
Age	Plan 1 \$1,000				Plan 2 \$2,000				Plan 3 \$3,000			
	You	You+ Spouse	You+ Children	Family	You	You+ Spouse	You+ Children	Family	You	You+ Spouse	You+ Children	Family
18-49	\$8.08	\$14.27	\$10.32	\$16.99	\$13.34	\$23.55	\$17.01	\$28.02	\$18.94	\$33.44	\$24.16	\$39.79
50-59	\$10.29	\$18.21	\$12.50	\$20.82	\$17.20	\$30.48	\$20.91	\$34.83	\$24.35	\$43.15	\$29.60	\$49.31
60-64	\$14.30	\$25.04	\$17.17	\$28.61	\$24.54	\$42.96	\$29.46	\$49.10	\$34.78	\$60.88	\$41.74	\$69.58
65-69	\$20.93	\$36.62	\$25.12	\$41.86	\$36.50	\$63.86	\$43.79	\$72.98	\$52.05	\$91.09	\$62.46	\$104.10

The maximum commissions available for the Hospital Assure product (ages 18-59) are 65% for the first policy year, 13% for years 2-10, 11% for years 11+. For ages 60-69, the first policy year is 40%, 7% for years 2-10, 7% for years 11+. If the Return of Premium rider is purchased, the commission on the rider is paid 65% (ages 18-59) and 40% (ages 60-69) first year only, with 0% renewals.



10. Is the proposed plan/product a state regulated plan/product that rates/premiums will only change upon a change for the entire state?

Yes___ No X If yes, when was the last entire state change.

There have been no rate increases on this product since its inception in 2018.

11. Have you filed (but not yet implemented) any premium rate increases for any proposal products in Florida?

Yes___ No X If yes, detail filing date, expected date of implementation, and amount of rate increase and for what products.

Washington National has not filed any premium rate increases for any proposed products in Florida.

Long-Term Care Financial Response Form

WASHINGTON NATIONAL IS NOT QUOTING LONG-TERM CARE

Maximum Daily Benefit: \$50
Policy Maximum Amount:
Estimated Benefit Years:
Facility Elimination Period:
Home Care, Adult Care EP:

Payment Period:
Optional Benefits:

[illegible]



Long-Term Care Financial Response Form (Continued)

	Deferred BIO					3% Deferred BIO				
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024
Issue Age	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost
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1. Are the above rates guaranteed for 60 months?
Yes___No ___
2. If rates are not guaranteed for 60 months, what timeframe are the proposed rates guaranteed for?
3. Is your company willing to provide rate caps/guarantees for additional years?
Yes___No___If yes, what are the guarantees/caps?
4. List and describe all assumptions and/or qualifications including commission breakdown used in developing your proposed premiums including your retention.



5. Are the above rates for a group or individual product?
Group____Individual____Both ____
6. Identify any fees for direct billing.
7. Provide a list of all administrative services included in your stated rates.
8. Confirm that enrollees will always be charged the in force rate for the age group they were in at the time they enrolled (e.g., they will not "age up" into a new rating band).
9. In addition, to the above, provide a complete age rate table for the product offered and a complete commission schedule for each plan/product being offered.
10. Is the proposed plan/product a state regulated plan/product that rates/premiums will only change upon a change for the entire state?
Yes____ No____ If yes, when was the last entire state change.
11. Have you filed (but not yet implemented) any premium rate increases for any proposal products in Florida?
Yes____ No____ If yes, detail filing date, expected date of implementation, and amount of rate increase and for what products.

[illegible]



Long-Term Care Financial Response Form (Continued)

	Deferred BIO					3% Deferred BIO				
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024
Issue Age	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost
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- Are the above rates guaranteed for 60 months?
Yes___No ___
- If rates are not guaranteed for 60 months, what timeframe are the proposed rates guaranteed for?
- Is your company willing to provide rate caps/guarantees for additional years?
Yes___No___If yes, what are the guarantees/caps?
- List and describe all assumptions and/or qualifications including commission breakdown used in developing your proposed premiums including your retention.



5. Are the above rates for a group or individual product?
Group____Individual____Both ____
6. Identify any fees for direct billing.
7. Provide a list of all administrative services included in your stated rates.
8. Confirm that enrollees will always be charged the in force rate for the age group they were in at the time they enrolled (e.g., they will not "age up" into a new rating band).
9. In addition, to the above, provide a complete age rate table for the product offered and a complete commission schedule for each plan/product being offered.
10. Is the proposed plan/product a state regulated plan/product that rates/premiums will only change upon a change for the entire state?
Yes____ No____ If yes, when was the last entire state change.
11. Have you filed (but not yet implemented) any premium rate increases for any proposal products in Florida?
Yes____ No____ If yes, detail filing date, expected date of implementation, and amount of rate increase and for what products.

Long-Term Care Financial Response Form

WASHINGTON NATIONAL IS NOT QUOTING LONG-TERM CARE

Maximum Daily Benefit: \$150

Policy Maximum Amount:

Estimated Benefit Years:

Facility Elimination Period:

Home Care, Adult Care EP:

Payment Period:

Optional Benefits:

[illegible]



Long-Term Care Financial Response Form (Continued)

	Deferred BIO					3% Deferred BIO				
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024
Issue Age	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost
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1. Are the above rates guaranteed for 60 months?
Yes___No ___
2. If rates are not guaranteed for 60 months, what timeframe are the proposed rates guaranteed for?
3. Is your company willing to provide rate caps/guarantees for additional years?
Yes___No___If yes, what are the guarantees/caps?
4. List and describe all assumptions and/or qualifications including commission breakdown used in developing your proposed premiums including your retention.



5. Are the above rates for a group or individual product?
Group____Individual____Both ____
6. Identify any fees for direct billing.
7. Provide a list of all administrative services included in your stated rates.
8. Confirm that enrollees will always be charged the in force rate for the age group they were in at the time they enrolled (e.g., they will not "age up" into a new rating band).
9. In addition, to the above, provide a complete age rate table for the product offered and a complete commission schedule for each plan/product being offered.
10. Is the proposed plan/product a state regulated plan/product that rates/premiums will only change upon a change for the entire state?
Yes____ No____ If yes, when was the last entire state change.
11. Have you filed (but not yet implemented) any premium rate increases for any proposal products in Florida?
Yes____ No____ If yes, detail filing date, expected date of implementation, and amount of rate increase and for what products.

Long-Term Care Financial Response Form

WASHINGTON NATIONAL IS NOT QUOTING LONG-TERM CARE

Maximum Daily Benefit: \$200
Policy Maximum Amount:
Estimated Benefit Years:
Facility Elimination Period:
Home Care, Adult Care EP:

Payment Period:
Optional Benefits:

[illegible]



Long-Term Care Financial Response Form (Continued)

	Deferred BIO					3% Deferred BIO				
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024
Issue Age	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost	Annual Premium/ Monthly Cost
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1. Are the above rates guaranteed for 60 months?
Yes____No ____
2. If rates are not guaranteed for 60 months, what timeframe are the proposed rates guaranteed for?
3. Is your company willing to provide rate caps/guarantees for additional years?
Yes____No____If yes, what are the guarantees/caps?
4. List and describe all assumptions and/or qualifications including commission breakdown used in developing your proposed premiums including your retention.



5. Are the above rates for a group or individual product?
Group____Individual____Both ____
6. Identify any fees for direct billing.
7. Provide a list of all administrative services included in your stated rates.
8. Confirm that enrollees will always be charged the in force rate for the age group they were in at the time they enrolled (e.g., they will not "age up" into a new rating band).
9. In addition, to the above, provide a complete age rate table for the product offered and a complete commission schedule for each plan/product being offered.
10. Is the proposed plan/product a state regulated plan/product that rates/premiums will only change upon a change for the entire state?
Yes____ No____ If yes, when was the last entire state change.
11. Have you filed (but not yet implemented) any premium rate increases for any proposal products in Florida?
Yes____ No____ If yes, detail filing date, expected date of implementation, and amount of rate increase and for what products.



Accident Plan Financial Response Form – Without Return of Premium Accident Assure Plan Level 2 with Physician's Office Additional Benefits rider included – weekly rates					
Age Category	2020	2021	2022	2023	2024
Less than 20	Age-banded rates not available for this product.				
20-24					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-69					
70-74					
75 and over					
	2020	2021	2022	2023	2024
Composite Rate					
Employee Only	\$6.35	\$6.35	\$6.35	\$6.35	\$6.35
Family Rate	\$11.05	\$11.05	\$11.05	\$11.05	\$11.05



Accident Plan Financial Response Form - with Return of Premium Accident Assure Plan Level 2 with Physician's Office Additional Benefits rider included – weekly rates					
Age Category	2020	2021	2022	2023	2024
Less than 20	Age-banded rates not available for this product.				
20-24					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-69					
70-74					
75 and over					
	2020	2021	2022	2023	2024
Composite Rate					
Employee Only	\$10.48	\$10.48	\$10.48	\$10.48	\$10.48
Family Rate	\$18.22	\$18.22	\$18.22	\$18.22	\$18.22

1. Are the above rates guaranteed for 60 months?

Yes___No X

2. If rates are not guaranteed for 60 months, what timeframe are the proposed rates guaranteed for?

No rate guarantee, however, it is guaranteed renewable for life and if any increase in rate were to occur, it would be for all policies of the same kind in the state of issue.

3. Is your company willing to provide rate caps/guarantees for additional years?

Yes___No X If yes, what are the guarantees/caps?

No rate cap/guarantee, however, it is guaranteed renewable for life and if any increase in rate were to occur, it would be for all policies of the same kind in the state of issue.

4. List and describe all assumptions and/or qualifications including commission breakdown used in developing your proposed premiums including your retention.

Premium rates are developed from expected claim and lapse experience using sound actuarial principles. Expected claims and lapses come from company experience on similar policy forms.



5. Are the above rates for a group or individual product?
Group____Individual X Both ____

6. Identify any fees for direct billing.

There is not a fee for direct billing.

7. Provide a list of all administrative services included in your stated rates.

These rates include administrative services including, but not limited to, policy issue, enrollment, billing, claims and customer service.

8. Confirm that enrollees will always be charged the in force rate for the age group they were in at the time they enrolled (e.g., they will not "age up" into a new rating band).

Rates are not age-banded and will remain the same rate for the life of the policy.

9. In addition, to the above, provide a complete age rate table for the product offered and a complete commission schedule for each plan/product being offered.

Payment mode: 52-pay

Issue state: FL

Desired effective date: 05/01/2020

Policy: Accident Assure

Included coverage:

Accident coverage: Level 2

Physician's Office Additional Benefits Rider: Yes

Included Coverage

Age	Total Premium			
	Individual	Ind + Child(ren)	Ind + Spouse	Family
18-69	\$6.35	\$8.86	\$8.66	\$11.05

Payment mode: 52-pay

Issue state: FL

Desired effective date: 05/01/2020

Policy: Accident Assure

Included coverage:

Accident coverage: Level 2

Return of Premium: Yes

Physician's Office Additional Benefits Rider: Yes

Included Coverage

Age	Total Premium			
	Individual	Ind + Child(ren)	Ind + Spouse	Family
18-59	\$10.48	\$14.61	\$14.27	\$18.22

The maximum commissions available for Accident Assure are paid at 60% for the first policy year, with 10% renewals for the base policy (Level 2). If the Return of Premium rider is purchased, commission for the rider is paid at 80% for the first year with 0% renewals.



10. Is the proposed plan/product a state regulated plan/product that rates/premiums will only change upon a change for the entire state?

Yes X No If yes, when was the last entire state change.

There have been no rate increases on this product since its inception in 2011.

11. Have you filed (but not yet implemented) any premium rate increases for any proposal products in Florida?

Yes No X If yes, detail filing date, expected date of implementation, and amount of rate increase and for what products.

Washington National has not filed any premium rate increases for any proposed products in Florida.



Voluntary Permanent Life Financial Response Form Worksite Universal Life 2 (WSUL2) – weekly rates* (non-tobacco)									
	\$4.00			\$5.00			\$6.00		
Issue age	Insurance amount	ABD rider**	LBCI rider**	Insurance amount	ABD rider**	LBCI rider**	Insurance amount	ABD rider**	LBCI rider**
18	31,628	0.72	0.23	43,721	1.00	0.31	55,814	1.28	0.40
25	24,954	0.57	0.24	34,495	0.79	0.33	44,037	1.01	0.43
30	19,767	0.45	0.24	27,326	0.63	0.34	34,884	0.80	0.43
35	15,650	0.36	0.24	21,634	0.49	0.33	27,618	0.63	0.43
40	11,940	0.27	0.23	16,506	0.38	0.32	21,071	0.48	0.40
45	9,354	0.21	0.22	12,930	0.29	0.30	16,506	0.38	0.39
50	6,679	0.16	0.21	9,233	0.23	0.29	11,787	0.29	0.38
55	5,213	0.14	0.22	7,206	0.19	0.31	9,199	0.25	0.40

*The rates provided above are a sampling of various ages. Actual rates are based on each applicant's age at the time of the effective date of the policy.

**ABD and LBCI rider columns show additional premium for Accidental Death Benefit and Living Benefit Chronic Illness Accelerated Death Benefit riders

Return of Premium is not available on this product.

- Are the above rates guaranteed for 60 months?

Yes___No X

- If rates are not guaranteed for 60 months, what timeframe are the proposed rates guaranteed for?

No rate guarantee, however, it is guaranteed renewable for life and if any increase in rate were to occur, it would be for all policies of the same kind in the state of issue.

- Is your company willing to provide rate caps/guarantees for additional years?

Yes___No X If yes, what are the guarantees/caps?

No rate cap/guarantee, however, it is guaranteed renewable for life and if any increase in rate were to occur, it would be for all policies of the same kind in the state of issue.

- List and describe all assumptions and/or qualifications including commission breakdown used in developing your proposed premiums including your retention.

Premium rates are developed from expected claim and lapse experience using sound actuarial principles and published mortality tables. Expected claims and lapses come from company experience on similar policy forms

- Are the above rates for a group or individual product?

Group___Individual X Both ___



6. Identify any fees for direct billing.

There is not a fee for direct billing.

7. Provide a list of all administrative services included in your stated rates.

These rates include administrative services including, but not limited to, policy issue, enrollment, billing, claims and customer service.

8. Confirm that enrollees will always be charged the in force rate for the age group they were in at the time they enrolled (e.g., they will not "age up" into a new rating band).

Yes. We confirm rates are based on the employee's age at the time the policy is issued.

9. In addition, to the above, provide a complete age rate table for the product offered and a complete commission schedule for each plan/product being offered.

See WSUL2 Rate Book included in Reference Materials, item P.
The maximum commissions available are paid at 90% first year, 4% for years 2–10 and 1% thereafter.

10. Is the proposed plan/product a state regulated plan/product that rates/premiums will only change upon a change for the entire state?

Yes X No ___ If yes, when was the last entire state change.

There have been no rate increases on this product since its inception in 2011.

11. Have you filed (but not yet implemented) any premium rate increases for any proposal products in Florida?

Yes ___ No X If yes, detail filing date, expected date of implementation, and amount of rate increase and for what products.

Washington National has not filed any premium rate increases for any proposed products in Florida.

**APPENDIX A
PRICE PROPOSAL PAGES
RFP NO. 20-011/LJ**

The Proposer certifies by signature below the following:

- a. This pricing is current, accurate complete, and is presented as the Total Pricing, including "out-of-pocket" expenses (if any), for the performance of this Contract in accordance with the Requirements/Scope of Work/Services of this RFP.
- b. This Proposal is current, accurate, complete, and is presented to the County for the performance of this Contract in accordance with all the requirements as stated in this RFP.
- c. The Proposal is submitted without prior understanding, agreement, or connection with any corporation, firm, or person submitting a Proposal for the same materials, services, and supplies and is, in all respects, fair and without collusion or fraud.
- d. The financial stability to fully perform the terms and conditions as specified herein. The County reserves the right to request financial information from the proposer at any time during the solicitation process and in any form deemed necessary by the County.
- e. The information in Section 3.5 Commercial Non-Discrimination Certification is true and correct to the best of the Proposer's knowledge.
- f. There are no legal proceedings required to be disclosed, as required by Section 3.5 Commercial Non-Discrimination, except as disclosed in Proposer's proposal, if any.

Note: Failure to certify and submit the required information, if applicable, shall deem your proposal non-responsive.

IMPORTANT: FAILURE TO SUBMIT THESE PAGES, INCLUDING ALL REQUIRED INFORMATION AND SIGNATURES, WILL BE CAUSE FOR "IMMEDIATE REJECTION" OF THE ENTIRE PROPOSAL RESPONSE.

NAME (PRINT): Michael D. Heard

TITLE: President

COMPANY: Washington National Insurance Company

ADDRESS: 11825 N. Pennsylvania Street

CITY/STATE/ZIP: Carmel, Indiana 46032

TELEPHONE NO. (800) 888-4918

SIGNATURE: 

**APPENDIX B
BUSINESS INFORMATION
RFP NO. 20-011/LJ**

Full Legal Name of Entity: Washington National Insurance Company
(Exactly as it is to appear on the Contract/Agreement)
Entity Address: 11825 N. Pennsylvania Street. Carmel, Indiana 46032

Telephone Number: (800) 888-4918 Fax Number: (317) 817-2329

Form of Entity:

☒ Corporation

☐ Limited Liability Company

☐ Partnership, General

☐ Partnership, Limited

☐ Joint Venture

☐ Sole Proprietorship

Federal I.D. Number: 36-1933760

(1) If Proposer is a subsidiary, state name of parent company.

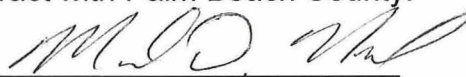
CNO Financial Group

Caution: All information provided herein must be as to Proposer (subsidiary) and not as to parent company.

(2) Is Entity registered to do business in the State of Florida? Yes ☒ No ☐

If **yes** to the above, as of what date? 10/24/1923

If not presently registered with the Division of Corporations to do business in the State of Florida as either a Florida or foreign corporation, Proposer acknowledges, by signing below, that if it is the Awardee it will register with the State of Florida prior to the effective date of the contract with Palm Beach County.

SIGNATURE: 

NAME (PRINT): Michael D. Heard

TITLE: President

COMPANY: Washington National Insurance Company

AMENDMENT NO. 1

DATED: December 18, 2019

Palm Beach County Purchasing Department
50 South Military Trail, Suite 110, West Palm Beach, FL 33415

RFP No. 20-011/LJ

Title: Voluntary Supplemental Benefits and Enrollment Services

Request for Proposal Due Date: January 21, 2020

This Amendment is issued to provide additional information and clarification to the RFP document:

A. Proposers are advised of the following changes to the RFP:

1. Payroll file format information is provided in this Amendment as Attachment 1.

B. Questions received from ARAG Legal Insurance and the Risk Management Department's responses:

- Q.1. Could you clarify who is expected to respond to this RFP – organizations that would handle the enrollment of all of your current voluntary employee benefits? Or individual insurance carriers/vendors?
 - A.1. This Request for Proposal (RFP) is not to engage organizations that would handle the enrollment of all of the County of Palm Beach's current voluntary benefits. The purpose of this RFP is to solicit proposals from qualified Contractors to provide comprehensive Voluntary Supplemental Employee Benefits, containing at a minimum Return of Premium provisions on all plans as available and a Cancer Indemnity Plan. Please reference the RFP document and Section 3.4 "Gap Analysis Instruction and Details" for additional information.
- Q.2. If individual insurance carriers/vendors need to respond, please clarify if each carrier would be expected to take care of the enrollment for their benefit(s).
 - A.2. The selected proposer(s) are expected to manage the enrollment for the comprehensive Voluntary Supplemental Employee Benefits, containing at a minimum Return of Premium provisions on all plans as available and a Cancer Indemnity Plan.
- Q.3. Is there a reason why Appendix A and Appendix H are not provided for your vision, term life, dental, or legal programs? How should this information be provided for those benefits?
 - A.3. All attachments are part of the 694 page RFP. Appendix A is provided at page 644 and Appendix H is provided at page 682 of the RFP.

C. Questions received from Colonial Life and the Risk Management Department's responses:

Q.1. Will you please forward the census information as referenced in section 4.2 (e)?

A.1. The census information was e-mailed to Colonial Life on December 6, 2019.

Q.2. Is the group looking for group voluntary products or individually owned voluntary products?

A.2. The Group is flexible on the type of voluntary products as long as proposal contains at minimum Return of Premium provisions on all plans as available and a Cancer Indemnity Plan.

Q.3. The RFP mentions that the Voluntary Supplemental Employee benefits must contain "as minimum Return of Premium provisions on all plans as available". Is this a requirement for the proposed products? Will products without this provision result in disqualification?

A.3. All products that have the ability to offer a Return of Premium provision should provide this benefit. If there is a product where a Return of Premium is not available or is not eligible for a Return of Premium, then those can be offered without such Return of Premium. The Cancer Indemnity must have a Return of Premium provision.

Q.4. Can you advise us if a broker or consultant will aid, officially or unofficially, with the evaluation of the proposals?

A.4. Yes, the contracted benefits consultant for Palm Beach County will aid with the evaluation of the proposal.

Q.5. Are you just looking for proposal on the following benefits: Cancer, Critical illness, Hospital Indemnity/Intensive Care, Long-Term Care and Accident?

A.5. The purpose of this RFP is to solicit proposals from qualified Contractors to provide comprehensive Voluntary Supplemental Employee Benefits, containing at a minimum Return of Premium provisions on all plans as available, and a Cancer Indemnity Plan. Please reference the RFP document and Section 3.4 "Gap Analysis Instruction and Details" for additional information.

Q.6. Will enrollment be aligned with Core enrollment?

A.6. The initial enrollment will become effective May 1, 2020 and it is anticipated that annual enrollments thereafter, will also become effective May 1. However, the County reserves the right to evaluate this approach in future years and reserves the option, at the County's discretion, to align annual enrollment for voluntary supplemental coverage with core group insurance benefits and effective January 1 of a given year.

- Q.7. Please describe the current method used for open enrollment.
- A.7. The County holds approximately ten (10) in person open enrollment meetings at various locations throughout Palm Beach County over a one week period. The meetings are usually not mandatory in nature. One of these meetings is videotaped and posted online so that employees who are unable to attend an in person meeting may view the information. Palm Tran holds a walk-in benefit fair over several weeks and a couple of in person, formal meetings. County and Palm Tran employees exclusively use the PeopleSoft application to make changes to their elections for the next plan year. Online enrollment is passive (employees have to enter changes only and existing coverage continues for next plan year unless a change is made), except for active re-election requirements of Flexible Spending Accounts and/or re-enrollment in the medical plan opt-out program is required on an annual basis.
- Q.8. Will the selected vendor be allowed to conduct group meetings and meet with each employee face-to-face?
- A.8. Proposers are required to list their proposed enrollment strategy and capabilities that will result in the most efficient and non-disruptive enrollment project. Group meetings will be allowed. It would be difficult for an organization the size of the County with a diverse labor population to facilitate face-to-face meetings with each employee without a severe impact on operations. Proposers are to include in their proposal how they will alleviate the County from having to manage any portion of the enrollment process.
- Q.9. Please describe any need for employee self-enrollment.
- A.9. Proposers are required to list their proposed enrollment strategy and capabilities that will result in the most efficient and non-disruptive enrollment project. Proposers should list all available enrollment methods, keeping in mind the size of the group and the goal of minimal disruption to the productivity of the County's departments and staff.
- Q.10. Please describe any need for call center enrollment.
- A.10. See Section 3.3 of the RFP which states that: it is preferred but not required that all plan options be compatible with the County's PeopleSoft platform. Plan options not compatible with PeopleSoft shall include a detailed outline of the alternative enrollment strategy that includes items a) through m) including proposer's ability to provide call center support (inbound and outbound) to communicate and enroll group members on the County's platform as needed.
- Q.11. What HR/payroll system is currently being used?
- A.11. See Section 3.3 COMPATIBILITY WITH PEOPLESOFT OR OTHER PAYROLL PLATFORM of the RFP.

Q.12. What enrollment technology platform is used? Please describe how that vendor/administrator would work with us to enroll and administer our products most efficiently?

A.12. See Section 3.3 COMPATIBILITY WITH PEOPLESOFT OR OTHER PAYROLL PLATFORM of the RFP.

D. Questions received from Washington National Insurance Company and the Risk Management Department's responses:

Q.1. If the contract is awarded on 3/5/20, what is the expected start and end date of the enrollment period and anticipated effective date of the coverage based on the contract effective date of 5/1/20?

A.1. See Section 3.3 item l). Enrollment must be completed and implemented by May 1, 2020. See also Section 3.3 item i). Proposer shall provide a sample timeline in its proposal and, if selected, provide a final timeline that will be strictly adhered to within 3 business days of the first implementation call.

Q.2. How are payments made? 3 separate checks? 1 payment?

A.2. One combined check for the County and Palm Tran, Inc.; and a separate payment from Supervisor of Elections.

Q.3. What is the County's definition of self-bill? What is the current process?

A.3. Premiums are collected from employees via payroll deduction. Each month, the County will pay the Contractor all premiums that have been collected.

Q.4. Would they provide deduction register so we can apply payments to individual policies? If so, how would new coverage be accounted for (new hires/additional employees enrolling) and how would terminations be report?

A.4. Proposer will provide the County with inbound/outbound payroll files post enrollment and ongoing to easily upload in the County's PeopleSoft specifications. Election deduction files shall be provided to the County in a timely manner (no later than noon on pay period end date) both at the initial enrollment and ongoing to ensure payroll deductions are set-up timely and there is minimal work for the County's staff. The County requires electronic outbound interfaces to the Contractor for payroll deductions (reconciliation and invoices) and secure data/file transfer technology such as SFTP (new enrollments, employee changes and terminated policies should be included on the inbound file). More information will need to be gathered from the selected proposer of the parameters of the deduction registers to provide an affirmative answer. The County requests the ability to handle all enrollments, eligibility, billing and product administration electronically via a secure data/file transfer such as SFTP. Additionally, the Contractor shall provide an electronic website that can be used for plan changes, terminations, and filing claims.

Q.5. What are all the required payroll frequencies?

A.5. The County requests flexible payroll deduction frequency options (pay frequency is bi-weekly, but semi-monthly for deductions due to 3rd payroll with no deductions. Note: we should receive a separate file for the seven (7) elected officials due to the different pay frequency). Generally, Payroll deductions will be processed in the first two deductions in a given month for County staff, with the exception of the seven (7) elected officials, who are paid on the 15th and the last business day of a given month. County will need to receive a separate file for the seven (7) elected officials due to difference in pay frequency for this group. For coverage that is starting or ending, PeopleSoft follows specific deduction methods. For example, deductions begin with the pay period that contains the coverage begin date. This can result at times in only one (1) deduction for a given month of coverage. On the other hand, deductions continue for coverage that is terminating through any pay period that contains at minimum one (1) coverage date. This can result in a deduction following the end of coverage and the deduction will be transmitted to the Contractor. This is an automated process and there is no manual intervention to start deductions earlier or terminate deductions earlier; rather, PeopleSoft applies the deduction method according to the payroll calendar.

Q.6. What is the frequency of file transfer?

A.6. The County requests flexible, electronic interface frequency (bi-weekly, monthly, etc.). The specifics of the frequency of file transfer will be determined as part of the implementation project and will most likely be either bi-weekly or monthly. A separate file will need to be transmitted for the seven (7) elected officials due to difference in pay frequency for this group.

Q.7. Please provide payroll file format.

A.7. See Section A. item 1 above.

Q.8. What are the required PeopleSoft payroll specs? Can a copy be provided?

A.8. See Section A. item 1 above.

All changes addressed in this Amendment No. 1 shall be incorporated into RFP No. 20-011/LJ and the final contract. All other terms and conditions of the RFP remain the same and unchanged.

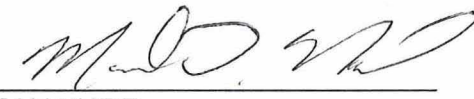
NOTE: Please acknowledge receipt of this Amendment No. 1 by signing below and returning this page with your Proposal Response. Each Amendment to the RFP shall be signed by an authorized agent and submitted with the proposal or the proposal shall be deemed non-responsive.



Samara Cooper, Assistant Director of Purchasing

ACKNOWLEDGMENT:

Washington National Insurance Company
COMPANY NAME



SIGNATURE

1/16/2020

DATE

EXAMPLE

Header for informational purposes only. Please do not include it in the file.		EMPLID	DEDCD	EFFDT	DED_CALC	DEDUCTION_END_DT	PROCESS_DEDN	DED_ADDL_AMT	GOAL_AMT
		00000099999	PLTUSP	06/09/2019	A		Y	5	20

DESCRIPTION	Employee Identifier	Deduction Code	Action Effective Date	Deduction Type	Deduction End Date	Process Deduction	Deduction Additional Amount	Deduction Goal Amount
DATA TYPE	CHAR	CHAR	DATE	CHAR	DATE	CHAR	NBR	SIGN
LENGTH	11	6	10	1	10	1	8.2	8.2
FORMAT	UPPER	UPPER	MM/DD/YYYY	UPPER	MM/DD/YYYY	UPPER		
COMMENTS		We will provide code when setup is completed Default = (*Code Provided*)		DED_CALC A = Flat Amount Default (A)	Populate only if coverage is being terminated If coverage active, leave blank	Default Yes (Y)	Deduction amount	Leave blank

FILE NAME	GENERAL_DEDUCTION_LOAD.CSV [TBD]
FILE FORMAT	Comma Separated Values (CSV)
FREQUENCY	[TBD]
TRANSFER METHOD	Payroll picks up file from Washington National Servers via SFTP



Tab 3

Additional Appendices

- Appendix C – OEBO Schedules 1, 2, 3(A) & 4
- Appendix E – Drug-Free Workplace Certification
- Appendix F – Disclosure of Ownership Interests
- Exhibit A – Disclosure of Ownership Interest in Affiant

OEBO SCHEDULE 1

LIST OF PROPOSED CONTRACTOR/CONSULTANT AND SUBCONTRACTOR/SUBCONSULTANT PARTICIPATION

SOLICITATION/PROJECT/BID NAME: _____

SOLICITATION/PROJECT/BID No.: _____

NAME OF PRIME RESPONDENT/BIDDER: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE NO.: _____ E-MAIL: _____

SOLICITATION OPENING/SUBMITTAL DATE: _____

DEPARTMENT: _____

PLEASE LIST THE DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY THE **PRIME CONTRACTOR/CONSULTANT** ON THIS PROJECT. PLEASE ALSO LIST THE DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY ALL SUBCONTRACTORS/SUBCONSULTANTS ON THE PROJECT.

Name, Address and Phone Number	(Check all Applicable Categories)			DOLLAR AMOUNT OR PERCENTAGE OF WORK				
	Non-SBE	M/WBE Minority/Women Business	SBE Small Business	Black	Hispanic	Women	Caucasian	Other (Please Specify)
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
(Please use additional sheets if necessary)				Total	_____	_____	_____	_____

Total Bid Price \$ _____

Total SBE - M/WBE Participation _____

I hereby certify that the above information is accurate to the best of my knowledge: _____

Signature

Title

- Note:
1. The amount listed on this form for a Subcontractor/subconsultant must be supported by price or percentage listed on the properly executed Schedule 2 or attached signed proposal.
 2. Firms may be certified by Palm Beach County as an SBE and/or an M/WBE. If firms are certified as both an SBE and/or M/WBE, please indicate the dollar amount under the appropriate category.
 3. Modification of this form is not permitted and will be rejected upon submittal.

OEBO LETTER OF INTENT – SCHEDULE 2

A completed Schedule 2 is a binding document between the Prime Contractor/consultant and a Subcontractor/subconsultant (for any tier) and should be treated as such. The Schedule 2 shall contain bolded language indicating that by signing the Schedule 2, both parties recognize this Schedule as a binding document. All Subcontractors/subconsultants, including any tiered Subcontractors/subconsultants, must properly execute this document. Each properly executed Schedule 2 must be submitted with the bid/proposal.

SOLICITATION/PROJECT NUMBER: _____

SOLICITATION/PROJECT NAME: _____

Prime Contractor: _____ Subcontractor: _____

(Check box(s) that apply)

☐ SBE ☐ WBE ☐ MBE ☐ M/WBE ☐ Non-S/M/WBE Date of Palm Beach County Certification (if applicable): _____

The undersigned affirms they are the following (select one from each column **if applicable**):

Column 1

Column 2

Column 3

☐ Male ☐ Female

☐ African-American/Black ☐ Asian American ☐ Caucasian American

☐ Supplier

☐ Hispanic American ☐ Native American

S/M/WBE PARTICIPATION – S/M/WBE Primes must document all work to be performed by their own work force on this form. Failure to submit a properly executed Schedule 2 for any **S/M/WBE** participation may result in that participation not being counted. Specify in detail, the scope of work to be performed or items supplied with the dollar amount and/or percentage for each work item. S/M/WBE credit will only be given for the areas in which the S/M/WBE is certified. A detailed proposal may be attached to a properly executed Schedule 2.

Line Item	Item Description	Unit Price	Quantity/ Units	Contingencies/ Allowances	Total Price/Percentage

The undersigned Subcontractor/subconsultant is prepared to self-perform the above-described work in conjunction with the aforementioned project at the following total price or percentage: _____

If the undersigned intends to subcontract any portion of this work to another Subcontractor/subconsultant, please list the business name and the amount below accompanied by a separate properly executed Schedule 2.

Name of 2nd/3rd tier Subcontractor/subconsultant

Price or Percentage: _____

Print Name of Prime

Print Name of Subcontractor/subconsultant

By: _____
Authorized Signature

By: _____
Authorized Signature

Print Name

Print Name

Title

Title

Date: _____

Date: _____

**OEBO Schedule 3(A)
PROFESSIONAL SERVICES ACTIVITY REPORT**

Date: _____

Contract Name: _____

BCC Resolution No. _____

Project No. _____

CSA No. _____

Project Amount: \$ _____

Invoice No. _____

Prime Consultant: _____ Contact Person: _____

Project Name _____

Phone # _____ Email _____

Amount Paid to Date _____

Total Percentage of work performed to date by Prime: _____

SUB-CONSULTANTS

1. Firm Name _____

Contract Amount: \$ _____ Start Date: _____

Amount Paid to Date: _____ % Completed: _____

2. Firm Name _____

Contract Amount: \$ _____ Start Date: _____

Amount Paid to Date: _____ % Completed: _____

3. Firm Name _____

Contract Amount: \$ _____ Start Date: _____

Amount Paid to Date: _____ % Completed: _____

4. Firm Name _____

Contract Amount: \$ _____ Start Date: _____

Amount Paid to Date: _____ % Completed: _____

5. Firm Name _____

Contract Amount: \$ _____ Start Date: _____

Amount Paid to Date: _____ % Completed: _____

I hereby certify that the above is accurate to the best of my knowledge.

Signature

Title

OEBO SCHEDULE 4 – SUBCONTRACTOR/SUBCONSULTANT PAYMENT CERTIFICATION

A properly executed Schedule 4 shall be submitted for each Subcontractor/subconsultant after receipt of payment from the Prime. The Prime shall submit this form with each payment application or invoice submitted to the County when the COUNTY has paid the Prime on the previous payment application for services provided by a Subcontractor/subconsultant. All named Subcontractors/subconsultants on this form must also complete and submit a separate Schedule 4 after receipt of payment. If the Prime is an S/M/WBE, completion of a Schedule 4 is also required to document all portions of work performed by their work force. **A completed release of lien form can be submitted in lieu of a Schedule 4.**

This is to certify that _____ received a

(Subcontractor/subconsultant Name)

(Monthly) or (Final) payment of \$ _____ from _____
(Prime Contractor Name)

On ____/____/____ for my ____ Invoice for labor and/or materials supplied
MM DD YYYY Month

On _____/_____
(Project Name) (Project No.)

DEPT.: _____ TASK ORDER/WORK ORDER/DELIVERY ORDER/PURCHASE ORDER/NO.: _____

PRIME CONTRACTOR/CONSULTANT VENDOR CODE: _____

SUBCONTRACTOR/SUBCONSULTANT VENDOR CODE: _____

If the undersigned intends to distribute any portion of this payment to another Subcontractor/subconsultant, please list the business name and the amount below accompanied by a separate properly executed Schedule 4.

Name of 2nd/3rd tier Subcontractor/subconsultant

Price or Percentage: _____

By: _____
(Signature of Subcontractor/subconsultant)

(Name & Title of Person executing on behalf of Subcontractor/
subconsultant)

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____

By: _____

Notary Public, State of Florida

Print, Type or Stamp Commissioned Name of Notary

Personally Known _____ OR Produced Identification _____ Type of Identification _____



APPENDIX C
OEBO Schedules 1, 2, 3(A) and 4
RFP NO. 20-011/LJ

If awarded the contract, Washington National Insurance Company agrees to utilize the services of Data Print of Palm Beach, Inc. (vendor # VC0000016986) to assist with printing services as well purchase of novelties which will be used as part of the enrollment process. We agree to spend up to \$2,000 per contract year.

APPENDIX E
DRUG-FREE WORKPLACE CERTIFICATION
RFP NO. 20-011/LJ

IDENTICAL TIE PROPOSALS - In accordance with Section 287.087, F.S., a preference will be given to vendors submitting with their proposals the following certification that they have implemented a drug-free workplace program which meets the requirements of Section 287.087; provided, however, that any preference given pursuant to Section 287.087, shall be made in conformity with the requirements of the Palm Beach County Code, Chapter 2, Article III, Sections 2-80.21 through 2-80.34. In the event tie proposals are received from vendors who have not submitted with their proposals a completed Drug-Free Workplace Certification form, the award will be made in accordance with Palm Beach County's purchasing procedures pertaining to tie proposals.

This Drug-Free Workplace Certification form must be executed and returned with the attached proposal, and received on or before time of proposal submission to be considered. The failure to execute and/or return this certification shall not cause any proposal to be deemed non-responsive.

Whenever two (2) or more proposals which are equal with respect to price, quality, and service are received by Palm Beach County for the procurement of commodities or contractual services, a proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. In order to have a drug-free workplace program, a business shall:

- (1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- (2) Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- (3) Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in number (1).
- (4) In the statement specified in number (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893, Florida Statutes, or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
- (5) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
- (6) Make a good faith effort to continue to maintain a drug-free workplace through implementation Section 287.087, Florida Statutes.

THIS CERTIFICATION is submitted by Michael D. Heard the
(Individual's Name)

President of Washington National Insurance Company
(Title/Position with Company/Vendor) (Name of Company/Vendor)

who does hereby certify that said Company/Vendor has implemented a drug-free workplace program which meets the requirements of Section 287.087, Florida Statutes, which are identified in numbers (1) through (6) above.


Signature

1/16/20
Date

APPENDIX F
DISCLOSURE OF OWNERSHIP INTERESTS
RFP NO. 20-011/LJ

TO: **PALM BEACH COUNTY CHIEF OFFICER,
OR HIS OR HER OFFICIALLY DESIGNATED REPRESENTATIVE**

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

BEFORE ME, the undersigned authority, this day personally appeared
Michael D. Heard, hereinafter referred to as "Affiant," who being by me first duly sworn,
under oath, deposes and states as follows:

1. Affiant appears herein as:

☐ an individual **or**

☒ the President of Washington National Insurance Company.

[position—e.g., sole proprietor, president, partner, etc.] [name & type of entity—e.g., ABC Corp., XYZ Ltd. Partnership, etc.]. The Affiant or the entity the Affiant represents herein seeks to do business with Palm Beach County through its Board of County Commissioners.

2. Affiant's address is: 11825 N. Pennsylvania St. Carmel, Indiana 46032

3. Attached hereto as Exhibit "A" is a complete listing of the names and addresses of every person or entity having a five percent (5%) or greater interest in the Affiant's corporation, partnership, or other principal. Disclosure does not apply to nonprofit corporations, government agencies, or to an individual's or entity's interest in any entity registered with the Federal Securities Exchange Commission or registered pursuant to Chapter 517, Florida Statutes, whose interest is for sale to the general public.

4. Affiant acknowledges that this Affidavit is given to comply with Palm Beach County policy, and will be relied upon by Palm Beach County and the Board of County Commissioners. Affiant further acknowledges that he or she is authorized to execute this document on behalf of the entity identified in paragraph one, if any.

5. Affiant further states that Affiant is familiar with the nature of an oath and with the penalties provided by the laws of the State of Florida for falsely swearing to statements under oath.

6. Under penalty of perjury, Affiant declares that Affiant has examined this Affidavit and to the best of Affiant's knowledge and belief it is true, correct and complete.

FURTHER AFFIANT SAYETH NAUGHT.

M.D. Heard

MICHAEL D. HEARD, Affiant
(Print Affiant Name)

The foregoing instrument was acknowledged before me this 16 day of January, 2020, by
Michael Heard, who is personally known to me or ☐ who has produced
as identification and who did take an oath.



Kilee Powell

Notary Public

Kilee Powell
(Print Notary Name)

State of Florida at Large

My Commission Expires: 2/7/2021

EXHIBIT “A”

DISCLOSURE OF OWNERSHIP INTERESTS IN AFFIANT

Affiant must identify all entities and individuals owning five percent (5%) or more ownership interest in Affiant's corporation, partnership or other principal, if any. Affiant must identify individual owners. For example, if Affiant's principal is wholly or partially owned by another entity, such as a corporation, Affiant must identify the other entity, its address, and the individual owners of the other entity. Disclosure does not apply to any nonprofit corporation, government agency, or to an individual's or entity's interest in any entity registered with the Federal Securities Exchange Commission or registered pursuant to Chapter 517, Florida Statutes, whose interest is for sale to the general public.

Name

Address

CDOC, Inc (100%)

11825 North Pennsylvania Street, Carmel, Indiana 46032

Tab 4

Reference Materials

- A. Pending Litigation
- B. Palm Beach County Sheriff's Office Letter of Recommendation
- C. Palm Beach County Classroom Teachers Association Letter of Recommendation
- D. Sample SFTP Enrollment File
- E. Enrollment Summary
- F. Personal Benefit Statement
- G. Cancer Claim Form
- H. Critical Conditions Claim Form
- I. Hospital and ICU Claim Form
- J. Accidental Injury Claim Form
- K. Life Insurance Claim Form
- L. Solutions Cancer Materials
 - o Brochure – Plan D
 - o Flat Sheet – Return of Premium rider
 - o Flat Sheet – Intensive Care Unit rider
 - o Sample Policy
 - o Worksite Poster
- M. Group Critical Illness
 - o Brochure – Cancer and Heart Attack/Stroke
 - o Sample Policy



- o Worksite Poster

N.Hospital Assure

- o Brochure – Return of Premium
- o Sample Policy
- o Worksite Poster

O. Accident Assure

- o Brochure
- o Flat Sheet – Return of Premium rider
- o Sample Policy
- o Worksite Poster

P.Worksite Universal Life 2 (WSUL2)

- o Brochure
- o WSUL2 Rate Sheets
- o Sample Policy
- o Worksite Poster

Q. Worksite Poster

R.Communication Flyer Sample 1

S.Communication Flyer Sample 2

T. Communication Flyer Sample 3

U. Implementation Schedule

**Palm Beach County, FL
Worksite Proposal - January 7, 2020
Pending WNIC Litigation**

Matter Name	Status of Lawsuit	Start Date	State Filed	Product Type	Summary of Allegations
Maria Cisneros in her individual capacity and as personal representative of the Estate of Ernesto Rancel v. Washington National Insurance Company	Pending Litigation	05/02/2019	Florida (Lee County)	Accident policy	Breach of contract
Ranee Peery v. Washington National Insurance Company; Delwin Killpack and John Does I-IV	Pending Litigation	10/21/2019	Idaho (Bonneville County)	Life policy	Breach of contract and fraudulent representation.
Alan Sigmon v. Washington National Insurance Company	Pending Litigation	07/23/2019	Virginia (Franklin County)	Heart/Stroke policy	Breach of contract
Maurice Vaughn v. Washington National Insurance Company	Pending Litigation	07/08/2019	Illinois (US District Ct, N.D)	Critical Illness	Breach of contract.



06/13/17

To Whom It May Concern:

The business relationship between the Palm Beach County Sheriff's Office (PBSO) & PMA USA/Washington National Insurance Company (WNIC) dates back over 20 years, to 1995. In that timeframe, thousands of our employees have taken advantage of the products and services offered on-site, through the ease of payroll deduction.

Over the last 22 years, the men and women who represent PMA/WNIC have kept a significant professional presence in our agency and unlike many other vendors, the senior leadership team has also remained the same. This has helped tremendously when dealing with any and all issues that our employees have presented in their respective time(s) of need. One thing we count on is always knowing exactly who to call on from PMA/WNIC and most importantly, that we can count on them to respond in a timely fashion to assist our staff.

PMA/WNIC agents spend significant time on PBSO campus twice each year, providing enough qualified representatives to make themselves available at each one of our administrative buildings, jail facilities & individual district substations which are located across all of Palm Beach County. When they are on-site, PMA/WNIC makes 100% certain that no one is left feeling that they did not have an opportunity to sit down face-to-face with a representative, and they do so by making themselves available for all shifts.

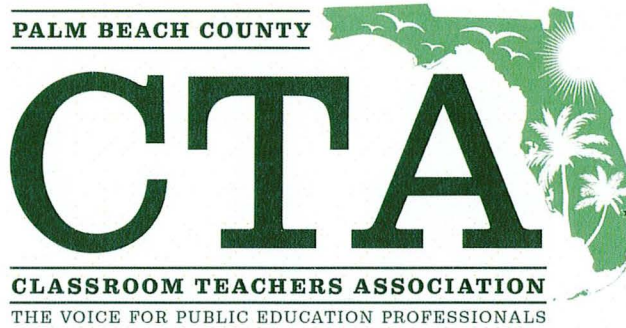
When our business partnership began, there were many questions with regard to their Return of Premium benefit. Any insurance company who guaranteed to return ALL of the premiums paid into a plan, less any claims filed along the way, sounded almost too good to be true. However, in February of 2016, which marked just over 20 years together, PMA USA / Washington National was once again with us on the PBSO campus. This visit was different from all of the previous years as they were here to return over \$3.5 MILLION dollars to the men and women of our agency. They presented an oversized check to Sheriff Ric Bradshaw to symbolize the entire amount of money being returned to our staff. This was a wonderful day for many of our employees and their families and one that won't ever be forgotten here at PBSO.

We are happy to give our highest endorsement to PMA/Washington National Insurance Company as a supplemental insurance vendor.

Sincerely,

Gerald Peebles

Division Manager, Risk Management
Palm Beach County Sheriff's Office



To whom it may concern,

The Palm Beach County CTA is happy to make a new benefit from Washington National available to all members and staff. Members and staff will have the opportunity to participate in these new programs throughout the school year. Washington National has a strong history of providing insurance benefit options for educators and municipal workers across the United States. This is including, but not limited to, Broward County Schools, St. Lucie County Schools, and Palm Beach County Sheriff's Office. Their "return of premium" feature allows members to received 100% of their money back if they do not have to utilize the policy.

I encourage you to help make these benefits available to your staff on-site, and I appreciate your support of this new partnership.

Thank you,

Justin Katz

President- Palm Beach County CTA

1/8/2019



Sample SFTP Enrollment File

RFP NO. 20-011/LJ

AutoSave Off General_Deduct_Report.csv - Excel

File Home Insert Page Layout Formulas Data Review View Help ACROBAT Search

Clipboard Font Alignment Number Styles Cells

Calibri 11 A A B I U Wrap Text Merge & Center General \$ % , .00 00

Conditional Formatting Format as Table Cell Styles Insert Delete

A99 25529

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1		PLTUSP	5/1/2020	A		Y	28.19								
2		PLTUSP	5/1/2020	A		Y	48.51								
3		PLTUSP	5/1/2020	A		Y	17.52								
4		PLTUSP	5/1/2020	A		Y	16.63								
5		PLTUSP	5/1/2020	A		Y	15.6								
6		PLTUSP	5/1/2020	A		Y	122.37								
7		PLTUSP	5/1/2020	A		Y	14.41								
8		PLTUSP	5/1/2020	A		Y	17.52								
9		PLTUSP	5/1/2020	A		Y	55.41								
10		PLTUSP	5/1/2020	A		Y	42.2								
11		PLTUSP	5/1/2020	A		Y	33.12								
12		PLTUSP	5/1/2020	A		Y	89.28								
13		PLTUSP	5/1/2020	A		Y	52.48								
14		PLTUSP	5/1/2020	A		Y	26.2								
15		PLTUSP	5/1/2020	A		Y	34.4								
16		PLTUSP	5/1/2020	A		Y	37.91								
17		PLTUSP	5/1/2020	A		Y	34.64								
18		PLTUSP	5/1/2020	A		Y	37.3								
19		PLTUSP	5/1/2020	A		Y	64.63								
20		PLTUSP	5/1/2020	A		Y	53.29								
21		PLTUSP	5/1/2020	A		Y	79.52								
22		PLTUSP	5/1/2020	A		Y	29.8								
23		PLTUSP	5/1/2020	A		Y	36.83								
24		PLTUSP	5/1/2020	A		Y	51.73								
25		PLTUSP	5/1/2020	A		Y	45.34								
26		PLTUSP	5/1/2020	A		Y	65.84								
27		PLTUSP	5/1/2020	A		Y	51.5								
28		PLTUSP	5/1/2020	A		Y	21.3								



Sample Enrollment Summary Report RFP NO. 20-011/LJ

Open Enrollment Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
1	Open Enrollment Summary																
2																	
3	Benefit Name	New	New Volume	New Premium	Pending	Pending Volume	Pending Premium	Renewal	Renewal Volume	Renewal Premium	Total	Total Volume	Total Premium	Volume with Pending	Premium with Pending	Cancellations	Cancel
4	RSL Basic Life and AD&D	7	280,000	1,445.08				38	1,506,000	7,772.44	45	1,786,000	9,217.52	1,786,000	9,217.52		
5	RSL Supplemental Life Plan	1	50,000	198.12				13	1,269,900	6,423.04	14	1,319,900	6,621.16	1,319,900	6,621.16	3	170.40
6	RSL Supplemental Life (Spouse)							5	262,600	2,148.90	5	262,600	2,148.90	262,600	2,148.90	3	110.00
7	RSL Supplemental Life (Children)							2	20,000	35.88	2	20,000	35.88	20,000	35.88	1	10,000
8	RSL Short-Term Disability							7	4,168	4,601.48	7	4,168	4,601.48	4,168	4,601.48	5	3,040
9	RSL Long-Term Disability							7	25,556	3,884.40	7	25,556	3,884.40	25,556	3,884.40	3	10,239
10	WN Active Care							1		259.22	1		259.22		259.22		
11	WN Critical Solutions							1		346.32	1		346.32		346.32	1	
12	WN Accident Assure							4		1,675.44	4		1,675.44		1,675.44	6	
13	WN HospitalAssure	9	9,000	7,382.96				1	3,000	1,584.44	10	12,000	8,967.40	12,000	8,967.40		
14	WN Solutions Cancer	4		2,852.20				11		6,161.74	15		9,013.94		9,013.94	6	
15	WN Worksite UL2	22	733,081	11,469.12				9	369,000	4,879.16	31	1,102,081	16,348.28	1,102,081	16,348.28	10	271.40
16																	
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OE Summary

Details



Details Tab

Details (All Data)																			
Employee I	Employee SS	Employee Name	Location	Deduction Freq	Job Class	Primary Insured Name	Plan	Product	Tie Effective	Term Date	Benefit	Cost	Pending Bene	Pending Co	Prior Bene				
...	26	All Employees	...	RSL Basic Life and AD&D	RSL Life and AD&D	EO	12/01/2019	40,000	7.34	0	0.00					
...	26	All Employees	...	WN Accident Assure	WN Accident Assure	EO	11/14/2019	0	####	0	0.00					
...	26	All Employees	...	WN Worksite UL2	Worksite UL2	EO	01/01/2020	25,000	10.16	0	0.00					
...	26	All Employees	...	RSL Basic Life and AD&D	RSL Life and AD&D	EO	11/01/2019	40,000	7.34	0	0.00	40,000				
...	26	All Employees	...	RSL Short-Term Disability	RSL Voluntary Short Term Disability	EO	12/01/2019	750	####	0	0.00					
...	26	All Employees	...	RSL Long-Term Disability	RSL Voluntary Long Term Disability	EO	12/01/2018	10/31/2019	4,314	####	0	0.00	4,314			
...	26	All Employees	...	RSL Basic Life and AD&D	RSL Life and AD&D	EO	12/01/2019	40,000	7.34	0	0.00	40,000				
...	26	All Employees	...	WN Hospital Assure	Hospital Assure	FA	01/01/2020	1,000	####	0	0.00					
...	26	All Employees	...	WN Solutions Cancer	WN Solutions Cancer	FA	12/01/2019	0	####	0	0.00					
...	26	All Employees	...	WN Worksite UL2	Worksite UL2	EO	01/01/2019	12/31/2019	50,000	####	0	0.00	50,000			
...	26	All Employees	...	WN Worksite UL2	Worksite UL2	CO	01/01/2019	27,500	8.26	0	0.00					
...	26	All Employees	...	WN Worksite UL2	Worksite UL2	CO	01/01/2019	30,900	7.00	0	0.00					
...	26	All Employees	...	WN Worksite UL2	Worksite UL2	CO	01/01/2020	42,200	7.00	0	0.00					
...	26	All Employees	...	WN Worksite UL2	Worksite UL2	SO	01/01/2020	25,000	####	0	0.00					
...	26	All Employees	...	RSL Basic Life and AD&D	RSL Life and AD&D	EO	12/01/2019	40,000	7.34	0	0.00	40,000				
...	26	All Employees	...	WN Worksite UL2	Worksite UL2	SO	01/01/2019	25,000	####	0	0.00					
...	26	All Employees	...	WN Worksite UL2	Worksite UL2	CO	01/01/2020	31,900	7.00	0	0.00					
...	26	All Employees	...	WN Worksite UL2	Worksite UL2	CO	01/01/2020	37,300	7.00	0	0.00					
...	26	All Employees	...	RSL Basic Life and AD&D	RSL Life and AD&D	EO	12/01/2019	40,000	7.34	0	0.00	40,000				
...	26	All Employees	...	RSL Supplemental Life Plan	RSL Vol Term Life	EO	12/01/2019	50,000	####	0	0.00	50,000				
...	26	All Employees	...	WN Active Care	WN ActiveCare	EO	11/25/2019	0	3.97	0	0.00					
...	26	All Employees	...	WN Accident Assure	WN Accident Assure	EO	01/01/2018	11/24/2019	0	####	0	0.00	0			
...	26	All Employees	...	WN Solutions Cancer	WN Solutions Cancer	EO	12/01/2019	0	16.15	0	0.00					
...	26	All Employees	...	RSL Basic Life and AD&D	RSL Life and AD&D	EO	12/01/2019	40,000	7.34	0	0.00	40,000				
...	26	All Employees	...	WN Worksite UL2	Worksite UL2	EO	01/01/2020	20,000	####	0	0.00					
...	26	All Employees	...	RSL Basic Life and AD&D	RSL Life and AD&D	EO	12/01/2019	40,000	7.34	0	0.00	40,000				
...	26	All Employees	...	RSL Supplemental Life Plan	RSL Vol Term Life	EO	12/01/2019	90,000	21.18	0	0.00	90,000				
...	26	All Employees	...	RSL Short-Term Disability	RSL Voluntary Short Term Disability	EO	01/01/2018	623	####	0	0.00					
...	26	All Employees	...	RSL Long-Term Disability	RSL Voluntary Long Term Disability	EO	01/01/2018	2,700	####	0	0.00					
...	26	All Employees	...	WN Solutions Cancer	WN Solutions Cancer	EO	12/01/2019	0	16.15	0	0.00					
...	26	All Employees	...	WN Worksite UL2	Worksite UL2	EO	01/01/2019	11/30/2019	10,000	####	0	0.00	10,000			
...	26	All Employees	...	RSL Basic Life and AD&D	RSL Life and AD&D	EO	12/01/2019	40,000	7.34	0	0.00	40,000				
...	26	All Employees	...	RSL Basic Life and AD&D	RSL Life and AD&D	EO	12/01/2019	26,000	5.16	0	0.00	40,000				
...	26	All Employees	...	RSL Supplemental Life Plan	RSL Vol Term Life	EO	12/01/2019	39,900	####	0	0.00	40,000				
...	26	All Employees	...	RSL Supplemental Life (Spouse)	RSL Vol Term Life - SP	SO	12/01/2019	12,600	10.41	0	0.00	13,000				
...	26	All Employees	...	WN Accident Assure	WN Accident Assure	EO	01/01/2018	11/05/2019	0	####	0	0.00	0			
...	26	All Employees	...	WN Worksite UL2	Worksite UL2	EO	01/01/2018	11/30/2019	20,000	####	0	0.00	20,000			
...	26	All Employees	...	RSL Basic Life and AD&D	RSL Life and AD&D	EO	01/01/2020	40,000	7.34	0	0.00	40,000				
...	26	All Employees	...	RSL Short-Term Disability	RSL Voluntary Short Term Disability	EO	01/01/2020	750	####	0	0.00	664				
...	26	All Employees	...	RSL Long-Term Disability	RSL Voluntary Long Term Disability	EO	01/01/2020	3,746	####	0	0.00	2,878				
...	26	All Employees	...	WN Solutions Cancer	WN Solutions Cancer	EO	01/01/2018	12/31/2019	0	####	0	0.00	0			



Sample Confirmation of Benefits RFP NO. 20-011/LJ

Confirmation of Benefits

July 27, 2018

Last Enrollment Method: Enroller Assisted

Last Enrollment Date: 7/17/2018

Employee Name: [REDACTED]

Location: [REDACTED]

Your Benefits

This statement confirms your new benefit elections, covered dependents and beneficiaries based on your benefits eligibility date (or effective date for a qualified status change).

If you did not enroll for benefits during your initial eligibility period as a new hire (or transfer into a benefit-eligible position), your enrollment method will be listed as "Default" above. This means you will only receive default benefit coverage. You must wait until the next annual open enrollment period to elect any other benefits (unless you have a qualified status change as defined by IRS guidelines). If you feel the information on this statement is incorrect, please contact the Human Resources Department.

Benefit Plan	Current Coverage	Pre-tax	After-tax
RSL Basic Life and AD&D	\$40,000	\$0.00	\$0.00
RSL Supplemental Life Plan	N/A	\$0.00	\$0.00
RSL Supplemental Life (Spouse)	N/A	\$0.00	\$0.00
RSL Supplemental Life (Children)	N/A	\$0.00	\$0.00
RSL Short-Term Disability	RSL Voluntary Short Term Disability; \$542	\$0.00	\$23.01
RSL Long-Term Disability	RSL Voluntary Long Term Disability; \$2,350	\$0.00	\$13.74
WN Active Care	N/A	\$0.00	\$0.00
WN Active Care 2nd App	N/A	\$0.00	\$0.00
WN Critical Solutions	N/A	\$0.00	\$0.00
WN Critical Solutions 2nd App	N/A	\$0.00	\$0.00
WN Accident Assure	Washington National Accident Assure; Employee Only	\$0.00	\$25.48
WN Pulse Protection	N/A	\$0.00	\$0.00
WN Solutions Cancer	N/A	\$0.00	\$0.00
WN Worksite UL2	N/A	\$0.00	\$0.00
Total Employee Cost Per Pay Period		\$0.00	\$62.23

Please review for accuracy.



Your Personal Information

Below is your personal information that is currently on file. Please review this information to verify that it is accurate and complete. If your home address or telephone number is wrong or has recently changed, you may update the information online when you enroll or when you meet with a Benefit Counselor.

Home Address:

Birth Date:

Home Telephone:

Hire Date:

12/22/2014

Your Covered Dependents

Following is a list of dependents currently on file for you. Please verify that the information shown below is correct and complete.

Dependent Name	Relationship	Birth Date	Sex
<input type="text"/>	Child	<input type="text"/>	F

Your Beneficiary Information

Following is the beneficiary information currently on file. Please verify that the information shown below is correct and complete. If you do not have any beneficiaries listed or if your beneficiary information is not correct, please log on the enrollment website and update your beneficiary information.

Plan	Beneficiary Name	Relationship	Beneficiary Type	Percentage
RSL Basic Life and AD&D	<input type="text"/>	Child	Primary	100.00%

CANCER CLAIM FORM

☐ EXPRESS BENEFIT

As described in your policy, this benefit is payable when you are diagnosed for the first time as having **internal** cancer.

PLEASE SUBMIT THESE ITEMS WITH ALL CLAIMS:

- ☐ Cancer claim form (CLM-FORM-CAN)—signed
- ☐ Authorization to obtain medical/confidential information (see attached form)—signed
- ☐ Itemized medical bills for treatment

Required:

- ☐ Patient information
- ☐ Date of service
- ☐ Charge amount
- ☐ CPT code or procedure description
- ☐ ICD code or diagnosis for treatment
- ☐ Positive pathology report that diagnosed cancer

Please note: Medicare statements and Explanation of benefits (EOBs) from other insurance companies cannot be used to process claims.

May include:

- ☐ *Surgery*—Operative report and surgeon bill(s) for completed procedures
- ☐ *Hospital and/or emergency room visit*—Admission and/or discharge paperwork and bill(s) for treatment (Examples: UB04, CMS 1500, etc.)
- ☐ Death certificate

WHERE TO SUBMIT CLAIMS:

- ☐ **Mail:** Washington National Claims Department, P.O. Box 2024, Carmel, IN 46082-2024
- ☐ **Express mail:** Attn: Claim Processing 2024, 11825 N. Pennsylvania St., Carmel, IN 46032
- ☐ **Fax:** (888) 229-1414

SECTION A: OWNER INFORMATION (please print)

Policy or certificate number		
Last name	First name	Middle initial
Date of birth	Social Security number	
Mailing address <input type="checkbox"/> Check box if this is a new permanent address <input type="checkbox"/> Check box if address change applies to everyone on the policy		
City	State	ZIP code
If mailing address is a P.O. Box, please indicate physical address here:		
Work address		E-mail
Home phone number	May we leave a voice mail here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work phone number	May we leave a voice mail here? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B: PATIENT ADDRESS INFORMATION (if different from owner)

Last name	First name	Middle initial
Social Security number	Date of birth	Phone number
Mailing address		
City	State	ZIP code

SECTION C: PATIENT INFORMATION

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	Relationship: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Check if dependent is a full-time student <i>(Include documentation to confirm student status)</i> <input type="checkbox"/> Check if dependent is disabled <input type="checkbox"/> Check if insured is deceased; date deceased: ____/____/____
Please provide the names, addresses and phone numbers of all physicians who have treated you or with whom you have consulted in the last five years:		
Name	Address	Phone number
<hr/>		
<hr/>		
<hr/>		

Transportation/lodging information

Complete this section if you are filing a claim for GROUND transportation and/or lodging benefits.

Note: Reimbursement is based on the roundtrip mileage

Date	To/from	Treatment type

If applicable please attach: ☐ Airline ticket or e-ticket with receipts ☐ Hotel accommodations with receipts

Please be sure to include the following information with this claim form:

- ☐ **Positive pathology report that diagnosed cancer**
- ☐ **Itemized bills from a physician and/or facility including diagnosis and/or procedure codes and charge amounts**
(Itemized bills may include but are not limited to the following claim forms: UB04, CMS 1500, etc.)

By signing my name on this document, I declare that all of the information given is true and correct to the best of my knowledge and belief. I acknowledge I have received all required fraud warnings at the time of signing this form.

Patient signature (or legal representative) Relationship to owner ____/____/____
Date

Owner signature (or legal representative) ____/____/____
Date

SECTION D: PHYSICIAN STATEMENT
To be completed and signed by the physician

Please answer each question COMPLETELY. Failure to complete all sections may delay processing of this claim.

Policy or certificate number	Policyholder name
Patient name	Patient date of birth
Physician name	Physician phone number

Physician mailing address

1. Has the patient been diagnosed with cancer? ☐ Yes ☐ No Type: _____ ICD code: _____

2. Date of diagnosis: ____/____/____

Please give the patient a copy of the pathology report that diagnosed cancer.

3. Patient first consulted you for this condition on: ____/____/____

4. Was the patient referred to you by another physician? ☐ Yes ☐ No

If yes, referring physician name: _____ Phone number: _____

Referring physician address: _____

Hospitalization information

Was the patient hospitalized as a result of this diagnosis? ☐ Yes ☐ No

Was patient confined to an ICU? ☐ Yes ☐ No

Admission date	Discharge date	Admitting diagnosis/ICD code	Hospital name, city and state	Was patient transferred to/from hospital?

Surgery/anesthesia information

Did patient undergo surgery for this condition? ☐ Yes ☐ No

Where was the surgery performed? ☐ Office ☐ Surgical center ☐ Hospital

Name of facility:

Date of service	Diagnosis/ICD code	Surgery/CPT code	Description of surgery	Charges

Blood plasma information

Date given	HCPCS/CPT code	Number of units	Charges

Physician signature

____/____/____
Date

Tax ID number

FRAUD WARNING NOTICES

PLEASE READ THE FRAUD WARNING NOTICE FOR YOUR STATE

NOTICE: Any person who knowingly and with intent to defraud any insurance company that submits an application for insurance or statement of claim containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading, may be committing a crime which is subject to criminal and civil penalties.

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

ALASKA, DELAWARE, FLORIDA, IDAHO: Your state requires us to notify you that: any person who knowingly and with intent to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony as further defined by your state statute.

ARKANSAS, HAWAII, LOUISIANA, MAINE, NEW MEXICO, RHODE ISLAND, TENNESSEE, TEXAS, VIRGINIA, WEST VIRGINIA: 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.

ARIZONA, KENTUCKY, OHIO: WARNING: any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

CALIFORNIA: For your protection California law requires the following warning statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: WARNING: any person who knowingly and with intent to defraud an insurer provides false, incomplete or misleading information is subject to criminal and civil penalties, including imprisonment, fines and denial of insurance. Any agent who knowingly and with intent to defraud a policyholder or claimant provides false, incomplete or misleading information with regard to a settlement or insurance proceeds payable will be reported to the Colorado Insurance Department.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

INDIANA, MINNESOTA: Your state requires us to notify you that: any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

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

NEW HAMPSHIRE: Your state requires us to notify you that any person, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud under New Hampshire law.

NEW JERSEY, PENNSYLVANIA: NOTICE: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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Authorization to obtain medical/confidential information

Conforms to HIPAA Privacy Rule

1. My information—the individual who is the subject of the information							
Printed name		Date of birth		Social Security number			
Address		City		State		Zip	
2. Disclosing party—parties authorized to release information about me							
Any physician or other healthcare provider, hospital, clinic, medical facility, clinical lab, pharmacy, pharmacy benefit manager or pharmacy-related organization, insurance company or health plan, Social Security Administration, governmental agency or my employer							
3. Description of my information authorized for release							
<ul style="list-style-type: none">Any information related to my past, present or future health condition(s), medical care/treatment or prescription drug history, which includes information about mental health (excluding psychotherapy notes), communicable disease, HIV/AIDS, alcohol and substance abuse; andAny information regarding my past, present or future employment that is reasonably necessary to process and administer my claim(s) for accident insurance and/or disability income insurance benefits.							
4. Purpose of authorization—how my information will be used							
To administer benefits under a policy or certificate of insurance.							
5. Duration of authorization							
Twenty-four (24) months from the date written below, unless I specify an earlier date here: _____							
6. Receiving parties—parties authorized to receive information about me							
CNO Services, LLC on behalf of one or more of the following insurance companies: Bankers Life and Casualty Company, Bankers Consec Life Insurance Company*, Colonial Penn Life Insurance Company, Consec Life Insurance Company, Consec Life Insurance Company of Texas, Washington National Insurance Company, Primerica Life Insurance Company, Jefferson National Life Insurance Company *domiciled in and licensed in the State of New York							
7. Important information—review carefully before signing							
<ul style="list-style-type: none">Refusing to sign this authorization does not affect my ability to obtain medical treatment, but may prevent my insurance company from being able to determine if benefits are payable under the terms of my coverage.This authorization may be revoked at any time unless it was already relied upon. Send a written revocation to: Customer Service P.O. Box 2024, Carmel, IN 46082-2024.The receiving parties named above are subject to federal privacy laws. However, if I authorize parties who are not subject to these laws to receive medical information about me, then such information could be re-disclosed and would no longer be protected.I understand that I have a right to a copy of this authorization, and that a photocopy or facsimile is as valid as the original.California residents are entitled to a large print version of this form by calling (800) 541-2254 to request form HEALTHMEDAUTH-LARGE.							
8. Approval—must be signed and dated by me or my legal representative* to be valid							
Print name: _____ Relationship: _____							
Signature: _____ Date: _____							
* Legal representatives provide documentation of legal authority							
Claims Department, P.O. Box 2024, Carmel, IN 46082-2024 Phone: (800) 541-2254 Fax: (888) 229-1414							

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CRITICAL CONDITIONS CLAIM FORM

PLEASE SUBMIT THESE ITEMS WITH ALL CLAIMS:

- ☐ Critical conditions claim form (CLM-FORM-CRIT)—signed
- ☐ Authorization to obtain medical/confidential information (see attached form)—signed
- ☐ Itemized medical bills for treatment

Required:

- ☐ Patient information
- ☐ Date of service
- ☐ Charge amount
- ☐ CPT code or procedure description
- ☐ ICD code or diagnosis for treatment

Please note: Medicare statements and Explanation of benefits (EOBs) from other insurance companies cannot be used to process claims.

May include:

- ☐ *Surgery*—Operative report and surgeon bill(s) for completed procedures
- ☐ *Hospital and/or emergency room visit*—Admission and/or discharge paperwork and bill(s) for treatment (Examples: UB04, CMS 1500, etc.)
- ☐ Death certificate

WHERE TO SUBMIT CLAIMS:

- ☐ **Mail:** Washington National Claims Department, P.O. Box 2024, Carmel, IN 46082-2024
- ☐ **Express mail:** Attn: Claim Processing 2024, 11825 N. Pennsylvania St., Carmel, IN 46032
- ☐ **Fax:** (888) 229-1414

SECTION A: OWNER INFORMATION (please print)

Policy or certificate number		
Last name	First name	Middle initial
Date of birth	Social Security number	
Mailing address <input type="checkbox"/> Check box if this is a new permanent address <input type="checkbox"/> Check box if address change applies to everyone on the policy		
City	State	ZIP code
If mailing address is a P.O. Box, please indicate physical address here:		
Work address		Email
Home phone number	May we leave a voice mail here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work phone number	May we leave a voice mail here? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B: PATIENT ADDRESS INFORMATION (if different from owner)

Last name	First name	Middle initial
Social Security number	Date of birth	Phone number
Mailing address		
City	State	ZIP code

SECTION C: PATIENT INFORMATION

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	Relationship: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Check if dependent is a full-time student <i>(Include documentation to confirm student status)</i> <input type="checkbox"/> Check if dependent is disabled <input type="checkbox"/> Check if insured is deceased; date deceased: ____/____/____
---	--	--

Please provide the names, addresses and phone numbers of all physicians who have treated you or with whom you have consulted in the last five years:

Name	Address	Phone number

Types of benefits you are claiming (Please reference your policy for available benefits.)

- | | |
|---|---|
| <input type="checkbox"/> Alzheimer's disease | <input type="checkbox"/> Permanent blindness |
| <input type="checkbox"/> Diabetic amputation | <input type="checkbox"/> Permanent deafness |
| <input type="checkbox"/> End-stage renal failure | <input type="checkbox"/> Permanent paralysis |
| <input type="checkbox"/> Major organ transplant | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> Registered with the organ procurement and transplantation network (OPTN) | <input type="checkbox"/> Hospital confinement |
| <input type="checkbox"/> Underwent transplant surgery | |

Please be sure to include the following information along with this claim form:

☐ Itemized bills from a physician and/or facility including diagnosis and/or procedure codes and charge amounts (Itemized bills may include but are not limited to the following claim forms: UB04, CMS 1500, etc.)

By signing my name on this document, I declare that all of the information given is true and correct to the best of my knowledge and belief. I acknowledge I have received all required fraud warnings at the time of signing this form.

_____ Patient signature (or legal representative)	_____ Relationship to owner	____/____/____ Date
_____ Owner signature (or legal representative)		____/____/____ Date

SECTION D: PHYSICIAN STATEMENT
To be completed and signed by the physician

Please answer each question COMPLETELY. Failure to complete all sections may delay processing of this claim.

Policy or certificate number	Policyholder name
Patient name	Patient date of birth
Physician name	Physician phone number
Physician mailing address	

Has the patient ever been diagnosed or treated for any of the following conditions?

Condition	Yes	No	CPT/ICD code	Date
Alzheimer's disease				
Diabetic amputation				
End-stage renal failure				
Major organ transplant—registered with OPTN				
Major organ transplant—underwent transplant surgery				
Permanent blindness				
Permanent deafness				
Permanent paralysis				

Hospitalization information

Was patient hospitalized as a result of this diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was patient confined to an ICU? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Admission date	Discharge date	Admitting diagnosis/ICD code	Hospital name, city and state	Was patient transferred to/from hospital?

1. Has the patient been recommended for dialysis or kidney transplant? ☐ Yes ☐ No

2. Date of initial diagnosis: ____/____/____

3. Patient first consulted you for this condition on: ____/____/____

4. Was the patient referred to you by another physician? ☐ Yes ☐ No

If yes, referring physician name: _____ Phone number: _____

Referring physician address: _____

Physician signature
CLM-FORM-CRIT

____/____/____
Date

Tax ID number

(08/13)

FRAUD WARNING NOTICES

PLEASE READ THE FRAUD WARNING NOTICE FOR YOUR STATE

NOTICE: Any person who knowingly and with intent to defraud any insurance company that submits an application for insurance or statement of claim containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading, may be committing a crime which is subject to criminal and civil penalties.

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

ALASKA, DELAWARE, FLORIDA, IDAHO: Your state requires us to notify you that: any person who knowingly and with intent to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony as further defined by your state statute.

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Authorization to obtain medical/confidential information

Conforms to HIPAA Privacy Rule

1. My information—the individual who is the subject of the information			
Printed name		Date of birth	
		Social Security number	
Address		City	State
			Zip
2. Disclosing party—parties authorized to release information about me			
Any physician or other healthcare provider, hospital, clinic, medical facility, clinical lab, pharmacy, pharmacy benefit manager or pharmacy-related organization, insurance company or health plan, Social Security Administration, governmental agency or my employer			
3. Description of my information authorized for release			
<ul style="list-style-type: none">Any information related to my past, present or future health condition(s), medical care/treatment or prescription drug history, which includes information about mental health (excluding psychotherapy notes), communicable disease, HIV/AIDS, alcohol and substance abuse; andAny information regarding my past, present or future employment that is reasonably necessary to process and administer my claim(s) for accident insurance and/or disability income insurance benefits.			
4. Purpose of authorization—how my information will be used			
To administer benefits under a policy or certificate of insurance.			
5. Duration of authorization			
Twenty-four (24) months from the date written below, unless I specify an earlier date here: _____			
6. Receiving parties—parties authorized to receive information about me			
CNO Services, LLC on behalf of one or more of the following insurance companies: Bankers Life and Casualty Company, Bankers Consecro Life Insurance Company*, Colonial Penn Life Insurance Company, Consecro Life Insurance Company, Consecro Life Insurance Company of Texas, Washington National Insurance Company, Primerica Life Insurance Company, Jefferson National Life Insurance Company *domiciled in and licensed in the State of New York			
7. Important information—review carefully before signing			
<ul style="list-style-type: none">Refusing to sign this authorization does not affect my ability to obtain medical treatment, but may prevent my insurance company from being able to determine if benefits are payable under the terms of my coverage.This authorization may be revoked at any time unless it was already relied upon. Send a written revocation to: Customer Service P.O. Box 2024, Carmel, IN 46082-2024.The receiving parties named above are subject to federal privacy laws. However, if I authorize parties who are not subject to these laws to receive medical information about me, then such information could be re-disclosed and would no longer be protected.I understand that I have a right to a copy of this authorization, and that a photocopy or facsimile is as valid as the original.California residents are entitled to a large print version of this form by calling (800) 541-2254 to request form HEALTHMEDAUTH-LARGE.			
8. Approval—must be signed and dated by me or my legal representative* to be valid			
Print name: _____ Relationship: _____			
Signature: _____ Date: _____			
* Legal representatives provide documentation of legal authority			
Claims Department, P.O. Box 2024, Carmel, IN 46082-2024 Phone: (800) 541-2254 Fax: (888) 229-1414			

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HOSPITAL INDEMNITY AND ICU CLAIM FORM

We want to make the process of filing a claim as fast and as simple as possible. We need specific information to process the claim:

- ✓ Patient information
- ✓ Date of service
- ✓ Charge amount
- ✓ CPT code or procedure description
- ✓ ICD code or diagnosis for treatment
- ✓ Itemized medical bills for treatment

This information is commonly found on itemized medical bills (e.g., CMS1500 or UB04 billing forms) or you can ask your Physician to provide this information on the enclosed Attending Physician's Statement.

Note: Some benefits may require additional documentation.

WHERE TO SUBMIT CLAIMS:

- ☐ **Mail:** Washington National Claims Department, P.O. Box 2024, Carmel, IN 46082-2024
- ☐ **Express mail:** Attn: Claim Processing 2024, 11825 N. Pennsylvania St., Carmel, IN 46032
- ☐ **Fax:** (888) 229-1414

SECTION A: OWNER INFORMATION (please print)

Policy or certificate number		
Last name	First name	Middle initial
Date of birth	Social Security number	
Mailing address <input type="checkbox"/> Check box if this is a new permanent address <input type="checkbox"/> Check box if address change applies to everyone on the policy		
City	State	ZIP code
If mailing address is a P.O. Box, please indicate physical address here		
Email		
Home phone number	May we leave a voice mail here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work phone number	May we leave a voice mail here? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B: PATIENT ADDRESS INFORMATION (if different from owner)

Last name	First name	Middle initial
Social Security number	Date of birth	Phone number
Mailing Address		
City	State	ZIP code

SECTION C: PATIENT INFORMATION

Gender	Marital status	Relationship		
<input type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent
<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Check if dependent is disabled		
	<input type="checkbox"/> Other	<input type="checkbox"/> Check if insured is deceased; date deceased ____/____/____		

Reminder: Did you include these items?

- ✓ Patient information
- ✓ Date of service
- ✓ Charge amount
- ✓ CPT code or procedure description
- ✓ ICD code or diagnosis for treatment
- ✓ Itemized medical bills for treatment

Some services listed may not be covered by your policy. Please reference your policy for available benefits.

By signing my name on this document, I declare that all information given is true and correct to the best of my knowledge and belief. I acknowledge I have received all required fraud warnings at the time of signing this form.

Patient signature (or legal representative)

Relationship to owner

____/____/____
Date

Owner signature (or legal representative)

____/____/____
Date

SECTION D: PHYSICIAN STATEMENT
To be completed and signed by the Physician

Please answer each question COMPLETELY. Failure to complete all sections may delay processing of this claim.

Policy or certificate number	Policyowner name
Patient name	Patient date of birth
Physician name	Physician phone number
Physician mailing address	

1. Date of diagnosis ____/____/____ 2. Patient first consulted you for this condition on ____/____/____
 3. Was the patient referred to you by another physician? ☐ Yes ☐ No
 If yes, referring physician name _____ Phone number _____
 Referring physician address _____

FACILITY INFORMATION:
(Please select all that apply)

Inpatient Hospital ☐ Outpatient Hospital ☐ U.S. Government Hospital ☐ Rehabilitation Facility ☐

Admission date	Discharge date	Admitting diagnosis/ICD code	Description of Surgery or CPT code	Charges	Was patient transferred to/from hospital by ambulance?

Please provide information regarding any additional services listed below

	Physician Office Visit	Laboratory Tests	Emergency Room or Urgent Care visit	X-ray or other Imaging Exams	Diagnostic Exams
Date(s) of Service					
Name of Exam(s)					

Physician signature

____/____/____
Date

Tax ID number

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Authorization to Obtain Medical/Confidential Information

Conforms to HIPAA Privacy Rule

1. My Information – the individual who is the subject of the information

Printed Name	Date of Birth	Social Security Number	
Address		City	State Zip

2. Disclosing Party – parties authorized to release information about me

Any physician or other health care provider, hospital, clinic, medical facility, clinical lab, pharmacy, pharmacy benefit manager or pharmacy-related organization, insurance company or health plan, Social Security Administration, governmental agency or my employer

3. Description of my information authorized for release

- Any information related to my past, present or future health condition(s), medical care/treatment or prescription drug history, which includes information about mental health (excluding psychotherapy notes), communicable disease, HIV/AIDS, alcohol and substance abuse; and
- Any information regarding my past, present or future employment that is reasonably necessary to process and administer my claim(s) for accident insurance and/or disability income insurance benefits.

4. Purpose of Authorization – how my information will be used

To administer benefits under a policy or certificate of insurance.

5. Duration of Authorization

Twenty-four (24) months from the date written below, unless I specify an earlier date here: _____

6. Receiving Parties – parties authorized to receive information about me

CNO Services, LLC on behalf of one or more of the following insurance companies: Bankers Life and Casualty Company, Bankers Conesco Life Insurance Company*, Colonial Penn Life Insurance Company, Wilco Life Insurance Company, Conesco Life Insurance Company of Texas, Washington National Insurance Company, Primerica Life Insurance Company, Jefferson National Life Insurance Company *domiciled in and licensed in the State of New York

7. Important information – review carefully before signing

- Refusing to sign this Authorization does not affect my ability to obtain medical treatment, but may prevent my insurance company from being able to determine if benefits are payable under the terms of my coverage.
- This Authorization may be revoked at any time unless it was already relied upon. Send a written revocation to: Customer Service P.O. Box 2024, Carmel, IN 46082-2024.
- The Receiving Parties named above are subject to federal privacy laws. However, if I authorize parties who are not subject to these laws to receive medical information about me, then such information could be re-disclosed and would no longer be protected.
- I understand that I have a right to a copy of this Authorization, and that a photocopy or facsimile is as valid as the original.
- California residents are entitled to a large print version of this form by calling 800-541-2254 to request form HEALTHMEDAUTH-LARGE.

8. Approval – must be signed and dated by me or my Legal Representative* to be valid

Printed Name	Relationship to the Insured
Signature	Date Signed

*Legal Representatives must provide documentation of legal authority

Customer Service P.O. Box 2024 Carmel IN 46082-2024 – FAX 888-229-1414 – PH 800-541-2254

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ACCIDENTAL INJURY CLAIM FORM

PLEASE SUBMIT THESE ITEMS WITH ALL CLAIMS:

- ☐ Accidental Injury claim form (CLM-FORM-ACC)—signed
- ☐ Authorization to obtain medical/confidential information (see attached form)—signed
- ☐ Itemized medical bills for treatment

Required:

- ☐ Patient information
- ☐ Date of service
- ☐ Charge amount
- ☐ CPT code or procedure description
- ☐ ICD code or diagnosis for treatment

Please note: Medicare statements and Explanation of benefits (EOBs) from other insurance companies cannot be used to process claims.

May include:

- ☐ *Automobile accident*—Police report
- ☐ *Surgery*—Operative report and surgeon bill(s) for completed procedures
- ☐ *Hospital and/or emergency room visit*—Admission and/or discharge paperwork and bill(s) for treatment (Examples: UB04, CMS 1500, etc.)
- ☐ Death certificate

Will you also be filing a disability claim? ☐ Yes ☐ No

If yes, please complete the disability form (CLM-FORM-DI) available at WashingtonNational.com or by contacting (800) 541-2254.

WHERE TO SUBMIT CLAIMS:

- ☐ **Mail:** Washington National Claims Department, P.O. Box 2024, Carmel, IN 46082-2024
- ☐ **Express mail:** Attn: Claim Processing 2024, 11825 N. Pennsylvania St., Carmel, IN 46032
- ☐ **Fax:** (888) 229-1414

SECTION A: POLICYOWNER/CERTIFICATE HOLDER INFORMATION (please print)

Policy or certificate number		
Last name	First name	Middle initial
Date of birth	Social Security number	
Mailing address <input type="checkbox"/> Check box if this is a new permanent address <input type="checkbox"/> Check box if address change applies to everyone on the policy		
City	State	ZIP code
If mailing address is a P.O. Box, please indicate physical address here:		
Work address		Email
Home phone number	May we leave a voice mail here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work phone number	May we leave a voice mail here? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B: PATIENT ADDRESS INFORMATION (if different from Policyowner/Certificate holder)

Last name	First name	Middle initial
Social Security number	Phone number	Date of birth
Mailing address		
City	State	ZIP code

SECTION C: PATIENT INFORMATION

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	Relationship: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Check if dependent is a full-time student <i>(Include documentation to confirm student status)</i> <input type="checkbox"/> Check if dependent is disabled <input type="checkbox"/> Check if insured is deceased; date deceased: ____/____/____
Place of employment	Occupation and Title	Work phone number

SECTION D: DESCRIPTION OF ACCIDENT

Please provide a thorough description of the accident.
Your policy document provides the definition of an accident for reference in completing this section.

1. Where did this event occur? ☐ On job ☐ Off job: indicate where: _____

2. Date of event ____/____/____

3. Have you been treated for the same or similar condition *prior* to this occurrence? ☐ Yes ☐ No

4. Please describe the **event** that caused your injury. (attach additional pages, if needed)

5. Please describe the physical **injury** caused by the event. (attach additional pages, if needed)

SECTION E: PHYSICIAN AND MEDICAL FACILITY INFORMATION

Physician or medical facility where treated

Treating physician name	Phone number	Fax number
Address		
City	State	ZIP code
Email		
Primary physician name (if different than treating physician)	Phone number	Fax number
Address		
City	State	ZIP code
Email		
Hospital name (if applicable)	Phone number	Fax number
Address		
City	State	ZIP code
Email		
Rehabilitation unit name (if applicable)	Phone number	Fax number
Address		
City	State	ZIP code
Email		
Puerto Rico residents only: Please provide the following information for your major medical insurer:		
Name of major medical insurer	Primary insured name	
Address		
City	State	ZIP code
Group number	Phone number	

SECTION F: PATIENT AND POLICYOWNER/CERTIFICATE HOLDER SIGNATURE SECTION

Please be sure to include the following information with this claim form:

- ☐ Itemized bills from a physician and/or facility including diagnosis and/or procedure codes and charge amounts
(Itemized bills may include but are not limited to the following claim forms: UB04, CMS 1500, etc.)

By signing my name on this document, I declare that all of the information given is true and correct to the best of my knowledge and belief. I acknowledge I have received all required fraud warnings at the time of signing this form.

_____	_____	____/____/____
Patient signature (or legal representative)	Relationship to Policyowner/Certificate holder	
_____		____/____/____
Policyowner or Certificate holder signature (or legal representative)		Date

SECTION G: PHYSICIAN STATEMENT

To be completed and signed by the physician

Please answer each question COMPLETELY. Failure to complete all sections may delay processing of this claim.

Policy or certificate number		Policyowner or Certificate holder name		
Patient name		Patient date of birth		
Physician name		Phone number	Fax number	
Mailing address				
City	State	ZIP code		
Physician email				
Where did this event occur? <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other: _____ Date of event: ____/____/____				
Please describe how this event occurred.				
To your knowledge, has this patient ever had the same or a similar medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe (including date):				
Date of service	Diagnosis/ICD code	Surgery/CPT code	Description of surgery	Charges
Was patient hospitalized as result of the diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ If yes, was patient kept overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No		Confinement dates		Discharge date
Hospital name		City		State
Was patient confined to the ICU? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Level of care provided _____		Confinement dates		
Is patient's past medical history on file in your office? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, years available: _____				

Physician signature
CLM-FORM-ACC

____/____/_____
Date

Tax ID number

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1. My information—the individual who is the subject of the information							
Printed name		Date of birth		Social Security number			
Address		City		State		Zip	
2. Disclosing party—parties authorized to release information about me							
Any physician or other healthcare provider, hospital, clinic, medical facility, clinical lab, pharmacy, pharmacy benefit manager or pharmacy-related organization, insurance company or health plan, Social Security Administration, governmental agency or my employer							
3. Description of my information authorized for release							
<ul style="list-style-type: none">Any information related to my past, present or future health condition(s), medical care/treatment or prescription drug history, which includes information about mental health (excluding psychotherapy notes), communicable disease, HIV/AIDS, alcohol and substance abuse; andAny information regarding my past, present or future employment that is reasonably necessary to process and administer my claim(s) for accident insurance and/or disability income insurance benefits.							
4. Purpose of authorization—how my information will be used							
To administer benefits under a policy or certificate of insurance.							
5. Duration of authorization							
Twenty-four (24) months from the date written below, unless I specify an earlier date here: _____							
6. Receiving parties—parties authorized to receive information about me							
CNO Services, LLC on behalf of one or more of the following insurance companies: Bankers Life and Casualty Company, Bankers Consecro Life Insurance Company*, Colonial Penn Life Insurance Company, Consecro Life Insurance Company, Consecro Life Insurance Company of Texas, Washington National Insurance Company, Primerica Life Insurance Company, Jefferson National Life Insurance Company *domiciled in and licensed in the State of New York							
7. Important information—review carefully before signing							
<ul style="list-style-type: none">Refusing to sign this authorization does not affect my ability to obtain medical treatment, but may prevent my insurance company from being able to determine if benefits are payable under the terms of my coverage.This authorization may be revoked at any time unless it was already relied upon. Send a written revocation to: Customer Service P.O. Box 2024, Carmel, IN 46082-2024.The receiving parties named above are subject to federal privacy laws. However, if I authorize parties who are not subject to these laws to receive medical information about me, then such information could be re-disclosed and would no longer be protected.I understand that I have a right to a copy of this authorization, and that a photocopy or facsimile is as valid as the original.California residents are entitled to a large print version of this form by calling (800) 541-2254 to request form HEALTHMEDAUTH-LARGE.							
8. Approval—must be signed and dated by me or my legal representative* to be valid							
Print name: _____ Relationship: _____							
Signature: _____ Date: _____							
* Legal representatives provide documentation of legal authority							
Claims Department, P.O. Box 2024, Carmel, IN 46082-2024 Phone: (800) 541-2254 Fax: (317) 208-8656							

FIRST	MI	LAST
DECEDENT		
POLICY NUMBER		DATE OF DEATH

A DECEDENT AND POLICY INFORMATION

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SOCIAL SECURITY NUMBER	DATE OF BIRTH

OTHER KNOWN NAMES OF DECEDENT

CAUSE OF DEATH

PLACE OF DEATH

☐ Proceeds have been assigned. *(Provide assignment documentation with Claim Form.)*

B CLAIMANT INFORMATION

NOTE: PROVIDE ADDENDUM OR SUBMIT ADDITIONAL CLAIM FORM IF MULTIPLE CLAIMANTS.

<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	MI	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
FIRST NAME		LAST NAME

BUSINESS OR ENTITY NAME

ADDRESS 1

ADDRESS 2

<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	STATE	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
CITY		ZIP

EMAIL

<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	MI	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
PHONE		ALTERNATE PHONE

<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	OR	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
SOCIAL SECURITY NUMBER		EMPLOYER IDENTIFICATION NUMBER

DATE OF BIRTH

RELATIONSHIP TO DECEDENT

G. ACCIDENTAL DEATH INFORMATION

PROVIDE THE FOLLOWING INFORMATION IF THE DEATH WAS ACCIDENTAL:

DATE OF ACCIDENT

LOCATION OF ACCIDENT

DESCRIPTION OF ACCIDENT

H. MEDICAL HISTORY INFORMATION

COMPLETE THE ENCLOSED MEDICAL AUTHORIZATION FORM AND SUBMIT WITH THE CLAIM.

PROVIDE THE FOLLOWING INFORMATION IF THE POLICY HAS BEEN ACTIVE FOR LESS THAN TWO (2) YEARS:

DATE DECEDENT FIRST COMPLAINED OR GAVE OTHER INDICATION OF FATAL ILLNESS

DATE DECEDENT FIRST CONSULTED A PHYSICIAN FOR THE FATAL ILLNESS

Name and address of the decedent's Primary Care Provider:

FIRST NAME LAST NAME SUFFIX

BUSINESS OR ENTITY NAME

ADDRESS 1

ADDRESS 2

CITY STATE ZIP

Provide the names and addresses of all other health care providers that treated the decedent during the past 2 years:
NOTE: PROVIDE ADDENDUM FOR ADDITIONAL HEALTH CARE PROVIDERS

FIRST NAME LAST NAME SUFFIX

BUSINESS OR ENTITY NAME

ADDRESS 1

ADDRESS 2

CITY STATE ZIP

DATE TREATED DISEASE OR CONDITION

Life Insurance Claim Form

Provide the names and addresses of all other health care providers that treated the decedent during the past 2 years:
NOTE: PROVIDE ADDENDUM FOR ADDITIONAL HEALTH CARE PROVIDERS

FIRST NAME	LAST NAME	SUFFIX
BUSINESS OR ENTITY NAME		
ADDRESS 1		
ADDRESS 2		
CITY	STATE	ZIP
DATE TREATED	DISEASE OR CONDITION	

FIRST NAME	LAST NAME	SUFFIX
BUSINESS OR ENTITY NAME		
ADDRESS 1		
ADDRESS 2		
CITY	STATE	ZIP
DATE TREATED	DISEASE OR CONDITION	

FIRST NAME	LAST NAME	SUFFIX
BUSINESS OR ENTITY NAME		
ADDRESS 1		
ADDRESS 2		
CITY	STATE	ZIP
DATE TREATED	DISEASE OR CONDITION	

Important Information

Life Insurance Claim Form

MAILING ADDRESS

Washington National Insurance Company
PO Box 1917
Carmel, IN 46082-1917
(800) 525-7662
www.Washingtonnational.com

DEFINITIONS

- **Owner:** The person who applies for and purchases the policy.
- **Insured:** The person whose life is insured under the policy.
- **Primary Beneficiary:** The person or entity designated to receive benefits upon the death of the insured.
- **Contingent Beneficiary:** The person or entity that is designated to receive benefits in the event the designated primary beneficiary is no longer living at the time of the insured's death.
- **Assignee:** The entity such as a funeral home or cemetery that is assigned to receive part or all of the death proceeds upon the death of the insured.

INSTRUCTIONS

- Complete all sections of the Claim Form.
- Sign and date the Claim Form.
- Mail to address listed above.

DECEDENT AND POLICY INFORMATION

- Provide all information in Section A of the Claim Form.
- In certain circumstances a routine investigation may be necessary. You will be notified if an investigation is initiated.
- Indicate in Section A of Claim Form if there is an assignment of proceeds by checking the Assignment of Proceeds box. An assignment on the Assignee's company letterhead, signed by all beneficiaries and an officer of the company must be submitted with the Claim Form along with an itemized billing statement.

CLAIMANT INFORMATION

- Complete all information in Section B of the Claim Form.
- If there is more than one Claimant on the claim, a separate Claim Form or addendum must be submitted.

PAYMENT OPTIONS

- Select one method for disbursement of policy benefits in Section C of the Claim Form. Supply all requested information for the method selected. Once benefit disbursement has been made other disbursement options are no longer preserved.
- These payment options may be available based on the policy:
 - **BenefitNOW Account®:** Immediate payout with an interest bearing draft account. In some instances, a BenefitNOW account will be established if no other disbursement option is selected on the Claim Form.
 - **Single Check Payment:** Provides immediate payout with a single check issued for the total amount of the payment.
 - **Proceeds on Deposit:** The benefit may be left on deposit with us to accumulate interest for an agreed upon period of time.
 - **Other Options:** Some policies may have other payment options available. Refer to your policy or contact us at the number provided for additional payment options. Indicate the other payment option desired under OTHER in Section C of the Claim Form.

Important Information

Life Insurance Claim Form

TAX ID NUMBER AND CERTIFICATION

- Submit IRS form W-9 or complete the certification in Section D of the Claim Form.
- All beneficiaries must provide their Social Security Number, Employer, Trust or Estate Tax Identification Number and complete the certification ensuring this number is correct AND indicating if you are subject to Backup Tax Withholding. If this section is not completed, the interest earned may be subject to Federal or State withholding.
- Indicate on the "other" line in Section E of the Claim Form if a W-9 form is being submitted with the claim.

REQUIRED DOCUMENTATION

- Identify the documents that are being submitted with the Claim Form in Section E of the form.
- The following items should be submitted with the Claim Form if applicable:
 - **Assignment:** An assignment on the Assignee's company letterhead, signed by all beneficiaries and an officer of the company must be submitted with the Claim Form along with an itemized billing statement.
 - **Certified Death Certificate:** The Certified Death Certificate is needed to process the Life Insurance Claim. A Certified Death Certificate has the seal of the validating authority. Photocopies are not valid.
 - If any beneficiary is deceased a copy of his or her death certificate must also be included.

- **Children of Insured:** If the beneficiaries are the children of the insured and have not been designated by name, a notarized list of the children is required. Their current mailing addresses, telephone numbers, dates of birth and Social Security numbers are also required.
- **Corporation:** If the beneficiary is a corporation, an authorized officer of the corporation must sign the Claim Form. The officer's title must follow the signature. A Corporate Resolution or other supporting documentation is required for each officer's signature.
- **Divorce Decree:** A Divorce Decree may be requested during the claim review process if the deceased was divorced.
- **Estate Beneficiary:** If an estate will not be opened, the Claimant is responsible for contacting an attorney or the local probate court clerk in the proper jurisdiction for an affidavit of small estate or heirship.
- **Original Policy:** Return all pages of the original policy with the Claim Form.
- **Power of Attorney:** A copy of the Power of Attorney is required if an attorney-in-fact is filing on behalf of a designated beneficiary.

- **Minor Child Beneficiary:** If the beneficiary is a minor child, the Certified Guardianship paperwork must be submitted with the Claim Form.
 - If guardianship documents cannot be obtained, the company will work with the minor's parents or legal guardian and their counsel to determine an alternative method of payment. Payment may be possible under the state's Uniform Transfers to Minors Act.
- **Trust Beneficiary:** If the beneficiary is a trust, a copy of the Trust and any Amendments should be submitted with the claim.

ACCIDENTAL DEATH INFORMATION

- The following items should be completed if the death was accidental:
 - Section G of the Claim Form: ACCIDENTAL DEATH INFORMATION.
 - Medical Authorization Form. The Medical Authorization Form provides your consent to review medical files during the claim review process.
- Indicate in Section E of the Claim Form that the information is being submitted with the claim.

MEDICAL HISTORY INFORMATION

- The following items should be completed if the policy has been active for less than two (2) years:
 - Section H of the Claim Form: MEDICAL HISTORY INFORMATION.
 - Medical Authorization Form. The Medical Authorization Form provides your consent to review medical files during the claim review process.

FRAUD WARNING NOTICES

PLEASE READ THE FRAUD WARNING NOTICE FOR YOUR STATE

NOTICE: Any person who knowingly and with intent to defraud any insurance company that submits an application for insurance or statement of claim containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading, may be committing a crime which is subject to criminal and civil penalties.

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

ALASKA, DELAWARE, FLORIDA, IDAHO, NEW YORK: Your state requires us to notify you that: any person who knowingly and with intent to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony as further defined by your state statute.

ARKANSAS, HAWAII, LOUISIANA, MAINE, NEW MEXICO, RHODE ISLAND, TENNESSEE, TEXAS, VIRGINIA, WEST VIRGINIA: 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.

ARIZONA, KENTUCKY, OHIO: WARNING: any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

CALIFORNIA: For your protection California law requires the following warning statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: WARNING: any person who knowingly and with intent to defraud an insurer provides false, incomplete or misleading information is subject to criminal and civil penalties, including imprisonment, fines and denial of insurance. Any agent who knowingly and with intent to defraud a policyholder or claimant provides false, incomplete or misleading information with regard to a settlement or insurance proceeds payable will be reported to the Colorado Insurance Department.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

INDIANA, MINNESOTA: Your state requires us to notify you that: any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

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

NEW HAMPSHIRE: Your state requires us to notify you that any person, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud under New Hampshire law.

NEW JERSEY, PENNSYLVANIA: NOTICE: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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Introducing your personal BenefitNOW Account® !

When you receive benefits from an insurance policy, you have the option to choose a BenefitNOW Account. This program provides you a number of attractive benefits, described here.

What is the BenefitNOW Account

Many times, individuals who receive proceeds from an insurance policy aren't prepared to handle those funds immediately. The BenefitNOW Account can help. When your proceeds are safely deposited into your personal BenefitNOW Account, you have time to carefully consider your financial goals and plans for the future. Your funds are available whenever you need them. This account and its benefits are offered to you free of charge by your insurance company. Your account is also backed by state guarantee associations.

ACCOUNT SERVICES

The BenefitNOW Account is a special service that provides you extra value at no cost. With the account, you'll receive periodic statements detailing your balance, activity and credited interest.

EASY ACCESS

The BenefitNOW Account includes free drafting privileges. You can write a draft at any time, similar to your personal checking account, to access some or all of your funds. There are no penalties for making withdrawals and no minimums per withdrawal.

INTEREST PAYMENTS

Your BenefitNOW Account begins earning interest the day it's established. Interest is compounded daily and credited monthly. To hear the current interest rate, call (800) 883-7190.

BENEFICIARY DESIGNATION

When your proceeds are deposited into your personal BenefitNOW Account, you'll receive a welcome kit with a beneficiary designation form. With this option, you can provide for your heirs in the event of your death. To designate a beneficiary, complete and return the form in the reply envelope.

QUESTIONS

To learn more about your options with BenefitNOW Account, call our customer service team at (800) 525-7662.

Terms and conditions

FLEXIBLE ACCESS

By writing a draft, you get immediate access to your funds whenever you need them. There are no penalties for withdrawing any or all of your funds at any time. Drafts from your account are payable through State Street Bank and Trust Company, Boston, MA, and are subject to the bank's rules and regulations. You may write a draft today for any portion of your balance.

BENEFICIARY DESIGNATION

Your BenefitNOW Account can provide for your heirs in the event of your death. Simply complete the enclosed form and return it in the reply envelope. If you designate more than one beneficiary, the available balance will be paid in equal shares, or the entire balance will be paid to the last surviving beneficiary. If no beneficiary survives you, your account balance will be paid to your estate. If you choose not to designate a beneficiary, your account balance will be paid to your estate. You are not required to designate a beneficiary.

INTEREST

Your BenefitNOW Account begins earning interest on the day it is established. Interest is compounded at the end of each day and credited to your account monthly. Your insurance company determines the interest rate and it may be more or less than the company earns on the funds in the account. The interest rate is not guaranteed and is subject to change. The rate is based on periodic evaluation of items such as short-term investment yields and current market rates. To hear the current rate, call (800) 883-7190.

ACCOUNT SERVICES

Your account provides you free, unlimited draft-writing privileges. You can write a draft at any time, similar to your personal checking account, to access some or all of your funds. There are no penalties for making withdrawals, and no minimums per withdrawal. Draft reorders and routine account services are provided at no cost and function similar to your personal checking account. There are no monthly maintenance fees. You will receive a monthly statement via postal mail for each month a transaction is posted to your account. If you have no activity during the month, you will receive a quarterly statement. Your statements will help you track your balance, activity and credited interest. You may register your account, view information and complete limited transactions online through our secure website at any time.

Fees apply only for special services as listed below:

- Copies of drafts or statements \$2 each
- Returned drafts \$10 each
- Stop-payment orders \$12 each

Fee amounts are subject to change without notice.

TAXES

BenefitNOW Account proceeds earn interest that is taxed and tax-reported annually. No previously tax-reported interest is subject to income taxation a second time. Any comments regarding tax consequences are made for general education and informational purposes only. Insurers and their representatives may not by law offer tax or legal advice. Based on your particular circumstances and objectives, you should seek advice from qualified and duly-licensed independent tax or legal advisers. No one may rely upon or use the information here for the purposes of avoiding any tax or tax penalty that may be imposed by the Internal Revenue Code or other applicable law.

After life or annuity benefits have been paid into a BenefitNOW Account, they may no longer retain the special status and protections afforded to life insurance or annuity contracts by federal tax law and by the property laws of your jurisdiction. Pay-on-death (POD) and transfer-on-death (TOD) laws in some states may uphold transfers to beneficiaries under BenefitNOW types of accounts. However, in some jurisdictions claims against such assets also may be made through your will or by heirs under intestacy rules.

CREDITOR CLAIMS

To the extent permitted by state and federal law, your BenefitNOW Account is not subject to the claims of your and/or the decedent's creditors.

ASSIGNABILITY

Your BenefitNOW Account funds cannot be assigned or used as collateral. Any attempted assignment is not binding.

TERMS OF FUNDS

The funds deposited in your BenefitNOW Account are not a bank product and are not FDIC insured. Your funds continue to be held by your insurance company and are backed by the financial strength of your insurance company, as were the premiums paid into the insurance policy. They also are guaranteed by state guaranty associations. For more information on your specific state, visit the National Organization of Life & Health Guaranty Associations (NOLHGA) at www.nolhga.com. For additional information, please contact your state department of insurance.

If no activity occurs on your account for more than three years, your account may be closed and a check sent to you for the balance.

Once benefit disbursement has been made other disbursement options are no longer preserved.

Authorization to Obtain Medical Records

For Life Insurance - Pursuant to the HIPAA Privacy Rule

1. Insured party whose medical records will be obtained

Printed Name

Date of Birth

Social Security Number

Address

City

State

Zip Code

2. Disclosing Party

Any physician or other health care provider, hospital, clinic, medical facility, clinical lab, pharmacy, pharmacy benefit manager or pharmacy-related organization, insurance company or health plan, Social Security Administration, or the insured party's employer

3. Description of information authorized for release

Any information related to past, present or future health condition(s), medical care or treatment, which includes information about mental health, communicable disease, HIV/AIDS and substance abuse, but excludes psychotherapy notes

4. Purpose of this Authorization

To administer benefits under a policy or certificate of insurance

5. Duration of Authorization

Twenty-four (24) months from the date written below, unless I specify an earlier date here: _____

6. Receiving Party

CNO Services, LLC on behalf of one or more of the following insurance affiliates: Bankers Life and Casualty Company, Bankers Consec Life Insurance Company *, Colonial Penn Life Insurance Company, Consec Life Insurance Company, Washington National Insurance Company

*domiciled in and licensed in the State of New York

Page 2 - Authorization to Obtain Medical Records

For Life Insurance - Pursuant to the HIPAA Privacy Rule

7. Review carefully before signing

- Refusing to sign this Authorization does not affect the terms of the insured party's coverage, but may prevent a determination of whether life insurance benefits are payable.
- This Authorization must be signed by the insured party or his/her Legal Representative if the insured party is incapacitated or deceased (i.e., Executor or Next-of-Kin). Documentation of the Legal Representative's authority must accompany this Authorization (i.e. Estate Paperwork, Marriage License, Affidavit of Next-of-Kin).
- This Authorization may be revoked at any time, except to the extent it has been relied upon by sending a written revocation to Customer Service 11825 N. Pennsylvania Street, Carmel, IN 46032.
- If the party authorized to receive information described in this Authorization is not subject to federal health information privacy laws then such information could be re-disclosed and would no longer be protected by these laws.
- The insured party/Legal Representative has a right to receive a copy of this Authorization and a photocopy or facsimile shall be as valid as the original.
- Return a signed and dated Authorization in the enclosed envelope.
- **IMPORTANT** - This Authorization is not valid if not signed and dated, or if both pages are not enclosed.

8. Signed and dated by the insured party or Legal Representative*

Printed Name

Relationship

Signature

Date

***Legal Representatives must enclose documentation of legal authority**

Customer Service
11825 N. Pennsylvania Street - Carmel, IN 46032



WASHINGTON NATIONAL
SOLUTIONS[®] Cancer
SUPPLEMENTAL CANCER INSURANCE



Benefits. Options. Advocacy.



Each year, millions of Americans are diagnosed with cancer.

What are the chances that someone in your family will be one of them?

According to the American Cancer Society:

- In the U.S., approximately **1-in-3 people** will develop cancer in their lifetime.¹
- Cancer is the **second-leading cause of death** in children 14 and younger.²
- Approximately **15.5 million Americans** alive today have a history of cancer.³

The good news: Thanks to early detection and advanced treatment, survival rates are increasing.

But treatments cost money.

And they may not be covered by your major medical policy.

The annual cost of cancer-related health care in the U.S. is roughly **\$80.2 billion**.⁴

Major medical insurance covers some of a cancer patient's treatment costs, but not all.



On average, cancer patients spend **\$703** out of pocket **each month** on treatments alone.⁵

And this amount doesn't account for nonmedical costs, which could include:

- Insurance shortfalls, such as deductibles, copayments and benefit limitations.
- Special expenses like transportation, lodging and family care.
- Loss of income when the patient is unable to work.
- Living expenses, including mortgage or rent payments, car loans, utilities and groceries.

How would you pay for the out-of-pocket expenses of cancer?

- Spend your life savings.
- Sell off assets.
- ***Purchase supplemental insurance.***

Your cancer concerns don't stop at the doctor's door.

Neither should your insurance. Washington National offers a solution.

YOUR GUARANTEES FROM WASHINGTON NATIONAL

- **Benefits are paid directly to you** regardless of any other insurance you have.⁶
- **Only you can cancel** your coverage.⁷
- **Rates won't increase** just because you use your policy's benefits.⁸

¹American Cancer Society, *Cancer Facts & Figures 2019*, 2019, p. 2.

²Ibid., p. 12.

³Ibid., p. 1.

⁴Ibid., p. 9.

⁵Duke University, *Out-of-Pocket Costs, Financial Distress, and Underinsurance in Cancer Care*, Retrieved from Guide Star, <https://www.guidestar.org/profile/41-1990883>, January 24, 2019.

⁶Unless otherwise requested by you or required.

⁷As long as your premiums are paid when due. Only you can cancel your coverage.

⁸Your rates cannot be increased unless all rates of the same kind are raised in your state.

DIAGNOSIS BENEFIT

BENEFIT	AMOUNT	INFORMATION
First-occurrence express payment	\$1,000	This benefit is payable by overnight delivery when any insured family member is diagnosed with any type of internal cancer, except skin cancer, and submits acceptable proof of diagnosis. Children will receive a 50% increased benefit. This way, you will have immediate financial assistance to help with the extra expenses associated with cancer. In most areas, delivery is guaranteed within two days! This benefit is payable only once for each insured.
Additional units first-occurrence express payment	\$1,000 to \$9,000	Up to nine additional units (\$1,000 per unit) are available for a maximum express payment benefit of \$10,000. Children will receive a maximum benefit of \$15,000.

**Health Advocate®: Our signature feature**

Making phone calls, handling arrangements, filing paperwork.... When you're dealing with health issues, you don't have to handle it all by yourself. With your Washington National Solutions Cancer policy, you have immediate access to helpful support from Health Advocate.

Your personal Health Advocate is an R.N. backed by medical directors and administrative experts. Health Advocate can help you:

- Navigate the health care system.
- Find physicians and facilities.
- Access valuable resources.
- Resolve claims and billing issues.

For immediate support, call Health Advocate at (866) 695-8622.

IN-HOSPITAL BENEFITS

BENEFIT	AMOUNT	INFORMATION
Inpatient hospital confinement includes U.S. government hospitals	\$250 per day, 1-30 days \$500 per day, 31+ days	Benefits are paid for each day you are confined as an inpatient in a hospital due to cancer. For confinements in a U.S. government hospital, this benefit amount is paid in lieu of all other benefits—except the first-occurrence express payment, transportation (insured), transportation (family member) and lodging benefits.
Inpatient drugs and diagnostic testing	\$50 per day	Benefits are paid for FDA-approved drugs and medicine, X-rays, and laboratory and diagnostic testing. Benefits are payable for up to the same number of days you receive benefits for hospital confinement.
Attending physician	\$40 per day	Benefits are paid per covered confinement for cancer-treatment services by a physician other than your surgeon. Benefits are payable for up to the same number of days you receive benefits for hospital confinement.
Private nurse	\$125 per day	Benefits are paid when your doctor prescribes the full-time services of an L.P.N., L.V.N. or R.N. during a covered hospital confinement. Services must be provided by someone other than a spouse or family member and be other than those regularly furnished by the hospital. Benefits are payable for up to the same number of days you receive benefits for hospital confinement.

IN-HOSPITAL BENEFITS

BENEFIT	AMOUNT	INFORMATION
Transportation (insured)	Actual charges up to \$2,500 for coach-class plane, train or bus transportation or 40 cents per mile for transportation by car	Benefits are paid for a one-way trip by coach-class plane, train, bus or car if you must travel more than 100 miles one way within the continental U.S. (including Alaska, Hawaii and Puerto Rico). Transportation must be from your home to receive covered cancer treatments that are prescribed by your physician and are not available locally. There is no limit to the number of trips. National Cancer Institute (NCI) This transportation benefit also applies for consultation at a comprehensive or clinical cancer center recognized by the National Cancer Institute.
Transportation (family member)	Actual charges up to \$2,500 for coach-class plane, train or bus transportation or 40 cents per mile for transportation by car	Benefits are paid for one immediate family member for a one-way trip by coach-class plane, train, bus or car if the same trip is not paid under the transportation (insured) benefit. Transportation is limited to two one-way trips per period of confinement from the family member's home to the hospital in which the insured is confined. The hospital must be more than 100 miles one way within the continental U.S. from each person's home (including Alaska, Hawaii and Puerto Rico). This benefit is provided to the insured for a family member to travel to and/or from the city where an insured is confined to receive covered cancer treatments that are prescribed by a physician and are not available locally.
Family member lodging	Actual charges up to \$70 per day	Benefits are paid for one immediate family member's lodging, in one room per day, for up to 60 days per period of the insured's confinement. Lodging must be more than 100 miles one way within the continental U.S. from each person's home (including Alaska, Hawaii and Puerto Rico). The benefit is provided to the insured for a family member to lodge in the city where the insured is confined to receive covered cancer treatments that are prescribed by a physician and are not available locally.
Ambulance	\$250 per one-way trip	This benefit is paid for each one-way trip to or from a hospital where you are confined as an inpatient, for up to two one-way trips per confinement. Benefits include air ambulance when necessary to protect your health and safety and no other travel methods are available.

IN- OR OUT-OF-HOSPITAL BENEFITS

BENEFIT	AMOUNT	INFORMATION
Second and third surgical opinion	\$250 per opinion	Benefits are paid for second and third medical evaluations of your need for surgery (other than for skin cancer) at your option.
Surgery	\$135 to \$9,000	Benefits are paid for each operation that diagnoses or treats cancer, based on the schedule listed in your policy. If more than one procedure is performed through the same incision at the same time, we will pay for the one with the largest benefit amount. Biopsy surgery Benefits also are paid for surgical biopsies leading to a positive cancer diagnosis, based on the surgical schedule listed in your policy.
Reconstructive breast surgery	Actual charges	This benefit is paid up to the amount we paid for the surgical procedure benefit for a mastectomy.

IN- OR OUT-OF-HOSPITAL BENEFITS

BENEFIT	AMOUNT	INFORMATION
Blood and plasma	\$80 per unit	Benefits are paid for each unit of blood you receive for cancer treatment. This includes donated blood, plasma and platelets.
Anesthesia	\$34 to \$2,250	Benefits are paid for each operation, based on the schedule listed in your policy. If more than one surgical procedure is performed at the same time, we will pay for the anesthesia with the largest benefit amount. Benefits also are paid for surgical biopsy anesthesia leading to a positive cancer diagnosis, based on the schedule listed in your policy.
Prosthetics (surgical)	Actual charges up to \$3,000 per device	Benefits are paid for surgically implanted prosthetic devices needed due to and received within three years of a covered surgery as prescribed by a physician due to cancer.
Prosthetics (nonsurgical)	Actual charges up to \$250 , lifetime maximum per insured	Benefits are paid for nonsurgically implanted devices received within three years of a covered surgery as prescribed by a physician due to cancer. Devices include voice boxes, removable breast prostheses and ostomy pouches.
Radiation therapy	Actual charges up to \$300 per day	Benefits include but are not limited to the insertion of an interstitial or intracavity application of radium or radioisotopes. The surgery benefit provides additional amounts payable for insertion and removal. There is no monthly or lifetime maximum limit to this benefit.
Chemotherapy (injected by medical personnel)	Actual charges up to \$300 per day	Benefits include cytotoxic chemical substances and their administration. Injections must be made by medical personnel in a physician's office, clinic or hospital. Benefits are payable on the date of the treatment. Experimental treatments are covered as long as treatment is investigationally approved by the U.S. Food and Drug Administration. There is no monthly or lifetime maximum limit to this benefit.
Chemotherapy (self-administered)	Actual charges up to \$300 per drug	Benefits include self-injected medications, medications dispensed by a pump or implant, or oral chemotherapy, regardless of where it is administered. This benefit is limited to a monthly maximum of \$2,400. Experimental treatments are covered as long as treatment is investigationally approved by the U.S. Food and Drug Administration. There is no lifetime maximum limit to this benefit.
Comfort drugs (outpatient)	Actual charges up to \$150 per month	Benefits are paid for outpatient medication prescribed to treat nausea associated with cancer treatments.
Medical imaging	\$200 per calendar year	This benefit is paid when an insured receives an initial diagnosis or follow-up evaluation of internal cancer using a medical imaging exam. This includes but is not limited to CT scan, MRI, bone scan and PET scan. This benefit is limited to one payment for each calendar year for each insured.
Stem cell transplant	Actual charges up to \$2,500 , lifetime maximum per insured	Benefits are paid for a stem cell transplant for the treatment of cancer. This benefit does not pay for a bone marrow transplant. We will pay this benefit once per lifetime for each insured.
Bone marrow transplant	\$10,000 , lifetime maximum per insured	Benefits are paid for a bone marrow transplant for the treatment of cancer. This benefit does not pay for a stem cell transplant. We will pay this benefit once per lifetime for each insured.
Wigs and hairpieces	Actual charges up to \$250 , lifetime maximum per insured	This benefit is paid for a wig or hairpiece needed due to cancer treatments for which you receive benefits under this policy.

IN- OR OUT-OF-HOSPITAL BENEFITS

BENEFIT	AMOUNT	INFORMATION
Home health care	\$40 per visit	Benefits are paid when you have been confined to a hospital for the treatment of cancer and receive home health care by a licensed, certified provider within seven days of release from a hospital as prescribed by your physician. Benefits are paid for up to 10 visits per confinement and 30 visits per year. This benefit is not payable at the same time as the hospice benefit.
Skilled nursing	\$150 per day	Benefits are paid when your doctor prescribes confinement to a skilled nursing facility due to cancer within 14 days after a covered hospital confinement. Benefits are payable for up to the same number of days you received the hospital confinement benefit during the most recent hospital confinement.
Hospice	\$120 per day for the first 60 days; \$60 per day for an unlimited number of days thereafter	Benefits are paid for care provided at home or in a hospice facility by a licensed hospice to a terminally ill patient who is no longer receiving definitive cancer treatment and is expected to live six months or less. This benefit is not payable at the same time as the home health care benefit.
Wellness benefit	Actual charges up to \$50 per calendar year	After the 30-day eligibility period has been met, benefits are paid for the following screenings for each insured: mammogram, breast ultrasound, Pap smear (lab and procedure), biopsy, chest X-ray, CEA/CA 125 (blood test for colon and ovarian cancer), PSA (blood test for prostate cancer), colonoscopy, etc. This benefit is limited to one test per calendar year. The policy contains a complete list of covered tests. This is a preventive benefit. Diagnosis of cancer is not required for this benefit to be payable. There is no lifetime maximum limit for this benefit.



CANCER PREVENTIVE CARE RIDER

These benefits help keep pace with medical advances, enabling earlier detection of cancer and better post-treatment care for cancer survivors. Developments are helping more people overcome cancer than ever before. In the last 25 years, the U.S. cancer death rate has dropped 27%.¹ The benefits are payable whether or not cancer is diagnosed. All four of the rider's benefits are payable in addition to any other insurance.

BENEFIT	AMOUNT	INFORMATION
Cancer screening wellness	\$50 per calendar year	This benefit pays for one cancer test ² in a calendar year, even when it's covered by other insurance.
Additional screening and treatment	\$50 per calendar year	This benefit is payable for a second cancer screening or preventive treatment based on an abnormal result of your initial screening that we paid for.
Skin cancer diagnosis	\$300 upon initial diagnosis	This one-time benefit is payable when skin cancer is diagnosed.
Annual care³	\$750 per year for up to five consecutive years per insured	This benefit helps cover the cost of medical follow-up for cancer survivors. It activates on the anniversary of the base policy's first-occurrence benefit payment. To receive the benefit, the insured person must be under the active care of a physician.

This optional rider has an additional cost (form CHIC-8063FL).

Your benefits can be used even when you don't have cancer.

Here's an example:

Sharon, 40, went in for her first annual mammogram this year. When the test turned up a suspicious area, her doctor ordered a needle biopsy. A few days later, Sharon received the good news: She didn't have cancer!

Even so, Sharon's Cancer Preventive Care rider paid her \$50 for the first screening and \$50 for the needle biopsy.

This rider can keep paying even after treatment.

If the news is different for Sharon, her outlook is better due to medical advances. Plus, she'll be covered during and after treatment with the Cancer Preventive Care rider.⁴



DEFINITIONS

Hospital: A hospital is not a bed, unit or facility that functions as a/an: skilled nursing facility, nursing home, extended care facility, convalescent home, rest home, home for the aged, sanatorium, rehabilitation center, place primarily providing care for alcoholics or drug addicts or facility for the care and treatment of mental disease or mental disorders.

Waiver of premium: After the policyholder is disabled from cancer for more than 90 consecutive days, premium payments are not required to keep the insurance in force as long as disability due to cancer continues. Disability must occur prior to the policyholder's 65th birthday. Must be diagnosed with cancer 30 days or more after the effective date of coverage under this policy.

¹American Cancer Society, Cancer Facts & Figures 2019, 2019, p. 1.

²See your policy for full list of covered screenings.

³This benefit is not available for skin cancer.

⁴Annual payments are \$750 for a five-year maximum benefit amount of \$3,750.

Limitations and exclusions

You will be eligible for benefits if: you are not diagnosed with any cancer during the first 30 days after your effective date; cancer is first diagnosed while you are covered under this policy; you incur a loss due to cancer while covered under this policy; your loss is not excluded by name or specific description in the policy or an attached exclusion rider.

The benefits described in the policy or rider do not cover all nonmedical expenses. However, the benefit payment you receive can be used to pay any of your medical or nonmedical costs not paid by any other insurance.

Benefits are not payable for loss contributed to, caused by, or resulting from your: Having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by cancer or cancer treatment; diagnosis of cancer during the 30-day eligibility period; no benefits are payable for a pre-existing condition during the first 24 months after the effective date of coverage for that covered person. Pre-existing condition is defined as the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twenty-four (24) month period preceding the effective date of the coverage of the insured or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a twenty-four (24) month period preceding the effective date of coverage. Routine follow-up care to determine whether breast cancer has recurred in a covered person who was previously determined to be breast cancer free does not constitute medical advice, diagnosis, care, or treatment for purposes of determining preexisting conditions, unless evidence of breast cancer is found during or as a result of the follow-up care.

If an employer pays, or is treated as paying, all or part of the premium, the benefit may be considered taxable income unless excluded under one or more provisions of the Internal Revenue Code. You should consult your tax adviser for specific information.

This brochure is intended to be a brief, general description of coverage. For more complete details of coverage, including benefits, limitations and exclusions specific to your state, please review the policy with your agent.

Policy form series: CHIC-5022I-FL

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office
11825 N. Pennsylvania Street
Carmel, IN 46032

WashingtonNational.com





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SOLUTIONS[®] Cancer

Benefits. Options. Advocacy.

RETURN OF PREMIUM RIDER

Choose a benefit that can return your premiums back to you. With the Return of Premium rider, you can receive a check for all premiums paid—minus claims incurred—when you keep your policy in force for 20 years.

You're only required to keep your policy and this rider in force until maturity. When your money is returned, your Return of Premium rider will cancel and you can continue your cancer protection at a reduced rate.

Here are three examples of your return-of-premium potential:

	No claim	Small claim	Large claim
Total premiums paid	\$9,600	\$9,600	\$9,600
Claims incurred	– 0	– 2,000	– 20,000
Amount of return	9,600	7,600	0

The return-of-premium benefits are contained in rider form CHIC-8047(I)FL.

There is an additional cost for this optional rider.

This rider is available through the age of 75 and is based on the policyholder's age at issue.

This rider is not available with policies purchased as part of your Section 125 plan.



CN-FS-FL-ROP

WASHINGTON NATIONAL INSURANCE COMPANY

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SOLUTIONS® Cancer

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HOSPITAL INTENSIVE CARE INSURANCE

Florida

Confinement to an intensive care unit (ICU) or a critical care unit (CCU) can result from:

- Heart attack and stroke
- Serious trauma accident
- Complications from surgery
- Other serious medical conditions

Intensive care and critical care are among the most important types of care. So it's important to have financial protection.

- Each year, more than 5 million U.S. adults spend at least one day in an ICU unit.¹
- With an attending physician, the average intensive-care stay is over 9 days.¹

Hospital intensive care unit rider

Washington National's Intensive Care Unit benefit rider helps provide protection against unexpected medical expenses when an accidental bodily injury or sickness occurs.

Intensive care unit (per day, vehicular accidents pay double)

Adult benefit	\$1,000
Children less than 1 year old	300

Sub-acute intensive care unit (per day, vehicular accidents pay double)

Adult benefit	\$400
Children less than 1 year old	120

Attending physician benefit (per day)

Benefit amount	\$75
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Blood and plasma (per day)

Benefit amount	\$50
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Ambulance benefit (limited to 2 trips per confinement)

Benefit amount	\$150 per trip
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Physician's office wellness benefit (per person, per calendar year)²

Adult benefit	\$75
Child benefit	\$50

With this benefit rider, it provides:

- First-day coverage. Your rider covers ICU confinements beginning with the first day of hospitalization for accidental bodily injury and the second day for hospitalizations resulting from any sickness.

¹"Critical Care Statistics in the United States," Society of Critical Care Medicine, 2015.

²Pays benefit for the following tests: annual physical exam, mammogram, breast ultrasound, pap smear, biopsy, flexible sigmoidoscopy, hemocult stool specimen, chest x-ray, CEA, CA 125, PSA, thermography, colonoscopy, virtual colonoscopy, ThinPrep, stress test on a bicycle or treadmill, fasting blood glucose test, blood test for triglycerides, serum cholesterol test to determine level of HDL and LDL, electrocardiogram (EKG), carotid doppler, echocardiogram and lipid panel.

(over)



CN-FS-FL-ICU

Limitations and exclusions

You will be eligible for benefits if you are not diagnosed with any cancer during the first 30 days after your effective date; cancer is first diagnosed while you are covered under this policy; you incur a loss due to cancer while covered under this policy; your loss is not excluded by name or specific description in the policy or an attached exclusion rider. Benefits are not payable for loss contributed to, caused by or resulting from your having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by cancer or cancer treatment and diagnosis of cancer during the 30-day eligibility period. No benefits are payable for a pre-existing condition during the first 24 months after the effective date of coverage for that covered person.

This brochure is not the insurance contract. The policy defines in detail the rights and obligations of both you and us. Therefore, it is very important that you read your policy carefully.

The intensive care benefits described are contained in form R1079FL.

PRE-EXISTING CONDITION: The existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twenty-four (24) month period preceding the effective date of the coverage of the insured or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a twenty-four (24) month period preceding the effective date of coverage. Routine follow-up care to determine whether breast cancer has recurred in a covered person who was previously determined to be breast-cancer free does not constitute medical advice, diagnosis, care or treatment for purposes of determining pre-existing conditions, unless evidence of breast cancer is found during or as a result of the follow-up care.



CN-FS-FL-ICU

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Sample policy language
CHIC-5022I-FL | Florida

WASHINGTON NATIONAL
SOLUTIONS[®] Cancer
supplemental cancer insurance

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Washington National Insurance Company
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

CANCER INSURANCE POLICY

(COVERAGE FOR OTHER SICKNESS OR ADDITIONAL BENEFITS MAY BE INCLUDED IN A SEPARATE RIDER REQUIRING ADDITIONAL PREMIUM. IF SUCH COVERAGE IS INCLUDED, IT WILL BE INDICATED IN THE ATTACHED POLICY SCHEDULE.)

THIS IS A LIMITED BENEFIT POLICY– PLEASE READ CAREFULLY.
THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If a Covered Person is eligible for Medicare, please review the “Guide to Health Insurance for People with Medicare”, which is available from the Company.

IMPORTANT NOTICE

Please read the copy of the application attached to this Policy. Carefully check the application and write to the Company at the above address within 10 days, if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. This application is a part of the Policy and the Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

This Policy (“Policy”) is between the Insured (shown in the Policy Schedule) and Washington National Insurance Company. Subject to all the terms and conditions set forth in the Policy, We agree to provide coverage to Covered Persons against Loss due to Cancer based on the application and in return for Premium payments.

ELIGIBILITY REQUIREMENT: This Policy contains a 30-day eligibility requirement. If a Covered Person is diagnosed with or treated for internal Cancer during the first 30 days of coverage under this Policy, benefits will only be provided for Loss commencing 24 months after the Covered Person’s Effective Date of coverage. If a Covered Person is diagnosed with Cancer during the first 30 days of coverage, the Insured may elect to void this Policy from its Effective Date and receive a full refund for any Premium paid.

TEN-DAY RIGHT TO RETURN: If for any reason the Insured is not satisfied with this Policy, it may be returned to an authorized agent of the Company or to Us within 10 days after it is received for a complete refund of Premium and cancellation.

GUARANTEED RENEWABILITY PRIVILEGE – PREMIUM CHANGE: This Policy is continuously renewed during the Insured’s lifetime by the payment of Premiums when due. We reserve the right to change Premium rates upon written notice to the Insured’s last known address at least 60 days before the change is to become effective. Such changes may only be made for all Policies of this form number and Premium classification issued in the same state. Premium classification is determined by issue age, type and level of benefits and payment method. This Policy cannot be singled out for a Premium rate change.

This Policy is executed on behalf of WASHINGTON NATIONAL INSURANCE COMPANY by its President and Secretary at its Home Office in Carmel, Indiana.

President

Secretary

The policyholder may call 1-800-888-4918 to present inquires, obtain information about coverage’s, or to obtain assistance in resolving complaints.

LIMITED BENEFIT HEALTH INSURANCE COVERAGE
THIS IS A SPECIFIED DISEASE POLICY LIMITED TO CANCER COVERAGE ONLY.
NO BENEFITS ARE PAYABLE FOR LOSS FROM ANY OTHER CAUSE.

POLICY INDEX

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Riders, Endorsements Amendments, if any	Attached
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SECTION 1: DEFINITIONS

When the terms below are used in this Policy, the following definitions apply:

WE, US, OUR, COMPANY: Washington National Insurance Company.

INSURED: The person named as the Insured in the Policy Schedule.

YOU, YOUR, YOURSELF, COVERED PERSON:

- if this is Individual coverage, only the Insured;
- if this is Single Parent coverage, the Insured and the Insured's children; and,
- if this is Family coverage, the Insured and the Insured's spouse and children.

Spouse means the insurable person named as spouse on the application and legally married to the Insured on the Effective Date of this Policy.

Child(ren) means the Insured's and spouse's natural child, step-child, legally adopted child or a child placed with the Insured for adoption, who is:

- insurable and named on the application;
- unmarried;
- chiefly dependent on the Insured or spouse for support; and,
- younger than 21, or younger than 26 (the Limiting Age) if they are a full-time student in a licensed or accredited school.

The definition of "full-time student" is based on the criteria for "full-time student" in the school where the student is enrolled.

Children also includes dependent children, regardless of age, who:

- are mentally or physically handicapped;
- became or become handicapped prior to the Limiting Age; and,
- cannot support themselves because of their handicap.

For handicapped children We must be provided, where possible, with proof of the child's incapacity and dependency no more than 31 days after the child reaches the Limiting Age. Thereafter, such proof must be provided at Our request, but not more frequently than annually.

A child's insurance will terminate on the date on which that child ceases to meet the above conditions. Our acceptance of Premium after this date is considered as Premium only for the remaining persons who qualify under this Policy. It is the Insured's responsibility to notify Us when a child ceases to meet the above conditions.

Newborn children are insured from the moment of birth. If this is Family or Single Parent coverage, no notice or additional Premium is required. If this is Individual coverage, a newborn child is covered from the moment of birth for 60 days. Coverage for such child may be extended beyond the initial 60-day period by notifying Us in writing within 60 days after the child's birth and paying any required additional Premium.

Benefits for newborns will be paid for the necessary care and treatment of medically diagnosed congenital defects, birth abnormalities and prematurity, if any of these are caused by a disease or condition for which benefits are payable under this Policy. Benefits are not payable for normal, newborn childcare.

A child placed for adoption after the Effective Date of this Policy will be covered from the date of the written agreement and for newborn child from the moment of birth if a written agreement has been entered into by the Covered Person prior to the birth; Pre-Existing Condition limitations and exclusions will not apply. If this is Family or Single Parent coverage, no notice or additional Premium is required. If this is Individual coverage, a newly adopted child is covered for 60 days from the date of placement. Coverage for such child may be extended beyond the initial 60-day period by notifying Us in writing within 60 days after the date of placement and paying any required additional Premium. Coverage on a child for whom adoption proceedings have been filed will terminate on the date such proceedings are terminated and the child is removed from placement.

ACTUAL CHARGES: The amount the Covered Person is charged, but not more than an amount equal to the usual and prevailing charges being made by other providers for like products or services in the general geographic area where treatment is received.

AMBULATORY SURGICAL CENTER: Means a facility the primary purpose of which is to provide elective surgical care, in which the patient is admitted to and discharged from such facility within the same working day and is not permitted to stay overnight, and which is not part of a hospital.

BONE MARROW TRANSPLANT: The harvesting, storage and subsequent reinfusion of bone marrow from the recipient or a matched donor in which chemotherapy and/or total body radiotherapy to destroy residual bone marrow is administered. It does not include the harvesting of peripheral blood cells or stem cells and subsequent reinfusion.

CALENDAR MONTH: The period beginning on the first day of the month and ending on the last day of the same month.

CALENDAR YEAR: The period beginning January 1st and ending December 31st.

CANCER: A disease which expresses itself as:

- a malignant tumor characterized by the uncontrolled growth and spread of malignant cells;
- the invasion of body tissue by such malignant cells;
- leukemia; or,
- Hodgkin's disease.

Cancer does not include pre-malignant conditions, conditions with malignant potential, or pre-leukemic conditions.

DEFINITIVE CANCER TREATMENT: Proven medical techniques which destroy Cancer or slow or stop the spread of Cancer. We consider a technique to be proven which at the time of treatment:

- is fully or investigationally approved for the treatment of Cancer by the U.S. Food and Drug Administration; or,
- is a generally accepted medical or surgical technique as determined by an Oncologist chosen by the Company.

DISABLED/DISABILITY: The Insured is considered Disabled when he or she is:

- during the first 12 months of disability, unable, due to Cancer, to perform any of the material duties of your regular occupation;
- after the first 12 months of disability, unable, due to Cancer, to perform the duties of any gainful occupation for which the Insured is reasonably fitted by training, experience, and accomplishment;
- not in fact working at any job for wage, benefits or profit; and,
- under the care of a Physician for the treatment of Cancer, unless the Physician certifies that the maximum point of recovery has been reached and further treatment would not be beneficial.

If the Insured does not have a job when Disability begins, he or she will be considered Disabled only as long as a Physician indicates the inability to work due to Cancer.

DOCTOR/PHYSICIAN: A person other than You or a member of Your Immediate Family who:

- is licensed by the state to practice a healing art recognized and condoned by the American Medical Association;
- performs services which are allowed by that license; and,
- performs services for which benefits are provided by this Policy.

EFFECTIVE DATE: The date shown on the Policy Schedule for all persons accepted for coverage at the time of issue. Coverage is not effective until We have received and accepted Your application, We issue the Policy, and We receive the first Premium, if applicable. For persons accepted for coverage under this Policy after it is issued, the Effective Date of coverage will be shown by Endorsement.

EXTENDED CARE FACILITY: A licensed or accredited facility or part of a facility used to provide nursing or rehabilitative care, such as a:

- Skilled Nursing Facility;
- rehabilitation unit of a Hospital;
- rehabilitation facility; or,
- Hospital transitional care unit or any bed designated as a swing bed.

It must:

- be under the supervision of a Physician or Registered Nurse;
- provide 24-hour skilled nursing service; and,
- maintain daily records on each patient.

An Extended Care Facility does not include institutions or part of institutions which are primarily for the care and treatment of the aged, drug addicts, or alcoholics.

HOME HEALTH CARE: Services provided by a Home Health Care Agency for an hourly or daily charge in Your home after being diagnosed with Cancer. These services include assisting You with bathing; ambulating or exercise; assisting self-administered medications; reporting changes in Your condition or needs; completing appropriate records; or maintenance or personal care. Home Health Care services include: home health care; home health aide services; home Hospice services; or homemaker services which may include meal preparation, personal laundry services, light housekeeping and grocery shopping.

HOME HEALTH CARE AGENCY: An agency or organization that is properly licensed to provide Home Health Care services to You in Your home for an hourly or daily charge. A Home Health Care Agency may also be a licensed Homemaker-Home Health Aid Agency. If licensing is not required to provide these services where they are received, the Home Health Care Agency must work under the direction of a Physician or a Nurse, maintain appropriate records, and be engaged on a full-time basis in providing these services.

HOSPICE: An organization which:

- is licensed by a government agency;
- provides palliative and supportive care to terminally ill persons and their families;
- provides this care in the home or on an outpatient or short-term inpatient basis;
- is directed by a Physician and supervised by a registered Nurse; and,
- is classified as a Hospice by the National Hospice Organization.

A Hospice is not a/an:

- Hospital;
- Skilled Nursing Facility;
- nursing home;
- Extended Care Facility;
- convalescent home;
- rest home or a home for the aged;
- sanatorium;
- rehabilitation center;
- place for the treatment of substance abuse; or,
- facility for the care and treatment of mental disease or mental disorders.

HOSPITAL: A medical facility which:

- is legally licensed and operated as an acute-care Hospital;
- provides care of injured and sick people;
- is supervised by a Doctor;
- provides 24-hour-a-day nursing services supervised by or under a registered graduate Nurse (RN); and,
- provides on-site or in a facility control by the Hospital use of x-ray equipment, laboratory and surgical facilities.

No claim for treatment, care, or services in a licensed hospital which is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association, or the Commission on the Accreditation of Rehabilitative Facilities shall be denied because such hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of physical disability.

A Hospital is not a bed, unit, or facility that functions as a/an:

- Skilled Nursing Facility;
- nursing home;
- Extended Care Facility;
- convalescent home;
- rest home, or a home for the aged;
- sanatorium;
- rehabilitation center;
- place primarily providing care for alcoholics or drug addicts; or,
- facility for the care and treatment of mental disease or mental disorders.

HOSPITAL CONFINED/CONFINEMENT: Confinement as an inpatient in a Hospital for which room and board charges are made each day.

IMMEDIATE FAMILY: Your parents, spouse, children, brothers, sisters, grandchildren, or grandparents related by blood or marriage to You.

LOSS: Means a Specified Event for which We pay benefits under this Policy.

NATIONAL CANCER INSTITUTE: A Cancer treatment or research facility that currently holds a National Cancer Institute (NCI) designation.

NURSE: A person other than You or a member of Your Immediate Family who is a:

- licensed practical nurse (L.P.N.);
- licensed vocational nurse (L.V.N.); or
- registered graduate nurse (R.N.)

ONCOLOGIST: A Doctor, other than You or a member of Your Immediate Family, certified to practice in the field of oncology.

PATHOLOGIST: A Doctor, other than You or a member of Your Immediate Family, licensed to practice medicine and certified by the American Board of Pathology or the American Osteopathic College of Pathologists to practice pathological anatomy.

PERIOD OF CONFINEMENT: A period which begins at least 30 days after Your Effective Date of coverage, beginning on the first day of confinement and ending on the last day of confinement as an inpatient in a Hospital or Skilled Nursing/Extended Care Facility. If You are re-confined within 30 days, then the later period will be considered a continuation of the prior Period of Confinement. If re-confinement occurs more than 30 days later, We will treat the later confinement as a new confinement.

PREMIUM: The amount of money the Insured is required to pay Us in return for the coverage provided by this Policy.

PRE-EXISTING CONDITION: Means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twenty-four (24) month period preceding the Effective Date of the coverage of the Insured or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twenty-four (24) month period preceding the Effective Date of coverage.

Routine follow-up care to determine whether breast cancer has recurred in a Covered Person who was previously determined to be breast cancer free does not constitute medical advice, diagnosis, care, or treatment for purposes of determining preexisting conditions, unless evidence of breast cancer is found during or as a result of the follow-up care.

SKILLED NURSING FACILITY: A medical facility which:

- is legally licensed and operated as a skilled nursing facility;
- provides skilled nursing care in addition to room and board accommodations;
- is supervised by a Doctor;
- provides 24-hour-a-day nursing services supervised by or under a registered graduate Nurse (RN); and,
- maintains permanent medical history records.

A Skilled Nursing Facility is not a bed, unit or facility that functions as a:

- Hospice;
- rest home or a home for the aged;
- sanatorium;
- place for the treatment of substance abuse;
- facility used for the care and treatment of mental disease or mental disorders; or,
- place for custodial or educational care.

SKIN CANCER: Basal cell or squamous cell carcinoma.

SPECIFIED EVENT: An event, such as a day of Hospital Confinement due to Cancer, that occurs while this Policy is in force and while all eligibility requirements are met.

STEM CELL TRANSPLANT: The harvesting, storage, and subsequent reinfusion of peripheral blood cells or stem cells from the recipient or from a matched donor for which chemotherapy and/or total body radiotherapy to destroy the residual bone marrow is administered. It does not include the harvesting, storage, and subsequent reinfusion of bone marrow from the recipient or a matched donor under general anesthesia.

U.S. GOVERNMENT HOSPITAL: A Hospital which:

- is operated by or for the United States Government; and,
- does not charge for its room, board and medical services.

SECTION 2: ELIGIBILITY FOR BENEFITS

DIAGNOSIS: For Cancer benefits to be payable, Cancer must be diagnosed in one of the following ways:

Pathological Diagnosis: A pathological diagnosis of Cancer is made from the results of a microscopic study of fixed tissue or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology or the American Osteopathic College of Pathologists. A pathological diagnosis of Cancer can be made before or after death.

Clinical Diagnosis: A clinical diagnosis of Cancer is based on the study of symptoms. We accept a clinical diagnosis only when a pathological diagnosis is detrimental to Your health, when there is medical evidence to support the diagnosis, and when a Doctor is treating You for Cancer.

Other Diagnosis: We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermopathology. In the case of lung Cancer, We accept a cytology report in lieu of a pathology report.

ELIGIBILITY: You will be eligible for benefits under this Policy if:

- You are not diagnosed with or treated for any Cancer during the first 30 days after Your Effective Date of coverage under this Policy;
- Cancer is first diagnosed while You are covered by this Policy;
- You incur a Loss due to Cancer while covered by this Policy; and,
- Your Loss is not excluded by name or specific description in this Policy or an attached exclusion rider.

If an exclusion rider is attached to the Policy, You will be eligible for benefits under this Policy as stated in the attached rider.

The date of diagnosis is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer is taken. It is not the date the diagnosis was communicated to You.

If Cancer is first diagnosed while You are Hospital Confined, You will be eligible for benefits retroactively to the date You were admitted to the Hospital, but not for more than 30 days prior to the date of diagnosis. **EXCEPTION:** If Skin Cancer is diagnosed while You are Hospital Confined, You will be eligible for benefits only for the day(s) You actually received treatment for Skin Cancer.

If Cancer is not diagnosed until after You die, You will be eligible for benefits beginning on the date of admission for a period of continuous Hospital Confinement ending in Your death, but not for more than 30 days prior to the date of Your death.

We will not pay benefits for Hospital Confinements which begin during the first 30 days after Your Effective Date of coverage under this Policy.

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SECTION 3: BENEFITS

OUR PROMISE TO PAY: Subject to the terms, limitations and exclusions of this Policy, We will pay the following benefits for Loss due to Cancer or Definitive Cancer Treatment. Benefit amounts and some limitations are shown in the Benefit Schedule and the Surgical and Anesthesia Schedule.

FIRST OCCURRENCE EXPRESS PAYMENT: We will pay the amount shown in the Benefit Schedule when You are diagnosed as having any internal Cancer. We will pay this benefit even when Cancer is not diagnosed until after death. This benefit is not payable for Skin Cancer.

We will pay this benefit only once for each Covered Person. In addition to the pathological or clinical diagnosis required, We may require additional information from the attending Physician and Hospital.

Health Advocate

When You are diagnosed with Cancer while covered under this Policy, We will make available a health advocate who will assist You with concerns or questions arising out of Your Cancer diagnosis or treatment. At the time of first diagnosis, You may contact Our Customer Service Department to obtain information outlining the services available.

HOSPITAL CONFINEMENT BENEFIT (including U.S. Government Hospital): We will pay this benefit for each day You are confined as an inpatient in a Hospital due to Cancer. This benefit will be calculated based on the number of days the Hospital charges for room and board. A "day" means a 24-hour period.

We will pay this benefit for each day You are charged by a Hospital for room and board. The first 30 days or less are paid at the amount shown on the Benefit Schedule. Beginning with the 31st consecutive day We will pay the increased amount shown in the Benefit Schedule. Separate confinements within 30 days of each other are considered the same Period of Confinement.

EXCEPTION: When Cancer treatment is received in a U.S. Government Hospital, We will pay this benefit while You are confined in lieu of all other benefits with the exception of the First Occurrence Express Payment, Transportation, Family Member Transportation, Family Member Lodging, and benefits provided by attached Rider(s).

INPATIENT DRUGS AND DIAGNOSTIC TESTING BENEFIT: We will pay this benefit for drugs administered to You while confined as an inpatient in a Hospital due to Cancer. Such drugs, at the time of administration, must be approved by the U.S. Food and Drug Administration. This benefit also includes diagnostic and laboratory tests and x-rays necessary for the diagnosis and treatment of Cancer which are administered while You are an inpatient in a Hospital.

We will pay the amount shown on the Benefit Schedule for each day You receive drugs or diagnostic tests while confined as an inpatient, up to the number of days for which You receive benefits under the Hospital Confinement Benefit.

This benefit is not payable for drugs which are paid under the Radiation/Chemotherapy Benefit.

ATTENDING PHYSICIAN BENEFIT: We will pay this benefit if You use the services of an attending Physician while confined as an inpatient in a Hospital due to Cancer. An attending Physician is a Doctor, other than the surgeon, who performs Cancer treatment services while You are confined and charges You for those services.

We will pay the amount shown in the Benefit Schedule for each day You receive such services, up to the number of days benefits were received under the Hospital Confinement Benefit.

INPATIENT PRIVATE NURSE BENEFIT: (Not available on Plan C)

We will pay the amount shown on the Benefit Schedule if You use the full-time services of a private Nurse while confined as an inpatient in a Hospital for Definitive Cancer Treatment. "Full-time" means at least eight-hour attendance during any 24-hour period. These services must be required and authorized by a Doctor for the treatment of Cancer and must be performed by a professional Nurse. Private nursing services must be other than those regularly furnished by the Hospital. We will not pay this benefit if the private Nurse is You or a member of Your Immediate Family.

We will pay the amount shown in the Benefit Schedule for each day You receive such services, up to the number of days for which benefits were received under the Hospital Confinement Benefit.

SURGICAL PROCEDURE BENEFIT: We will pay this benefit for Cancer surgery performed by a Doctor while You are an inpatient or an outpatient at an Ambulatory Surgical Center, a Physician's office, or a Hospital, other than a U.S. Government Hospital. We will not pay for diagnostic or follow-up surgery which does not definitively diagnose or treat Cancer. We will pay the amount shown in the Surgical and Anesthesia Schedule for the surgical procedure performed. We will pay the amount shown in the Surgical and Anesthesia Schedule for surgical biopsies resulting in a pathological diagnosis of Cancer.

If You have more than one surgical procedure performed at the same time through the same incision, We will pay only for the one surgical procedure performed for which the largest benefit amount in the Surgical and Anesthesia Schedule is payable.

If You have a surgical procedure performed which is not shown in the Surgical and Anesthesia Schedule, We will pay a benefit amount based on the difficulty of the procedure as compared to the difficulty of the procedures shown. Regardless of the difficulty of the procedure, We will pay no less than the smallest and no more than the largest amount shown in the Surgical and Anesthesia Schedule for any surgical procedure.

Breast Reconstruction Surgery:

We will pay for reconstructive breast surgery for which We paid a Surgical Procedure Benefit.

We will pay Actual Charges up to the Surgical Procedure Benefit We paid for the mastectomy. If reconstructive surgery is performed the same day as the implantation of a prosthetic device, We will pay only for the procedure having the higher benefit.

ANESTHESIA BENEFIT: We will pay this benefit if You receive anesthesia during Cancer surgery for which a Surgical Procedure Benefit is payable.

We will pay the amount shown in the Surgical and Anesthesia Schedule for the surgical procedure performed during which anesthesia was administered. We will pay the amount shown in the Surgical and Anesthesia Schedule for anesthesia administered during a surgical biopsy resulting in a pathological diagnosis of Cancer.

If You have more than one Cancer surgical procedure performed at the same time, We will pay an Anesthesia Benefit only for the one surgical procedure performed for which the largest benefit amount is payable. If anesthesia is administered during a Cancer surgical procedure that is not listed in the Surgical and Anesthesia Schedule, We will pay an anesthesia amount equal to 25% of the amount We pay for such surgery. We will pay no less than the smallest and no more than the largest Anesthesia Benefit amount shown in the Surgical and Anesthesia Schedule.

SECOND AND THIRD SURGICAL OPINION BENEFIT: We will pay this benefit if surgery is recommended due to the positive diagnosis of Cancer and You choose to obtain the opinion of a second Physician. If the second opinion fails to confirm the need for the recommended surgery, We will pay for a third Physician's opinion. You are not required to obtain a second or third opinion in order to receive the surgical or other benefits under this Policy. Second or third opinions must be rendered before surgery is performed. The Physicians rendering such opinions must not be in practice with or otherwise affiliated with each other or the Physician rendering the initial opinion.

We will pay the amount shown in the Benefit Schedule.

This benefit is not payable for second or third opinions related to Skin Cancer treatment.

BONE MARROW TRANSPLANT BENEFIT:

We will pay the amount shown on the Benefit Schedule if You receive a human Bone Marrow Transplant.

This benefit does not include the harvesting of peripheral blood cells or stem cells and subsequent reinfusion.

Covered bone marrow transplant procedures include costs associated with the donor-patient to the same extent and limitations as costs associated with the Covered Person, except the reasonable costs of searching for the donor may be limited to Immediate Family and the National Bone Marrow Donor Program.

We will pay this benefit only once for each Covered Person.

STEM CELL TRANSPLANT BENEFIT:

We will pay Actual Charges up to the amount shown on the Benefit Schedule for a human Stem Cell Transplant for the treatment of Cancer.

This benefit does not include the harvesting, storage, and subsequent reinfusion of bone marrow from the recipient or a matched donor under general anesthesia.

We will pay this benefit only once for each Covered Person.

BLOOD AND PLASMA BENEFIT: We will pay the amount shown in the Benefit Schedule for each unit of whole blood, plasma, red cells, packed cells or platelets You receive for Definitive Cancer Treatment whether You are an inpatient In a Hospital or an outpatient at an Ambulatory Surgical Center, a Physician's office, or a Hospital, other than a U.S. Government Hospital. We do not pay for processing, administration, storage, laboratory charges or blood components replaced by donors.

RADIATION AND CHEMOTHERAPY BENEFIT: If a Physician prescribes radiation or chemical treatments as part of Definitive Cancer Treatment, We will pay the amounts listed on the Benefit Schedule, subject to monthly maximums, if any, if You receive one or more of the following radiation or chemotherapy treatments. This benefit is payable for the following services:

- radiation therapy, including but not limited to the insertion of interstitial or intracavity application of radium or radioisotopes. The Surgical/Anesthesia Benefit provides additional amounts payable for insertion and removal.
- cytotoxic chemical substances and their administration:
 - injections by medical personnel in a Physician's office, clinic or Hospital, payable on the date of injection only;
 - self-injected medications, payable on the date of injection only;
 - medications dispensed by pump or implant, subject to limitations below; and,
 - oral chemotherapy, regardless of where administered, subject to limitations below.

If delivery of radiation or chemotherapy is by a method other than those listed above, benefits will be subject to a combined monthly maximum of eight times the daily amount shown on the Benefit Schedule.

This benefit is subject to the following limitations:

- laser surgery is not considered radiation treatment and will only be paid through the appropriate surgery benefit;
- injections by medical personnel in a Physician's office, clinic or Hospital are limited to the daily amount shown on the Benefit Schedule;
- self-injected medications are limited to the per drug amount shown on the Benefit Schedule and are subject to the combined monthly maximum listed in the Benefit Schedule;
- medications dispensed by pump or implant are limited to the per drug amount shown on the Benefit Schedule for each of the initial prescriptions and each refill, subject to the combined monthly maximum for all such medications;
- oral chemotherapy taken on an outpatient basis is payable only once per prescription on the date filled and is limited to the per drug amount shown on the Benefit Schedule, subject to the combined monthly maximum for all such medications;
- oral chemotherapy taken on an inpatient basis is payable per drug, per Period of Confinement, and is limited to the amount shown on the Benefit Schedule, subject to the combined monthly maximum for all such medications;
- benefits for medications that are self-injected, dispersed by pump or implant or taken orally are limited to the amount shown on the Benefit Schedule, subject to the combined monthly maximum for all such medications;
- benefits are not payable for any treatment planning, treatment management, or any type of laboratory tests, x-ray or other imaging used for diagnosis or disease monitoring, or other diagnostic tests related to these treatments; and,
- benefits are not payable for any devices or supplies such as intravenous solutions and needles related to these treatments.

At the time of administration all treatments must be fully or investigationally approved or recognized for treatment of Cancer in any of the standard reference compendia or in substantially accepted peer-reviewed medical literature for the treatment of Cancer by the U.S. Food and Drug Administration or NCI. Treatment may be performed on an outpatient or inpatient basis.

For the purposes of this Policy, Medical literature means scientific studies published in a United States peer-reviewed national professional journal.

For the purposes of this Policy, Standard reference compendium means an authoritative compendium identified by the Secretary of the United States Department of Health and Human Services and recognized by the federal Centers for Medicare and Medicaid Services.

OUTPATIENT COMFORT DRUGS BENEFIT: We will pay this benefit for Your anti-nausea medication prescribed by a Physician while receiving radiation or chemotherapy for treatment of Cancer. We will not pay this benefit for medication prescribed and administered while You are an inpatient in a Hospital.

The monthly maximum amount payable for each Covered Person is shown in the Benefit Schedule.

PROSTHESIS BENEFIT (SURGICAL AND NON-SURGICAL): We will pay this benefit for surgically implanted and non-surgically implanted prosthetic devices prescribed by a Physician due to Cancer surgery for which You received benefits under this Policy. Non-surgically implanted prosthetic devices include voice boxes, removable breast prostheses, and ostomy pouches and are subject to the lifetime maximum amount shown on the Benefit Schedule.

We will pay Actual Charges up to the amount shown in the Benefit Schedule. The amount listed is the maximum payable per device for each Covered Person. Devices must be obtained within three years after the date of the Cancer surgery for which We paid a benefit.

WIGS/HAIRPIECES BENEFIT: We will pay this benefit for a wig or hairpiece needed due to Cancer treatment for which You receive benefits under this Policy.

We will pay the Actual Charges up to the amount shown on the Benefit Schedule, subject to the lifetime maximum amount. The amount listed is the lifetime maximum payable for each Covered Person. Wigs and hairpieces must be obtained within three years of the date of the Cancer treatment for which We paid a benefit under this Policy.

MEDICAL IMAGING BENEFIT: (Not available on Plan C)

We will pay the amount shown on the Benefit Schedule when a Covered Person receives an initial diagnosis or follow-up evaluation of internal Cancer using one of the following medical imaging exams: CT scan, MRI, bone scan, Multiple Gated Acquisition (MUGA) scan, Positron Emission Tomography (PET) scan, or transrectal ultrasound.

These exams must be performed in a Hospital, an ambulatory surgical center, imaging center, or a Physician's office. This benefit is limited to one payment each Calendar Year for each Covered Person.

AMBULANCE BENEFIT: We will pay this benefit if a licensed surface or air ambulance service transports You to or from a Hospital where You are confined as an inpatient due to Cancer.

Any air ambulance service must be necessary to protect Your health and safety when other reasonable and customary travel methods are not available.

We will pay the amount shown in the Benefit Schedule. This benefit is limited to two one-way trips per Period of Confinement. Separate confinements within 30 days of each other are considered the same Period of Confinement.

TRANSPORTATION BENEFIT: We will pay this benefit if You must travel within the continental U.S. (including Alaska, Hawaii and Puerto Rico) more than 100 miles one-way from Your residence to:

- receive Definitive Cancer Treatment prescribed by Your local Physician that is not available within 100 miles one-way from Your residence; or,
- seek consultation about Your Cancer at a Comprehensive or Clinical Cancer Center as recognized by the National Cancer Institute (NCI).

We will pay Actual Charges up to the amount shown in the Benefit Schedule for Your coach class plane, train or bus fare on a regularly scheduled route. We will not pay the cost to charter a plane, train or bus. If You choose instead to travel by automobile, We will pay the amount shown in the Benefit Schedule for each mile You travel. We will measure the mileage from Your residence to Your destination by using a road atlas to establish and pay for the most direct route.

This Benefit is payable for an unlimited number of trips.

FAMILY MEMBER TRANSPORTATION BENEFIT: You are eligible for this benefit while confined as an inpatient in a Hospital within the continental U.S. (including Alaska, Hawaii and Puerto Rico) more than 100 miles one-way from Your residence to receive Definitive Cancer Treatment prescribed by a Physician that is not available within 100 miles one-way from Your residence.

If an Immediate Family Member requires transportation to or from the city where You are confined and the city is more than 100 miles one-way from the family member's home, We will pay Actual Charges up to the amount shown in the Benefit Schedule for the family member's coach class plane, train or bus fare on a regularly scheduled route. We will not pay the cost to charter a plane, train or bus. If the family member chooses instead to travel by car, We will pay the amount shown in the Benefit Schedule for each mile the family member travels. The mileage benefit is not payable if the family member travels by car with the Covered Person who is to be Hospital Confined, and that trip has already been paid under the Transportation Benefit. We will measure the mileage from the family member's residence to where the Covered Person is Hospital Confined by using a road atlas to establish and pay for the most direct route.

This benefit is limited to two one-way trips within the continental U.S. (including Alaska, Hawaii and Puerto Rico) per Period of Confinement. Separate confinements within 30 days of each other are considered the same Period of Confinement. These trips may be taken by the same family member or may be split between two family members.

FAMILY MEMBER LODGING BENEFIT: You are eligible for this benefit while confined as an inpatient in a Hospital within the continental U.S. (including Alaska, Hawaii and Puerto Rico) more than 100 miles one-way from Your residence to receive Definitive Cancer Treatment prescribed by a Physician that is not available within 100 miles one-way from Your residence.

If an Immediate Family Member accompanies You and requires lodging while You are confined in a Hospital which is more than 100 miles one-way from the family member's residence, We will pay the Actual Charge for lodging made by a hotel or motel, up to the amount shown in the Benefit Schedule.

This benefit is limited to payment for one room for each day of Hospital Confinement up to a maximum of 60 days for each Period of Confinement during which the Hospital Confinement Benefit is payable. Separate confinements within 30 days of each other are considered the same Period of Confinement.

SKILLED NURSING/EXTENDED CARE FACILITY BENEFIT: We will pay this benefit if You are confined due to Cancer to a Skilled Nursing or Extended Care Facility by Doctor's order within 14 days after discharge from a Hospital where confined due to Cancer.

We will pay the amount shown in the Benefit Schedule for each day You are so confined. We will pay this benefit for no more than the number of days for which We paid the Hospital Confinement Benefit for the period of Hospital Confinement which immediately preceded the Skilled Nursing/Extended Care Facility confinement.

HOME HEALTH CARE BENEFIT: (Not available on Plan C)

We will pay the amount shown on the Benefit Schedule when You have been Hospital Confined for the treatment of Cancer and receive Home Health Care. Home Health Care:

- must begin within seven days of release from the Hospital;
- be prescribed by the attending Physician as services to be performed in Your home;
- be certified by the attending Physician that if these services were not available, You would have to be Hospital Confined to receive the necessary care, treatment and services; and,
- must be performed by a person who is licensed, certified or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility, and is not a member of Your Immediate Family.

We will pay the amount shown on the Benefit Schedule for each day You receive such services, up to the number of days benefits were received under the Hospital Confinement Benefit, but not to exceed 10 visits per Hospital Confinement. The maximum number of visits per Calendar Year is 30 visits for each Covered Person.

This benefit is not payable if these services are furnished under the Hospice Benefit.

HOSPICE BENEFIT: We will pay this benefit for each day You receive care provided by or through a Hospice due to Cancer. You must be diagnosed by a Physician as terminally ill, no longer be receiving Definitive Cancer Treatment, and be expected to live six months or less.

We will pay the amount shown in the Benefit Schedule for each day You:

- receive Hospice services in Your home;
- use the services of a Hospital on an outpatient basis under the direction of a Hospice; or,
- visit or are confined to a Hospice for treatment or services.

We will not pay this benefit for any day You are confined in a Hospital or a Skilled Nursing/Extended Care Facility. This benefit is not payable the same day the Home Health Care Benefit is payable.

CANCER SCREENING WELLNESS BENEFIT: (Not available on Plan C)

We will pay the amount shown on the Benefit Schedule after a Covered Person has met the 30-day eligibility period. We will pay for one of the following screenings each Calendar Year for each Covered Person:

- mammogram;
- breast ultrasound;
- pap smear (lab and procedure);
- biopsy;
- flexible sigmoidoscopy;
- hemocult stool specimen;
- chest x-ray;
- CEA (blood test for colon Cancer);
- CA 125 (blood test for ovarian Cancer);
- PSA (blood test for prostate Cancer);
- thermography;
- colonoscopy;
- virtual colonoscopy; and,
- ThinPrep

This benefit is a preventive benefit. Diagnosis of Cancer is not required for this benefit to be payable, but any of these screenings must be performed to determine if Cancer exists.

We will pay the Actual Charges for each Covered Person up to the Calendar Year maximum shown on the Benefit Schedule.

SECTION 4: LIMITATIONS AND EXCLUSIONS

CANCER POLICY ONLY: Subject to the 30-day eligibility period, this Policy provides benefits only for Loss due to Cancer and Definitive Cancer Treatment. Proof must be submitted to support each claim.

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

Having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by Cancer or Cancer treatment.

Diagnosis of Cancer during the 30-day eligibility period.

PRE-EXISTING CONDITION LIMITATION: No benefits are payable for a pre-existing condition (as defined) during the first 24 months after the Effective Date of coverage for that Covered Person.

Benefits paid for any one Covered Person shall not exceed the maximum benefits shown in the Benefit Schedule regardless of the number of Cancers.

SECTION 5: PREMIUMS

PAYMENT OF PREMIUMS: The first Premium is due on the Effective Date of this Policy. Each Premium after the first is due on the last day of the term for which the most recent Premium was paid and must be accepted by Us at Our Office.

EXCEPTION: During the time, if any, that it is agreed between You and Us that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, Premium is due in Our Office on the due date indicated in the billing provided to the administrator coordinating Premium payments on Your behalf.

This Policy will not be in force until the first Premium is accepted by Us. If We accept a Premium, this Policy will continue in force until the end of the term for which that Premium was due.

The amount of the first Premium is shown in the Policy Schedule and is based on Your initial mode of payment. The amount of each Premium after the first is based on Your then current mode of payment and the Premium then being charged for Policies of this form number and premium classification issued in the same state. If You fail to pay Your Premium by the end of the grace period, coverage under this Policy will terminate.

GRACE PERIOD: A grace period of 31 days is granted for the payment of each Premium falling due after the first Premium. During this period the Policy will stay in force. The Policy will terminate on the due date of the unpaid Premium if You do not pay the Premium by the end of the grace period. A grace period is not provided if You send Us notice to terminate the Policy prior to a Premium due date. Termination for any reason will not prejudice a claim for Loss incurred prior to the due date of the unpaid Premium.

REINSTATEMENT: If this Policy terminates because the Premium is not paid by the last day of the grace period, You may be able to put the coverage back in force.

If We or Our authorized agent accept Your premium and do not require a reinstatement application, this Policy will be reinstated as of 12:00 noon Standard Time at Your place of residence. The Effective Date of coverage will be the date We receive the Premium. If We or Our authorized agent require a reinstatement application at the time We receive the premium, We will issue a conditional receipt for the Premium. Upon Our receipt and approval of the reinstatement application, this Policy will be reinstated as of 12:00 noon Standard Time on the date the reinstatement application is approved. If We do not mail written notice of disapproval within 45 days after the date of the conditional receipt, then this Policy will automatically be reinstated as of 12:00 noon Standard Time on the 45th day.

Any Premium accepted in connection with a reinstatement will be applied to a period for which Premium has not previously been paid. This period will not exceed 60 days prior to the date of reinstatement.

The reinstated Policy will provide benefits only for Loss resulting from Cancer positively diagnosed 10 days or more after the reinstatement date. The reinstated Policy will only provide benefits for other Losses, including those provided by attached Rider(s), 10 days or more after the reinstatement date. If a Hospital Intensive Care Rider is included in this Policy, the Rider will not provide benefits for Hospital Confinements, whether or not in an Intensive Care Unit, which began prior to the reinstatement date.

We reserve the right to make changes in this Policy before We reinstate it. Any changes will be noted on or attached to the reinstated Policy. In every other way, Your rights and Our rights will be the same as existed immediately prior to termination.

TRANSFER FROM PAYROLL DEDUCTION: If this Policy was issued on a payroll deduction payment method as designated in Your application and if, after at least one Premium payment, Premiums cease to be remitted through a valid payroll group, You may continue Your insurance by remitting Premium through one of Our other payment methods then available.

Currently, Our other payment methods include:

- monthly deduction from a checking or saving account; and,
- direct bill for an annual, semi-annual or quarterly premium.

The Premium rate will not be increased by this transfer.

SECTION 6: WAIVER OF PREMIUM

Subject to the conditions of this Policy, Premium payments will not be required if the Insured is:

- diagnosed as having Cancer 30 days or more after his/her Effective Date of coverage under this Policy; and,
- Disabled due to Cancer for more than 90 consecutive days. Such Disability must begin on or after the date of diagnosis and prior to the Insured's 65th birthday.

After it has been determined that the Insured is Disabled, We will waive Premium payments for the period of Disability, except those due during the first 90 days of such period.

PROOF OF DISABILITY: The Insured must send Us a Physician's statement containing the following:

- the date Cancer was diagnosed;
- the date Disability, due to Cancer, began; and,
- the expected date, if any, such Disability will end.

Proof of continued Disability must be furnished at least once every six months.

PERIODS OF DISABILITY: Once Disability due to Cancer ends for at least 30 days, any future Disability will be considered a new period of Disability. Such new Disability due to Cancer will require Disability for 90 consecutive days in order for the Waiver of Premium to begin. New proof of Disability must be provided.

END OF DISABILITY: The Insured must notify Us in writing as soon as Disability due to Cancer ends. We will assume Disability no longer exists if:

- proof of continued Disability is not sent to Us at least once every six months;
- the Insured does not agree to have a physical examination performed; or,
- We are notified that Disability has ended.

When the Insured is no longer Disabled due to Cancer, coverage will continue until the next month. Thereafter, Premiums must be paid in order for this Policy to continue in force.

If the Insured dies and the spouse becomes the new Insured, Premiums will start again and be due on the first Premium due date after the change. The new Insured will then be eligible for this benefit if the need arises.

SECTION 7: CLAIM PROVISIONS

NOTICE OF CLAIM: Written notice of claim must be given to Us within 20 days after the start of a Loss or as soon as reasonably possible. The notice must be sent to Us at Our Office or to an authorized agent. The notice should include the Insured's name, the Covered Person's name, and the Policy number.

CLAIM FORMS: When We receive written notice of a claim, We will send forms for filing Proof of Loss. If We do not send these forms within 15 days, You will meet the Proof of Loss requirements by giving Us a written statement of the nature and extent of the Loss within the time stated in the Proof of Loss provision.

PROOF OF LOSS: You must give Us satisfactory written Proof of Loss within 90 days after the Loss for which You are seeking benefits. If it is not reasonably possible to give written Proof of Loss in the time required, We will not reduce or deny benefits for this reason if the Proof of Loss is filed as soon as reasonably possible. In any event, the Proof of Loss required must be given no later than one year from the date of Loss, unless You were legally incapacitated during that time.

If this Policy provides for periodic payments for 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.

One or more of the following together with Your written statement may be required as Proof of Loss:

- completed Company claim forms;
- adoption papers, birth, marriage, and death certificates;
- a Pathologist's report;
- a Physician's statement;
- itemized bills for services rendered;
- Hospital, medical and Physician records;
- autopsy report;
- medical and pharmaceutical receipts; and,
- transportation and lodging receipts.

TIME OF PAYMENT OF CLAIMS: After We receive written Proof of Loss and process Your claim, We will pay monthly all benefits then due for claims providing a periodic payment. Benefits for any other Loss for which benefits are payable under this Policy will be paid within 45 days after receipt of written Proof of Loss satisfactory to Us. If written Proof of Loss satisfactory to Us is not received, We will notify the Insured of the reasons for contesting the claim within 45 days after receipt. Upon receipt of any additional information requested, We will pay or deny the contested claim within 60 days.

Payments will be treated as being made on the date a draft or other valid instrument which is equivalent to payment was placed in the United States mail in a properly addressed, post-paid envelope or, if not so posted, on the date of delivery.

We will pay or deny any claim within 120 days after We receive written notice of claim. All payments not paid as stated above shall bear simple interest at the rate of 10% per year for any delay beyond that stated above.

Upon Your written notice, We will investigate any claim of improper billing by a Physician, Hospital, or other health care provider. We will determine if You were properly billed for only those procedures and services You actually received. If We determine You have been improperly billed, We will notify You and the provider of Our findings and will reduce Our payment appropriately. If a reduction in Our payment is made due to Your notification, We will pay the Insured 20% of the amount of the reduction up to \$500.

PAYMENT OF CLAIMS: Benefits will be paid to the Insured. We will not be bound by any assignment of benefits form unless We have given Our prior consent. Any benefits unpaid at the time of the Insured's death will be paid in the following order: any approved assignee, the surviving person legally married to the Insured at the Insured's death; the Insured's estate.

PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have You examined as often as reasonably necessary while a claim is pending. We can require an autopsy where allowed by law. Either will be done at Our expense.

UNPAID PREMIUM: When a claim is paid, any Premium due and unpaid may, at Our sole discretion, be deducted from the claim payment.

CLAIM REVIEW: If a claim is denied, We will give You written notice of the reason for denial; the Policy provision that relates to the denial; Your right to ask for a review of the claim; and any additional information that might allow Us to change Our decision. You may, upon written request, read any reports that are not confidential.

LEGAL ACTION: You cannot take legal action against Us for benefits under this Policy;

- within 60 days after You have sent Us written Proof of Loss, in accordance with the requirements of this Policy;
- or,
- after the expiration of the applicable statute of limitations from the time written proof is required to be given.

SECTION 8: GENERAL PROVISIONS

ENTIRE CONTRACT: The entire contract of insurance consists of:

- the Policy;
- the Policy Schedule;
- the Benefit Schedules and Surgical and Anesthesia Schedules;
- any attached Riders, Amendments or Endorsements; and,
- the application.

In the absence of fraud, all statements made by the Insured and any Covered Person will be considered representations and not warranties. No written statement made by a Covered Person will be used in any contest unless a copy of the statement is furnished to the Covered Person, his or her beneficiary, or a personal representative.

POLICY CHANGES: No change to this Policy is valid unless it is in writing, endorsed by one of Our officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

TERM: The first term begins at 12:00 noon Standard Time at the Insured's address on the Effective Date shown in the Policy Schedule. The first term ends at 12:00 noon Standard Time on the next following renewal date. Each renewal term begins at 12:00 noon Standard Time on the date the previous term ends. Each renewal term ends at 12:00 noon Standard Time on the date to which Premium is paid. Renewal dates are determined by Your mode of payment which is shown in the Policy Schedule.

ADDING A DEPENDENT: You may be able to add a spouse or child to this Policy. To do so We must receive: (1) an application for the person; (2) evidence satisfactory to Us that the person is eligible and insurable; and, (3) payment of any additional Premium. If the application is approved, We will notify You of the date the added person's coverage becomes effective.

CHANGE OF BENEFICIARY: The Insured can change the beneficiary at any time by giving Us written notice. The beneficiary's consent is not required for this or any other change in the Policy, unless the designation of the beneficiary is irrevocable.

CANCELLATION OF INSURANCE: The Insured may request cancellation of this Policy at any time. The request must be in writing and sent to Us at Our Office. Cancellation will become effective on the day We receive the request, or on a later date specified in the request any unearned portion of Premium paid will be refunded. After We receive written proof of death of the Insured, We will return the unearned portion of any Premium paid to the Insured's estate.

Cancellation will not prejudice a claim for Loss incurred prior to cancellation.

SPECIMEN

CONTINUATION: If the Insured dies, the covered spouse may elect to continue insurance for all Covered Persons. A written request for continuation and the appropriate Premium must be sent to Us within 60 days of the Insured's death. The Policy will be terminated if the written request and appropriate Premium are not received by Us within 60 days of the Insured's death.

CONVERSION PRIVILEGE: If coverage terminates for reasons other than non-payment of Premium, or if coverage of a spouse terminates due to divorce or the Insured's death, or if coverage of a child terminates due to the child becoming married or reaching the Limiting Age, such Covered Person may convert to a separate Policy without evidence of insurability. Obtaining that Policy is subject to the following conditions:

- a request in writing for the converted Policy must be made to Us within 31 days after the coverage under this Policy terminates;
- the applicable Premium must be paid;
- any conditions excluded in this Policy are excluded in the converted Policy;
- any benefit amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy;
- the effective date of the converted coverage will be the date coverage terminates under this Policy; and,
- a Covered Person who had internal Cancer diagnosed under this Policy will not be eligible for the First Occurrence Express Payment Benefit in the converted Policy.

Another 30-day eligibility period is not required except to the extent that such period has not been met under this Policy.

The new coverage will provide the same benefits as provided in this Policy. All benefits accrued under this Policy will be credited to the new coverage. The new coverage is subject to any limitations or exclusions which applied to this Policy. In addition, any benefit amounts paid under this Policy will be applied to benefit limits under the new coverage.

MISSTATEMENT OF AGE: If any age is misstated in the application, the benefits will be such as the Premium paid would have been if purchased at the correct age. If based on the correct age We would not have issued this Policy or insured certain members of the Insured's family under this Policy, Our only responsibility will be to refund any excess Premium paid.

TIME LIMIT ON CERTAIN DEFENSES: We rely on the statements made in the application when issuing this Policy. After this Policy has been in force for You for two years, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the application, except fraudulent misstatements.

No claim for loss incurred after two years from the date You become covered under this Policy will be reduced or denied because a disease or physical condition, not excluded by name or specific description before the date of Loss, had existed before the Effective Date of Your Policy, subject to SECTION 2, ELIGIBILITY FOR BENEFITS.

CONFORMITY WITH THE STATE STATUTES: Any provision of this policy which, on its 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 statutes.

Plan B

SECTION 9:**BENEFIT SCHEDULE
PLAN B**

This is a summary of benefits for each Covered Person. Please read your entire Policy for further explanations and limitations.

First Occurrence Express Payment
Insured and Spouse[\$1,000; \$2,000; \$3,000; \$4,000; \$5,000; \$6,000; \$7,000;
\$8,000; \$9,000; \$10,000]

Child

[\$1,500; \$3,000; \$4,500; \$6,000; \$7,500; \$9,000; \$10,500;
\$12,000; \$13,500; \$15,000]

Maximum: 1 payment per Covered Person per lifetime

Hospital Confinement

Days 1-30

\$100/day

Days 31+

\$200/day

Inpatient Drugs and Diagnostic Testing

\$30/day

Attending Physician

\$20/day

Inpatient Private Nurse

\$125/day

Surgical Procedure & Anesthesia
Reconstructive Breast SurgerySee attached Surgical and Anesthesia Schedule
Actual Charges up to amount paid for mastectomy**Second and Third Surgical Opinion**

\$175/opinion

Bone Marrow Transplant

\$5,000 lifetime maximum per Covered Person

Stem Cell TransplantActual Charges up to \$1,250 lifetime maximum per Covered
Person**Blood and Plasma**

\$40/unit

Radiation/Chemotherapy
Radiation therapyActual Charges up to \$200/day
No monthly maximum

Chemotherapy injected by medical personnel

Actual Charges up to \$200/day
No monthly maximumOther Chemotherapy
Self-injected medications; medications dispensed
By pump or implant; oral chemotherapyActual Charges up to \$200/drug
Combined maximum: \$1,600/Calendar Month

Outpatient Comfort Drugs

Actual Charges up to \$75/Calendar Month

Prosthetics

Surgical

Actual Charges up to \$1,000/device

Non-Surgical

Actual Charges up to \$250 lifetime maximum per Covered
Person**Wigs/Hairpieces**Actual Charges up to \$250 lifetime maximum per Covered
Person**Medical Imaging**

\$100/Calendar Year

Ambulance

\$150/one-way trip

Maximum: 2 one-way trips per Period of Hospital
Confinement

SECTION 9:**BENEFIT SCHEDULE
PLAN B**

Transportation	Actual Charges up to \$750 coach class plane, train or bus or \$0.40/mile for automobile/one-way trip Unlimited trips
Family Member Transportation	Actual Charges up to \$750 coach class plane, train, or bus or \$0.40/mile for automobile/one-way trip Maximum: 2 one-way trips per Period of Hospital Confinement
Family Member Lodging	Actual Charges up to \$50/day Maximum: 60 days each Period of Hospital Confinement
Skilled Nursing/Extended Care Facility	\$50/day Maximum: same number of days as Hospital Confinement
Home Health Care	\$40/visit Maximum: 10 visits/Period of Hospital Confinement Calendar Year Maximum: 30 visits
Hospice	
Days 1 - 60	\$60/day
Days 61+	\$30/day
Cancer Screening Wellness Benefit	Actual Charges up to \$40/Calendar Year

Plan C

SECTION 9:**BENEFIT SCHEDULE
PLAN C**

This is a summary of benefits for each Covered Person. Please read your entire Policy for further explanations and limitations.

First Occurrence Express Payment	
Insured and Spouse	[\$1,000; \$2,000; \$3,000; \$4,000; \$5,000; \$6,000; \$7,000 \$8,000; \$9,000; \$10,000]
Child	[\$1,500; \$3,000; \$4,500; \$6,000; \$7,500; \$9,000; \$10,500; \$12,000; \$13,500; \$15,000] Maximum: 1 payment per Covered Person per lifetime
Hospital Confinement	
Days 1-30	\$200/day
Days 31+	\$400/day
Inpatient Drugs and Diagnostic Testing	\$40/day
Attending Physician	\$30/day
Inpatient Private Nurse	Not Covered
Surgical Procedure & Anesthesia	See attached Surgical and Anesthesia Schedule
Reconstructive Breast Surgery	Actual Charges up to amount paid for mastectomy
Second and Third Surgical Opinion	\$225/opinion
Bone Marrow Transplant	\$5,000 lifetime maximum per Covered Person
Stem Cell Transplant	Actual Charges up to \$1,250 lifetime maximum per Covered Person
Blood and Plasma	\$60/unit
Radiation/Chemotherapy	
Radiation therapy	Actual Charges up to \$250/day No monthly maximum
Chemotherapy injected by medical personnel	Actual Charges up to \$250/day No monthly maximum
Other Chemotherapy	
Self-injected medications; medications dispensed by pump or implant; oral chemotherapy	Actual Charges up to \$250/drug Combined maximum: \$2,000/Calendar Month
Outpatient Comfort Drugs	Actual Charges up to \$100/Calendar Month
Prosthetics	
Surgical	Actual Charges up to \$2,000 each device
Non-Surgical	Actual Charges up to \$250 lifetime maximum per Covered Person
Wigs/Hairpieces	Actual Charges up to \$250 lifetime maximum per Covered Person
Medical Imaging	Not Covered
Ambulance	\$200/one-way trip Maximum: 2 one-way trips per Period of Hospital Confinement

SECTION 9:**BENEFIT SCHEDULE
PLAN C**

Transportation	Actual Charges up to \$1,500 coach class plane, train or bus or \$0.40/mile for automobile/one-way trip Unlimited trips
Family Member Transportation	Actual Charges up to \$1,500 coach class plane, train or bus or \$0.40/mile for automobile/one-way trip Maximum: 2 one-way trips per Period of Hospital Confinement
Family Member Lodging	Actual Charges up to \$60/day Maximum: 60 days per Period of Hospital Confinement
Skilled Nursing/Extended Care Facility	\$100/day Maximum: Same number of days as Hospital Confinement
Home Health Care	Not Covered
Hospice	
Days 1 - 60	\$100/day
Days 61+	\$50/day
Cancer Screening Wellness Benefit	Not Covered

Plan D

SECTION 9:**BENEFIT SCHEDULE
PLAN D**

This is a summary of benefits for each Covered Person. Please read your entire Policy for further explanations and limitations.

First Occurrence Express Payment

Insured and Spouse

[\$1,000; \$2,000; \$3,000; \$4,000; \$5,000; \$6,000; \$7,000
\$8,000; \$9,000; \$10,000]

Child

[\$1,500; \$3,000; \$4,500; \$6,000; \$7,500; \$9,000; \$10,500;
\$12,000; \$13,500; \$15,000]

Maximum: 1 payment per Covered Person per lifetime

Hospital Confinement

Days 1-30

\$250/day

Days 31+

\$500/day

Inpatient Drugs and Diagnostic Testing

\$50/day

Attending Physician

\$40/day

Inpatient Private Nurse

\$125/day

Surgical Procedure & Anesthesia

Reconstructive Breast Surgery

See attached Surgical and Anesthesia Schedule
Actual Charges up to amount paid for mastectomy**Bone Marrow Transplant**

\$10,000 lifetime maximum per Covered Person

Stem Cell TransplantActual Charges up to \$2,500 lifetime maximum per Covered
Person**Second and Third Surgical Opinion**

\$250/opinion

Blood and Plasma

\$80/unit

Radiation/Chemotherapy

Radiation therapy

Actual Charges up to \$300/day
No monthly maximum

Chemotherapy injected by medical personnel

Actual Charges up to \$300/day
No monthly maximum**Other Chemotherapy**Self-injected medications; medications dispensed
by pump or implant; oral chemotherapyActual Charges up to \$300/drug
Combined maximum: \$2,400/Calendar Month**Outpatient Comfort Drugs**

Actual Charges up to \$150/Calendar Month

Prosthetics

Surgical

Actual Charges up to \$3,000/device

Non-Surgical

Actual Charges up to \$250 lifetime maximum per Covered
Person**Wigs/Hairpieces**Actual Charges up to \$250 lifetime maximum per Covered
Person**Medical Imaging**

\$200/Calendar Year

Ambulance

\$250/one-way trip

Maximum: 2 one-way trips per Period of Hospital
Confinement

SECTION 9:**BENEFIT SCHEDULE
PLAN D**

Transportation	Actual Charges up to \$2,500 coach class plane, train or bus or \$0.40/mile for automobile/one-way trip Unlimited trips
Family Member Transportation	Actual Charges up to \$2,500 coach class plane, train or bus or \$0.40/mile for automobile/one-way trip Maximum: 2 one-way trips per Period of Hospital Confinement
Family Member Lodging	Actual Charges up to \$70/day Maximum: 60 days each Period of Hospital Confinement
Skilled Nursing/Extended Care Facility	\$150/day Maximum: same number of days as Hospital Confinement
Home Health Care	\$40/visit Maximum: 30 visits/Calendar Year
Hospice	
Days 1 - 60	\$120/day
Days 61+	\$60/day
Cancer Screening Wellness	Actual Charges up to \$50/Calendar Year

Riders

Washington National Insurance Company
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

CANCER PREVENTIVE CARE RIDER

This Rider is a part of the Certificate/Policy to which it is attached. That Certificate/Policy is called "the Certificate/Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Certificate/Policy, except as stated in this Rider.

The policyholder may call 1-800-888-4918 to present inquiries, obtain information about coverage's, or to obtain assistance in resolving complaints.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of the advance payment of the Premium (EXCEPTION: During the time, if any, that it is agreed between the Covered Person and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Covered Person's behalf). This Rider takes effect at the same time and will continue for the same term as the Certificate/Policy unless a different Rider Effective Date is indicated on the Certificate/Policy Schedule.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Certificate/Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Certificate/Policy Schedule. Premium rates for this Rider may be changed in the same way as Premium rates for the Certificate/Policy. This Rider will terminate on the earliest of: (1) the date the Certificate/Policy terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Certificate/Policy.

REINSTATEMENT

This Rider may be reinstated subject to the Reinstatement provision in the Certificate/Policy.

TIME LIMIT ON CERTAIN DEFENSES

We rely on the statements made in the enrollment form/application when issuing this Rider. After this Rider has been in force for You for two years, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the enrollment form/application, except fraudulent misstatements. The time limit on certain defenses period is from the effective date of the Policy/Certificate, unless the Rider is added at a later date. If this Rider is added at a later date the time limit on certain defenses is from the effective date of this Rider as shown on the Certificate/Policy Schedule.

BENEFITS

ANNUAL CARE BENEFIT: We will pay a benefit in the amount of \$750. This benefit is payable beginning with the first anniversary after the payment of the First Occurrence Express Payment benefit and is payable each year on the date of the payment of the First Occurrence Express Payment and will not exceed a total of five (5) consecutive annual payments per Covered Person. The Covered Person must continue to be under the care of a Physician for a diagnosis of Cancer. This benefit is not payable for Skin Cancer.

SKIN CANCER DIAGNOSIS BENEFIT: We will pay a one time amount of \$300 upon the initial diagnosis of Skin Cancer. This benefit is limited to one (1) payment per Covered Person.

CANCER SCREENING WELLNESS BENEFIT: We will pay \$50 for one (1) of the following screenings each Calendar Year for each Covered Person, after a Covered Person has met the 30-day eligibility period:

- mammogram;
- breast ultrasound;
- pap smear (lab and procedure);
- biopsy;
- flexible sigmoidoscopy;
- hemocult stool specimen;
- chest x-ray;
- CEA (blood test for colon Cancer);
- CA 125 (blood test for ovarian Cancer);
- PSA (blood test for prostate Cancer);
- thermography;
- colonoscopy;
- virtual colonoscopy; and,
- ThinPrep

If Your Certificate/Policy has a Cancer Screening Wellness Benefit, the wellness exam will be considered for benefits under both the Certificate/Policy and this Rider. Limited to one (1) exam per Calendar Year per Covered Person.

The 30-day eligibility period is from the effective date of the Policy/Certificate, unless the Rider is added at a later date. If this Rider is added at a later date the 30-day eligibility is from the effective date of this Rider as shown on the Certificate/Policy Schedule.

ADDITIONAL SCREENING AND TREATMENT BENEFIT: If a Covered Person's wellness screening result is abnormal, We will pay an additional \$50 for an additional wellness screening or a treatment as prescribed by the Physician. The abnormal result must be received on one of the screenings in the Cancer Screening Wellness Benefit for which payment was received under the Certificate/Policy or this Rider. The additional payment is limited to one (1) payment per Covered Person per Calendar Year and the wellness screening or treatment prescribed is not payable under any other benefit of the Certificate/Policy.

President

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

The policyholder may call 1-800-888-4918 to present inquiries, obtain information about coverage's, or to obtain assistance in resolving complaints.

HOSPITAL INTENSIVE CARE RIDER

This Rider is a part of the Policy to which it is attached. That Policy is called "the Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of: (1) the statements made in the application; and (2) the advance payment of the Premium. (EXCEPTION: During the time, if any, that it is agreed between the Insured and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Insured's behalf.) This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as premium rates for the Policy. This Rider will terminate on the earliest of: (1) the date the Policy terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy.

REINSTATEMENT

This Rider may be reinstated subject to the terms of the Policy to which it is attached.

TIME LIMIT ON CERTAIN DEFENSES

We rely on the statements made in the application when issuing this Rider. After this Rider has been in force for You for two years, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the application, except fraudulent misstatements. The time limit on certain defenses period is from the Effective Date of the Policy, unless the Rider is added at a later date. If this Rider is added at a later date the time limit on certain defenses is from the Effective Date of this Rider as shown on the Policy Schedule.

DEFINITIONS

DAY: means a 24-hour period.

INTENSIVE CARE UNIT: means a specifically designated facility of a Hospital which:

1. is licensed as an Intensive Care Unit or Coronary Care Unit where required by law;
2. is separate and apart from other Hospital areas;
3. provides highest level acute medical care;
4. is restricted to critically ill or injured patients;
5. is permanently equipped with special life-saving ventilating equipment, EKG and invasive and non-invasive hemodynamic monitoring equipment; and,
6. is under constant and continuous observation by specially trained nursing staff assigned exclusively to that area.

An Intensive Care Unit is not:

1. a step-down unit;
2. a progressive care unit;
3. a Sub-Acute Intensive Care Unit;
4. an intermediate care unit;
5. an observation unit;
6. a bed, ward, private or semi-private room with or without monitoring equipment;
7. an emergency room;
8. a surgical recovery room;
9. a bone marrow transplant unit; or,
10. a telemetry unit.

PERIOD OF CONFINEMENT: means a period which begins on or after the date You become insured under this Rider, and during which You are confined as an inpatient to an Intensive Care Unit. If You are reconfined within 30 Days, then the later period will be considered a continuation of the prior Period of Confinement. If You are reconfined more than 30 Days later, We will treat the later confinement as a new confinement.

PRE-EXISTING CONDITION: means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of the coverage of the Covered Person or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twelve (12) month period preceding the Effective Date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been made. If this Rider is added at a later date the pre-existing condition is from the Effective Date of this Rider as shown on the Policy Schedule.

Routine follow-up care to determine whether breast cancer has recurred in the Covered Person who was previously determined to be breast cancer free does not constitute medical advice, diagnosis, care, or treatment for purposes of determining preexisting conditions, unless evidence of breast cancer is found during or as a result of the follow-up care.

PREMIUM: means the amount of money You are required to pay Us in return for the insurance provided by this Rider.

SUB-ACUTE INTENSIVE CARE UNIT: means a specifically designated facility of a Hospital which:

1. is separate and apart from other Hospital areas;
2. provides a level of medical care below the highest level of acute medical care available at the Hospital, but above the level of medical care in a regular private or semi-private room or ward;
3. is permanently equipped with telemetry equipment; and,
4. is under constant and continuous observation by specially trained nursing staff assigned exclusively to that area.

A Sub-Acute Intensive Care Unit is not:

1. an observation unit;
2. a bed ward, private or semi-private room with or without monitoring equipment;
3. an emergency room;
4. a surgical recovery room; or,
5. a bone marrow transplant unit.

A Sub-Acute Intensive Care Unit may be referred to by other names such as progressive care, intermediate care or step-down unit.

VEHICULAR ACCIDENT: means an accident resulting from:

1. riding in or lawfully operating an automobile, bus, truck, motorcycle, train or motorized aircraft; or,
2. being struck by an automobile, bus, truck, motorcycle, train, or motorized aircraft.

Vehicular Accident does not include accidents resulting from:

1. riding in or operating an all-terrain vehicle (ATV), tractor or other farm equipment, construction equipment, boat or other water conveyance, glider or non-motorized airplane; or,
2. being struck by an all-terrain vehicle (ATV), tractor or other farm equipment, construction equipment, boat or other water conveyance, glider or non-motorized airplane.

BENEFITS

INTENSIVE CARE UNIT CONFINEMENT BENEFITS: We will pay \$1,000 (\$300 for Your child(ren) 12 months of age or younger) for each Day that You are confined to an Intensive Care Unit during a Period of Confinement beginning with the first Day of accidental injury, and beginning with the second Day for sickness. However, We will pay for no more than a combined maximum of 30 Days per Period of Confinement for this benefit and the Sub-Acute Intensive Care Unit Confinement Benefit.

If, within 48 hours after a Vehicular Accident, You are confined to an Intensive Care Unit because of an accidental injury resulting from that Vehicular Accident, We will pay an additional \$1,000 (\$300 for Your child(ren) 12 months of age or younger) for each Day You are confined to an Intensive Care Unit during the initial Period of Confinement, beginning with the first Day. However, We will pay for no more than a combined maximum of 30 Days per Period of Confinement for this benefit and the Sub-Acute Intensive Care Unit Confinement Benefit. This additional \$1,000 (\$300 for Your child(ren) 12 months of age or younger) is payable only for the initial Period of Confinement beginning within 48 hours after a Vehicular Accident. Benefits for later periods of confinement resulting from the same Vehicular Accident will be paid at the daily rate of \$1,000 (\$300 for Your child(ren) 12 months of age or younger).

This benefit is payable only once for each Day of Intensive Care Unit Confinement, even if caused by more than one sickness or accidental injury.

SUB-ACUTE INTENSIVE CARE UNIT CONFINEMENT BENEFIT: You are eligible for this benefit only if during a Period of Confinement You are confined to a Sub-Acute Intensive Care Unit following one or more Days of confinement in an Intensive Care Unit.

We will pay \$400 (\$120 for Your child(ren) 12 months of age or younger) for each Day of such Sub-Acute Intensive Care Unit confinement. However, We will pay for no more than a combined maximum of 30 Days per Period of Confinement for this benefit and the Intensive Care Unit Confinement Benefit.

For a Sub-Acute Intensive Care Unit Confinement which follows an Intensive Care Unit Confinement, due to a Vehicular Accident, that began within 48 hours after that accident, We will pay an additional \$400 (\$120 for Your child(ren) 12 months of age or younger) for each Day of such Sub-Acute Intensive Care Unit Confinement. However, We will pay for no more than a combined maximum of 30 Days per Period of Confinement for this benefit and the Intensive Care Unit Confinement Benefit. Benefits for later periods of Sub-Acute Intensive Care Unit Confinement resulting from the same accident will be paid at the daily rate of \$400 (\$120 for Your child(ren) 12 months of age or younger).

This benefit is payable only once for each Day of Sub-Acute Intensive Care Unit Confinement, even if caused by more than one sickness or accidental injury.

AMBULANCE BENEFIT: We will pay this benefit if a licensed surface or air ambulance service transports You to or from a Hospital, other than a U.S. Government Hospital, to which You are confined to an Intensive Care Unit, and the Intensive Care Unit Confinement Benefit is payable under this Rider. Any air ambulance service must be necessary to protect Your health and safety when other reasonable and customary travel methods are not available.

We will pay \$150 per trip limited to 2 trips per Period of Confinement. Confinements within 30 Days of each other are considered one Period of Confinement.

ATTENDING PHYSICIAN BENEFIT: We will pay this benefit if You use the services of an attending physician while You are confined to an Intensive Care Unit or Sub-Acute Intensive Care Unit, and the Intensive Care Unit Confinement Benefit or the Sub-Acute Intensive Care Unit Benefit is payable under this Rider.

An attending physician is a doctor, other than the surgeon, who performs services for You while You are confined and charges You for these services.

During a Period of Confinement, We will pay \$75 for each Day You are visited by an attending physician. This benefit is payable for up to the number of Days for which You receive benefits under the Intensive Care Unit Confinement Benefit or under the Sub-Acute Intensive Care Unit Benefit.

BLOOD AND PLASMA BENEFIT: We will pay \$50 for each Day that You receive whole blood, plasma, red cells, packed cells or platelets while You are confined to an Intensive Care Unit or Sub-Acute Intensive Care Unit. This benefit is payable for up to the number of Days for which You receive benefits under the Intensive Care Unit Confinement Benefit or the Sub-Acute Intensive Care Unit Benefit. We will not pay for processing, administration, and storage or laboratory charges.

PHYSICIAN'S OFFICE BENEFIT: We will pay \$75 one (1) time per Calendar Year for the Insured and the Insured's Spouse, \$50 one (1) time per Calendar Year per Child(ren) after a 30 day eligibility period for one of the following wellness exams/tests: annual physical exam, mammogram; breast ultrasound; pap smear (lab and procedure); biopsy; flexible sigmoidoscopy; hemocult stool specimen; chest x-ray; CEA (blood test for colon Cancer); CA 125 (blood test for ovarian Cancer); PSA (blood test for prostate Cancer); thermography; colonoscopy; virtual colonoscopy; ThinPrep; stress test on a bicycle or treadmill; fasting blood glucose test; blood test for triglycerides; serum cholesterol test to determine level of HDL and LDL; electrocardiogram (EKG); Carotid Doppler; Echocardiogram; Lipid panel (total cholesterol count).

The 30 day eligibility period is from the Effective Date of the Policy, unless the Rider is added at a later date. If this Rider is added at a later date the 30 day eligibility is from the Effective Date of this Rider as shown on the Policy Schedule.

If Your Policy has a Cancer Screening Wellness Benefit, the wellness exam will be considered for benefits under both the Policy and any Rider(s).

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for Intensive Care and Sub-Acute Intensive Care Unit Confinements contributed to, caused by or resulting from:

PRE-EXISTING CONDITION: No benefits are payable for a Pre-Existing Condition (as defined) during the first twelve (12) months after the Effective Date of coverage for that Covered Person.

INTOXICATION: Being legally intoxicated or being under the influence of any narcotic, unless such narcotic is taken under the direction of a Physician.

ILLEGAL ACTS: Participating or attempting to participate in an illegal act, or working at an illegal job.

SUICIDE (SANE OR INSANE): Committing or attempting to injure Yourself intentionally, regardless of mental capacity.

SELF-INFLICTED INJURIES (SANE OR INSANE): Injuring or attempting to injure Yourself intentionally, regardless of mental capacity.

PERIODS OF CONFINEMENT IN PROGRESS: Periods of confinement which begin prior to 12:00 noon (Eastern Standard Time) on the date You become insured under this Rider.

PREGNANCY: We will not pay benefits for normal pregnancy. Loss due to complications of pregnancy will be paid the same as for any other sickness. A Cesarean section is not considered a complication of pregnancy.

Secretary

RETURN OF PREMIUM RIDER

RIDER EFFECTIVE DATE: If issued at the same time as the Policy, the Rider Effective Date is the Policy Effective Date. If issued after the Policy Effective Date, the Rider Effective Date will be indicated in the Policy Schedule issued with this Rider.

The policyholder may call 1-800-888-4918 to present inquiries, obtain information about coverage's, or to obtain assistance in resolving complaints.

SECTION 1: DEFINITIONS

When the terms below are used in this Rider, the following definitions will apply:

YOU, YOURS: the person named in the Policy Schedule as the Insured on the Rider Effective Date.

CLAIMS INCURRED: claims are considered incurred on the date an event for which We pay benefits occur or, in the case of a continuing claim, an earlier date as determined by the Company based on a related prior event.

MATURITY DATE: the date on which a Return of Premium Period ends and You become entitled to the benefit provided by this Rider.

SECTION 2: BENEFITS

OUR PROMISE TO PAY: We will pay You a Return of Premium Benefit if You keep Your Policy and this Rider in force until the Maturity Date. You do not need to surrender Your Policy and this Rider at the Maturity Date to receive a Return of Premium Benefit.

RETURN OF PREMIUM PERIOD: The Return of Premium period is 20 years.

RETURN OF PREMIUM BENEFIT AMOUNT

The benefit amount is equal to the Premiums paid for the coverage provided during the Return of Premium Period, minus any Claims Incurred during the Return of Premium Period. For other information which may affect this amount, please refer to "Change in Premium" in the General Provisions section of this Rider.

EFFECT OF WAIVER OF PREMIUM ON RETURN OF PREMIUM: Premiums waived under any Waiver of Premium Provision of the Policy will be treated both as Premiums paid and claims incurred for purposes of calculating the Return of Premium Benefit Amount.

SECTION 3: GENERAL PROVISIONS

CHANGE IN PREMIUM: If the Premium for the Policy or any Rider changes for any reason, You will be notified of the revised Premium. We will calculate Your Return of Premium Benefit Amount based on both the original Premium paid and the revised Premium paid.

TERMINATIONS AND REINSTATEMENT: If You allow the Policy to terminate and it is later reinstated, then the Maturity Date will be deferred by the period of time that the Policy was inactive. If the Return of Premium benefit has already been paid then this rider will not be reinstated.

EXCEPTION: If the Maturity Date occurs on the Rider anniversary date after You reach age 75, We will not defer that Maturity Date.

CONTINUATION PRIVILEGE: If this is family coverage and You die, Your spouse may elect to continue coverage under the Policy and this Rider by paying the Premium. The Maturity Date will continue to be based on Your age. The Return of Premium Benefit Amount will be paid to Your spouse.

BENEFIT ASSIGNMENT NOT ALLOWED: You may not assign the benefit under this Rider.

CONTRACT: This Rider is part of the Policy and will terminate when the Policy terminates or when Premiums are no longer paid for this Rider, if earlier.

This Rider is subject to all of the terms of the Policy to which it is attached, unless any such terms are inconsistent with the terms of this Rider.

President

SPECIMEN

Policy form series: CHIC-5022I-FL

Washington National Insurance Company
Home Office
11825 N. Pennsylvania Street
Carmel, IN 46032

WashingtonNational.com

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What if your family were faced with cancer?



We have the solution:
Washington National SolutionsSM Cancer

Meet your Washington National agent to learn how Washington National Solutions Cancer can help.

DATE _____

TIME _____

LOCATION _____

WASHINGTON NATIONAL INSURANCE COMPANY
Administrative Office:
11825 N. Pennsylvania St.
Carmel, IN 46032

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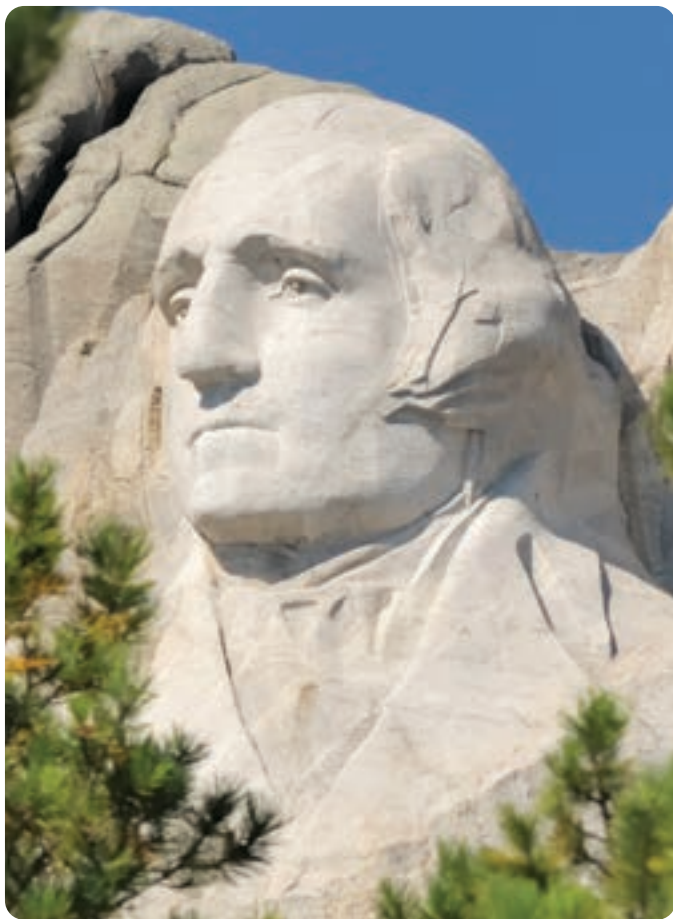




SUPPLEMENTAL HEALTH INSURANCE, GROUP COVERAGE:

Critical Illness





As you take steps to secure your future, consider making supplemental health insurance a part of your plan today.

One day, you or a member of your family could face a health crisis...

How would you pay the out-of-pocket costs? Medical copays and coinsurance can add up quickly, on top of your regular bills and lost wages when you have to miss work. Supplemental health insurance benefits from Washington National can help keep you afloat while you're on the mend.

HAVE CONFIDENCE IN WASHINGTON NATIONAL

- Your benefits are **paid directly to you**,* in addition to any other insurance you have.
- You can **keep your benefits** if you change jobs or retire, or if your employer discontinues the policy.**
- You can **receive cash from benefits** for covered treatments that you would otherwise have to pay out of pocket.
- You **enhance your overall protection** with coverage that supplements, but doesn't replace, your essential health benefits.
- Premiums are paid through **convenient payroll deduction**.

*Unless otherwise requested by you or required.

**The option to keep your benefits if your employer discontinues the policy is not available in all states.

CONSIDER THESE FACTS:

- Nearly **15.5 million** Americans alive today have a history of cancer. More than **1.6 million** people will be diagnosed this year alone.¹
- **Every 40 seconds**, someone in the U.S. suffers a heart attack.²
- About **7.2 million** Americans over the age of 20 have had a stroke.³
- **Medical debt** is the number one source of personal bankruptcy filings in the U.S.⁴

¹American Cancer Society, *Cancer Facts & Figures 2017*, 2017, p. 1.

²American Heart Association, *Heart Disease and Stroke Statistics 2017 At-a-Glance*, 2017, p. 2.

³American Heart Association, *Heart Disease and Stroke Statistics—2017 Update: A Report from the American Heart Association*, 2017, p. e249.

⁴USA Today, *This is the No. 1 reason Americans file for bankruptcy*, <https://www.usatoday.com/story/money/personalfinance/2017/05/05/this-is-the-no-1-reason-americans-file-for-bankruptcy/101148136/>, May 5, 2017.

| Critical illness benefit descriptions

CANCER AND HEART & STROKE LUMP SUM WITH RECURRENCE

This lump-sum benefit is payable upon diagnosis of cancer, heart attack or stroke, as well as coronary artery bypass surgery. The benefit is paid even when a covered cancer, heart attack or stroke is diagnosed after death. This benefit does not apply to skin cancer.

For your spouse, the benefit is 50% of the lump-sum amount. For your eligible children, a benefit equal to 25% of the lump-sum amount is payable one time for each covered child. When you turn 76, lump-sum benefit amounts are reduced by 50%. The lump-sum benefit amount payable will not exceed 100%.

Also included is a recurrence benefit designed to help ease your concerns about future diagnoses. Eighteen months after you haven't received or needed treatment for a cancer, heart attack or stroke diagnosis, your recurrence benefit begins to grow—up to 100% of your original lump-sum benefit amount after 5 years. The recurrence benefit does not apply to carcinoma in-situ, skin cancer or coronary artery bypass surgery.

WAIVER OF PREMIUM

If the certificateholder is disabled due to a cancer, heart attack or stroke diagnosis for 90 or more consecutive days, thereafter your premiums are waived for up to 12 months. The diagnosis must occur at least 30 days after the effective date of coverage. The disability must begin on or after the date of diagnosis and prior to the certificateholder's 65th birthday. Premium is not waived for carcinoma in-situ or skin cancer.

HEART & STROKE

This benefit is payable upon the diagnosis of a heart attack or stroke, as well as coronary artery bypass surgery, pacemaker, ICD, stent, TIA or angioplasty. The benefit is paid even when a covered condition is diagnosed after death.

For your spouse, the benefit is 50% of the lump-sum amount. For your eligible children, a benefit equal to 25% of the lump-sum amount is payable one time for each covered child. When you turn 76, lump-sum benefit amounts are reduced by 50%. The lump-sum benefit amount payable will not exceed 100%.

CRITICAL CONDITIONS BENEFIT

A lump-sum amount is paid when you are diagnosed after the effective date of coverage for the following specified critical illnesses: coma, paralysis, end-stage renal failure, permanent blindness, permanent deafness, Alzheimer's disease, diabetic amputation, major organ transplant list and major organ transplant surgery. When you turn 76, lump-sum benefit amounts are reduced by 50%. For your spouse, the benefit is 50% of the lump-sum amount you select. For your eligible children, a benefit equal to 25% of your lump-sum amount is payable one time for each covered child. The lump-sum benefit amount payable will not exceed 100%.

CANCER TREATMENT

The cancer treatment benefit is payable when you require fully or investigationally approved radiation, injected chemotherapy or oral chemotherapy to treat cancer. There is a one-time benefit for skin cancer. Radiation and injected chemotherapy have a \$5,000 per-year maximum. Oral chemotherapy is payable for up to 36 months.

HOSPITAL BENEFIT

The hospital benefit is paid daily when you are confined in a hospital, ICU, subacute ICU or skilled nursing facility, or for outpatient surgery. The benefit is payable for up to three days per confinement and up to three confinements per year, with a lifetime maximum of \$15,000. Confinements within 30 days of each other are considered one confinement. The skilled nursing facility benefit is limited to one confinement of up to 14 days per year. The benefit is payable for one outpatient surgery per covered person per calendar year.

WELLNESS AND ANNUAL CARE

The wellness benefit is paid once per covered person each calendar year for any covered procedure related to cancer or heart and stroke. Covered procedures include mammogram, breast ultrasound, Pap smear, ThinPrep, CA-125, flexible sigmoidoscopy, colonoscopy, virtual colonoscopy, Hemoccult stool specimen, CEA, PSA, biopsy, chest X-ray, Thermography, stress test on a bicycle or treadmill, electrocardiogram, echocardiogram, carotid Doppler, fasting blood glucose test, blood test for triglycerides, serum cholesterol test and lipid panel.

The annual care benefit helps you pay ongoing medical expenses after a cancer, heart attack or stroke diagnosis. The annual care benefit is payable each year on the first anniversary after payment of the lump-sum benefit, for up to five consecutive years when you remain under your physician's care. This benefit excludes skin cancer, carcinoma in-situ and coronary artery bypass.

Critical illness coverage *(Premiums are based on the level of coverage selected.)*

CANCER AND HEART & STROKE LUMP SUM WITH RECURRENCE¹

Cancer (internal):	100%	
Carcinoma in-situ:	25%	
Heart attack:	100%	\$30,000
Stroke:	100%	
Coronary artery bypass surgery:	25%	

The following benefits cannot be selected without purchasing the above coverage.

HEART & STROKE¹

Heart attack:	100%	
Stroke:	100%	\$5,000 to \$50,000 in \$1,000 increments
Coronary artery bypass surgery, pacemaker, ICD, stent, TIA or angioplasty:	25%	

CRITICAL CONDITIONS BENEFIT¹

Coma, paralysis, end-stage renal failure, permanent blindness, major organ transplant surgery:	100%	\$5,000 to \$50,000 in \$1,000 increments
Diabetic amputation, major organ transplant list:	50%	
Alzheimer's disease, permanent deafness:	25%	

CANCER TREATMENT

Radiation		\$200 per day
Injected chemotherapy		\$200 per day
Oral chemotherapy		\$300 per calendar month
One-time benefit for skin cancer		\$300

HOSPITAL BENEFIT

Hospital confinement		\$200 per day
ICU or subacute ICU		\$400 per day
Skilled nursing facility		\$200 per day
Outpatient surgery		\$200 per day

WELLNESS AND ANNUAL CARE

\$25, \$50, \$75 OR \$100

¹The lump-sum benefit amount payable will not exceed 100%.

Limitations and exclusions

LIMITED BENEFIT POLICY(IES)

Critical Illness

The critical illness certificate will pay a lump-sum benefit only if you are diagnosed after the effective date of coverage for a specified critical illness, subject to the pre-existing condition limitation. This benefit is never payable for skin cancer. The lump-sum benefit is reduced 50% for all covered persons when the certificateholder turns age 76. The recurrence benefit pays a percentage of the lump-sum benefit for a subsequent diagnosis of cancer, heart attack or stroke (based on coverage selected) when the subsequent diagnosis is more than 18 months after the previous diagnosis and there has been no treatment received during the 18-month period. A recurrence benefit will not be payable for a subsequent diagnosis of carcinoma in-situ, skin cancer or coronary artery bypass surgery. This benefit is reduced 50% for all covered persons when the certificateholder turns age 76. The critical illness certificate will not pay benefits for loss contributed to, caused by or resulting from: Any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified critical illness. Diagnosis of a specified critical illness during the thirty (30) day waiting period. Participating or attempting to participate in an illegal act or working at an illegal job. Being legally intoxicated or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a physician. Injuring or attempting to injure yourself intentionally, regardless of mental capacity. Committing or attempting to commit suicide, regardless of mental capacity. Participating in any sporting event for pay or prize money. Being exposed to war or any act of war, declared or not, or participating in or contracting with the armed forces (including Coast Guard) of any country or international authority. Acts of terrorism are excluded from this definition of war. Alcoholism, drug abuse or chemical dependency. No benefits are payable for a pre-existing condition during the first twelve (12) months after the effective date of coverage for that covered person.

CANCELLATION: This policy can be canceled by the company at any time after the first 12 months, or earlier due to nonpayment of premiums.

Definition

PRE-EXISTING CONDITION: Means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the effective date of the coverage of the covered person or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a twelve (12) month period preceding the effective date of coverage.

The following limitations and exclusions are in addition to the certificate's and apply to the hospital benefit rider. The inpatient hospital benefit is limited to three (3) periods of confinement per calendar year and has a lifetime maximum of \$15,000. The skilled-care facility benefit is payable when considered disabled as defined under the certificate and has an elimination period of seven (7) days, after which the benefit provides for up to fourteen (14) days of confinement and is limited to one (1) confinement per calendar year. The outpatient surgical benefit is payable when a covered person has a surgery on an outpatient basis for a covered sickness or covered accident. The benefit is payable for the day outpatient surgery is performed. This benefit is only payable one day per covered person per calendar year. We will not pay benefits for loss contributed to, caused by or resulting from cosmetic/plastic surgery that is not for the diagnosis or treatment of covered sickness or covered accident based upon generally accepted medical practice and is not medically necessary. The following procedures are not covered under any circumstances, even if performed for diagnosis or treatment of a covered sickness or covered accident or medically necessary: abdominoplasty (tummy tuck); mammoplasty (breast enlargement); rhinoplasty (nose job); or suction-assisted lipectomy (liposuction). Complications from any cosmetic/plastic surgery are not covered. Dental procedures: Treatment for dental care or dental procedures, unless treatment is the result of a covered accident. Elective surgery that is not for the diagnosis or treatment of a covered sickness or covered accident based upon generally accepted medical practice and is not medically necessary. Gastric bypass surgeries are not covered under any circumstances, even if performed for diagnosis or treatment of a covered sickness or covered accident or medically necessary; voluntary abortion (except where the insured or the insured's spouse would be endangered if the fetus were carried to term or where medical complications have arisen from abortion); or sex changes. Complications from any elective surgery are not covered. Flying: Operating, learning to operate, serving as a crew member on or jumping or falling from any aircraft, including those which are not motor-driven. Mental disorder: having a behavioral or psychological disorder, disease or syndrome, without demonstrable organic origin. For newborn care: We will not pay for a separate charge made for the newborn's stay in a nursery as a result of a normal delivery. Observation unit: We will not pay for any services provided or charges made for an insured while in an observation unit. Pregnancy: We will not pay benefits for a normal pregnancy that occurs within the first twelve (12) months after the effective date of coverage.

Loss due to complications of pregnancy will be paid the same as for any other covered sickness. A cesarean section is not considered a complication of pregnancy. Pregnancy of a dependent child: A pregnancy of a dependent child will not be covered. Pre-existing condition limitation: No benefits are payable for a pre-existing condition (as defined) during the first twelve (12) months after the effective date of coverage for that covered person. Racing: Riding in or driving any motor-driven vehicle in a race, stunt show or speed test, or while testing any vehicle on any race course or speedway. Travel/location: Being more than forty (40) miles outside the territorial limits of the United States or Canada. Vision procedures: Vision exams or vision procedures, unless treatment is the result of a covered accident or a covered sickness.

Definition

HOSPITAL: A hospital is not a bed, unit, or facility that functions as a/an: skilled nursing facility; nursing home; extended care facility; convalescent home; rest home, or a home for the aged; sanatorium; rehabilitation center; place primarily providing care for alcoholics or drug addicts; or facility for the care and treatment of mental disease or mental disorders.

The following limitations and exclusions are in addition to the certificate's and apply to the cancer treatment rider. There is a calendar-year maximum of \$5,000 for the radiation and injected chemotherapy benefits. No benefits are payable for preventive treatments prescribed without a diagnosis of cancer. The rider does not pay for continued maintenance medication for the purposes of keeping cancer from recurring.

The heart & stroke benefit rider will pay a lump-sum benefit only if you are diagnosed after the effective date of coverage for a specified critical illness, subject to the pre-existing condition limitation. The lump-sum benefit is reduced 50% for all covered persons when the certificateholder turns age 76. The recurrence benefit pays a percentage of the lump-sum benefit for a subsequent diagnosis of heart attack or stroke when the subsequent diagnosis is more than 18 months after the previous diagnosis and there has been no treatment received during the 18-month period. This benefit is reduced 50% for all covered persons when the certificateholder turns age 76. The following limitations and exclusions are in addition to the certificate's and apply to the heart/stroke benefit rider. For a heart attack benefit to be payable, the heart attack must be positively diagnosed by a physician through clinical findings with corroboration from electrocardiographic findings or blood enzyme findings. A diagnosis of cardiac arrest is not by itself a positive diagnosis of a heart attack. Heart attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a heart attack. For a stroke benefit to be payable, the stroke must be positively diagnosed by a physician through clinical findings with corroboration from an electroencephalogram, imaging tests or blood flow tests. For heart attack or stroke, the date of diagnosis is the date of positive diagnosis by a physician. It is not the date the diagnosis was communicated to you. Heart attacks or strokes occurring during or as the result of any medical procedures are not covered.

The following limitations and exclusions are in addition to the certificate's and apply to the critical conditions lump-sum rider. We will not pay benefits for loss contributed to, caused or resulting from: End-stage renal failure caused by a traumatic event, including surgical traumas. A heart transplant that is not a human heart. A bone marrow transplant that is not human bone marrow. If the covered person's paralysis is related to a stroke and we have paid a lump-sum benefit under the certificate, the lump-sum benefit will not be payable under this rider. No benefit is payable for diabetic amputations below the ankle. Amputation of a single toe or toes or any partial foot amputations are not payable. No benefits are available for an organ donor under this rider. For an Alzheimer's disease benefit to be payable, Alzheimer's disease must be diagnosed by a physician and the covered person must be unable to perform two or more activities of daily living (ADLs). For the major organ transplant list, we will pay the amount shown in the certificate schedule when a covered person is registered on the active waiting list for organ transplant maintained by the Organ Procurement and Transplantation Network (OPTN). For major organ transplant surgery, we will pay the amount shown in the certificate schedule when a covered person undergoes a transplant surgery. The covered person must be in a coma for a period of fourteen (14) consecutive days. Coma does not include one that is medically induced. Sight must be reduced to a corrected visual acuity of less than 20/200 or visual field restriction to 20° or less in both eyes. The paralysis must be an impairment of two (2) or more limbs.

The following limitations and exclusions are in addition to the certificate's and apply to the wellness benefit rider. The annual care benefit is payable beginning with the first anniversary after the payment of the lump-sum benefit and is payable each year up to a total of five consecutive annual payments.

Certificate form series: WNIC2014CRFL2

Rider form series: R2015RFLR, R2016RFLR, R2008FLR, R2009FLR, R2017FLR

WASHINGTON NATIONAL INSURANCE COMPANY

Home Office

11825 N. Pennsylvania Street
Carmel, IN 46032

WashingtonNational.com

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GCI-BR-EE-FL





Sample policy language
WNIC2014CR-FL2 | Florida

Group Critical Illness

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Washington National Insurance Company
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

CERTIFICATE OF COVERAGE

GROUP CRITICAL ILLNESS INSURANCE

The Certificate Holder may call 1-800-888-4918 to present inquiries, obtain information about coverage, or to obtain assistance in resolving complaints.

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If a Covered Person is eligible for Medicare, please review the "Guide to Health Insurance for People with Medicare," which is available upon request from the Company.

Washington National Insurance Company (referred to as the "Company") welcomes You as a Certificate Holder.

This is Your Group Certificate of Coverage ("Certificate") as long as You are eligible for coverage and You become insured. You will want to read it carefully and keep it in a safe place.

This Certificate is a legal contract between the Group Policyholder (shown on the Group Policy Schedule) and Washington National Insurance Company. Subject to all the terms and conditions set forth in the Group Policy, We agree to provide coverage to the Certificate Holder against Loss based on the Enrollment Form and in return for Premium payments.

If the terms and provisions of this Certificate (issued to You) are different from the Group Policy (issued to the Group Policyholder), the Group Policy will govern. Your coverage may be canceled or changed in whole or in part under the terms and provisions of the Group Policy. This Policy is optionally renewable.

The Group Policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

For purposes of effective dates and ending dates under the Group Policy, all days begin at 12:01 a.m. Standard Time and end at 12:00 midnight Standard Time at the Group Policyholder's address.

Secretary

President

THIS IS A SPECIFIED ILLNESS CERTIFICATE WHICH ONLY PROVIDES STATED BENEFITS FOR SPECIFIED ILLNESSES OR OTHER BENEFITS THAT MAY BE ADDED. THIS CERTIFICATE DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION.

CERTIFICATE INDEX

Certificate Schedule.....	Attached
Certificate of Coverage	WNIC2014CRFL2
Definitions	Section 1
Premiums.....	Section 2
Claims Provisions	Section 3
General Provisions	Section 4
Waiver of Premium	Section 5
Limitations and Exclusions	Section 6
Benefits	Section 7
Continuity of Coverage	Section 8
Enrollment Form	Attached
Optional Rider(s), if any.....	Attached

SPECIMEN

SECTION 1: DEFINITIONS

When the terms below are used in this Group Policy, the following definitions apply:

ACTIVE EMPLOYMENT: Means You are working for Your employer for earnings that are paid regularly and that You are performing the material and substantial duties of Your regular occupation.

Normal vacation is considered Active Employment. Temporary and seasonal workers are excluded from coverage.

ASSOCIATION: Means any group of people who have joined together for a particular purpose, other than the purpose of purchasing insurance, with rules and/or by-laws and membership requirements.

CALENDAR YEAR: The period beginning January 1st and ending December 31st.

CERTIFICATE HOLDER: The person named as the Certificate Holder in the Certificate Schedule.

CLASS: Is defined as the following: age on the Effective Date, the use or non-use of tobacco products, and type and level of benefits.

EFFECTIVE DATE: The date shown on the Certificate Schedule for all persons accepted for coverage at the time of issue. Coverage is not effective until We have received and accepted Your Enrollment Form, We issue the Certificate, and We receive the first Premium, if applicable. For persons accepted for coverage under this Certificate after it is issued, the Effective Date of coverage will be listed on the Certificate Schedule.

ELIGIBLE CLASS: All Employees in Active Employment in the United States with the Employer or an active Member in the Association or Union.

EMPLOYEE: Means a person who is a citizen or legal resident of the United States or Territory in Active Employment with the Employer in the United States.

EMPLOYER: Means Group Policyholder and includes any division, subsidiary, or affiliated company named in the Group Policy Schedule.

ENROLL: Means You have completed the process of applying for coverage under the Group Policy.

ENROLLMENT FORM: Means the application You complete and submit to Us to apply for coverage under the Group Policy.

EVIDENCE OF INSURABILITY: Means a statement of Your medical history that We will use to determine if You are approved for coverage. Evidence of insurability will be provided at Your own expense. Evidence of Insurability will be required for late enrollees.

EVIDENCE OF INSURABILITY FORM: Means the portion of the Enrollment Form that You complete and submit to Us that contains a statement of Your medical history.

GROUP POLICY: Means the entire contract of insurance between the Group Policyholder and the Company.

GROUP POLICYHOLDER: Means the legal entity named as the Group Policyholder in the Group Policy Schedule.

IMMEDIATE FAMILY: Means Your parents, spouse, children, brothers, sisters, grandchildren, or grandparents.

LOSS: Means a Specified Critical Illness for which We pay benefits under this Certificate, excluding any attached rider.

MEMBER: Means a Member in good standing in the Union or Association named as the Group Policyholder and who is a citizen or legal resident of the United States or Territory and is in current Active Employment.

PHYSICIAN: Means a person, other than You or a member of Your Immediate Family who:

1. is licensed by the state to practice a healing art recognized and condoned by the American Medical Association;
2. performs services which are allowed by that license; and
3. performs services for which benefits are provided by this Certificate.

PREMIUM: Means the amount of money You are required to pay Us in return for the insurance provided by this Certificate, and any attached rider(s).

PRE-EXISTING CONDITION: Means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of the coverage of the Covered Person or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a six (6) month period preceding the Effective Date of coverage.

Routine follow-up care to determine whether breast cancer has recurred in a Covered Person who was previously determined to be breast cancer free does not constitute medical advice, diagnosis, care, or treatment for purposes of determining preexisting conditions, unless evidence of breast cancer is found during or as a result of the follow-up care.

TEMPORARY LAYOFF or LEAVE OF ABSENCE or FAMILY AND MEDICAL LEAVE OF ABSENCE: Means You are absent from Active Employment for a period of time that has been agreed to in advance and in writing by Your Employer. Your normal vacation time or any period of disability is not considered a Temporary Layoff or Leave of Absence.

UNION: Means an organization intended to represent the collective interests of workers in negotiations with employers over wages, hours and working conditions.

WAITING PERIOD: Means the first thirty (30) days following the Effective Date of a Covered Person's coverage. No benefits will be paid for a Specified Critical Illness which is diagnosed during the Waiting Period.

WE, US, OUR: Means Washington National Insurance Company, the "Company."

YOU, YOUR, YOURSELF, COVERED PERSON: The person(s) named as a Certificate Holder on the Certificate Schedule:

1. if this is Employee or Member coverage, the Certificate Holder and the Certificate Holder's Children; or
2. if this is Employee or Member plus Spouse coverage, the Certificate Holder and the Certificate Holder's Spouse and Children.

Spouse means the insurable person named as Spouse on the Enrollment Form and legally married to the Certificate Holder on the Effective Date of this Certificate.

Child(ren) means the Certificate Holder's and Spouse's natural child, step-child, legally adopted child, newborn adopted child, child placed with the Certificate Holder for adoption, foster child(ren), or court appointed guardianship/order/administrative order of a child, who is:

1. insurable and named on the Enrollment Form;
2. chiefly dependent on the Certificate Holder or Spouse for support; and
3. younger than the Limiting Age, which is 26.

Children also includes dependent Children, regardless of age, who:

1. are mentally or physically handicapped;
2. became or become handicapped prior to the Limiting Age; and
3. cannot support themselves because of their handicap.

For handicapped children We must be provided, where possible, with proof of the child's incapacity and dependency no more than thirty-one (31) days after the child reaches the Limiting Age. Thereafter, such proof must be provided at Our request, but not more frequently than annually after the second Certificate Year following the attainment of the Limiting Age.

A Child's insurance will terminate on the date on which that Child ceases to meet the above conditions. Our acceptance of Premium after this date is considered as Premium only for the remaining Covered Persons who qualify under this Certificate. It is the Certificate Holder's responsibility to notify Us when a Child ceases to meet the above conditions.

Newborn Children are insured from the moment of birth. Benefits for newborn Children will be paid for the necessary care and treatment of medically diagnosed congenital defects, birth abnormalities and prematurity. Benefits are not payable for normal, newborn childcare.

A Child(ren) placed for adoption, a foster Child(ren), or court appointed guardianship of a Child(ren) after the Effective Date of this Certificate will be covered from the date of written placement; for a newborn child from the moment of birth if a written agreement has been entered into by the Covered Person prior to the birth; Pre-Existing Condition limitations and exclusions will not apply, with the exception of a foster child. Coverage on a child for whom adoption proceedings have been filed and proceedings are terminated and the child is removed from placement will continue to the date through which premiums have been paid. Termination will not prejudice a claim for Loss incurred prior to the termination date.

To add a newborn child, a newborn child of a dependent, child(ren) placed for adoption, foster child(ren), or court appointed guardianship of a child(ren) the following information will be needed within sixty (60) days after the date of birth or date of placement:

1. written notice including the child's name and date of birth; and
2. any additional premium, if required.

Coverage for an eligible child(ren) will not be denied due to a failure to timely notify Us of the birth or placement of a child(ren).

SECTION 2: PREMIUMS

PAYMENT OF PREMIUMS: The first Premium is due on the Effective Date of this Certificate. Each Premium after the first is due on the last day of the term for which the most recent Premium was paid and must be accepted by Us at Our Home Office.

EXCEPTION: During the time, if any, that it is agreed between You and Us that Premiums will be billed and remitted through payroll deduction, Premium is due in Our Home Office on the due date indicated in the billing provided to the administrator coordinating Premium payments on Your behalf.

This Certificate will not be in force until the first Premium is accepted by Us. If We accept a Premium, this Certificate will continue in force until the end of the term for which that Premium was paid.

The amount of the first Premium is shown in the Certificate Schedule and is based on Your initial mode of payment. The amount of each Premium after the first is based on Your then current mode of payment and the Premium then being charged for Certificates of this form number and Premium classification issued in the same state. If You do not pay Your Premium when due or within the Grace Period, coverage under this Certificate will terminate.

PREMIUM CHANGES: The Premium may be changed based upon adverse experience of the Group or group policies of the same form number in the Employer's/Association's/Union's group situs state. Notwithstanding, We may change Premium policies rates at any time for reasons that affect the risk assumed for the reasons shown below.

1. a change occurs in the Group Policy design;
2. a division, subsidiary, or affiliated company is added or deleted;
3. a substantial change occurs in the participation level of the Eligible Class;
4. the number of Covered Persons changes by 25% or more; or
5. new law or a change in any existing law is enacted which applies to this Group Policy.

If We change Premium rates for this Group Policy, We will provide written notice to the Group Policyholder no less than forty-five (45) days prior to the effective date of the new Premium.

GRACE PERIOD: A Grace Period of thirty-one (31) days is granted for the payment of each Premium falling due after the first Premium. During this period the Certificate will stay in force. The Certificate will terminate at the end of the Grace Period. A Grace Period is not provided if You send Us notice to terminate the Certificate prior to a Premium due date. Termination for any reason will not prejudice a claim for Loss incurred during the Grace Period. However, We reserve the right to withhold the unpaid premium from the claim payment.

REINSTATEMENT: If this Certificate terminates because the Premium is not paid by the last day of the Grace Period, We may allow You to reinstate Your Certificate.

If We accept Your Premium and do not require a reinstatement Enrollment Form, this Certificate will be reinstated as of 12:00 noon Standard Time at Your place of residence. The Effective Date of coverage will be the date We receive the Premium. If We require a reinstatement Enrollment Form at the time We receive the Premium, We will issue a conditional receipt for the Premium. Upon Our receipt and approval of the reinstatement Enrollment Form, this Certificate will be reinstated as of 12:00 noon Standard Time on the date the reinstatement Enrollment Form is approved by Us. If We do not mail written notice of disapproval within forty-five (45) days after the date of the conditional receipt, then this Certificate will automatically be reinstated as of 12:00 noon Standard Time on the 45th day.

The reinstated Certificate will only provide benefits for Loss incurred ten (10) days or more after the reinstatement date.

In every other way, Your rights and Our rights will be the same as existed immediately prior to termination.

SECTION 3: CLAIM PROVISIONS

NOTICE OF CLAIM: Written notice of claim must be given to Us within sixty (60) days after the start of a Loss or as soon as reasonably possible. The notice must be sent to Us at Our Home Office. The notice should include the Covered Persons name, and the Certificate number. Written notice may be on a claim form provided by US or written notice received from You.

CLAIM FORMS: When We receive written notice of a claim, We will send forms for filing Proof of Loss. If We do not send these forms within fifteen (15) days, You will meet the Proof of Loss requirements by giving Us a written statement of the nature and extent of the Loss within the time stated in the Proof of Loss provision.

PROOF OF LOSS: You must give Us satisfactory written Proof of Loss within ninety (90) days after the Loss for which You are seeking benefits. If it is not reasonably possible to give written Proof of Loss in the time required, We will not reduce or deny benefits for this reason if the Proof of Loss is filed as soon as reasonably possible. However, the Proof of Loss required must be given no later than one (1) year and ninety (90) days from the date proof is otherwise required, unless You were legally incapacitated during that time.

If this Certificate provides for periodic payments for continuing Loss, written Proof of Loss must be given to Us within ninety (90) days after the end of each period for which We are liable.

One or more of the following together with Your written statement may be required as Proof of Loss:

1. completed Company claim forms;
2. marriage certificate, and death certificates;
3. a pathologist's report;
4. a Physician's statement;
5. itemized bills for services rendered;
6. hospital, medical and Physician records;
7. autopsy report;
8. medical and pharmaceutical receipts; and
9. any other information that may be reasonably necessary.

TIME OF PAYMENT OF CLAIMS: After We receive written Proof of Loss and determine that benefits are payable, We will pay monthly all benefits then due for claims providing a periodic payment. Benefits for any other Loss for which benefits are payable under this Certificate will be paid within 45 days after We receive written Proof of Loss satisfactory to Us.

PAYMENT OF CLAIMS: Benefits will be paid to the Covered Person. Any benefits unpaid at the time of the Covered Persons death will be paid in the following order: the surviving person legally married to the Covered Person at the Covered Person's death; the Covered Person's estate.

PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have You examined as often as reasonably necessary while a claim is pending. We can require an autopsy where not forbidden by law. Either will be done at Our expense.

UNPAID PREMIUM: When a claim is paid, any Premium due and unpaid may be deducted by Us from the claim payment.

CLAIM REVIEW: If a claim is denied, We will give You written notice of the reason for denial within 45 days, and the Certificate provision that relates to the denial; Your right to ask for a review of the claim; and any additional information that might allow Us to change Our decision.

LEGAL ACTION: No legal action can be taken against Us to receive benefits under this Certificate:

1. within sixty (60) days after written Proof of Loss has been furnished, in accordance with the requirements of this Certificate; or
2. more than five (5) years from the time written Proof of Loss is required to be given.

CONFORMITY WITH STATE STATUTES: Any provision of this policy which, on its 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 statutes.

SECTION 4: GENERAL PROVISIONS

ENTIRE CONTRACT: The entire contract of insurance consists of:

1. the individual Group Policy;
2. this individual Certificate;
3. the individual Certificate Schedule;
4. the individual Group Policy Schedule;
5. individually attached amendments, riders, schedules, endorsements (if any); and
6. the individual Enrollment Form and individual supplemental forms (if any).

In the absence of fraud, all statements made by the Covered Person will be considered representations and not warranties. No written statement made by a Covered Person will be used in any contest unless a copy of the statement is furnished to the Covered Person, his or her beneficiary, or a personal representative.

COVERAGE PROVIDED BY THIS GROUP POLICY: The following applies only when the administration of the Group Policy is governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq.: When making a benefit determination under this Group Policy, We have discretionary authority to determine the Covered Person's eligibility for the benefits and to interpret the terms and provisions of the Group Policy, subject to the rights to bring action as provided in the Legal Actions provision.

CERTIFICATE CHANGES: No change to this Certificate is valid unless it is in writing, endorsed by one of Our officers, and attached to this Certificate. No one else has the authority to change this Certificate or to waive any of its provisions.

MISSTATEMENT OF AGE: If any age is misstated in the Enrollment Form, the benefits will be such as the Premium paid would have been if purchased at the correct age. If based on the correct age We would not have issued this Certificate or insured certain members of the Certificate Holder's family under this Certificate, Our only responsibility will be to refund any excess Premium paid.

TIME LIMIT ON CERTAIN DEFENSES: We rely on the statements made in the Enrollment Form when issuing this coverage. After this coverage has been in force for You for two (2) years from the issue date, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the Enrollment Form, except fraudulent misstatements.

No claim for Loss incurred after twelve (12) months from the date You become covered under this Certificate will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of Loss, had existed before the Effective Date of Your coverage.

AGENCY: For purposes of the Group Policy and this Certificate, the Employer, Association or Union acts on its own behalf or as Your agent. Under no circumstances will the Employer, Association or Union be deemed Our agent.

ELIGIBILITY DATE: If You are working full time with a normal workweek of 20 or more hours, in an Eligible Class, or You are a full time Member of the Association or Union and paying dues, the date You are eligible for coverage is the later of: the Group Policy Effective Date; or the day after You complete Your Employer benefits waiting period.

CHANGES TO YOUR COVERAGE: A change in Your coverage may occur if: You enroll for a different coverage option; You transfer to another Class under the Group Policy; or there is a Group Policy change.

If You are eligible for additional coverage due to a Group Policy change, the additional coverage will be effective on the date the Group Policy change is effective, as requested by the Group Policyholder and agreed upon by Us.

Additional coverage for reasons other than a Group Policy change will be effective the first of the month following the latest of:

1. the date You enroll for the additional coverage;
2. the date You transfer to another Class under the Group Policy; or
3. the date We approve Your Enrollment Form, if Evidence of Insurability is required.

In order for Your additional coverage to begin, You must be in Active Employment or a Member in good standing in the Association or Union. Additional coverage is subject to payment of Premium.

Any decrease in coverage will take effect the first of the month following receipt of written request but will not affect a payable claim for Loss that is incurred prior to the decrease.

WHEN EVIDENCE OF INSURABILITY IS REQUIRED: Evidence of Insurability is required if:

1. You are a late enrollee, which means You apply for coverage more than thirty-one (31) days after the date You are eligible for coverage;
2. You are a late enrollee, which means You are enrolling at a time other than the first period in which You were eligible to enroll or You did not enroll during any special enrollment periods as provided in the Group Policy;
3. You are applying to reinstate Your coverage;
4. You voluntarily canceled Your coverage and are reapplying; or
5. You apply to increase Your benefit by any amount above the Guaranteed Issue amount offered at the time the Group Policy was first issued.

If the participation requirements are not met by Employees or Members in the Eligible Class(es) enrolled for coverage under the Group Policy, Evidence of Insurability is required for any amount of insurance.

An Evidence of Insurability Form can be obtained from Your Employer, Union or Association.

TERMINATION OF THE CERTIFICATE: Your coverage under this Certificate will terminate on the earliest of the following dates:

1. the date the Group Policy terminates, subject to the Portability Provision in the Certificate;
2. when the Group Policy is cancelled, coverage will continue through the end of the period for which premium has been paid;
3. the due date of the unpaid Premium if We fail to receive the required Premium;
4. the date You are no longer in an Eligible Class;
5. the date Your Class is no longer included for insurance; or
6. the date the next Premium is due after You ask Us to end Your coverage.

Termination will not prejudice a claim for Loss incurred prior to the termination date.

In the event of termination, We will promptly return any unearned portion of the premium already paid. Return of unearned premium will be based on the date of termination.

If Your Spouse or dependent Children are covered under this Certificate, the coverage will end on the earliest of the following dates:

1. the date the Group Policy terminates;
2. the due date of the unpaid Premium if We fail to receive the required Premium;
3. the date Your coverage terminates;
4. the date after You ask Us to end Your Spouse or Child's coverage;
5. the date You die; or
6. the date the next Premium is due after notification of a divorce, legal separation, or annulment.

Child coverage will also terminate in accordance with the definition of children under You, Your, Yourself, or Covered Person.

LEAVE OF ABSENCE: If You are on a Leave of Absence, and if Premium is paid, Your coverage may be continued beyond the date You are no longer in Active Employment, limited to the time periods described below.

If You are on a Leave of Absence as described under the Family and Medical Leave Act of 1993 ("FMLA") or applicable state family and medical leave law ("State FML"), and Your Employer's Human Resource policy provides for continuation of coverage during an FMLA or State FML Leave of Absence, Your coverage will be continued until the end of the later of:

1. the leave period permitted by the federal Family and Medical Leave Act of 1993; or
2. the leave period permitted by applicable state law.

If You are on a Leave of Absence other than an FMLA or State FML Leave of Absence, Your coverage will be continued through the end of the month that immediately follows the month in which Your Leave of Absence begins.

If You are on a Leave of Absence for active military service as described under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) and applicable state law, Your coverage may be continued until the end of the later of:

1. the length of time the coverage may be continued under the Certificate of Coverage for an FMLA or State FML Leave of Absence; or
2. the length of time the coverage may be continued under the Certificate of Coverage for a Leave of Absence other than an FMLA or State FML Leave of Absence.

If Your Employer has approved more than one type of Leave of Absence for You during any one period that You are not in Active Employment, We will consider such leaves to be concurrent for the purpose of determining how long Your coverage may continue under the Policy.

If Your coverage is not continued during an FMLA or State FML Leave of Absence, and You return to Active Employment immediately following the end of Your FMLA or State FML Leave of Absence, Your coverage will be reinstated. We will not apply a new Waiting Period, require Evidence of Insurability, or apply a new Pre-Existing Condition limitation.

If Your coverage is not continued during a Leave of Absence for active military service, and You return to Active Employment, Your coverage may be reinstated in accordance with USERRA and applicable state law.

In no event will Your coverage under the Group Policy be continued beyond the date Your coverage would otherwise end according to the terms of the Certificate of Coverage.

TEMPORARY LAYOFF OR LABOR STRIKE: If You are not in Active Employment due to a temporary layoff, and if Premium is paid, You will be covered through the end of the month that immediately follows the month in which Your temporary layoff begins.

If You are not in Active Employment due to a labor strike, and if Premium is paid, You will be covered through the end of the month that immediately follows the month in which the labor strike begins.

PORTABILITY PROVISIONS:

DEFINITION: As used in this provision, the term "Portability" means to apply to continue coverage under the Group Certificate of Coverage once the Certificate Holder is no longer in an Eligible Class.

PORTABILITY COVERAGE: If Your coverage otherwise would terminate because You are no longer in an Eligible Class, You may be eligible to retain coverage under Your existing Group Certificate of Coverage without Evidence of Insurability, as long as the Group Policy is in force ("Portability Coverage").

To be eligible for Portability Coverage, the following conditions must be met:

1. the Certificate Holder's coverage under the Group Certificate of Coverage must have been in force for twelve (12) consecutive months from the Effective Date shown in the Group Certificate of Coverage;
2. a Portability Coverage election form must be received by Us within thirty-one (31) days after the Certificate Holder is no longer in an Eligible Class; and
3. the Premium for the Group Certificate of Coverage must be paid. Your Premium for the Portability Coverage will not change because the Certificate Holder is no longer in an Eligible Class. Your Premium will change as the premium rates for the Group Policy change.

Your Portability Coverage will remain at the current level of coverage You had prior to your Eligible Class termination. No benefit changes will be allowed until thirty (30) days following our receipt of Your Portability Coverage election form.

The Portability Coverage ends:

1. at the due date of the unpaid Premium if the Premium is not paid by the end of the Grace Period;
2. the date You request to end Your coverage under the Group Certificate of Coverage; or
3. the date the Group Policy terminates.

If coverage ends for any of the above reasons, the coverage cannot be reinstated.

SECTION 5: WAIVER OF PREMIUM

DISABLED/DISABILITY: For the purposes of this Certificate, the Certificate Holder is considered Disabled when he or she is:

1. unable, due to Cancer, to perform the duties of any gainful occupation for which the Certificate Holder is reasonably fitted by training, experience, and accomplishment;
2. not in fact working at any job for wage, benefits or profit; and
3. under the care of a Physician for the treatment of Cancer, unless the Physician certifies that the maximum point of recovery has been reached and further treatment would not be beneficial.

If the Certificate Holder does not have a job when Disability begins, he or she will be considered Disabled only as long as a Physician indicates the inability to work due to Cancer.

WAIVER OF PREMIUM: Subject to the conditions of this Certificate, Premium payments will not be required if the Certificate Holder is:

1. diagnosed as having Cancer thirty (30) days or more after his or her Effective Date of coverage under this Certificate; and
2. Disabled due to Cancer for more than ninety (90) consecutive days. Such Disability must begin on or after the date of diagnosis and prior to the Certificate Holder's 65th birthday.

Premium is not waived for Carcinoma in Situ or Skin Cancer. After it has been determined that the Certificate Holder is Disabled, We will waive Premium payments for the period of Disability, except those due during the first ninety (90) days of such period. We will waive the Premium for a continuous period of Disability and for up to a maximum period of twelve (12) months.

Proof of Disability: The Certificate Holder must send Us a Physician's statement containing the following:

1. the date Cancer was diagnosed;
2. the date Disability, due to Cancer began; and
3. the expected date, if any, such Disability will end.

Proof of continued Disability must be furnished at least once every six (6) months.

Periods of Disability: Once Disability due to Cancer ends for at least thirty (30) days, any future Disability will be considered a new period of Disability. Such new Disability due to Cancer will require Disability for ninety (90) consecutive days in order for the Waiver of Premium to begin. New proof of Disability must be provided.

End of Disability: The Certificate Holder must notify Us in writing as soon as Disability ends. We will assume Disability no longer exists if:

1. proof of continued Disability is not sent to Us at least once every six (6) months;
2. the Certificate Holder does not agree to have a physical examination performed; or
3. We are notified that Disability has ended.

When the Certificate Holder is no longer Disabled due to Cancer, coverage will continue until the next month. Thereafter, Premiums must be paid in order for this Certificate to continue in force.

SECTION 5: WAIVER OF PREMIUM

DISABLED/DISABILITY: For the purposes of this Certificate, the Certificate Holder is considered Disabled when he or she is:

1. unable, due to a Heart Attack, Stroke or Cancer, to perform the duties of any gainful occupation for which the Certificate Holder is reasonably fitted by training, experience, and accomplishment;
2. not in fact working at any job for wage, benefits or profit; and
3. under the care of a Physician for the treatment of a Heart Attack, a Stroke or Cancer, unless the Physician certifies that the maximum point of recovery has been reached and further treatment would not be beneficial.

If the Certificate Holder does not have a job when Disability begins, he or she will be considered Disabled only as long as a Physician indicates the inability to work due to a Heart Attack, a Stroke or Cancer.

WAIVER OF PREMIUM: Subject to the conditions of this Certificate, Premium payments will not be required if the Certificate Holder is:

1. diagnosed as having a Heart Attack, a Stroke or Cancer thirty (30) days or more after his or her Effective Date of coverage under this Certificate; and
2. Disabled due to a Heart Attack, a Stroke or Cancer for more than ninety (90) consecutive days. Such Disability must begin on or after the date of diagnosis and prior to the Certificate Holder's 65th birthday.

Premium is not waived for Carcinoma in Situ, Skin Cancer or Coronary Artery Bypass Surgery. After it has been determined that the Certificate Holder is Disabled, We will waive Premium payments for the period of Disability, except those due during the first ninety (90) days of such period. We will waive the Premium for a continuous period of Disability and for up to a maximum period of twelve (12) months.

Proof of Disability: The Certificate Holder must send Us a Physician's statement containing the following:

1. the date Cancer, the Heart Attack or the Stroke was diagnosed;
2. the date Disability, due to Cancer, a Heart Attack or a Stroke began; and
3. the expected date, if any, such Disability will end.

Proof of continued Disability must be furnished at least once every six (6) months.

Periods of Disability: Once Disability due to Cancer, a Heart Attack or a Stroke ends for at least thirty (30) days, any future Disability will be considered a new period of Disability. Such new Disability due to Cancer, a Heart Attack or a Stroke will require Disability for ninety (90) consecutive days in order for the Waiver of Premium to begin. New proof of Disability must be provided.

End of Disability: The Certificate Holder must notify Us in writing as soon as Disability ends. We will assume Disability no longer exists if:

1. proof of continued Disability is not sent to Us at least once every six (6) months;
2. the Certificate Holder does not agree to have a physical examination performed; or
3. We are notified that Disability has ended.

When the Certificate Holder is no longer Disabled due to Cancer, a Heart Attack or a Stroke, coverage will continue until the next month. Thereafter, Premiums must be paid in order for this Certificate to continue in force.

SECTION 6: LIMITATIONS AND EXCLUSIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from:

1. Any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the Specified Critical Illness.
2. Diagnosis of a Specified Critical Illness during the Waiting Period.
3. Participating or attempting to participate in an illegal act, or working at an illegal job.
4. Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a Physician.
5. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity.
6. Committing or attempting to commit suicide, regardless of mental capacity.
7. Participating in any sporting event for pay or prize money.
8. Being exposed to war or any act of war, declared or not, or participating in or contracting with the armed forces (including Coast Guard) of any country or international authority. Acts of terrorism are excluded from this definition of war.
9. Alcoholism, drug abuse, or chemical dependency.

PRE-EXISTING CONDITION LIMITATION: No benefits are payable for a Pre-Existing Condition during the first twelve (12) months after the Effective Date of coverage for that Covered Person.

SECTION 7: BENEFITS

Definitions as used in this section:

CANCER: For the purposes of this Certificate, means a disease which expresses itself as:

1. a malignant tumor characterized by the uncontrolled growth and spread of malignant cells;
2. the invasion of body tissue by such malignant cells;
3. leukemia; or
4. Hodgkin's disease.

Cancer is classified as one of three types: Melanoma, Non-melanoma or Internal Cancer.

Cancer does not include a pre-malignant conditions, conditions with malignant potential or pre-leukemic conditions.

CARCINOMA IN SITU: For the purposes of this Certificate, is the earliest form of Cancer which involves only the tissue where it is found and has not invaded the surrounding tissue or organs in the body.

INTERNAL CANCER: For the purpose of this Certificate, means any type of Cancer other than Melanoma or Non-melanoma.

MELANOMA: For the purposes of this Certificate, means a type of Skin Cancer that begins in the melanocyte cells.

NON-MELANOMA: For the purpose of this Certificate, a type of Skin Cancer other than Melanoma that usually, but not exclusively, develops in the basal and squamous cells.

PATHOLOGIST: For the purpose of this Certificate, a Physician, other than You or a member of Your Immediate Family, licensed to practice medicine and certified by the American Board of Pathology or the American Osteopathic College of Pathologists to practice pathological anatomy.

SKIN CANCER: For the purposes of this Certificate, means Melanoma and Non-melanoma Skin Cancer.

SPECIFIED CRITICAL ILLNESS: For the purposes of this Certificate, means the category which the Specified Critical Illness is defined in for the purposes of benefit payment under this Certificate. Specified Critical Illness category includes the following: Category 1: Cancer and Carcinoma in Situ.

ELIGIBILITY FOR BENEFITS: You will be eligible for benefits under this Certificate if:

1. You are not diagnosed with or treated for any Specified Critical Illness during the Waiting Period;
2. Your Specified Critical Illness is diagnosed while You are covered by this Certificate;
3. You incur a Loss while covered by this Certificate;
4. You incur a Loss after the Effective Date of coverage, and
5. Your Loss is not excluded by name or specific description in this Certificate.

New Members or Employees may be added to the group in accordance with the Policy provisions.

For Cancer benefits to be payable, Cancer must be diagnosed in one of the following ways:

Pathological Diagnosis: A pathological diagnosis of Cancer is made from the results of a microscopic study of fixed tissue, fluid, or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology or the American Osteopathic College of Pathologists.

Clinical Diagnosis: A clinical diagnosis of Cancer is based on the study of symptoms. We accept a clinical diagnosis only when a pathological diagnosis is medically inappropriate, when there is medical evidence to support the diagnosis and when a Physician is treating You for Cancer, including a postmortem diagnosis as diagnosis may be made at the time of death or through autopsy.

Other Diagnosis: We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermopathology.

The date of diagnosis is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer is taken. It is not the date the diagnosis was communicated to You.

LUMP SUM BENEFIT: We will pay a lump sum benefit amount shown on the Certificate Schedule when You are diagnosed after the Effective Date of coverage for a Specified Critical Illness, subject to the Pre-Existing Condition limitation. We will pay this benefit even when a Specified Critical Illness is not diagnosed until death. This benefit is never payable for Skin Cancer.

This lump sum benefit is never payable prior to satisfying the Waiting Period.

The following Specified Critical Illnesses are payable at the following percentage of the lump sum benefit amount shown on the Certificate Schedule. This benefit is reduced 50% for all Covered Persons when the Certificate Holder turns age 76.

Category	Specified Critical Illness	% of Lump Sum Benefit
1	Cancer (Internal)	100%
	Carcinoma in Situ	25%

The lump sum benefit amount is payable only one (1) time per Covered Person per Specified Critical Illness category. The amount of Your lump sum benefit will be reduced by any prior amount paid. At no time under this Certificate can a Covered Person receive a benefit amount in excess of a 100% of the lump sum benefit amount shown on the Certificate Schedule for any one (1) single Specified Critical Illness category.

RECURRENCE BENEFIT: We will pay a benefit once per Covered Person in a category with the schedule listed below for a subsequent diagnosis of Cancer if:

1. the recurrence is diagnosed more than eighteen (18) months after any previous diagnosis of Cancer for which the lump sum benefit under this Certificate is payable;
2. the Covered Person has not required or received treatment during the eighteen (18) months between the diagnoses of Cancer. For the purposes of this Certificate, treatment does not include maintenance medications and follow-up visits to the Covered Person's Physician;
3. the subsequent diagnosis is made while the Certificate is in force; and
4. Your Loss is not excluded by name or specific description in this Certificate.

A recurrence benefit will not be payable for a subsequent diagnosis of Carcinoma in Situ or Skin Cancer.

This benefit is reduced 50% for all Covered Persons when the Certificate Holder turns age 76.

Months After Cancer Treatment Has Ended	Percentage of Lump Sum Benefit
0 thru 18 Months	0%
19 thru 36 Months	25%
37 thru 60 months	50%
61 Months+	100%

SPOUSAL BENEFITS: If the coverage is Employee/Member plus Spouse, the lump sum benefit and recurrence benefit for a covered Spouse will be one-half (1/2) of the Employee's or Member's benefit.

CHILD(REN) BENEFITS: If the coverage is Employee/Member or Employee/Member plus Spouse, the lump sum benefit and recurrence benefit for a covered Child(ren) will be one-fourth (1/4) of the Employee's or Member's benefit per covered Child(ren).

SECTION 7: BENEFITS

Definitions as used in this section:

CANCER: For the purposes of this Certificate, means a disease which expresses itself as:

1. a malignant tumor characterized by the uncontrolled growth and spread of malignant cells;
2. the invasion of body tissue by such malignant cells;
3. leukemia; or
4. Hodgkin's disease

Cancer is classified as one of three types: Melanoma, Non-melanoma or Internal Cancer.

Cancer does not include pre-malignant conditions, conditions with malignant potential or pre-leukemia conditions.

CARCINOMA IN SITU: For the purposes of this Certificate, is the earliest form of Cancer which involves only the tissue where it is found and has not invaded the surrounding tissue or organs in the body.

CORONARY ARTERY DISEASE: For the purpose of this Certificate, is a result of plaque buildup in your coronary arteries -- a condition called atherosclerosis -- that leads to blockages. The arteries, which start out smooth and elastic, become narrow and rigid, restricting blood flow to the heart. The heart becomes starved of oxygen and the vital nutrients it needs to pump properly.

CORONARY ARTERY BYPASS SURGERY: For the purposes of this Certificate, means undergoing a surgical procedure to bypass a narrowing or blockage of one or more coronary arteries utilizing venous or arterial grafts, but excluding procedure such as, but not limited to, laser relief or non-invasive procedures.

HEART ATTACK: For the purposes of this Certificate, means a myocardial infarction. A myocardial infarction occurs when the blood supply to the heart is severely reduced, commonly due to blockage in one of the coronary arteries, resulting in damage to the heart muscle.

INTERNAL CANCER: For the purpose of this Certificate, means any type of Cancer other than Melanoma or Non-melanoma.

MELANOMA: For the purposes of this Certificate, means a type of Skin Cancer that begins in the melanocyte cells.

NON-MELANOMA: For the purpose of this Certificate, a type of Skin Cancer other than Melanoma that usually, but not exclusively, develops in the basal and squamous cells.

PATHOLOGIST: For the purpose of this Certificate, a Physician, other than You or a member of Your Immediate Family, licensed to practice medicine and certified by the American Board of Pathology or the American Osteopathic College of Pathologists to practice pathological anatomy.

SKIN CANCER: For the purposes of this Certificate, means Melanoma and Non-melanoma Skin Cancer.

SPECIFIED CRITICAL ILLNESS: For the purposes of this Certificate, means the category which the Specified Critical Illness is defined in for the purposes of benefit payment under the Certificate. Specified Critical Illness categories include the following: Category 1: Cancer and Carcinoma in Situ; Category 2: Heart Attack, Stroke and Coronary Artery Bypass Surgery.

STROKE: For the purposes of this Certificate, means a cerebrovascular accident with the effects lasting more than twenty-four (24) hours that causes neurological deficiency. A cerebrovascular accident means a sudden, unexplained interference in brain function resulting from an insufficient supply of blood to part of the brain. Stroke does not mean a head injury, Transient Ischemic Attack or chronic cerebrovascular insufficiency.

TRANSIENT ISCHEMIC ATTACK (TIA or sometimes referred to as mini strokes): For the purpose of this Certificate, means as medically diagnosed by a Physician a transient episode of neurologic dysfunction caused by loss of blood flow (either focal brain, spinal cord or retinal) without acute tissue death and occurring within seventy-two (72) hours of the onset of the symptoms.

ELIGIBILITY FOR BENEFITS: You will be eligible for benefits under this Certificate if:

1. You are not diagnosed with or treated for any Specified Critical Illness during the Waiting Period;
2. Your Specified Critical Illness is diagnosed while You are covered by this Certificate;
3. You incur a Loss while covered by this Certificate;
4. You incur a Loss after the Effective Date of coverage; and
5. Your Loss is not excluded by name or specific description in this Certificate.

For Cancer benefits to be payable, Cancer must be diagnosed in one of the following ways:

Pathological Diagnosis: A pathological diagnosis of Cancer is made from the results of a microscopic study of fixed tissue, fluid, or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology or the American Osteopathic College of Pathologists.

Clinical Diagnosis: A clinical diagnosis of Cancer is based on the study of symptoms. We accept a clinical diagnosis only when a pathological diagnosis is medically inappropriate, when there is medical evidence to support the diagnosis and when a Physician is treating You for Cancer.

Other Diagnosis: We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermopathology.

The date of diagnosis is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer is taken. It is not the date the diagnosis was communicated to You.

For a Heart Attack benefit to be payable, the Heart Attack must be positively diagnosed by a Physician through clinical findings with corroboration from electrocardiographic findings or blood enzyme findings. A diagnosis of cardiac arrest is not by itself a positive diagnosis of a Heart Attack.

For a Stroke benefit to be payable, the Stroke must be positively diagnosed by a Physician through clinical findings with corroboration from an electroencephalogram, imaging tests, or blood flow tests.

For Heart Attack or Stroke, the date of diagnosis is the date of positive diagnosis by a Physician. It is not the date the diagnosis was communicated to You.

In addition to the Limitations and Exclusion listed in this Certificate, the following exclusions apply to Heart Attack, Stroke and/or Coronary Artery Bypass Surgery:

1. Heart Attack does not include any other disease or injury involving the cardiovascular system;
2. cardiac arrest not caused by a myocardial infarction is not a Heart Attack;
3. Heart Attacks or Strokes occurring during or as the result of any medical procedures are not covered; and
4. Coronary Artery Bypass Surgery must be performed as a result of Coronary Artery Disease.

LUMP SUM BENEFIT: We will pay a lump sum benefit amount shown on the Certificate Schedule when You are diagnosed after the Effective Date of coverage for a Specified Critical Illness, subject to the Pre-Existing Condition limitation. We will pay this benefit even when a Specified Critical Illness is not diagnosed until death.

This benefit is never payable for Skin Cancer. This lump sum benefit is never payable prior to satisfying the Waiting Period.

The following Specified Critical Illnesses are payable at the following percentage of the lump sum benefit amount shown on the Certificate Schedule. This benefit is reduced 50% for all Covered Persons when the Certificate Holder turns age 76.

Category	Specified Critical Illness	Percentage of Lump Sum Benefit
Category 1	Cancer (Internal)	100%
	Carcinoma in Situ	25%
Category 2	Heart Attack	100%
	Stroke	100%
	Coronary Artery Bypass Surgery	25%

The lump sum benefit amount is payable only one (1) time per Covered Person per Specified Critical Illness category. The amount of Your benefit will be reduced by any prior amount paid. At no time under the Certificate can a Covered Person receive a benefit amount in excess of a 100% of the lump sum benefit amount shown on the Certificate Schedule for any one (1) single Specific Critical Illness category.

RECURRENCE BENEFIT: We will pay a benefit once per Covered Person in accordance with the schedule listed below for a subsequent diagnosis of Cancer, Heart Attack or Stroke if:

1. the recurrence is diagnosed more than eighteen (18) months after any previous diagnosis of Cancer, Heart Attack or Stroke for which the lump sum benefit under this Certificate is payable;
2. the Covered Person has not required or received treatment during the eighteen (18) months between the diagnoses of Cancer, Heart Attack or Stroke. For the purposes of this Certificate, treatment does not include maintenance medications and follow-up visits to the Covered Person's Physician;
3. the subsequent diagnosis is made while the Certificate is in force; and
4. Your Loss is not excluded by name or specific description in this Certificate.

A recurrence benefit will not be payable for a subsequent diagnosis of Carcinoma in Situ, Skin Cancer or Coronary Artery Bypass Surgery.

This benefit is reduced 50% for all Covered Persons when the Certificate Holder turns age 76.

Months After Cancer, Heart Attack or Stroke Treatment Has Ended	Percentage of Lump Sum Benefit
0 thru 18 Months	0%
19 thru 36 Months	25%
37 thru 60 Months	50%
61+ Months	100%

SPOUSAL BENEFITS: If the coverage is Employee/Member plus Spouse, the lump sum benefit and recurrence benefit for a covered Spouse will be one-half (1/2) of the Employee's or Member's benefit.

CHILD(REN) BENEFITS: If the coverage is Employee/Member or Employee/Member plus Spouse, the lump sum benefit and recurrence benefit for a covered Child(ren) will be one-fourth (1/4) of the Employee's or Member's benefit per covered Child(ren).

SECTION 8: CONTINUITY OF COVERAGE

If You have a Specified Critical Illness which is a Pre-Existing Condition and the Employer/Association/Union changes group insurance carriers to Us:

We may pay benefits under Your Certificate if You have a Pre-Existing Condition if:

1. You are a Covered Person under this Group Policy;
2. You were insured by a substantially similar group or individual policy until it was replaced by this Group Policy ("Previous Coverage");
3. You have been continuously covered under this Group Policy from Your Effective Date until the date of Your Loss; and
4. You have fully satisfied the pre-existing condition limitation of Your Previous Coverage.

If You did not fully satisfy the pre-existing condition limitation of Your Previous Coverage, We will apply the amount of time You were insured by Your Previous Coverage toward the Pre-Existing Condition limitation under Your Group Certificate of Coverage.

If You were insured by Your Previous Coverage for at least thirty (30) days, We will waive Your Waiting Period.

SPECIMEN
CONTINUITY

HOSPITAL BENEFIT RIDER

The Certificate Holder may call 1-800-888-4918 to present inquires, obtain information about coverage, or to obtain assistance in resolving complaints.

This Rider is a part of the Certificate to which it is attached. That Certificate is called the "Certificate" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Certificate, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of: (1) the statements made in the Enrollment Form; and (2) the advance payment of the Premium. (EXCEPTION: During the time, if any, that it is agreed between the Certificate Holder and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Certificate Holder's behalf.) This Rider takes effect at the same time and will continue for the same term as the Certificate unless a different Rider Effective Date is indicated on the Certificate.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Certificate, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Certificate Schedule. Premium rates for this Rider may be changed in the same way as premium rates for the Certificate. This Rider will terminate on the earliest of: (1) the date the Certificate terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Certificate.

REINSTATEMENT

This Rider may be reinstated subject to the terms of the Certificate to which it is attached.

Certificateholders will be given at least 45 days' written notice of cancellation, non-renewal or a change in rates.

TIME LIMIT ON CERTAIN DEFENSES

We rely on the statements made in the Enrollment Form when issuing this Rider. After this Rider has been in force for You for two (2) years from the issue date, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the Enrollment Form, except fraudulent misstatements. The time limit on certain defenses period is from the Effective Date of the Certificate, unless the Rider is added at a later date. If this Rider is added at a later date the time limit on certain defenses is from the Effective Date of this Rider as shown on the Certificate Schedule.

DEFINITIONS

ACCIDENT: Means a sudden, unexpected and unforeseen injury or injuries sustained which are a direct cause independently of disease, bodily infirmity or other event caused by external means.

ACCIDENTAL INJURY: Means all bodily injuries solely caused by and resulting from an Accident. Accidental Injury does not include injury as a direct or indirect result of mental infirmity, any workers' compensation, employers' liability or disease in any form or medical treatment of any kind.

ACTIVITIES OF DAILY LIVING (ADL): For the purposes of this Rider, Activities of Daily Living are: bathing (washing oneself in either a tub or shower, or by sponge bath including the task of getting into and out of the tub or shower); dressing (putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs); eating (feeding oneself by getting food into the body from a receptacle, such as a plate, cup, table, or by a feeding tube or intravenously); toileting (getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene); transferring (moving in and out of a bed, chair or wheelchair); and continence (the ability to maintain control of bowel and bladder function or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene including caring for a catheter or colostomy bag).

CALENDAR YEAR: The period beginning January 1st and ending December 31st.

COVERED ACCIDENT: Means an Accidental Injury that occurs while You are insured under this Rider and which is not excluded under the terms of this Rider.

COVERED SICKNESS: Any Sickness not excluded under the terms of this Rider that occurs while You are insured under this Rider and after the Waiting Period.

DAY: Means a 24-hour period.

EMERGENCY ROOM: A medical facility in a specified area of a Hospital that is designated for emergency care of Sickness or Accidental Injury. This specified area is supervised and has treatments provided by Physicians, is staffed and equipped to handle emergency care, and provides emergency care seven (7) days a week twenty-four (24) hours a day.

ELIMINATION PERIOD: Means the first seven (7) days that a Covered Person is confined in a Skilled Nursing Facility. We will not pay any benefits during this time period.

HOSPITAL CONFINED/CONFINEMENT: Confinement as an Inpatient in a Hospital for which room and board charges are made each Day.

HOSPITAL: A medical facility which:

1. is legally licensed and operated as a hospital, pursuant to law, on an Inpatient basis;
2. provides care of injured and sick people;
3. is supervised by one or more Physicians;
4. provides 24-hour-a-day nursing services supervised by or under a registered graduate nurse (RN); and,
5. provides on-site or prearranged use of x-ray equipment, laboratory and surgical facilities.

A Hospital is not a bed, unit, or facility that functions as a/an:

1. skilled nursing facility;
2. nursing home;
3. extended care facility;
4. convalescent home;
5. rest home, or a home for the aged;
6. sanatorium;
7. rehabilitation center;
8. place primarily providing care for alcoholics or drug addicts; or,
9. facility for the care and treatment of mental disease or mental disorders.

INPATIENT: Means a patient who is lodged and fed in a Hospital for which room and board charges are made each Day while receiving treatment.

INTENSIVE CARE UNIT: means a specifically designated facility of a Hospital which:

1. is separate and apart from other Hospital areas;
2. provides highest level of acute medical care;
3. is restricted to critically ill or injured patients;
4. contains special life-saving equipment for the care of critically ill or injured patients; and,
5. has full-time Nurses assigned exclusively to that area.

An Intensive Care Unit is not a/an:

1. progressive care unit;
2. sub-acute Intensive Care Unit;
3. intermediate care unit;
4. private, monitored room;
5. Observation Unit;
6. surgical recovery room; or,
7. room, bed, or ward customarily used for patient confinement.

LOSS: A Covered Accident or Covered Sickness for which a charge is made and for which benefits may be payable under this Rider.

NURSE: A person other than You or a member of Your Immediate Family who is a:

1. licensed practical nurse (L.P.N.);
2. licensed vocational nurse (L.V.N.); or
3. registered graduate nurse (R.N.).

OBSERVATION UNIT: A specified area in a Hospital, apart from an Emergency Room, where a Covered Person can be monitored following outpatient surgery or treatment in an Emergency Room by a Physician. This specified area is supervised by a Physician or Nurse, is staffed and equipped to handle care, and provides care seven (7) days a week twenty-four (24) hours a day.

PERIOD OF CONFINEMENT: A period which begins at least thirty (30) days after Your Effective Date of coverage, beginning on the first Day of Hospital Confinement and ending on the last Day of Hospital Confinement. If You are re-confined within thirty (30) days, then the later period will be considered a continuation of the prior Period of Confinement. If the beginning of a re-confinement occurs more than thirty (30) days later, We will treat the later Hospital Confinement as a new Period of Confinement.

PRE-EXISTING CONDITION: Means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of the coverage of the Covered Person or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twelve (12) month period preceding the Effective Date of coverage. If this Rider is added at a later date the Pre-Existing condition is from the Effective Date of this Rider as shown on the Certificate Schedule.

SICKNESS: Means Sickness or disease of a Covered Person that first produces a clear or obvious symptom after the Effective Date of the Rider.

SKILLED NURSING FACILITY: A medical facility which:

1. is legally licensed and operated as a skilled nursing facility;
2. provides skilled nursing care in addition to room and board accommodations;
3. is supervised by a Physician;
4. provides 24-hour-a-day nursing services supervised by or under a registered graduate nurse (RN); and,
5. maintains permanent medical history records.

A Skilled Nursing Facility is not a bed, unit or facility that functions as a/an:

1. hospice;
2. rest home or a home for the aged;
3. sanatorium;
4. place for the treatment of substance abuse;
5. Covered Person's home or place of residence;
6. facility used for the care and treatment of mental disease or mental disorders; or,
7. place for custodial or educational care.

SUB-ACUTE INTENSIVE CARE UNIT: means a specifically designated facility of a Hospital which:

1. is separate and apart from other Hospital areas;
2. provides a level of medical care below the highest level of acute medical care available at the Hospital, but above the level of medical care in a regular private or semi-private room or ward;
3. is permanently equipped with telemetry equipment; and,
4. is under constant and continuous observation by specially trained nursing staff assigned exclusively to that area.

A Sub-Acute Intensive Care Unit is not:

1. an observation unit;
2. a bed ward, private or semi-private room with or without monitoring equipment;
3. an emergency room;
4. a surgical recovery room; or,
5. a bone marrow transplant unit.

A Sub-Acute Intensive Care Unit may be referred to by other names such as progressive care, intermediate care or step-down unit.

WAITING PERIOD: Means the first thirty (30) days following the Effective Date of the Covered Person's coverage under the Rider. If this Rider is added at a later date the Waiting Period is from the Effective Date of this Rider as shown on the Certificate Schedule.

ELIGIBILITY FOR BENEFITS

You will be eligible for benefits under this Rider if:

1. Your Covered Sickness begins or Covered Accident occurs while You are insured under this Rider;
2. You incur a Loss for a Covered Accident after the Effective Date of coverage under this Rider;
3. You incur a Loss after the Waiting Period due to a Covered Sickness; and,
4. Your Loss is not excluded by name or specific description in this Rider.

BENEFITS

INPATIENT HOSPITAL BENEFIT: If a Covered Person is confined as an Inpatient in a Hospital due to a Covered Accident or Covered Sickness we will pay as follows:

1. \$200 per Day when confined in a regular Hospital room; or,
2. \$400 per Day when confined in an Intensive Care Unit or a Sub-Acute Intensive Care Unit.

We will pay for up to three (3) Days of Inpatient Hospital Confinement. This benefit will be calculated based on the number of Days that the Hospital charges You for room and board.

We will pay this benefit for each Day You are charged by a Hospital for room and board. This benefit is limited to three (3) Periods of Confinement per Calendar Year and a lifetime maximum of \$15,000. Periods of Confinement separated by less than 30 days are considered the same Period of Confinement.

OUTPATIENT SURGICAL BENEFIT: When a Covered Person has a surgery on an outpatient basis for a Covered Sickness or a Covered Accident We will pay \$200 for the Day outpatient surgery is performed. This benefit is only payable one Day per Covered Person per Calendar Year.

SKILLED CARE FACILITY BENEFIT: We will pay this benefit if You are confined to a Skilled Nursing Facility by Physician's order due to a Covered Accident or a Covered Sickness following an Inpatient Hospital Confinement. The Covered Person must be considered disabled. In order to be considered disabled under the benefit, the Covered Person must be unable to perform two or more Activities of Daily Living (ADL).

After the Elimination Period has been met, We will pay \$200 for each Day up to a maximum of fourteen (14) days You are confined. This benefit is limited to one (1) Period of Confinement per Calendar Year.

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

Cosmetic/Plastic Surgery: Surgery that is not for the diagnosis or treatment of Covered Sickness or Covered Accident based upon generally accepted medical practice and is not medically necessary. The following procedures are not covered under any circumstances, even if performed for diagnosis or treatment of a Covered Sickness or Covered Accident or medically necessary: abdominoplasty (tummy tuck); mammoplasty (breast enlargement); rhinoplasty (nose job); or suction assisted lipectomy (liposuction). Complications from any Cosmetic/Plastic Surgery are not covered.

Dental Procedures: Treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident.

Elective Surgery: Surgery that is not for the diagnosis or treatment of a Covered Sickness or Covered Accident based upon generally accepted medical practice and is not medically necessary. Gastric bypass surgeries are not covered under any circumstances, even if performed for diagnosis or treatment of a Covered Sickness or Covered Accident or medically necessary, voluntary abortion (except where the Insured or the Insured's spouse would be endangered if the fetus were carried to term or where medical complications have arisen from abortion); or sex changes. Complications from any Elective Surgery are not covered.

Flying: Operating, learning to operate, serving as a crew member on or jumping or falling from any aircraft including those which are not motor-driven.

Mental Disorder: Having a behavioral or psychological disorder, disease or syndrome, without demonstrable organic origin.

Newborn Care: We will not pay for a separate charge made for the newborn's stay in a nursery as a result of a normal delivery.

Observation Unit: Any services provided or charges made for an Insured while in an Observation Unit.

Pregnancy: We will not pay benefits for a normal pregnancy that occurs within the first twelve (12) months after the Effective Date of Coverage. Loss due to complications of pregnancy will be paid the same as for any other Covered Sickness. A Cesarean section is not considered a complication of pregnancy.

Pregnancy of a Dependent Child: A pregnancy of a dependent child will not be covered.

Pre-Existing Condition Limitation: No benefits are payable for a Pre-Existing Condition (as defined) during the first twelve (12) months after the Effective Date of coverage for that Covered Person.

Racing: Riding in or driving any motor-driven vehicle in a race, stunt show or speed test, or while testing any vehicle on any race course or speedway.

Travel/Location: Being more than forty (40) miles outside the territorial limits of the United States or Canada.

Vision Procedures: Vision exams or vision procedures, unless treatment is the result of a Covered Accident or a Covered Sickness.

Secretary

CANCER TREATMENT RIDER

The Certificate Holder may call 1-800-888-4918 to present inquires, obtain information about coverage, or to obtain assistance in resolving complaints.

This Rider is a part of the Certificate to which it is attached. That Certificate is called the "Certificate" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Certificate, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of: (1) the statements made in the Enrollment Form; and (2) the advance payment of the Premium. (EXCEPTION: During the time, if any, that it is agreed between the Certificate Holder and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Certificate Holder's behalf.) This Rider takes effect at the same time and will continue for the same term as the Certificate unless a different Rider Effective Date is indicated on the Certificate Schedule.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Certificate, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Certificate Schedule. Premium rates for this Rider may be changed in the same way as premium rates for the Certificate. This Rider will terminate on the earliest of: (1) the date the Certificate terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Certificate.

REINSTATEMENT

This Rider may be reinstated subject to the terms of the Certificate to which it is attached.

Certificateholders will be given at least 45 days' written notice of cancellation, non-renewal or a change in rates.

TIME LIMIT ON CERTAIN DEFENSES

We rely on the statements made in the Enrollment Form when issuing this Rider. After this Rider has been in force for You for two (2) years from the issue date, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the Enrollment Form, except fraudulent misstatements. The time limit on certain defenses period is from the Effective Date of the Certificate, unless the Rider is added at a later date. If this Rider is added at a later date the time limit on certain defenses is from the Effective Date of this Rider as shown on the Certificate Schedule.

DEFINITIONS

CALENDAR MONTH: The period beginning on the first day of the month and ending on the last day of the same month.

CALENDAR YEAR: The period beginning January 1st and ending December 31st.

DEFINITIVE CANCER TREATMENT: For the purposes of this Rider means proven medical techniques that destroy Cancer or slow or stop the spread of Cancer. We consider a technique to be proven which at the time of treatment:

1. is fully or experimentally (also known as investigational) approved for the treatment of Cancer by the U.S. Food and Drug Administration or the National Cancer Institute (NCI); or,
2. is a generally accepted medical or surgical technique as determined by an Oncologist chosen by the Company.

LOSS: Means a treatment for which a charge is made and for which benefits may be payable under this Rider.

MELANOMA: For the purposes of this Certificate, means a type of Skin Cancer that begins in the melanocyte cells.

NATIONAL CANCER INSTITUTE: A Cancer treatment or research facility that currently holds a National Cancer Institute (NCI) designation.

NON-MELANOMA: For the purpose of this Certificate, a type of Skin Cancer other than Melanoma that usually, but not exclusively, develops in the basal and squamous cells.

ONCOLOGIST: A Physician, other than You or a member of Your Immediate Family, certified to practice in the field of oncology.

PRE-EXISTING CONDITION: Means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of the coverage of the Covered Person or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twelve (12) month period preceding the Effective Date of coverage. If this Rider is added at a later date the Pre-Existing Condition is from the Effective Date of this Rider as shown on the Certificate Schedule.

SKIN CANCER: For the purposes of this Certificate, means Melanoma and Non-melanoma Skin Cancer.

WAITING PERIOD: Means the first thirty (30) days following the Effective Date of the Covered Person's coverage under the Rider. If this Rider is added at a later date the Waiting Period is from the Effective Date of this Rider as shown on the Certificate Schedule.

ELIGIBILITY FOR BENEFITS

You will be eligible for benefits under this Rider if:

1. Your Loss occurs while You are insured under this Rider;
2. You incur a Loss after the Effective Date of coverage under this Rider;
3. You incur a Loss after the Waiting Period; and,
4. Your Loss is not excluded by name or specific description in this Rider.

BENEFITS

RADIATION AND CHEMOTHERAPY BENEFIT: When a Covered Person has been diagnosed and is receiving treatment for Cancer and a Physician prescribes radiation or chemical treatments as part of Definitive Cancer Treatment, this Rider will pay benefits as follows.

For radiation therapy, We will pay \$200 per Day up to a Calendar Year maximum of \$5,000.

For injected chemotherapy, We will pay \$200 per Day for injected therapy up to a Calendar Year maximum of \$5,000. If the injected chemotherapy is administered by pump the benefit is payable only on the date the pump is started and on the date of each refill.

For oral chemotherapy, We will pay \$300 per Calendar Month with a lifetime maximum of thirty-six (36) months.

At the time of administration all treatments must be fully or investigationally approved or recognized for the treatment of Cancer in any of the Standard Reference Compendium or in substantially accepted peer-reviewed Medical Literature for the treatment of Cancer by the U.S. Food and Drug Administration or National Cancer Institute. Treatment may be performed on an outpatient or inpatient basis.

For the purposes of this Rider, Medical Literature means scientific studies published in a United States peer-reviewed national professional journal.

For the purposes of this Rider, Standard Reference Compendium means an authoritative compendium identified by the Secretary of the United States Department of Health and Human Services and recognized by the federal Centers for Medicare and Medicaid Services.

For Skin Cancer, We will pay a one-time \$300 benefit directly to the Covered Person upon diagnosis of Skin Cancer.

LIMITATIONS AND EXCLUSIONS:

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

1. This Rider does not pay for preventive treatments prescribed without a diagnosis of Cancer.
2. This Rider does not pay for continued maintenance medication for the purposes of keeping Cancer from recurring.

PRE-EXISTING CONDITION LIMITATION: No benefits are payable for a Pre-Existing Condition (as defined) during the first twelve (12) months after the Effective Date of coverage for that Covered Person.

Secretary

HEART/STROKE BENEFIT RIDER

The Certificate Holder may call 1-800-888-4918 to present inquires, obtain information about coverage, or to obtain assistance in resolving complaints.

This Rider is a part of the Certificate to which it is attached. That Certificate is called the "Certificate" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Certificate, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of: (1) the statements made in the Enrollment Form; and (2) the advance payment of the Premium. (EXCEPTION: During the time, if any, that it is agreed between the Certificate Holder and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Certificate Holder's behalf.) This Rider takes effect at the same time and will continue for the same term as the Certificate unless a different Rider Effective Date is indicated on the Certificate.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Certificate, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Certificate Schedule. Premium rates for this Rider may be changed in the same way as premium rates for the Certificate. This Rider will terminate on the earliest of: (1) the date the Certificate terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Certificate.

REINSTATEMENT

This Rider may be reinstated subject to the terms of the Certificate to which it is attached.

Certificateholders will be given at least 45 days' written notice of cancellation, non-renewal or a change in rates.

TIME LIMIT ON CERTAIN DEFENSES

We rely on the statements made in the Enrollment Form when issuing this Rider. After this Rider has been in force for You for two (2) years from the issue date, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the Enrollment Form, except fraudulent misstatements. The time limit on certain defenses period is from the Effective Date of the Certificate, unless the Rider is added at a later date. If this Rider is added at a later date the time limit on certain defenses is from the Effective Date of this Rider as shown on the Certificate Schedule.

DEFINITIONS

ANGIOPLASTY: For the purposes of this Rider, is the technique of mechanically widening a narrowed or obstructed blood vessel with a balloon-tipped catheter.

ARTIFICIAL PERMANENT PACEMAKER: For the purposes of this Rider, means a small device that send electrical impulses to the heart muscle to maintain a suitable heart rate and rhythm.

CORONARY ARTERY BYPASS SURGERY: For the purposes of this Rider, means undergoing a surgical procedure to bypass a narrowing or blockage of one or more coronary arteries utilizing venous or arterial grafts, but excluding procedure such as, but not limited to, laser relief or non-invasive procedures.

CORONARY ARTERY DISEASE: For the purpose of this Rider, is a result of plaque buildup in your coronary arteries -- a condition called atherosclerosis -- that leads to blockages. The arteries, which start out smooth and elastic, become narrow and rigid, restricting blood flow to the heart. The heart becomes starved of oxygen and the vital nutrients it needs to pump properly.

DISABLED/DISABILITY: For the purposes of this Rider, the Certificate Holder is considered Disabled when he or she is:

1. unable, due to a Heart Attack or Stroke, to perform the duties of any gainful occupation for which the Certificate Holder is reasonably fitted by training, experience, and accomplishment;
2. not in fact working at any job for wage, benefits or profit; and
3. under the care of a Physician for the treatment of a Heart Attack or a Stroke, unless the Physician certifies that the maximum point of recovery has been reached and further treatment would not be beneficial.

If the Certificate Holder does not have a job when Disability begins, he or she will be considered Disabled only as long as a Physician indicates the inability to work due to a Heart Attack or a Stroke.

HEART ATTACK: For the purposes of this Rider, means a myocardial infarction. A myocardial infarction occurs when the blood supply to the heart is severely reduced, commonly due to blockage in one of the coronary arteries, resulting in damage to the heart muscle.

IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD): For the purposes of this Rider, means a small battery-powered electrical impulse generator that is implanted in patients who are at risk of sudden cardiac death due to ventricular fibrillation and ventricular tachycardia.

LOSS: For the purpose of this Rider, means a treatment for which a charge is made and for which benefits may be payable under this Rider.

PRE-EXISTING CONDITION: For the purpose of this Rider, means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of the coverage of the Covered Person or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twelve (12) month period preceding the Effective Date of coverage. If this Rider is added at a later date the Pre-Existing Condition is from the Effective Date of this Rider as shown on the Certificate Schedule.

SPECIFIED CRITICAL ILLNESS: For the purposes of this Rider, means the category which the Specified Critical Illness is defined in for the purposes of benefit payment under the Certificate. Specified Critical Illness category includes the following: Category 1: Heart Attack, Stroke, Coronary Artery Bypass Surgery, Angioplasty, Stent, Artificial Permanent Pacemaker or Implantable Cardioverter Defibrillator (ICD), and Transient Ischemic Attack (TIA).

STENT: For the purposes of this Rider, means a small mesh tube that is used to treat narrow or weak arteries.

STROKE: For the purposes of this Rider, means a cerebrovascular accident with the effects lasting more than twenty-four (24) hours that causes neurological deficiency. A cerebrovascular accident means a sudden, unexpected interference in brain function resulting from an insufficient supply of blood to part of the brain. Stroke does not mean a head injury, Transient Ischemic Attack (TIA), or chronic cerebrovascular insufficiency.

TRANSIENT ISCHEMIC ATTACK (TIA or sometimes referred to as mini stroke): For the purposes of this Rider, means as medically diagnosed by a Physician a transient episode of neurologic dysfunction caused by loss of blood flow (either focal brain, spinal cord or retinal) without acute tissue death and occurring within seventy-two (72) hours of the onset of the symptoms.

WAITING PERIOD: For the purpose of this Rider, means the first thirty (30) days following the Effective Date of the Covered Person's coverage under the Rider. If this Rider is added at a later date the Waiting Period is from the Effective Date of this Rider as shown on the Certificate Schedule.

ELIGIBILITY: You will be eligible for benefits under this Rider if:

1. Your Loss occurs while You are insured under this Rider;
2. Your Loss occurs after the Effective Date of coverage under this Rider;
3. You have not been diagnosed with a Loss during the Waiting Period; and
4. Your Loss is not excluded by name or specific description in this Rider.

For a Heart Attack benefit to be payable, the Heart Attack must be positively diagnosed by a Physician through clinical findings with corroboration from electrocardiographic findings or blood enzyme findings. A diagnosis of cardiac arrest is not by itself a positive diagnosis of a Heart Attack.

For a Stroke benefit to be payable, the Stroke must be positively diagnosed by a Physician through clinical findings with corroboration from an electroencephalogram, imaging tests or blood flow tests.

For Heart Attack or Stroke, the date of diagnosis is the date of positive diagnosis by a Physician. It is not the date the diagnosis was communicated to You.

In addition to the Limitations and Exclusion listed in this Rider, the following exclusions apply to the benefits:

1. Heart Attack does not include any other disease or injury involving the cardiovascular system;
2. cardiac arrest not caused by a myocardial infarction is not a Heart Attack;
3. Heart Attacks or Strokes occurring during the result of any medical procedures are not covered.

LUMP SUM BENEFIT:

We will pay a lump sum benefit amount shown on the Certificate Schedule when You are diagnosed after the Effective Date of coverage for a Specified Critical Illness, subject to the Pre-Existing Conditions limitations. We will pay this benefit even when a Specified Critical Illness is not diagnosed until death.

This lump sum benefit is never payable prior to satisfy the Waiting Period.

The following Specified Critical Illnesses are payable the following percentage of the lump sum benefit amount shown on the Certificate Schedule. This benefit is reduced 50% for all Covered Persons when the Certificate Holder turns age 76.

Category 1	Specified Critical Illness	Percentage of Lump Sum Benefit
	Heart Attack	100%
	Stroke	100%
	Coronary Artery Bypass Surgery	25%
	Angioplasty	25%
	Stent	25%
	Artificial Permanent Pacemaker or Implantable Cardioverter Defibrillator (ICD)	25%
	Transient Ischemic Attack (TIA)	25%

The following procedures must be performed as a result of Coronary Artery Disease: Coronary Artery Bypass Surgery, Angioplasty, Artificial Permanent Pacemaker or Implantable Cardioverter Defibrillator (ICD), or Stent(s). If You have more than one of the following surgical procedures Coronary Artery Bypass Surgery, Angioplasty, Artificial Permanent Pacemaker or Implantable Cardioverter Defibrillator (ICD), and Stent(s) performed at the same time the lump sum amount will only be paid one time for the one with the largest lump sum percentage.

The lump sum benefit amount is payable only one (1) time per Covered Person per Specified Critical Illness category. The amount of Your benefit will be reduced by any prior amount paid. At no time under this Rider can a Covered Person receive a benefit amount in excess of a 100% of the benefit amount shown on the Certificate Schedule for any one (1) single Specified Critical Illness category.

RECURRENCE BENEFIT: We will pay a benefit in accordance with the schedule listed below for a subsequent Heart Attack or Stroke if:

1. the recurrence is diagnosed more than eighteen (18) months after any previous diagnosis of Heart Attack or Stroke for which the lump sum benefit under this Rider is payable;
2. the Covered Person has not required or received treatment during the eighteen (18) months between the diagnosis of Heart Attack or Stroke. For the purposes of this Rider, treatment does not include maintenance medications and follow-up visits to the Covered Insured's Physician;
3. the subsequent diagnosis is made while this Rider is in force; and
4. Your Loss is not excluded by name or specific description in this Rider.

A recurrence benefit will not be payable for Coronary Artery Bypass Surgery, Angioplasty, Transient Ischemic Attack, Artificial Permanent Pacemaker or Implantable Cardioverter Defibrillator (ICD) or Stent.

This benefit is reduced 50% for all Covered Persons when the Certificate Holder turns age 76.

Months After Heart Attack or Stroke Treatment Has Ended	Percentage of Lump Sum Benefit
0 thru 18 Months	0%
19 thru 36 Months	25%
37 thru 60 months	50%
61+	100%

SPOUSAL BENEFITS If the coverage is Employee/Member plus Spouse, the lump sum benefit and recurrence benefit for a covered Spouse will be one-half (1/2) of the Employee's or Member's benefit.

CHILD(REN) BENEFITS: If the coverage is Employee/Member, or Employee/Member plus Spouse, the lump sum benefit and recurrence benefit for a covered Child(ren) will be one-fourth (1/4) of the Employee's or Member's benefit per covered Child(ren).

WAIVER OF PREMIUM: Subject to the conditions of this Rider, Premium payments will not be required if the Certificate Holder is:

1. diagnosed as having a Heart Attack or a Stroke thirty (30) days or more after his/her Effective Date of coverage under this Rider; and
2. disabled due to a Heart Attack or a Stroke for more than ninety (90) consecutive days. Such Disability must begin on or after the date of diagnosis and prior to the Certificate Holder's 65th birthday.

Premium is not waived for Coronary Artery Bypass Surgery, Angioplasty, Transient Ischemic Attack (TIA), Artificial Permanent Pacemaker or Implantable Cardioverter Defibrillator (ICD) or Stent. After it has been determined that the Certificate Holder is Disabled, We will waive Premium payments for the period of Disability, except those due during the first ninety (90) days of such period. We will waive the Premium for a continuous period of Disability and for up to a maximum period of twelve (12) months.

Proof of Disability: The Certificate Holder must send Us a Physician's statement containing the following:

1. the date the Heart Attack or the Stroke was diagnosed;
2. the date Disability, due to a Heart Attack or a Stroke began; and
3. the expected date, if any, such Disability will end.

Proof of continued Disability must be furnished at least once every six (6) months.

Periods of Disability: Once Disability due to a Heart Attack or a Stroke ends for at least thirty (30) days, any future Disability will be considered a new period of Disability. Such new Disability due to a Heart Attack or a Stroke will require Disability for ninety (90) consecutive days in order for the Waiver of Premium to begin. New proof of Disability must be provided.

End of Disability: The Certificate Holder must notify Us in writing as soon as Disability ends. We will assume Disability no longer exists if:

1. proof of continued Disability is not sent to Us at least once every six months;
2. the Certificate Holder does not agree to have a physical examination performed; or
3. We are notified that Disability has ended.

When the Certificate Holder is no longer Disabled due to a Heart Attack or a Stroke, coverage will continue until the next month. Thereafter, Premiums must be paid in order for this Rider to continue in force.

LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition Limitation: No benefits are payable for a Pre-Existing Condition (as defined) during the first twelve (12) months after the Effective Date of coverage for that Covered Person.

Secretary

Washington National Insurance Company
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

CRITICAL CONDITIONS LUMP SUM RIDER

The Certificate Holder may call 1-800-888-4918 to present inquiries, obtain information about coverage, or to obtain assistance in resolving complaints.

This Rider is a part of the Certificate to which it is attached. That Certificate is called the "Certificate" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Certificate, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of: (1) the statements made in the Enrollment Form; and (2) the advance payment of the Premium. (EXCEPTION: During the time, if any, that it is agreed between the Certificate Holder and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Certificate Holder's behalf.) This Rider takes effect at the same time and will continue for the same term as the Certificate unless a different Rider Effective Date is indicated on the Certificate.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Certificate, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Certificate Schedule. Premium rates for this Rider may be changed in the same way as premium rates for the Certificate. This Rider will terminate on the earliest of: (1) the date the Certificate terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Certificate.

REINSTATEMENT

This Rider may be reinstated subject to the terms of the Certificate to which it is attached.

Certificateholders will be given at least 45 days' written notice of cancellation, non-renewal or a change in rates.

TIME LIMIT ON CERTAIN DEFENSES

We rely on the statements made in the Enrollment Form when issuing this Rider. After this Rider has been in force for You for two (2) years from the issue date, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the Enrollment Form, except fraudulent misstatements. The time limit on certain defenses period is from the Effective Date of the Certificate, unless the Rider is added at a later date. If this Rider is added at a later date the time limit on certain defenses is from the Effective Date of this Rider as shown on the Certificate Schedule.

DEFINITIONS

ACTIVITIES OF DAILY LIVING (ADL): For the purposes of this Rider, Activities of Daily Living are: bathing (washing oneself in either a tub or shower, or by sponge bath including the task of getting into and out of the tub or shower); dressing (putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs); eating (feeding oneself by getting food into the body from a receptacle, such as a plate, cup, table, or by a feeding tube or intravenously); toileting (getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene); transferring (moving in and out of a bed, chair or wheelchair); and continence (the ability to maintain control of bowel and bladder function or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene including caring for a catheter or colostomy bag).

ALZHEIMER'S DISEASE: For the purposes of this Rider, means a progressive, degenerative disorder that attacks the brain's nerve cells, or neurons, resulting in loss of memory, thinking and language skills, and behavioral changes.

BLINDNESS: For the purposes of this Rider, means clinically proven irreversible reduction of sight in both eyes that has persisted for a period of at least 180 consecutive days. Sight must be reduced to a corrected visual acuity of less than 20/200 or visual field restriction to 20° or less in both eyes. The Physician making the diagnosis of Blindness must be a board certified ophthalmologist.

COMA: For the purposes of this Rider, means as diagnosed by a Physician, is a state of extreme unresponsiveness, in which an individual exhibits no voluntary movement or behavior. Furthermore, in a deep Coma, even painful stimuli (actions which, when performed on a healthy individual, result in reactions) are unable to affect any response, and normal reflexes are lost. For the purposes of benefit payment under this Rider, the Covered Person must be in a Coma for a period of fourteen (14) consecutive days. Coma does not include one that is medically induced.

DEAFNESS: For the purposes of this Rider, means as diagnosed by a Physician a permanent condition wherein the ability to detect any sound is completely impaired.

DIABETIC AMPUTATION: For the purposes of this Rider, means surgical amputation above the ankle due to Diabetes Mellitus.

DIABETES MELLITUS: For the purposes of this Rider, means a group of metabolic diseases characterized by hyperglycemia resulting from defects in the insulin secretion, insulin action or both as clinically diagnosed by a Physician.

END STAGE RENAL FAILURE: For the purposes of this Rider, means the end stage renal failure presenting as chronic, irreversible failure of Your kidneys to function. The kidney failure must necessitate regular renal dialysis, hemo-dialysis or peritoneal dialysis (at least weekly); or which results in kidney transplant. For an end stage renal failure benefit to be payable, renal failure must be positively diagnosed by a Physician through clinical findings with corroboration from urine and blood tests, ultrasound, CT scan, MRI or kidney biopsy.

LOSS: For the purposes of this Rider, means a Specified Critical Illness for which benefits may be payable under this Rider.

MAJOR ORGAN TRANSPLANT LIST: For the purpose of this Rider, means a Covered Person is registered on the active waiting list for organ transplant, which is maintained by the Organ Procurement and Transplantation Network (OPTN).

MAJOR ORGAN TRANSPLANT SURGERY: For the purposes of this Rider, means undergoing surgery to receive a transplant of a human heart, human lung, human liver, human kidney or human bone marrow, as a result of failure of that organ of the Covered Person.

PARALYSIS: For the purposes of this Rider, means as diagnosed by a Physician a permanent Loss or permanent impairment of the ability to move a body part as a result of damage to its nerve supply. The Paralysis must be an impairment of two (2) or more limbs.

PRE-EXISTING CONDITION: For the purpose of this Rider, means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of the coverage of the Covered Person or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twelve (12) month period preceding the Effective Date of coverage. . If this Rider is added at a later date the pre-existing condition is from the Effective Date of this Rider as shown on the Certificate Schedule.

SPECIFIED CRITICAL ILLNESS: For the purpose of this Rider, means the category in which the Specified Critical Illness is defined for the purposes of benefit payment under this Rider. Specified Critical Illness category includes the following: Category 1: Blindness, Deafness, Diabetic Amputation, Major Organ Transplant List, Major Organ Transplant Surgery, Coma, Paralysis, Alzheimer's Disease and End Stage Renal Failure.

WAITING PERIOD: For the purpose of this Rider, means the first thirty (30) days following the Effective Date of the Covered Person's coverage under the Rider. If this Rider is added at a later date the Waiting Period is from the Effective Date of this Rider as shown on the Certificate Schedule.

ELIGIBILITY FOR BENEFITS

You will be eligible for benefits under this Rider if:

1. Your Loss occurs while You are insured under this Rider;
2. You incur a Loss after the Effective Date of coverage under this Rider;
3. You incur a Loss after the Waiting Period; and
4. Your Loss is not excluded by name or specific description in this Rider.

For an Alzheimer's Disease benefit to be payable, Alzheimer's Disease must be diagnosed by a Physician and the Covered Person must be unable to perform two or more Activities of Daily Living (ADL).

For Major Organ Transplant List, We will pay the amount shown in the Certificate Schedule when a Covered Person is registered on the active waiting list for organ transplant maintained by the Organ Procurement and Transplantation Network (OPTN).

For Major Organ Transplant Surgery, We will pay the amount shown in the Certificate Schedule when a Covered Person undergoes a transplant surgery.

BENEFITS

LUMP SUM BENEFIT: We will pay a lump sum benefit amount shown on the Certificate Schedule when You are diagnosed after the Effective Date of coverage for a Specified Critical Illness, subject to the Pre-Existing Condition limitation. We will pay this benefit even when a Specified Critical Illness is not diagnosed until death.

The following types of Specified Critical Illnesses are payable at the following percentage of the lump sum benefit amount shown on the Certificate Schedule. This benefit is reduced 50% for all Covered Persons when the Certificate Holder turns age 76.

Category 1	Specified Critical Illness	Percentage of Lump Sum Benefit
	Blindness	100%
	Deafness	25%
	Diabetic Amputation	50%
	Major Organ Transplant List	50%
	Major Organ Transplant Surgery	100%
	Coma	100%
	Paralysis	100%
	Alzheimer's Disease	25%
	End Stage Renal Failure	100%

The lump sum benefit amount is payable only one (1) time per Covered Person per Specified Critical Illness category. The amount of Your lump sum benefit will be reduced by any prior amount paid. At no time under this Rider can a Covered Person receive a benefit amount in excess of a 100% of the lump sum benefit amount shown on the Certificate Schedule for any one single Specified Critical Illness category.

SPOUSAL BENEFITS: If the coverage is Employee/Member or Employee/Member plus Spouse, the lump sum benefit for a covered Spouse will be one-half (1/2) of the Employee's/Member's benefit.

CHILD(REN) BENEFITS: If Children are covered under the coverage for the Employee/Member or Employee/Member plus Spouse, the lump sum benefit for a covered Child(ren) will be one-fourth (1/4) of the Employee's/Member's benefit, payable once per each covered Child.

LIMITATIONS AND EXCLUSIONS:

We will not pay benefits for Loss contributed to, caused by, or resulting from:

1. End Stage Renal Failure caused by a traumatic event, including surgical traumas.
2. A heart transplant that is not a human heart.
3. A bone marrow transplant that is not human bone marrow.
4. If the Covered Person's Paralysis is related to a Stroke and We have paid a lump sum benefit under the Certificate, the lump sum benefit will not be payable under this Rider.
5. No benefit is payable for Diabetic Amputations below the ankle. Amputation of a single toe or toes, or any partial foot amputations are not payable.
6. No benefits are available for an organ donor under this Rider.

PRE-EXISTING CONDITION LIMITATION: No benefits are payable for a Pre-Existing Condition (as defined) during the first twelve (12) months after the Effective Date of coverage for that Covered Person.

Secretary

SPECIMEN

Washington National Insurance Company
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

Wellness Rider

The Certificate Holder may call 1-800-888-4918 to present inquiries, obtain information about coverage, or to obtain assistance in resolving complaints.

This Rider is a part of the Certificate to which it is attached. That Certificate is called the "Certificate" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Certificate, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of: (1) the statements made in the Enrollment Form; and (2) the advance payment of the Premium. (EXCEPTION: During the time, if any, that it is agreed between the Certificate Holder and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Certificate Holder's behalf.) This Rider takes effect at the same time and will continue for the same term as the Certificate unless a different Rider Effective Date is indicated on the Certificate Schedule.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Certificate, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Certificate Schedule. Premium rates for this Rider may be changed in the same way as premium rates for the Certificate. This Rider will terminate on the earliest of: (1) the date the Certificate terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Certificate.

REINSTATEMENT

This Rider may be reinstated subject to the terms of the Certificate to which it is attached.

Certificateholders will be given at least 45 days' written notice of cancellation, non-renewal or a change in rates.

TIME LIMIT ON CERTAIN DEFENSES

We rely on the statements made in the Enrollment Form when issuing this Rider. After this Rider has been in force for You for two (2) years from the issue date, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the Enrollment Form, except fraudulent misstatements. The time limit on certain defenses period is from the Effective Date of the Certificate, unless the Rider is added at a later date. If this Rider is added at a later date the time limit on certain defenses is from the Effective Date of this Rider as shown on the Certificate Schedule.

DEFINITIONS

CALENDAR YEAR: The period beginning January 1st and ending December 31st.

CANCER: For the purposes of this Rider, means a disease which expresses itself as:

1. a malignant tumor characterized by the uncontrolled growth and spread of malignant cells;
2. the invasion of body tissue by such malignant cells;
3. leukemia; or
4. Hodgkin's disease.

Cancer is classified as one of three types: Melanoma, Non-melanoma or Internal Cancer.

Cancer does not include pre-malignant conditions, conditions with malignant potential or pre-leukemic conditions.

HEART ATTACK: For the purposes of this Rider, means a myocardial infarction. A myocardial infarction occurs when the blood supply to the heart is severely reduced, commonly due to blockage in one of the coronary arteries, resulting in damage to the heart muscle.

SPECIFIED CRITICAL ILLNESS: For the purpose of this Rider, means the category in which the Specified Critical Illness is defined for the purposes of benefit payment under this Rider. Specified Critical Illness category includes the following: Category 1: Cancer, Heart Attack or Stroke.

STROKE: For the purposes of this Rider, means a cerebrovascular accident lasting more than twenty-four (24) hours that causes neurological deficiency. A cerebrovascular accident means a sudden, unexpected interference in brain function resulting from an insufficient supply of blood to part of the brain. Stroke does not mean a head injury, Transient Ischemic Attack (TIA) or chronic cerebrovascular insufficiency.

TRANSIENT ISCHEMIC ATTACK (TIA or sometimes referred to as mini stroke): For the purposes of this Rider, means as medically diagnosed by a Physician a transient episode of neurologic dysfunction caused by loss of blood flow (either focal brain, spinal cord or retinal) without acute tissue death and occurring within seventy-two (72) hours of the onset of the symptoms.

PRE-EXISTING CONDITION: For the purposes of this Rider, means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of the coverage of the Covered Person or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twelve (12) month period preceding the Effective Date of coverage. If this Rider is added at a later date the Pre-Existing Condition is from the Effective Date of this Rider as shown on the Certificate Schedule.

WAITING PERIOD: For the purpose of this Rider, means the first thirty (30) days following the Effective Date of the Covered Person's coverage under the Rider. If this Rider is added at a later date, the Waiting Period is from the Effective Date of this Rider as shown on the Certificate Schedule.

ELIGIBILITY FOR BENEFITS

You will be eligible for benefits under this Rider if:

1. Your Loss occurs while You are insured under this Rider;
2. You incur a Loss after the Effective Date of coverage under this Rider;
3. You incur a Loss after the Waiting Period; and,
4. Your Loss is not excluded by name or specific description in this Rider.

BENEFITS

ANNUAL CARE BENEFIT: The annual care benefit amount shown on the Certificate Schedule is payable beginning with the first anniversary after the payment of the lump sum benefit for a Covered Person for a Specified Critical Illness and is payable each year on the anniversary date of the payment of the lump sum benefit and will not exceed a total of five (5) consecutive annual payments per Covered Person. The Covered Person must continue to be under the regular care of a Physician for Cancer, Heart Attack or Stroke.

WELLNESS BENEFIT: We will pay the amount shown on the Certificate Schedule once per Calendar Year for one (1) wellness screening after a Covered Person has met the Waiting Period. We will pay for only one (1) of the following screenings each Calendar Year for each Covered Person:

1. Mammogram
2. Breast Ultrasound
3. Pap Smear (lab and procedure)
4. Thin Prep
5. Cancer Antigen 125 (CA-125)
6. Flexible Sigmoidoscopy
7. Colonoscopy
8. Virtual Colonoscopy
9. Hemoccult stool specimen
10. Carcino-Embryonic Antigen (CEA)
11. Prostate-Specific Antigen (PSA)
12. Biopsy
13. Chest X-ray
14. Thermography
15. Stress Test on a bicycle or treadmill
16. Electrocardiogram
17. Echocardiogram
18. Carotid Doppler
19. Fasting Blood Glucose Test
20. Blood Test for Triglycerides
21. Serum Cholesterol Test
22. Lipid Panel

LIMITATIONS AND EXCLUSIONS:

PRE-EXISTING CONDITION LIMITATION: No benefits are payable for a Pre-Existing Condition (as defined) during the first twelve (12) months after the Effective Date of coverage for that Covered Person.

Secretary

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office
11825 N. Pennsylvania Street
Carmel, IN 46032

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Covering you and your family *from all angles.*



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Visit with a Washington National representative to learn how supplemental insurance can help.

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LIMITED-BENEFIT POLICIES. These policies have limitations and exclusions.
For costs and complete details of coverage, contact the agent.

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Washington National's Hospital Indemnity Insurance can help protect you and your family from the high cost of hospital stays.

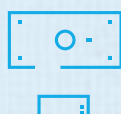
Medical emergencies are unpredictable and expensive, and your employer health plan, private health insurance or Medicare may only cover a portion of the costs.

Hospital costs are rising—and your current coverage could leave you responsible for copayments, deductibles, transportation expense and more.

Consider these facts:



The average hospital stay costs over **\$10,700**.¹



Hospital bills are the largest out-of-pocket expense for people who filed for medical bankruptcy.²



61% of Americans wouldn't be able to cover an unexpected **\$1,000** bill from their savings.³

A SENSIBLE SOLUTION

Hospital AssureSM complements your existing health insurance plan by directly paying you fixed-dollar cash benefits in the event you or a covered family member are hospitalized due to a covered sickness or accident, in addition to any other coverage you have.

Use your cash benefits to help pay:

- Deductibles
- Co-pays
- Out-of-network hospital costs
- Everyday bills and expenses when you're unable to work

¹Business Insider, *The 35 most expensive reasons you might have to visit a hospital in the US—and how much it costs if you do*, <http://www.businessinsider.com/most-expensive-health-conditions-hospital-costs-2018-2>, March 1, 2018.

²Healthline, *How Much Does It Cost to Stay in the Hospital*, <https://www.healthline.com/health-news/how-much-does-hospital-stay-cost#6>, July 17, 2017.

³Bankrate, *Most Americans don't have enough savings to cover a \$1k emergency*. <https://www.bankrate.com/banking/savings/financial-security-0118/>, January 18, 2018.

Be assured. We've got you covered.

COUNT ON WASHINGTON NATIONAL FOR THESE IMPORTANT ASSURANCES:

Flexibility

Because cash benefits are paid *directly to you*, not a doctor or hospital, you have no restrictions on how you use your benefits.

Portability

This allows you to *keep your policy*, even if you change jobs, move to a different state, retire or go on Medicare.

Premiums stay the same

Your rates *cannot be increased* unless all rates of that kind are raised in your state.

Guaranteed renewability for life

Your policy is *guaranteed* renewable as long as you pay the required premiums on time.

***Focus on your care,
not on the costs.***

Benefits under this policy may change to comply with federal and state tax laws. Consult your Washington National agent or tax and legal advisors for an explanation of your benefits.





Coverage options

Choose the policy that fits your needs¹

BASE POLICY BENEFIT	DESCRIPTION ²	AMOUNT
HOSPITAL CONFINEMENT LUMP SUM	Payable on the first day when a covered person is hospital confined for 23 hours or more due to a covered sickness or covered accident. You choose the benefit amount at the time of application. This benefit is limited to once per calendar year per covered person.	\$1,000, \$2,000, \$3,000, \$4,000, or \$5,000
HOSPITAL OUTPATIENT	Payable for hospital, observation unit, or ambulatory surgical facility stays of less than 23 hours due to a covered sickness or covered accident. This benefit is limited to 2 days per calendar year per covered person.	\$100 per day
EMERGENCY ROOM	Payable for treatment in a hospital emergency room or urgent care facility for a covered sickness or covered accident. This benefit is limited to 2 days per calendar year per covered person.	\$100 per day
REHABILITATION FACILITY	Payable for rehabilitation facility stay by physician's order due to a covered sickness or covered accident. This benefit is limited to 15 days per confinement. Limited to 30 days per calendar year per covered person.	\$100 per day
WAIVER OF PREMIUM	After a policyowner is hospital confined for a covered sickness or covered accident for a period of more than 30 consecutive days; this benefit will begin on the 31st day for any period of uninterrupted continuation of that inpatient hospital confinement. Any premium payments that fall during this waiver period, on a maximum of a month by month basis, will be waived. The waiver period will end at the earlier of discharge or at the end of 12 months of uninterrupted continuous hospital confinement discharge, at which point premium payments must be resumed.	Waives premium for base policy and any riders selected

¹Premiums are based on the level of coverage selected. Coverage may vary by state and underwriting. ²See benefit definitions for additional details and limitations.

Optional riders

Additional coverage available for more protection¹

	DESCRIPTION ²	AMOUNT		
WELLNESS AND DIAGNOSTIC RIDER	Physician office visit benefit Payable for visits (including telemedicine) to a physician’s office, due to a covered sickness, covered accident or routine wellness exams, at a designated facility. <i>Individual coverage:</i> Limited to 3 days per calendar year. <i>Individual/Spouse, Individual/Child, & Family Coverage:</i> Limited to 3 days per covered person, up to 6 days per calendar year.	\$25 per day		
	Lab test and x-ray Payable for any day a covered person has laboratory testing or x-rays, due to a covered sickness or covered accident, at a designated facility. <i>Individual coverage:</i> Limited to 3 days per calendar year. <i>Individual/Spouse, Individual/Child, & Family Coverage:</i> Limited to 3 days per covered person, up to 6 days per calendar year.	\$50 per day		
	Imaging exams Payable for the following exams: computed tomography (CT scan, CAT scan), magnetic resonance imaging (MRI), electroencephalogram (EEG), thallium stress test, myelogram, angiogram, or arteriogram; due to a covered sickness or accident. <i>Individual coverage:</i> Limited to 3 days per calendar year. <i>Individual/Spouse, Individual/Child, & Family Coverage:</i> Limited to 3 days per covered person, up to 6 days per calendar year.	\$100 per day		
	Diagnostic exams Payable for the following exams: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, endoscopy, esophagoscopy, gastroscopy, laparoscopy, laryngoscopy, or sigmoidoscopy; due to a covered sickness or accident. <i>Individual coverage:</i> Limited to 3 days per calendar year. <i>Individual/Spouse, Individual/Child, & Family Coverage:</i> Limited to 3 days per covered person, up to 6 days per calendar year.	\$100 per day		
	DESCRIPTION ²	PLAN 1	PLAN 2	PLAN 3
SUPPLEMENTAL BENEFITS RIDER	ADDITIONAL hospital confinement lump sum Payable the first day of hospital confinement after payment of hospital confinement lump sum benefit pays for a new period of confinement. This benefit is limited to 3 confined days per calendar year, per covered person.	\$100 per day	\$200 per day	\$300 per day
	Daily hospital confinement Payable per day per covered person, due to a covered sickness or covered accident, for up to 365 days per period of confinement.	\$50 per day	\$100 per day	\$150 per day
	Intensive Care Unit (ICU) confinement Payable in addition to the daily hospital confinement for each day a covered person is confined to an ICU due to a covered sickness or covered accident.	\$100 per day (\$50 ICU + \$50 daily hospital confinement)	\$200 per day (\$100 ICU + \$100 daily hospital confinement)	\$300 per day (\$150 ICU + \$150 daily hospital confinement)
	ADDITIONAL hospital outpatient Payable in addition to the \$100 per day hospital outpatient benefit provided by the base policy’s Hospital Outpatient benefit.	+\$50 per day	+\$100 per day	+\$150 per day
	ADDITIONAL rehabilitation facility Payable in addition to the \$100 per day rehabilitation facility benefit provided by the base policy’s Rehabilitation Facility benefit.	+\$50 per day	+\$100 per day	+\$150 per day
	Surgical procedure Payable for a covered surgery performed in a hospital, U.S. Government hospital, or an ambulatory surgical facility. This benefit is limited to one surgical procedure in a 24-hour period per covered person.	\$100–\$1,000 per surgery	\$100–\$1,000 per surgery	\$100–\$1,000 per surgery
	Ambulance Payable if a licensed surface or air ambulance service transports a covered person to or from a hospital. <i>Individual coverage:</i> Limited to 3 one-way trips per calendar year. <i>Individual/Spouse, Individual/Child, & Family Coverage:</i> Limited to 3 one-way trips per covered person, up to 6 one-way trips, per calendar year.	\$200 ground, \$2,000 air	\$200 ground, \$2,000 air	\$200 ground, \$2,000 air

¹Premiums are based on the level of coverage selected. Coverage may vary by state and underwriting. ²See benefit definitions for additional details and limitations.



Return of Premium

The coverage you need today.
Money back for tomorrow.

Choose a benefit that can return premiums back to you. With the optional Return of Premium benefit rider, you can receive a check for premiums paid—minus claims incurred—every 20 years (or on the benefit anniversary date following your 75th birthday, if that comes sooner).*

You're only required to keep your policy and this optional benefit in force until maturity. When money is returned, you can continue your coverage and collect again.

HERE ARE THREE EXAMPLES
OF YOUR RETURN OF PREMIUM POTENTIAL:**

	No claim	Small claim	Large claim
Total premiums paid	\$9,600	\$9,600	\$9,600
Claims incurred	- 0	- 2,000	- 15,000
Amount of return	9,600	7,600	0

If you are age 65 or older when the “return of premium period” begins, and the policy and return of premium benefit have remained in force, you can continue to receive premiums paid, minus any claims incurred, at the end of every 10 years.

* Referred to as the “return of premium” period. The end of the period is referred to as “maturity.”

** Hypothetical examples solely demonstrating how the optional Return of Premium Rider works if continuous coverage for the return of premium period to maturity. No representation or guarantee of future premiums or results. This rider is not available with policies purchased as part of a Section 125 plan.

BENEFIT DEFINITIONS

Hospital confinement lump sum

This benefit payable on the first day within a calendar year when a covered person is hospital confined as an inpatient for 23 or more hours. This benefit is limited to one day per calendar year per covered person. No lifetime maximum. This benefit is reset each January 1st. If a hospital confinement continues uninterrupted without discharge from one calendar year to the next, no hospital confinement lump sum benefit shall be payable for any day of that hospital confinement in the later calendar year. Upon discharge, for a benefit to be payable in the later calendar year, a hospital confinement must begin more than thirty (30) days after the discharge.

Hospital outpatient

This benefit is payable per day when a covered person is in a hospital, observation unit, or ambulatory surgical facility for less than 23 hours. This benefit is limited to 2 days per calendar year per covered person. This benefit is not payable for the same day as the Emergency Room Benefit is payable.

Emergency room

This benefit is payable per day when a covered person is admitted to an emergency room or visits an urgent care facility. This benefit is limited to 2 days per calendar year per covered person. Admission to the emergency room or a visit to an urgent care facility for a covered accident must occur within seventy-two (72) hours of the covered accident. This benefit is not payable for days the Hospital Out-Patient benefit is payable.

Rehabilitation facility

This benefit is payable per day if a covered person is hospital confined and is transferred to a rehabilitation facility by physician's order within 24 hours after discharge from the hospital confinement. This benefit is limited to a maximum of 15 days per period of confinement in a rehabilitation facility, with a maximum of 30 days per calendar year per covered person. A readmission within 30 days of a prior hospital confinement, for the same medical condition, is considered part of the previous confinement. Any benefits under this policy for confinement in a rehabilitation facility are payable only under the rehabilitation facility benefit.

Physician office visit benefit

Payable once per day for any day a covered person goes to a physician's office appointment, including telemedicine visits. This benefit covers appointments due to a covered accident, a covered sickness or routine wellness exams. Individual coverage: Limited to 3 days per calendar year. Individual/Spouse, Individual/Child, & Family Coverage: Limited to 3 days per covered person, up to 6 days per calendar year.

Laboratory test and X-ray

Payable for any day a covered person has laboratory testing or x-rays ordered by a physician, due to a covered sickness or accident. Must be performed in a hospital, medical diagnostic imaging center, physician's office, urgent care or ambulatory surgical center. Individual coverage: Limited to 3 days per calendar year. Individual/Spouse, Individual/Child, & Family Coverage: Limited to 3 days per covered person, up to 6 days per calendar year. Not payable for the exams listed under the Imaging Benefit or the Diagnostic Benefit.

Imaging exams

Payable for any day a covered person has 1 of the following exams, ordered by a physician due to a covered sickness or accident: computed tomography (CT scan, CAT scan), magnetic resonance imaging (MRI), electroencephalogram (EEG), thallium stress test, myelogram, angiogram, or arteriogram. These must be performed in a hospital, medical diagnostic imaging center, a physician's office, an urgent care facility, or an ambulatory surgical center. Not payable for the exams listed under the Laboratory Test and X-Ray Benefit or the Diagnostic Benefit. Individual coverage: Limited to 3 days per calendar year. Individual/Spouse, Individual/Child, & Family Coverage: Limited to 3 days per covered person, up to 6 days, per calendar year.

Diagnostic exams

Payable for any day a covered person has one of the following exams, ordered by a physician for a covered sickness or accident: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, endoscopy, esophagoscopy, gastroscopy, laparoscopy, laryngoscopy, or sigmoidoscopy. Procedures must be performed in a hospital or a ambulatory surgical center. Not payable for the exams listed under the Laboratory Test and X-Ray Benefit or the Imaging Benefit. Individual coverage: Limited to 3 days per calendar year. Individual/Spouse, Individual/Child, & Family Coverage: Limited to 3 days per covered person, up to 6 days, per calendar year.

Additional hospital confinement lump sum

After the Hospital confinement lump sum benefit under the policy has been paid, the additional hospital confinement lump sum benefit under the rider is payable on the first day a covered person is hospital confined as an inpatient for a new period of confinement. This benefit is limited to 3 days per calendar year per covered person. A readmission within 30 days of a prior hospital confinement, for the same medical condition, is considered part of the previous confinement. This benefit is reset each January 1st. If a hospital confinement continues uninterrupted without discharge from one calendar year to the next, no hospital confinement lump sum benefit shall be payable for any day of that hospital confinement in the later calendar year.

Daily hospital confinement

Payable per day, per covered person, for up to 365 days per period of confinement; when hospital confined for 23 or more hours. A readmission within 30 days of a prior hospital confinement, for the same medical condition, is considered part of the previous confinement.

Intensive care unit (ICU) confinement

Payable in addition to the daily hospital confinement benefit for each day a covered person is confined to an intensive care unit. Limited to a maximum of 30 days per hospital confinement. A readmission within 30 days of a prior hospital confinement, for the same medical condition, is considered part of the previous confinement.

Additional hospital outpatient

Payable in addition to the benefit provided by the base policy. See Hospital outpatient definition for benefit description.

Additional rehabilitation facility

Payable in addition to the benefit provided by the base policy. See Rehabilitation facility definition for benefit description.

Surgical procedure

The amount payable varies by procedure according to the benefit schedule for an unlimited number of separate operations. If more than one surgical procedure is performed at the same time through the same incision, the procedure with the largest benefit amount will be paid. We will not pay for diagnostic or follow-up surgery which does not treat the covered sickness or covered accident. We will use the Relative Values for Physicians publication and the procedural terminology code (PTC) to determine the surgical value assigned to each procedure as of the date of the procedure. This benefit is limited to one (1) surgical procedure in a twenty-four (24) hour period per covered person. The surgery must be performed in a hospital, U.S. government hospital or an ambulatory surgical facility.

Ambulance

Payable if a licensed surface or air ambulance service transports a covered person to or from a hospital. For a Covered Accident, transport by an ambulance must be within seventy-two (72) hours of a Covered Accident. Individual coverage: Limited to 3 one-way trips per calendar year. Individual/Spouse, Individual/Child, & Family Coverage: Limited to 3 one-way trips per covered person, up to 6 one-way trips, per calendar year.

Hospital Confinement and Services received in a U.S. Government Hospital do not require a charge.

Limitations and exclusions

LIMITED BENEFIT POLICY. We will not pay benefits for loss contributed to, caused by, or resulting from any of the following: Cosmetic or plastic surgery: Surgery that is not for the diagnosis or treatment of a covered sickness or a covered accident, or considered medically necessary, or resulting from, directly or indirectly, any complications of cosmetic or plastic surgery, including but not limited to, the following: abdominoplasty (tummy tuck); mammoplasty (breast modification); rhinoplasty (nose job); or suction assisted lipectomy (liposuction). Dental procedures: Treatment for dental care or dental procedures, unless treatment is the result of a covered accident and is considered medically necessary. Elective surgery: Surgery that is not for the diagnosis or treatment of a covered sickness or a covered accident, or considered medically necessary, or resulting from, directly or indirectly, any complications of elective surgery, including but not limited to,¹ the following: gastric bypass surgeries; voluntary abortion (except where the covered person would be endangered if the fetus were carried to term or where medical complications have arisen from abortion); or sex change. Flying:² Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft including those which are not motor-driven. Hazardous activities:³ Including but not limited to: hang gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, rock climbing, scuba diving, mountaineering, or similar activities. Illegal acts: Participating or attempting to participate in an illegal act⁴ or working at an illegal job. Intoxication:^{5,6} Being legally intoxicated,⁷ or so intoxicated that mental or physical abilities are seriously impaired,⁸ being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a physician. Mental disorder: Having a behavioral or psychological disorder, disease or syndrome, without demonstrable organic origin. Newborn care: We will not pay for a separate charge made for the newborn's stay in a nursery as a result of a normal delivery. Pregnancy: Normal pregnancy⁹ or childbirth that occurs within the first ten (10) months after the effective date of coverage; or, a cesarean delivery that is not the result of complications of pregnancy. Loss due to complications of pregnancy will be paid the same as for any other covered benefit. Pregnancy of a dependent child: A pregnancy of a dependent child will not be covered. Loss due to complications of pregnancy will be paid the same as for any other covered benefit. Racing:¹⁰ Riding in or driving any motor-driven vehicle in a race, stunt show or speed test; or while testing any vehicle on any race course or speedway. Self-Inflicted Injuries: Injuring or attempting to injure yourself intentionally, regardless of mental capacity. Substance abuse:¹¹ Alcoholism, drug abuse, or chemical dependency. Suicide: Committing or attempting to commit suicide, regardless of mental capacity. Sports:¹² Participating in any sporting event for pay or prize money. Travel/location: Being more than forty (40) miles outside the territorial limits of the United States, Canada, and Puerto Rico. Vision procedures: Routine vision exams or vision procedures, unless treatment is the result of a covered accident and is considered medically necessary. War/military service:¹³ Being exposed to war or any act of war, declared or not, or participating in or contracting with the armed forces (including Coast Guard) of any country or international authority.¹³

Pre-existing condition limitation: No benefits are payable for a covered person with a pre-existing condition during the first twelve (12) months after the effective date of coverage for that covered person.

Waiting period limitation:¹⁰ No benefits are payable for any covered sickness that is diagnosed, treated or produces a clear or obvious symptom during the waiting period for the first twelve (12) months after the effective date of coverage for that covered person.

ADDITIONAL DEFINITIONS

PRE-EXISTING CONDITION:¹⁶ Means the existence of symptoms that would cause an ordinarily prudent person¹⁴ to seek diagnosis, care or treatment within a twelve (12) month period¹⁵ preceding the effective date of coverage for that covered person or a condition for which medical advice or treatment was recommended by a physician or received from a physician or for which prescription drugs were prescribed within a twelve (12) month period preceding the effective date of coverage for that covered person. A pre-existing condition can exist even though a diagnosis has not yet been made.

WAITING PERIOD:^{10,15} This policy contains a thirty (30) day waiting period for any covered sickness. We will not pay benefits for the first twelve (12) months of coverage for any sickness for a covered person that is diagnosed, treated or produces a clear or obvious symptom during the first thirty (30) days of coverage for that covered person. Benefits for that sickness, if a covered sickness, will only be provided for care or treatment that begins more than twelve (12) months after the effective date of coverage for that covered person. If a sickness is diagnosed, treated or produces a clear or obvious symptom during the waiting period that would otherwise be covered under this policy during the first twelve (12) months of coverage, You may elect to void this policy from its effective date and receive a full refund of any premiums paid.

There is not a waiting period for any covered accident.

HOSPITAL: Is not a bed, unit or facility that functions as a/an: skilled nursing facility, nursing home, extended care facility, convalescent home, rest home or a home for the aged, sanatorium, rehabilitation center, place primarily providing care for alcoholics or drug addicts or facility for the care and treatment of mental disease or mental disorders.

PERIOD OF CONFINEMENT: Means (1) for a covered sickness, a period which begins at least thirty (30) days¹⁰ after a covered person's effective date of coverage, beginning on the first day of hospital confinement for a covered sickness and ending on the last day of hospital confinement for that covered sickness; and (2) for a covered accident, a period which begins on or after a covered person's effective date of coverage, beginning on the first day of hospital confinement for a covered accident and ending on the last day of hospital confinement for that covered accident. If a covered person is re-confined within thirty (30) days for the same covered sickness or covered accident, then the later period will be considered a continuation of the prior period of confinement. If the beginning of a re-confinement for the same covered sickness or covered accident occurs more than thirty (30) days later, we will treat the later hospital confinement as a new period of confinement.

TELEMEDICINE: Means clinical health care services supervised by a physician by means of interactive two-way audio and visual communication. Telemedicine does not include delivery of clinical health care services through an audio-only telephone, electronic mail message, or facsimile transmission.

This document is not an insurance contract, and all rights and obligations under the policy are subject to the terms and conditions of the policy itself. The benefit amounts under any issued policy or rider will be based upon the benefit amounts printed in any policy applied for and issued.

Benefits under this policy may change to comply with federal and state tax laws. Consult your Washington National agent or tax and legal advisors for an explanation of your benefits.

¹In Kentucky, "but not limited to" does not apply.

²In Oklahoma, "jumping or falling" does not apply.

³In Oklahoma, hazardous activities are not applicable

⁴In Georgia, illegal acts means participating or attempting to participate in a felony or working at an illegal job.

⁵In Oklahoma, "or so intoxicated that mental or physical abilities are seriously impaired or being under the influence of any illegal drugs" does not apply.

⁶In South Carolina, not applicable.

⁷In Florida, being legally intoxicated as defined by the legal limits in the jurisdiction where the loss occurred.

⁸In Kentucky, "or so intoxicated that mental or physical abilities are seriously impaired" does not apply.

⁹In Florida, a normal pregnancy beginning on or after the effective date of coverage.

¹⁰In Oklahoma, not applicable.

¹¹In Oklahoma, "chemical dependency" does not apply.

¹²In Oklahoma, war or act of war (whether declared or undeclared) while serving in the military or an auxiliary unit to the military or working in an area of war whether voluntarily or as required by an employer. We will return. At your request, the prorated premium paid for you for any period you are not covered by this policy while you are in such service.

¹³In Florida, acts of terrorism are excluded from the definition of war.

¹⁴In Wyoming, "cause any covered person"

¹⁵In Wyoming, this period is shortened to six (6) months

¹⁶In District of Columbia, "An ordinarily prudent" does not apply.

Policy form series (may vary by state): WNIC2073

Rider form series (may vary by state): R2074, R2075, R2076

Washington National Insurance Company

Home Office: 11825 N. Pennsylvania Street, Carmel, IN 46032

WashingtonNational.com





Sample policy language
WNIC2073FL | Florida

HOSPITALassureSM

HOSPITAL INDEMNITY INSURANCE

For training purposes

For agent information only. This material should not be distributed to the public or used in any solicitation.

Hospital indemnity policy and benefit schedule

Washington National Insurance Company
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

The Policyowner may call 1-800-888-4918 to present inquiries, obtain information about coverage or to receive assistance in resolving complaints.

INDIVIDUAL HOSPITAL INDEMNITY POLICY
THIS POLICY PROVIDES LIMITED BENEFITS - REVIEW IT CAREFULLY

Notice to Buyer: This is a Hospital Indemnity Policy. This Policy provides limited benefits. The benefits provided are supplemental and are not intended to cover all medical expenses.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Notice to Buyer: THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If a Covered Person is eligible for Medicare, please review the "Guide to Health Insurance for People with Medicare", which is available from the Company.

This Policy is a legal contract between You and Washington National Insurance Company. We agree that, subject to all the terms and conditions set forth in the Policy, We will provide coverage to a Covered Person against Loss based on the application and in return for Premium payments.

GUARANTEED RENEWABILITY PRIVILEGE – PREMIUM CHANGE: This Policy is continued by the payment of Premiums when due. We reserve the right to change Premium rates upon written notice to You at Your last known address at least forty-five (45) days before the change is to become effective. We will only change Your Premium if We change it for all Policies of this form number in Your state on a Class basis. Your Policy cannot be singled out for a Premium rate change.

WAITING PERIOD: This Policy contains a thirty (30) day Waiting Period for any Covered Sickness. We will not pay benefits for the first twelve (12) months of coverage for any Sickness for a Covered Person that is diagnosed, treated or produces a clear or obvious symptom during the first thirty (30) days of coverage for that Covered Person. Benefits for that Sickness, if a Covered Sickness, will only be provided for care or treatment that begins more than twelve (12) months after the Effective Date of coverage for that Covered Person. If a Sickness is diagnosed, treated or produces a clear or obvious symptom during the Waiting Period that would otherwise be covered under this Policy during the first twelve (12) months of coverage, You may elect to void this Policy from its Effective Date and receive a full refund of any Premiums paid.

There is not a Waiting Period for any Covered Accident.

THIRTY (30) DAY RIGHT TO RETURN: If for any reason You are not satisfied with this Policy, You can send a written request along with the Policy to Our Home Office within thirty (30) days after it is received for a complete refund of Premium and cancellation.

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION:

Please read the copy of the application, which is a part of this policy. Check to see if any medical history requested has been left out or was misstated. Write us at the above address if any information shown is not correct or complete. We issued this policy on the basis that the answers to all questions are correct and complete. Any omission or incorrect statements could cause an otherwise valid claim to be denied.

IT IS IMPORTANT that You read the entire Policy, including the application, which is a part of the Policy, and write to Us within thirty (30) days if any information shown in the application is incorrect or incomplete.

Signed by Our Secretary and President on its Effective Date:

Secretary

President

POLICY GUIDE

Policy Schedule	Attached
Definitions	Section 1
Premiums.....	Section 2
Claim Provisions.....	Section 3
General Provisions	Section 4
Limitations and Exclusions	Section 5
Waiver of Premium	Section 6
Benefits	Section 7
Application	Attached
Benefit Schedule(s)	Attached
Rider(s), Endorsement(s), and Amendment(s), if any	Attached

SPECIMEN

SECTION 1: DEFINITIONS

Accident means a sudden, unexpected and unforeseen event or result which occurs without the Covered Person's intent.

Accidental Injury means a bodily injury suffered by the Covered Person from an Accident. Accidental Injury does not include any injury as a direct or indirect result of bodily or mental infirmity or disease in any form, medical treatment of any kind or any injury contributed to, caused by or resulting from any cause or act excluded under this Policy.

Beneficiary(ies) means the person(s) You designate in writing to Us on the application to receive any benefits which may be payable in the event of Your death. If You designate more than one person, then, unless otherwise indicated, any benefit payment shall be in equal shares to the beneficiaries who survive You.

Calendar Year means the period beginning January 1st and ending December 31st.

Class means a class of covered persons who have the same Policy form number as this Policy and who have certain factors in common. These factors may include, but are not limited to, one or more of the following: age on the Effective Date, coverage type, coverage plan, level of benefits, the use or non-use of tobacco or nicotine substitute products on the Effective Date, state of issue, distribution channel as of the Effective Date, underwriting class, and payment method.

Covered Accident means an Accidental Injury that occurs while a Covered Person is insured under this Policy, while the Policy is in force and which is not excluded in this Policy.

Covered Sickness means sickness or disease of a Covered Person that first produces a clear or obvious symptom while a Covered Person is insured under this Policy, while the Policy is in force and which is not excluded in this Policy.

Effective Date means the date shown on the Policy Schedule for all Covered Persons accepted for the described coverage. Coverage becomes effective on the later of: (1) the Effective Date as shown on the Policy Schedule for the described coverage; or (2) the date the first Premium for the described coverage is accepted by Us. For any rider added to the Policy, the Effective Date for all Covered Persons accepted for the described rider coverage is the date shown on the Policy Schedule for the described rider coverage. Coverage under a rider, if any, becomes effective on the later of: (1) the Effective Date as shown on the Policy Schedule for the described rider coverage; or (2) the date the first rider Premium is accepted by Us for the rider.

Hospital means a medical facility which:

1. is legally licensed and operated as a hospital, pursuant to law, on an Inpatient basis;
2. provides care of injured and sick people;
3. is supervised by one or more Physicians;
4. provides 24-hour-a-day nursing services supervised by or under a registered graduate nurse (RN); and,
5. provides on-site or in a facility controlled by the hospital use of x-ray equipment, laboratory and surgical facilities.

No claim for treatment, care, or services in a licensed hospital which is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association, or the Commission on the Accreditation of Rehabilitative Facilities shall be denied because such hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of physical disability.

A Hospital is not a bed, unit, or facility that functions as a/an:

1. skilled nursing facility;
2. nursing home;
3. extended care facility;
4. convalescent home;
5. rest home, or a home for the aged;
6. sanatorium;
7. rehabilitation center;
8. place primarily providing care for alcoholics or drug addicts; or,
9. facility for the care and treatment of mental disease or mental disorders.

Hospitalized, Hospital Confined or Hospital Confinement means when a Covered Person is confined in a Hospital or U.S. Government Hospital for a minimum of twenty-three (23) consecutive hours and a charge is made for room and board. These terms do not mean when a Covered Person is confined in a rehabilitation facility or any other place excluded from the definition of Hospital.

Immediate Family means anyone related to a Covered Person in the following manner: mother, father, stepmother, stepfather, mother-in-law and father-in-law; spouse including common law marriage, domestic partner or civil union partner if legally recognized; children and stepchildren, brothers, stepbrothers and brothers-in-law, sisters, stepsisters and sisters-in-law, grandchildren or grandparents.

Inpatient means when a Covered Person is admitted in a Hospital, including a U.S. Government Hospital, for which room and board charges are made each day while receiving treatment.

Loss means a Covered Accident or a Covered Sickness for which a charge is made that occurs while this Policy is in force, while all eligibility requirements are met, and for which benefits may be payable under this Policy.

Nurse means a person other than a Covered Person or a member of a Covered Person's Immediate Family who is a:

1. licensed practical Nurse (L.P.N.);
2. licensed vocational Nurse (L.V.N.); or,
3. registered graduate Nurse (R.N.).

Period of Confinement means (1) for a Covered Sickness, a period which begins at least thirty (30) days after a Covered Person's Effective Date of coverage, beginning on the first day of Hospital Confinement for a Covered Sickness and ending on the last day of Hospital Confinement for that Covered Sickness; and (2) for a Covered Accident, a period which begins on or after a Covered Person's Effective Date of coverage, beginning on the first day of Hospital Confinement for a Covered Accident and ending on the last day of Hospital Confinement for that Covered Accident. If a Covered Person is re-confined within thirty (30) days for the same Covered Sickness or Covered Accident, then the later period will be considered a continuation of the prior Period of Confinement. If the beginning of a re-confinement for the same Covered Sickness or Covered Accident occurs more than thirty (30) days later, We will treat the later Hospital Confinement as a new Period of Confinement.

Physician means a person other than a Covered Person or a member of a Covered Person's Immediate Family who:

1. is licensed by the state to practice a healing art recognized and condoned by the American Medical Association;
2. performs services which are allowed by that license; and,
3. performs services for which benefits are provided by this Policy.

Policyowner means the person named as the Policyowner in the Policy Schedule.

Premium means the amount of money You are required to pay Us in return for the coverage provided by this Policy and any attached rider(s).

Pre-Existing Condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of coverage for that Covered Person or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician or for which prescription drugs were prescribed within a twelve (12) month period preceding the Effective Date of coverage for that Covered Person. A Pre-Existing Condition can exist even though a diagnosis has not yet been made.

Sickness means sickness or disease of a Covered Person that first produces a clear or obvious symptom after the Effective Date of coverage for that Covered Person, while the Policy is in force and which is not excluded in this Policy.

U.S. Government Hospital means a Hospital which:

1. is operated by or for the United States Government; and,
2. does not charge for its room, board and medical services.

Waiting Period means the first thirty (30) days following the Effective Date of a Covered Person's coverage.

We, Us, Our, Company means Washington National Insurance Company.

You, Your, Yourself means the Policyowner named in the Policy Schedule.

Covered Person means the person(s) named as a Covered Person on the Policy Schedule.

1. if this is Individual coverage, only You;
2. if this is Individual plus Spouse coverage, You and Your Spouse;
3. if this is Individual plus Children coverage, You and Your Children;
4. if this is Family coverage, You, Your Spouse and Children.

Spouse means the insurable person named as spouse on the application and legally married to You on the Effective Date of this Policy.

Child(ren) means Your and Your Spouse's natural child, step-child, legally adopted child, child placed with You for adoption, foster child(ren), or court appointed guardianship/order/administrative order of a child, who:

1. is insurable and named on the application;
2. is chiefly dependent on You or Your Spouse for support; and,
3. has not attained the Limiting Age, which is 26.

Covered Children who become mentally or physically handicapped prior to the Limiting Age and cannot support themselves because of their handicap may continue to be covered. We must be provided with proof of the child's incapacity and dependency no more than thirty-one (31) days after the child attains the Limiting Age. Thereafter, such proof must be provided at Our request, but not more frequently than annually after the second Policy year following the attainment of the Limiting Age.

A child's coverage will terminate on the date on which that child ceases to meet any of the above conditions. It is Your responsibility to notify Us when a child ceases to meet the above conditions. Our acceptance of Premium after this date is considered as Premium only for the remaining persons who qualify under this Policy.

Newborn children, including adopted newborns, are covered from the moment of birth. Benefits for newborns will be paid for the necessary care and treatment of medically diagnosed congenital defects, birth abnormalities and prematurity due to a Covered Sickness or a Covered Accident. Benefits are not payable for normal, newborn childcare.

A child(ren) placed for adoption, a foster child(ren), or court appointed guardianship of a child(ren) after the Effective Date of this Policy will be covered from the date of placement; Pre-Existing Condition limitations and exclusions will not apply. Coverage on a child for whom adoption proceedings have been filed will terminate on the date such proceedings are terminated and the child is removed from placement. We will not cover any child who is ultimately not placed in Your or Your Spouse's home.

To add a newborn child, child(ren) placed for adoption, foster child(ren), or court appointed guardianship of a child(ren) the following information will be needed within thirty-one (31) days of the date of birth or the date of placement:

1. written notice including the child's name and date of birth; and,
2. any additional Premium, if required.

SECTION 2: PREMIUMS

PAYMENT OF PREMIUMS: The first Premium is due on the Effective Date of this Policy. Each Premium after the first is due on the last day of the term for which the most recent Premium was paid and must be accepted by Us at Our Home Office.

This Policy will not be in force until the first Premium is accepted by Us. If We accept a Premium, this Policy will continue in force until the end of the term for which that Premium was due.

The amount of the Premium is shown in the Policy Schedule and is based on Your initial mode of payment. The amount of each Premium after the first is based on Your then current mode of payment and the Premium then being charged for Policies of this form number and Class issued in the same state. If You do not pay Your Premium when due or within the Grace Period, coverage under this Policy will terminate.

Exception: During the time, if any, that it is agreed between You and Us that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, Premium is due in Our Home Office on the due date indicated in the billing provided to the administrator coordinating Premium payments on Your behalf.

TRANSFER FROM PAYROLL DEDUCTION: If this Policy was issued on a payroll deduction payment method as designated in Your application and if, after at least one Premium payment, Premiums cease to be remitted through a valid payroll group, You may continue Your insurance by remitting Premium through one of Our other payment methods then available.

Currently, Our other payment methods include:

1. monthly deduction from a checking or savings account; and,
2. direct bill for an annual, or semi-annual premium.

The Premium rate will not be changed because of this transfer.

GRACE PERIOD: A grace period of thirty-one (31) days is granted for the payment of each Premium falling due after the first Premium. During the grace period, the Policy will stay in force contingent upon the Premium being received by the end of the grace period. The Policy will terminate on the due date of the unpaid Premium if You do not pay the Premium by the end of the grace period. A grace period is not provided if You send Us notice to terminate the Policy prior to a Premium due date.

REINSTATEMENT: If the Policy terminates because the required Premiums have not been paid, We may allow You to reinstate this Policy. Later acceptance of the required Premium by Us without requiring an application for reinstatement will reinstate this Policy as of the date We received the required Premium. If We require You to complete an application for reinstatement, it must be submitted to Us. Reinstatement of this Policy is subject to approval by Us.

The reinstated Policy will cover only Loss resulting from a Covered Accident sustained on or after the date of reinstatement and Loss resulting from a Covered Sickness that begins more than ten (10) days after the date of reinstatement. In all other respects, both Your rights and Ours will remain the same as existed immediately before the date of the termination, subject to any provision noted on or attached to the reinstated Policy.

SECTION 3: CLAIMS

NOTICE OF CLAIM: Written notice of claim must be given to Us within sixty (60) days after the start of a Loss or as soon as reasonably possible. The notice must be sent to Us at Our Home Office. The notice should include Your name, the Covered Person's name for whom the claim is being filed and the Policy number.

CLAIM FORMS: When We receive written notice of a claim, We will send forms for filing Proof of Loss. If We do not send these forms within fifteen (15) days, You will meet the Proof of Loss requirements by giving Us a written statement of the nature and extent of the Loss within the time stated in the Proof of Loss provision.

PROOF OF LOSS: You must give satisfactory written Proof of Loss to Us at Our Home Office within ninety (90) days after the Loss for which You are seeking benefits. If it is not reasonably possible to give written Proof of Loss in the time required, We will not reduce or deny benefits for this reason if the Proof of Loss is filed as soon as reasonably possible. However, the Proof of Loss required must be given no later than one (1) year and ninety (90) days from the date proof is otherwise required, unless You were legally incapacitated during that time.

One or more of the following together with Your written statement may be required as Proof of Loss:

1. completed Company claim forms;
2. marriage certificate and death certificate;
3. a pathologist's report;
4. a Physician's statement;
5. itemized bills for services rendered;
6. Hospital, medical and Physician records;
7. autopsy report;
8. medical and pharmaceutical receipts; and,
9. any additional information that may be necessary.

TIME OF PAYMENT OF CLAIMS: Benefits payable under this Policy will be paid as soon as We receive proper written Proof of Loss.

PAYMENT OF CLAIMS: Benefits will be paid to You. Any benefits unpaid at the time of Your death will be paid in the following order: (1) Beneficiary, if any; or (2) Your estate.

OVERPAYMENT OF CLAIM: We reserve the right to recover any overpayment of claims or benefits. We can request the overpayment to be repaid in a lump sum to the Company; or, We can reduce a future claim payment(s) by the amount of the overpayment. In the event of Your death, We may request the overpayment to be repaid to the Company from Your estate.

PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have You examined as often as reasonably necessary while a claim is pending. We can require an autopsy where not forbidden by law. Either will be done at Our expense.

LEGAL ACTION: No legal action can be taken against Us to receive benefits under this Policy:

1. within sixty (60) days after written Proof of Loss has been furnished in accordance with the requirements of this Policy; or,
2. after the expiration of the applicable statute of limitations from the time written proof is required to be given.

SECTION 4: GENERAL PROVISIONS

ENTIRE CONTRACT: The entire contract of insurance consists of:

1. this Policy;
2. the Policy Schedule;
3. the Benefit Schedule(s);
4. any attached amendment(s), rider(s) or endorsement(s); and,
5. the application and any supplemental application(s).

WRITTEN STATEMENTS: In the absence of fraud, all statements made by You or any Covered Person will be considered representations and not warranties. No written statement made by You or a Covered Person will be used in any contest unless a copy of the statement is furnished to You, Your Beneficiary or a personal representative of Yours.

POLICY CHANGES: No change to this Policy is valid unless it is in writing, signed by one of Our officers and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

CHANGE OF BENEFICIARY: You can contact Us to change the Beneficiary at any time. The request must be in writing, received by Us at Our Home Office, and the change must be approved by Us. If approved, it will go into effect the day You sign the request. The change will not have any bearing on payments made or other action taken before We receive and approve the request.

ADDING ADDITIONAL COVERED PERSONS: You may be able to add a spouse or child(ren) to this Policy as a Covered Person, subject to the Covered Person definition. To do so, We must receive: (1) an application for the spouse or child(ren); (2) evidence satisfactory to Us that the person is eligible and insurable; and, (3) payment of any additional Premium for that person. If the application is approved, We will notify You of the date the added person's coverage becomes effective.

TERM: The first term begins at 12:00 noon Standard Time at Your address on the Effective Date shown on the Policy Schedule. The first term ends at 12:00 noon Standard Time on the next following Premium due date. After the first term, each subsequent term begins at 12:00 noon Standard Time on the date the previous term ends. Each subsequent term ends at 12:00 noon Standard Time on the next following Premium due date. After the first Premium, Premium due dates are determined by Your mode of payment which is shown on the Policy Schedule.

CANCELLATION OF COVERAGE: You may request cancellation of this Policy at any time. You may also cancel any coverage provided to a Covered Person at any time. The request must be in writing and sent to Us at Our Home Office. Cancellation will become effective on the day We receive the request, or on a later date specified in the request.

Cancellation will not prejudice a claim for Loss incurred prior to cancellation, provided that any such claim for Loss shall be subject to the terms of this Policy, including without limitation the Notice of Claim and Proof of Loss provision.

REFUND OF UNEARNED PREMIUM: We will return the unearned portion of Premium when either written notice of cancellation is received or upon receipt of written proof of death of a Covered Person. In the event of Your death, We will return the unearned portion of any paid Premium to Your estate.

CONTINUATION: If You die, the Covered Spouse may elect to continue coverage. A written request for continuation and the appropriate Premium must be sent to Us within sixty (60) days of Your death. The Policy will be terminated if the written request and appropriate Premium are not received by Us within sixty (60) days of Your death.

CONVERSION PRIVILEGE: If coverage terminates for reasons other than non-payment of Premium, if coverage of a Covered Person terminates due to divorce, or if a Child's coverage terminates due to marriage or reaching the Limiting Age, such Covered Person may convert to a separate policy without having to provide Us with evidence of insurability. Obtaining the converted policy is subject to the following conditions:

1. a request in writing for the converted policy must be made to Us within thirty-one (31) days after the coverage under this Policy terminates;
2. the applicable premium must be paid. This premium will be based upon the person's age and level of benefits;
3. any benefit amounts paid for a person under this Policy will be applied to benefit limits under the converted policy; and,
4. the effective date of the converted coverage will be the date coverage terminates under this Policy.

Another thirty (30) day Waiting Period is not required except to the extent that such period has not been met under this Policy.

If the conversion is due to divorce, covered Children may only be covered under one policy.

The new coverage will provide the same benefits as provided in this Policy. All benefits accrued under this Policy will be credited to the new coverage with the exception of any premium returning benefit. The new coverage is subject to any limitations or exclusions which applied to this Policy. In addition, any benefit amounts paid under this Policy will be applied to benefit limits under the new coverage.

TIME LIMIT ON CERTAIN DEFENSES: After two (2) years from the Effective Date of this Policy no misstatements, except fraudulent misstatements, made in the application for the Policy will be used to void the Policy or to deny a claim for Loss incurred commencing after the expiration of the two (2) year period.

With respect to statements in any application requesting reinstatement, We rely on the statements made in that application when reinstating the Policy. After this Policy has been in force for two (2) years from the reinstatement date, We cannot void it or deny a claim for Loss incurred commencing after such time because of any misstatements in the application, except fraudulent misstatements.

After the Policy has been in force for the pre-existing condition period of twelve (12) months described in the definition of Pre-Existing Condition, We will pay benefits for Loss as a result of a Pre-Existing Condition not excluded by name or specific description if the Loss began after the pre-existing condition period of twelve (12) months.

MISSTATEMENT OF AGE: If any age is misstated in the application, the benefits will be such as the Premium paid would have been if purchased at the correct age. If based on the correct age We would not have issued this Policy, Our only responsibility will be to refund any excess Premium paid.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the Issue State shown in the Policy Schedule is amended to conform to the minimum requirements of such laws.

CHOICE OF LAW: This insurance Policy and claims arising under it are governed by the laws of the Issue State shown in the Policy Schedule, exclusive of such state's choice of laws provisions.

SECTION 5: LIMITATIONS AND EXCLUSIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from any of the following:

Cosmetic or Plastic Surgery: Surgery that is not for the diagnosis or treatment of a Covered Sickness or a Covered Accident, or considered medically necessary, or resulting from, directly or indirectly, any complications of cosmetic or plastic surgery, including but not limited to, the following: Abdominoplasty (tummy tuck); Mammoplasty (breast modification); Rhinoplasty (nose job); or Suction Assisted Lipectomy (liposuction).

Dental Procedures: Treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident and is considered medically necessary.

Elective Surgery: Surgery that is not for the diagnosis or treatment of a Covered Sickness or a Covered Accident, or considered medically necessary, or resulting from, directly or indirectly, any complications of elective surgery, including but not limited to, the following: gastric bypass surgeries; voluntary abortion (except where the Covered Person would be endangered if the fetus were carried to term or where medical complications have arisen from abortion); or sex change.

Flying: Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft including those which are not motor-driven.

Hazardous Activities: Including but not limited to: Hang gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, rock climbing, scuba diving, mountaineering, or similar activities.

Illegal Acts: Participating or attempting to participate in an illegal act or working at an illegal job.

Intoxication: Being legally intoxicated as defined by the legal limits in the jurisdiction where the Loss occurred, or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a Physician.

Mental Disorder: Having a behavioral or psychological disorder, disease or syndrome, without demonstrable organic origin.

Newborn Care: We will not pay for a separate charge made for the newborn's stay in a nursery as a result of a normal delivery.

Pregnancy: Normal pregnancy beginning on or after the Effective Date of coverage or childbirth that occurs within the first ten (10) months after the Effective Date of coverage; or, a Cesarean delivery that is not the result of complications of pregnancy. Loss due to complications of pregnancy will be paid the same as for any other covered benefit.

Pregnancy of a Dependent Child: A pregnancy of a dependent child will not be covered. Loss due to complications of pregnancy will be paid the same as for any other covered benefit.

Racing: Riding in or driving any motor-driven vehicle in a race, stunt show or speed test; or while testing any vehicle on any race course or speedway.

Self-Inflicted Injuries: Injuring or attempting to injure yourself intentionally, regardless of mental capacity.

Substance Abuse: Alcoholism, drug abuse, or chemical dependency.

Suicide: Committing or attempting to commit suicide, regardless of mental capacity.

Sports: Participating in any sporting event for pay or prize money.

Travel/Location: Being more than forty (40) miles outside the territorial limits of the United States, Canada, and Puerto Rico.

Vision Procedures: Routine vision exams or vision procedures, unless treatment is the result of a Covered Accident and is considered medically necessary.

War/Military Service: Being exposed to war or any act of war, declared or not, or participating in or contracting with the Armed Forces (including Coast Guard) of any country or international authority. Acts of terrorism are excluded from the definition of war.

Pre-Existing Condition Limitation: No benefits are payable for a Covered Person with a Pre-Existing Condition during the first twelve (12) months after the Effective Date of coverage for that Covered Person. See the definition for Pre-Existing Condition in the definition section.

Waiting Period Limitation: No benefits are payable for any Covered Sickness that is diagnosed, treated or produces a clear or obvious symptom during the Waiting Period for the first twelve (12) months after the Effective Date of coverage for that Covered Person. See the Waiting Period limitation on the first page of this Policy and the definition in the definition section.

SECTION 6: WAIVER OF PREMIUM

After You are Hospital Confined as an Inpatient for a Covered Sickness or a Covered Accident for a period of more than thirty (30) consecutive days, this benefit will begin on the thirty-first (31st) day for any period of uninterrupted continuation of that Inpatient Hospital Confinement and end on the earlier of (1) discharge from the Hospital or U.S. Government Hospital, or (2) twelve (12) months of uninterrupted continuous Inpatient Hospital Confinement. This period, if any, is referred to as the Waiver Period. We will waive the Premium payments for this Policy and any attached rider(s) that fall due during the Waiver Period. When You submit proof of Your Inpatient Hospital Confinement, including dates, Premiums will be waived on a maximum of a month by month basis during the Waiver Period no matter Your then current mode of payment of Premium.

You must pay all Premiums to keep this Policy and any attached rider(s) in force until You have been Hospital Confined as an Inpatient for more than thirty (30) consecutive days and the waiver benefit becomes effective. When a Waiver Period ends, Premium payment must be resumed.

Any later Inpatient Hospital Confinement after a Waiver Period ends, whether due to a Covered Sickness or a Covered Accident, must again satisfy the thirty (30) consecutive day requirement before this benefit begins anew.

This benefit is only available for the Policyowner and not any other Covered Person.

SECTION 7: BENEFITS

ELIGIBILITY: Subject to the terms of this Policy, including without limitation the Pre-Existing Condition limitation, Waiting Period limitation and all other limitations and exclusions, a Covered Person will be eligible for benefits under this Policy if:

1. the Loss is incurred while the Covered Person is covered by this Policy;
2. the Loss is incurred after the Covered Person's Effective Date of coverage; and,
3. the Loss is not excluded by name or specific description in this Policy.

A charge is not required when a Covered Person is Hospital Confined in a U.S. Government Hospital or receives services in a U.S. Government Hospital.

ADDITIONAL DEFINITION:

Intensive Care Unit means a specifically designated unit of a Hospital or U.S. Government Hospital which:

1. is licensed and operated pursuant to law as an Intensive Care Unit or coronary care unit;
2. is separate and apart from other areas;
3. provides the highest level of acute medical care;
4. is restricted to critically ill or injured patients;
5. is permanently equipped with special life-saving ventilating equipment, EKG and invasive and non-invasive hemodynamic monitoring equipment; and,
6. is under constant and continuous observation by specially trained nursing staff assigned exclusively to that area.

An Intensive Care Unit is not:

1. a step-down unit;
2. a progressive care unit;
3. a sub-acute intensive care unit;
4. an intermediate care unit;
5. an observation unit;
6. a bed, ward, private or semi-private room with or without monitoring equipment;
7. an emergency room;
8. a surgical recovery room;
9. a bone marrow transplant unit; or,
10. a telemetry unit.

HOSPITAL CONFINEMENT LUMP SUM BENEFIT: For the first day a Covered Person is Hospital Confined as an Inpatient for any Covered Sickness or any Covered Accident, We will pay the benefit amount as shown on the Benefit Schedule. This benefit is limited to one (1) day per Calendar Year per Covered Person.

This benefit is reset each January 1st. If a Hospital Confinement continues uninterrupted without discharge from one (1) Calendar Year to the next, no Hospital Confinement Lump Sum Benefit shall be payable for any day of that Hospital Confinement in the later Calendar Year. Upon discharge, for a benefit to be payable in the later Calendar Year, a Hospital Confinement for any Covered Sickness or any Covered Accident must begin more than thirty (30) days after the discharge.

DAILY HOSPITAL BENEFIT: We will pay the amount shown on the Benefit Schedule per day when a Covered Person is Hospital Confined receiving treatment due to a Covered Sickness or a Covered Accident.

For a Period of Confinement, We will pay this benefit for up to 365 days per Covered Person. Periods of Confinement separated by thirty (30) days or less are considered the same Period of Confinement.

INTENSIVE CARE UNIT CONFINEMENT BENEFIT: We will pay the amount shown on the Benefit Schedule for each day that a Covered Person is Hospital Confined to an Intensive Care Unit due to a Covered Sickness or a Covered Accident. However, We will pay for no more than a maximum of thirty (30) days per Period of Confinement for this benefit. This benefit is in addition to the Daily Hospital Benefit.

Periods of Confinement separated by thirty (30) days or less are considered the same Period of Confinement.

ADDITIONAL DEFINITIONS:

Ambulatory Surgical Facility means a specifically designated facility that is owned or operated by a Hospital or U.S. Government Hospital which:

1. is licensed and operated as an Ambulatory Surgical Facility, pursuant to law;
2. provides surgical services for injured and sick people on an outpatient basis for which a charge is made;
3. is supervised by one or more Physicians;
4. provides nursing services supervised by or under a registered graduate Nurse (RN); and,
5. provides on-site or prearranged use of x-ray equipment and laboratory facilities.

An Ambulatory Surgical Facility is not a facility that functions as a/an:

1. skilled nursing facility;
2. nursing home;
3. extended care facility;
4. convalescent home;
5. rest home, or a home for the aged;
6. sanatorium;
7. Rehabilitation Facility;
8. Physician's office;
9. place primarily providing care for alcoholics or drug addicts; or
10. facility for the care and treatment of mental disease or mental disorders.

Emergency Room (ER) means a medical unit in a specified area of a Hospital or U.S. Government Hospital that is designated for emergency care of sickness or accidental injury. This specified area is supervised and has treatments provided by Physicians, is staffed and equipped to handle emergency care and provides emergency care seven (7) days a week, twenty-four (24) hours a day.

Emergency Room does not mean an immediate care facility or Urgent Care Facility or facilities that provide similar service:

Observation Unit means a specified unit within a Hospital or U.S. Government Hospital, apart from the Emergency Room, where a patient can be monitored by a Physician; and which:

1. is under the direct supervision of a Physician or registered graduate Nurse (RN);
2. is staffed by Nurses assigned specifically to that unit; and
3. provides care seven (7) days per week, twenty-four (24) hours per day.

Rehabilitation Facility means a facility, or a unit of a Hospital or U.S. Government Hospital, which:

1. is licensed and operated as a Rehabilitation Facility, pursuant to law;
2. provides care of injured and sick people on an inpatient basis for which a charge is made; and,
3. is supervised by one or more Physicians.

A Rehabilitation Facility is not a facility that functions as a/an:

1. skilled nursing facility;
2. nursing home;
3. extended care facility;
4. convalescent home;
5. rest home, or a home for the aged;
6. sanatorium;
7. facility primarily affording custodial or educational care;
8. place primarily providing care for alcoholics or drug addicts; or,
9. facility for the care and treatment of mental disease or mental disorders.

Urgent Care Facility means a free-standing facility, by whatever actual name it may be called, which is engaged primarily in providing minor emergency and episodic medical care.

HOSPITAL CONFINEMENT LUMP SUM BENEFIT: For the first day a Covered Person is Hospital Confined as an Inpatient for any Covered Sickness or any Covered Accident, We will pay the benefit amount as shown on the Benefit Schedule. This benefit is limited to one (1) day per Calendar Year per Covered Person.

This benefit is reset each January 1st. If a Hospital Confinement continues uninterrupted without discharge from one Calendar Year to the next, no Hospital Confinement Lump Sum Benefit shall be payable for any day of that Hospital Confinement in the later Calendar Year. Upon discharge, for a benefit to be payable in the later Calendar Year, a Hospital Confinement for any Covered Sickness or any Covered Accident must begin more than thirty (30) days after the discharge.

HOSPITAL OUTPATIENT BENEFIT: We will pay the amount shown on the Benefit Schedule per day when a Covered Person is in a Hospital or U.S. Government Hospital for less than twenty-three (23) hours due to a Covered Sickness or a Covered Accident. This benefit includes Observation Units and Ambulatory Surgical Facilities. This benefit is limited to two (2) days per Calendar Year per Covered Person.

This benefit is not payable for the same day as the Emergency Room Benefit is payable.

EMERGENCY ROOM BENEFIT: For any day a Covered Person is admitted to an Emergency Room or visits an Urgent Care Facility for a Covered Sickness or a Covered Accident, We will pay the amount shown on the Benefit Schedule per day. This benefit is limited to two (2) days per Calendar Year per Covered Person. Admission to the Emergency Room or a visit to an Urgent Care Facility for a Covered Accident must occur within seventy-two (72) hours of the Covered Accident. This benefit is not payable for the same day as any Hospital Outpatient Benefit is payable.

REHABILITATION FACILITY BENEFIT: We will pay this benefit if a Covered Person is Hospital Confined due to a Covered Sickness or a Covered Accident and the Covered Person is transferred to a Rehabilitation Facility by Physician's order as the direct result of the Covered Sickness or Covered Accident. The transfer must be within twenty-four (24) hours after discharge from the Hospital Confinement.

In the event of such a transfer, We will pay the amount shown on the Benefit Schedule for each day a Covered Person receives rehabilitation services in the Rehabilitation Facility due to the Covered Sickness or Covered Accident, subject to the following limits. This benefit is limited to a maximum of 15 days per Period of Confinement for a Covered Person. This benefit has a maximum of thirty (30) days per Calendar Year per Covered Person. This benefit does not include outpatient rehabilitation services.

If a Covered Person is Hospital Confined within thirty (30) days for the same Covered Sickness or Covered Accident, then that later confinement will be considered a continuation and part of the prior Period of Confinement.

Any benefits under this Policy for confinement in a Rehabilitation Facility are payable only under this Rehabilitation Facility Benefit provision.

**HOSPITAL INDEMNITY
BENEFIT SCHEDULE**

This is a summary of benefits included in Your Policy. Please read Your entire Policy for further explanations and limitations.

Hospital Confinement Lump Sum	[\$XXXX] once per Calendar Year
Daily Hospital	\$100 per day up to 365 days per Period of Confinement
Intensive Care Unit Confinement	\$50 per day up to 30 days per Period of Confinement

SPECIMEN
Plan 1 & 2

HOSPITAL INDEMNITY BENEFIT SCHEDULE

This is a summary of benefits included in Your Policy. Please read Your entire Policy for further explanations and limitations.

Hospital Confinement Lump Sum	[\$XXXX] once per Calendar Year
Hospital Outpatient	\$100 per day for up to 2 days per Calendar Year
Emergency Room	\$100 per day up to 2 days per Calendar Year
Rehabilitation Facility	\$100 per day up to 15 days per Period of Confinement limited to 30 days per Calendar Year

SPECIMEN
Plan 3 & 4

Optional riders

WELLNESS AND DIAGNOSTIC BENEFITS RIDER

The Policyowner may call 1-800-888-4918 to present inquiries, obtain information about coverage or to receive assistance in resolving complaints.

This Rider is a part of the Policy to which it is attached. That Policy is called "the Policy " in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of: (1) the statements made in the application; and (2) the advance payment of the Premium. This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION

This Rider is continued at the same time and under the same terms as the Policy and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as premium rates for the Policy. This Rider will terminate on the earliest of: (1) the date the Policy terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy.

REINSTATEMENT

This Rider may be reinstated subject to the terms of the Policy to which it is attached.

The reinstated Rider will cover only loss resulting from a Covered Accident sustained on or after the date of reinstatement and Loss resulting from a Covered Sickness that begins more than ten (10) days after the date of reinstatement.

We reserve the right to make changes in this Rider before We reinstate it. Any changes will be noted on or attached to the reinstated Rider. In every other way, Your rights and Our rights will be the same as existed immediately prior to termination.

TIME LIMIT ON CERTAIN DEFENSES

We rely on the statements made in the application when issuing this Rider. After this Rider has been in force for You for two (2) years, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the application, except fraudulent misstatements. The time limit on certain defenses period is from the Effective Date of the Policy, unless this Rider is added at a later date. If this Rider is added at a later date, the time limit on certain defenses is from the Effective Date of this Rider as shown on the Policy Schedule. With respect to statements in any application requesting reinstatement, We rely on the statements made in that application when reinstating this Rider. After this Rider has been in force for two (2) years from the reinstatement date, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the application, except fraudulent misstatements.

DEFINITIONS

Ambulatory Surgical Facility means a specifically designated facility that is owned or operated by a Hospital or U.S. Government Hospital which:

1. is licensed and operated as an Ambulatory Surgical Facility, pursuant to law;
2. provides surgical services for injured and sick people on an outpatient basis for which a charge is made;
3. is supervised by one or more Physicians;
4. provides nursing services supervised by or under a registered graduate Nurse (RN); and,
5. provides on-site or prearranged use of x-ray equipment and laboratory facilities.

An Ambulatory Surgical Facility is not a facility that functions as a/an:

1. skilled nursing facility;
2. nursing home;
3. extended care facility;
4. convalescent home;
5. rest home, or a home for the aged;
6. sanatorium;
7. rehabilitation facility;
8. Physician's office;
9. place primarily providing care for alcoholics or drug addicts; or,
10. facility for the care and treatment of mental disease or mental disorders.

Loss means a Covered Accident or a Covered Sickness for which a charge is made that occurs while this Rider is in force, while all eligibility requirements are met, and for which benefits may be payable under this Rider.

Pre-Existing Condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of coverage for that Covered Person or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician or for which prescription drugs were prescribed within a twelve (12) month period preceding the Effective Date of coverage for that Covered Person. A Pre-Existing Condition can exist even though a diagnosis has not yet been made. If this Rider is added at a later date, the pre-existing condition is from the Effective Date of this Rider as shown on the Policy Schedule.

Tele-Medicine means clinical health care services supervised by a Physician by means of interactive two-way audio and visual communication. Tele-Medicine does not include delivery of clinical health care services through an audio-only telephone, electronic mail message, or facsimile transmission.

Urgent Care Facility means a free-standing facility, by whatever actual name it may be called, which is engaged primarily in providing minor emergency and episodic medical care.

Waiting Period means the first thirty (30) days following the Effective Date of the Covered Person's coverage under this Rider. If this Rider is added at a later date, the Waiting Period is from the Effective Date of this Rider as shown on the Policy Schedule for that Covered Person.

BENEFITS

ELIGIBILITY: Subject to the terms of the Policy and this Rider, including without limitation the Pre-Existing Condition limitation, Waiting Period limitation and all other limitations and exclusions, a Covered Person will be eligible for benefits under this Rider if:

1. the Loss is incurred while the Covered Person is covered by this Rider;
2. the Loss is incurred after the Covered Person's Effective Date of coverage; and,
3. the Loss is not excluded by name or specific description in this Rider.

A charge is not required when a Covered Person receives services in a U.S. Government Hospital.

PHYSICIAN'S OFFICE VISIT BENEFIT: For any day a Covered Person goes to a Physician's office appointment, including a Tele-Medicine visit, We will pay \$25 per day. This benefit covers appointments for a Covered Accident, a Covered Sickness or routine wellness exams.

This benefit is limited to: (1) if this is Individual coverage, three (3) days per Calendar Year; and (2) if this is Individual plus Child(ren), Individual plus Spouse, or Family coverage, this benefit is limited to three (3) days per Covered Person per Calendar Year with a maximum of six (6) days per Calendar Year. This benefit pays only once per day regardless of the number of appointments on that day.

LABORATORY TEST AND X-RAY BENEFIT: For any day a Covered Person has laboratory testing or x-ray, ordered by a Physician, for a Covered Sickness or a Covered Accident, We will pay \$50 per day. The laboratory testing or x-ray must be performed at a Hospital, U.S. Government Hospital, a medical diagnostic imaging center, a Physician's office, an Urgent Care Facility or an Ambulatory Surgical Facility.

This benefit is limited to: (1) if this is Individual coverage, three (3) days per Calendar Year; and (2) if this is Individual plus Child(ren), Individual plus Spouse, or Family coverage, this benefit is limited to three (3) days per Covered Person per Calendar Year with a maximum of six (6) days per Calendar Year. This benefit pays only once per day regardless of the number of laboratory tests or x-rays performed on that day.

This benefit is not payable for the exams as listed under the Imaging Benefit or the Diagnostic Benefit.

IMAGING BENEFIT: For any day a Covered Person has one (1) of the following exams, ordered by a Physician, for a Covered Sickness or a Covered Accident, We will pay \$100 per day. The following exams are the only exams included in this benefit: computed tomography (CT scan, CAT scan), magnetic resonance imaging (MRI), electroencephalogram (EEG), thallium stress test, myelogram, angiogram, or arteriogram. Any of these exams must be performed at a Hospital, U.S. Government Hospital, a medical diagnostic imaging center, a Physician's office, an Urgent Care Facility or an Ambulatory Surgical Facility.

This benefit is limited to: (1) if this is Individual coverage, three (3) days per Calendar Year; and (2) if this is Individual plus Child(ren), Individual plus Spouse, or Family coverage, this benefit is limited to three (3) days per Covered Person per Calendar Year with a maximum of six (6) days per Calendar Year. This benefit pays only once per day regardless of the number of exams performed on that day.

This benefit is not payable for a Laboratory Test or X-Ray which are only payable under the Laboratory Test and X-Ray Benefit or the exams as listed under the Diagnostic Benefit.

DIAGNOSTIC BENEFIT: For any day a Covered Person has one (1) of the following exams, ordered by a Physician, for a Covered Sickness or a Covered Accident, We will pay \$100 per day. The following exams are the only exams included in this benefit: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, endoscopy, esophagoscopy, gastroscopy, laparoscopy, laryngoscopy, or sigmoidoscopy. Any of these must be performed at a Hospital, U.S. Government Hospital, or an Ambulatory Surgical Center.

This benefit is limited to: (1) if this is Individual coverage, three (3) days per Calendar Year; and (2) if this is Individual plus Child(ren), Individual plus Spouse, or Family coverage, this benefit is limited to three (3) days per Covered Person per Calendar Year with a maximum of six (6) days per Calendar Year. This benefit pays only once per day regardless of the number of exams performed on that day.

This benefit is not payable for a Laboratory Test or X-Ray which are only payable under the Laboratory Test and X-Ray Benefit or the exams as listed under the Imaging Benefit.

LIMITATIONS AND EXCLUSIONS:

We will not pay benefits for Loss contributed to, caused by, or resulting from:

Pre-Existing Condition Limitation: No benefits are payable for a Covered Person with a Pre-Existing Condition during the first twelve (12) months after the Effective Date of coverage for that Covered Person. See the definition for Pre-Existing Condition in the definition section of this Rider.

Waiting Period Limitation: No benefits are payable for any Covered Sickness that is diagnosed, treated or produces a clear or obvious symptom during the Waiting Period for the first twelve (12) months after the Effective Date of coverage for that Covered Person. See the Waiting Period limitation on the first page of the Policy and the definition in the definition section of this Rider.

Secretary

SUPPLEMENTAL BENEFITS RIDER

The Policyowner may call 1-800-888-4918 to present inquiries, obtain information about coverage or to receive assistance in resolving complaints.

This Rider is a part of the Policy to which it is attached. That Policy is called "the Policy " in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of: (1) the statements made in the application; and (2) the advance payment of the Premium. This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION

This Rider is continued at the same time and under the same terms as the Policy and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as premium rates for the Policy. This Rider will terminate on the earliest of: (1) the date the Policy terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy.

REINSTATEMENT

This Rider may be reinstated subject to the terms of the Policy to which it is attached.

The reinstated Rider will cover only loss resulting from a Covered Accident sustained on or after the date of reinstatement and Loss resulting from a Covered Sickness that begins more than ten (10) days after the date of reinstatement.

We reserve the right to make changes in this Rider before We reinstate it. Any changes will be noted on or attached to the reinstated Rider. In every other way, Your rights and Our rights will be the same as existed immediately prior to termination.

TIME LIMIT ON CERTAIN DEFENSES

We rely on the statements made in the application when issuing this Rider. After this Rider has been in force for You for two (2) years, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the application, except fraudulent misstatements. The time limit on certain defenses period is from the Effective Date of the Policy, unless this Rider is added at a later date. If this Rider is added at a later date, the time limit on certain defenses is from the Effective Date of this Rider as shown on the Policy Schedule. With respect to statements in any application requesting reinstatement, We rely on the statements made in that application when reinstating this Rider. After this Rider has been in force for two (2) years from the reinstatement date, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the application, except fraudulent misstatements.

DEFINITIONS

Ambulatory Surgical Facility means a specifically designated facility that is owned or operated by a Hospital or U.S. Government Hospital which:

1. is licensed and operated as an Ambulatory Surgical Facility, pursuant to law;
2. provides surgical services for injured and sick people on an outpatient basis for which a charge is made;
3. is supervised by one or more Physicians;
4. provides nursing services supervised by or under a registered graduate Nurse (RN); and,
5. provides on-site or prearranged use of x-ray equipment and laboratory facilities.

An Ambulatory Surgical Facility is not a facility that functions as a/an:

1. skilled nursing facility;
2. nursing home;
3. extended care facility;
4. convalescent home;
5. rest home, or a home for the aged;
6. sanatorium;
7. Rehabilitation Facility;
8. Physician's office;
9. place primarily providing care for alcoholics or drug addicts; or,
10. facility for the care and treatment of mental disease or mental disorders.

Benefit Schedule means for the purposes of this Rider, the Benefit Schedule issued with this Rider.

Intensive Care Unit means a specifically designated unit of a Hospital or U.S. Government Hospital which:

1. is licensed and operated pursuant to law as an Intensive Care Unit or coronary care unit;
2. is separate and apart from other areas;
3. provides the highest level of acute medical care;
4. is restricted to critically ill or injured patients;
5. is permanently equipped with special life-saving ventilating equipment, EKG and invasive and non-invasive hemodynamic monitoring equipment; and,
6. is under constant and continuous observation by specially trained nursing staff assigned exclusively to that area.

An Intensive Care Unit is not:

1. a step-down unit;
2. a progressive care unit;
3. a sub-acute intensive care unit;
4. an intermediate care unit;
5. an Observation Unit;
6. a bed, ward, private or semi-private room with or without monitoring equipment;
7. an emergency room;
8. a surgical recovery room;
9. a bone marrow transplant unit; or,
10. a telemetry unit.

Loss means a Covered Accident or a Covered Sickness for which a charge is made that occurs while this Rider is in force, while all eligibility requirements are met, and for which benefits may be payable under this Rider.

Observation Unit means a specified unit within a Hospital or U.S. Government Hospital, apart from the Emergency Room, where a patient can be monitored by a Physician; and which:

1. is under the direct supervision of a Physician or registered graduate Nurse (RN);
2. is staffed by Nurses assigned specifically to that unit; and
3. provides care seven (7) days per week, twenty-four (24) hours per day.

Pre-Existing Condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of coverage for that Covered Person or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician or for which prescription drugs were prescribed within a twelve (12) month period preceding the Effective Date of coverage for that Covered Person. A Pre-Existing Condition can exist even though a diagnosis has not yet been made. If this Rider is added at a later date, the pre-existing condition is from the Effective Date of this Rider as shown on the Policy Schedule.

Rehabilitation Facility means a facility, or a unit of a Hospital or U.S. Government Hospital, which:

1. is licensed and operated as a Rehabilitation Facility, pursuant to law;
2. provides care of injured and sick people on an inpatient basis for which a charge is made; and,
3. is supervised by one or more Physicians.

A Rehabilitation Facility is not a facility that functions as a/an:

1. skilled nursing facility;
2. nursing home;
3. extended care facility;
4. convalescent home;
5. rest home, or a home for the aged;
6. sanatorium;
7. facility primarily affording custodial or educational care;
8. place primarily providing care for alcoholics or drug addicts; or,
9. facility for the care and treatment of mental disease or mental disorders.

Relative Values for Physicians (RVP) means the publication by the Centers for Medicare and Medicaid Services used to determine the value of a surgical procedure. If the Relative Value for Physicians publication is discontinued, the Company will choose a similar publication to be used.

Waiting Period means the first thirty (30) days following the Effective Date of the Covered Person's coverage under this Rider. If this Rider is added at a later date, the Waiting Period is from the Effective Date of this Rider as shown on the Policy Schedule for that Covered Person.

BENEFITS

ELIGIBILITY: Subject to the terms of the Policy and this Rider, including without limitation the Pre-Existing Condition limitation, Waiting Period limitation and all other limitations and exclusions, a Covered Person will be eligible for benefits under this Rider if:

1. the Loss is incurred while the Covered Person is covered by this Rider;
2. the Loss is incurred after the Covered Person's Effective Date of coverage; and,
3. the Loss is not excluded by name or specific description in this Rider.

A charge is not required when a Covered Person is Hospital Confined in a U.S. Government Hospital or receives services in a U.S. Government Hospital.

ADDITIONAL HOSPITAL CONFINEMENT LUMP SUM BENEFIT: After benefit exhaustion under the Hospital Confinement Lump Sum Benefit included in the Policy in a Calendar Year, the first day a Covered Person is Hospital Confined as an Inpatient for any Covered Sickness or any Covered Accident in a new Period of Confinement, We will pay the benefit amount as shown on the Benefit Schedule. This benefit is limited to three (3) days per Calendar Year per Covered Person.

This benefit is reset each January 1st. If a Hospital Confinement continues uninterrupted without discharge from one Calendar Year to the next, no Hospital Confinement Lump Sum Benefit shall be payable for any day of that Hospital Confinement in the later Calendar Year. Upon discharge, for a benefit to be payable in the later Calendar Year, a Hospital Confinement for any Covered Sickness or any Covered Accident must begin more than thirty (30) days after the discharge.

Periods of Confinement separated by thirty (30) days or less are considered the same Period of Confinement.

DAILY HOSPITAL BENEFIT: We will pay the amount shown on the Benefit Schedule per day when a Covered Person is Hospital Confined receiving treatment due to a Covered Sickness or a Covered Accident.

For a Period of Confinement, We will pay this benefit for up to 365 days per Covered Person. Periods of Confinement separated by thirty (30) days or less are considered the same Period of Confinement.

This benefit is not payable if a Covered Person is confined in a Rehabilitation Facility or any other place excluded from the definition of Hospital.

INTENSIVE CARE UNIT CONFINEMENT BENEFIT: We will pay the amount shown on the Benefit Schedule for each day that a Covered Person is Hospital Confined to an Intensive Care Unit due to a Covered Sickness or a Covered Accident. However, We will pay for no more than a maximum of thirty (30) days per Period of Confinement for this benefit. This benefit is in addition to the Daily Hospital Benefit.

Periods of Confinement separated by thirty (30) days or less are considered the same Period of Confinement.

HOSPITAL OUTPATIENT BENEFIT: We will pay the amount shown on the Benefit Schedule per day when a Covered Person is in a Hospital or U.S. Government Hospital for less than twenty-three (23) hours due to a Covered Sickness or a Covered Accident. This benefit includes Observation Units and Ambulatory Surgical Facilities. This benefit is limited to two (2) days per Calendar Year per Covered Person.

This benefit is not payable for the same day as an Emergency Room Benefit is payable, if any, such benefit is included in the Policy.

SURGICAL PROCEDURE BENEFIT: We will pay this benefit when surgery is performed by a Physician as part of the treatment of a Covered Person's Covered Sickness or Covered Accident. We will not pay for diagnostic or follow-up surgery which does not treat the Covered Sickness or Covered Accident. We will use the Relative Values for Physicians publication and the procedural terminology code (CPT) to determine the surgical value assigned to each procedure as of the date of the procedure. The benefit amount for the surgical value is shown on the Benefit Schedule. This benefit is limited to one (1) surgical procedure in a twenty-four (24) hour period per Covered Person. The surgery must be performed in a Hospital, U.S. Government Hospital or an Ambulatory Surgical Facility.

If the Relative Values for Physicians is no longer published, We will use a similar publication to determine the surgical value. If a similar publication is not available, We will use the last Relative Values for Physicians publication available based on the date of the surgical procedure to determine the surgical value.

If the procedural terminology code (CPT) is not listed in the Relative Values for Physicians publication or if the surgical value is not listed as a final value, We may substitute another reasonable method of determining the benefit amount based on a comparison of the Covered Person's surgery to the surgeries listed in the Relative Values for Physicians publication as final.

If a Covered Person has more than one surgical procedure performed at the same time through the same incision, We will pay only for the one surgical procedure performed for which the largest benefit amount is payable.

REHABILITATION FACILITY BENEFIT: We will pay this benefit if a Covered Person is Hospital Confined due to a Covered Sickness or a Covered Accident and the Covered Person is transferred to a Rehabilitation Facility by Physician's order as the direct result of the Covered Sickness or Covered Accident. The transfer must be within twenty-four (24) hours after discharge from the Hospital Confinement.

In the event of such a transfer, We will pay the amount shown on the Benefit Schedule for each day a Covered Person receives rehabilitation services in the Rehabilitation Facility due to the Covered Sickness or Covered Accident, subject to the following limits. This benefit is limited to a maximum of fifteen (15) days per Period of Confinement for a Covered Person. This benefit has a maximum of thirty (30) days per Calendar Year per Covered Person. This benefit does not include outpatient rehabilitation services.

If a Covered Person is Hospital Confined within thirty (30) days for the same Covered Sickness or Covered Accident, then that later confinement will be considered a continuation and part of the prior Period of Confinement.

Any benefits under this Rider for confinement in a Rehabilitation Facility are payable only under this Rehabilitation Facility Benefit provision.

AMBULANCE BENEFIT: We will pay the amount shown on the Benefit Schedule if a licensed surface or air ambulance service transports a Covered Person to or from a Hospital or U.S. Government Hospital where the Covered Person is confined due to a Covered Sickness or a Covered Accident. For a Covered Accident, transport by an ambulance must be within seventy-two (72) hours of a Covered Accident.

This benefit is limited to: (1) if this is Individual coverage, three (3) one-way trips per Calendar Year; and (2) if this is Individual plus Child(ren), Individual plus Spouse, or Family coverage, this benefit is limited to three (3) one-way trips per Covered Person per Calendar Year with a maximum of six (6) one-way trips per Calendar Year.

LIMITATIONS AND EXCLUSIONS:

We will not pay benefits for Loss contributed to, caused by, or resulting from:

Pre-Existing Condition Limitation: No benefits are payable for a Covered Person with a Pre-Existing Condition during the first twelve (12) months after the Effective Date of coverage for that Covered Person. See the definition for Pre-Existing Condition in the definition section of this Rider.

Waiting Period Limitation: No benefits are payable for any Covered Sickness that is diagnosed, treated or produces a clear or obvious symptom during the Waiting Period for the first twelve (12) months after the Effective Date of coverage for that Covered Person. See the Waiting Period limitation on the first page of the Policy and the definition in the definition section of this Rider.

Secretary

SPECIMEN

**SUPPLEMENTAL BENEFITS RIDER
BENEFIT SCHEDULE**

Level 1 Coverage

This is a summary of benefits included in Your Rider. Please read Your entire Policy and Rider for further explanations and limitations.

Additional Hospital Confinement Lump Sum	\$100 once per Period of Confinement up to 3 days per Calendar Year
Daily Hospital	\$50 per day up to 365 days per Period of Confinement
Intensive Care Unit Confinement	\$50 per day up to 30 days per Period of Confinement
Hospital Outpatient	\$50 per day for up to 2 days per Calendar Year
Rehabilitation Facility	\$50 per day up to 15 days per Period of Confinement limited to 30 days per Calendar Year
Ambulance	\$200 licensed surface \$2,000 air Limited to 3 one-way trips per Calendar Year

Surgical Procedure Schedule

Surgical Value			Surgical Value		
Minimum Value	Maximum Value	Benefit Amount	Minimum Value	Maximum Value	Benefit Amount
0.0	3.9	\$100	40.0	43.9	\$600
4.0	7.9	\$150	44.0	47.9	\$650
8.0	11.9	\$200	48.0	51.9	\$700
12.0	15.9	\$250	52.0	55.9	\$750
16.0	19.9	\$300	56.0	59.9	\$800
20.0	23.9	\$350	60.0	63.9	\$850
24.0	27.9	\$400	64.0	67.9	\$900
28.0	31.9	\$450	68.0	71.9	\$950
32.0	35.9	\$500	72.0	72.0	\$1,000
36.0	39.9	\$550			

SPECIMEN

**SUPPLEMENTAL BENEFITS RIDER
BENEFIT SCHEDULE**

Level 2 Coverage

This is a summary of benefits included in Your Rider. Please read Your entire Policy and Rider for further explanations and limitations.

Additional Hospital Confinement Lump Sum	\$200 once per Period of Confinement up to 3 days per Calendar Year
Daily Hospital	\$100 per day up to 365 days per Period of Confinement
Intensive Care Unit Confinement	\$100 per day up to 30 days per Period of Confinement
Hospital Outpatient	\$100 per day for up to 2 days per Calendar Year
Rehabilitation Facility	\$100 per day up to 15 days per Period of Confinement limited to 30 days per Calendar Year
Ambulance	\$200 licensed surface \$2,000 air Limited to 3 one-way trips per Calendar Year

Surgical Procedure Schedule

Surgical Value			Surgical Value		
Minimum Value	Maximum Value	Benefit Amount	Minimum Value	Maximum Value	Benefit Amount
0.0	3.9	\$100	40.0	43.9	\$600
4.0	7.9	\$150	44.0	47.9	\$650
8.0	11.9	\$200	48.0	51.9	\$700
12.0	15.9	\$250	52.0	55.9	\$750
16.0	19.9	\$300	56.0	59.9	\$800
20.0	23.9	\$350	60.0	63.9	\$850
24.0	27.9	\$400	64.0	67.9	\$900
28.0	31.9	\$450	68.0	71.9	\$950
32.0	35.9	\$500	72.0	72.0	\$1,000
36.0	39.9	\$550			

SPECIMEN

**SUPPLEMENTAL BENEFITS RIDER
BENEFIT SCHEDULE**

Level 3 Coverage

This is a summary of benefits included in Your Rider. Please read Your entire Policy and Rider for further explanations and limitations.

Additional Hospital Confinement Lump Sum	\$300 once per Period of Confinement up to 3 days per Calendar Year
Daily Hospital	\$150 per day up to 365 days per Period of Confinement
Intensive Care Unit Confinement	\$150 per day up to 30 days per Period of Confinement
Hospital Outpatient	\$150 per day for up to 2 days per Calendar Year
Rehabilitation Facility	\$150 per day up to 15 days per Period of Confinement limited to 30 days per Calendar Year
Ambulance	\$200 licensed surface \$2,000 air Limited to 3 one-way trips per Calendar Year

Surgical Procedure Schedule

Surgical Value			Surgical Value		
Minimum Value	Maximum Value	Benefit Amount	Minimum Value	Maximum Value	Benefit Amount
0.0	3.9	\$100	40.0	43.9	\$600
4.0	7.9	\$150	44.0	47.9	\$650
8.0	11.9	\$200	48.0	51.9	\$700
12.0	15.9	\$250	52.0	55.9	\$750
16.0	19.9	\$300	56.0	59.9	\$800
20.0	23.9	\$350	60.0	63.9	\$850
24.0	27.9	\$400	64.0	67.9	\$900
28.0	31.9	\$450	68.0	71.9	\$950
32.0	35.9	\$500	72.0	72.0	\$1,000
36.0	39.9	\$550			

SPECIMEN

Return of Premium benefit rider

RETURN OF PREMIUM RIDER

The Policyowner may call 1-800-888-4918 to present inquiries, obtain information about coverage or to receive assistance in resolving complaints.

This Rider is a part of the Policy to which it is attached. That Policy is called "the Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of: (1) the statements made in the application; and (2) the advance payment of the Premium. This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION – REINSTATEMENT

This Rider is continued at the same time and under the same terms as the Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as premium rates for the Policy. This Rider will terminate on the earlier of: (1) the date the Policy terminates; (2) the date We receive Your written request for this Rider's termination; or (3) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy.

This Rider may be reinstated subject to the terms of the Policy to which it is attached. If You allow the Policy and this Rider to terminate at the same time, and the Policy and this Rider are later reinstated under the Reinstatement provision of the Policy, then all Maturity Dates will be deferred by the period of time that the Policy and this Rider were inactive. If a Maturity Date occurs on this Rider's Anniversary date after You reach age 75, We will not defer that Maturity Date.

CONTINUATION PRIVILEGE

If this is individual plus spouse or family coverage and You die, and Your covered Spouse elects to continue coverage under the Policy and this Rider under the Continuation provision of the Policy, all Maturity Dates, if any, will continue to be based on the original policyowner's age on the Effective Date of this Rider notwithstanding any term to the contrary.

BENEFIT ASSIGNMENT NOT ALLOWED

You may not assign the benefits under this Rider.

CLAIM PAYMENT

If We receive a claim for benefits after a return of premium benefit has been paid under this Rider, We reserve the right to reduce the amount of the claim by the amount that has been paid under this Rider.

DEFINITIONS

ANNIVERSARY: Means the yearly recurrence of this Rider's Effective Date shown on the Policy Schedule for the described coverage.

RETURN OF PREMIUM PERIOD: Means the period of time from the Rider's Effective Date to the first Maturity Date, or from any Maturity Date to the next. After each Maturity Date, You will automatically begin a new Return of Premium Period. Based on the Policyowner's age at the beginning of a Return of Premium Period, the length of the period will be as follows:

1. Beginning at age 18 to age 54: 20 years.
2. Beginning at age 55 to age 64: The number of years to the first Anniversary after the attainment of age 75.
3. Beginning at age 65 or over: 10 years.

MATURITY DATE: Means the date on which a Return of Premium Period ends and You become eligible for the Return of Premium Maturity Benefit provided by this Rider for the completed period.

RETURN OF PREMIUM MATURITY BENEFIT

We will pay the Policyowner this benefit if the Rider is kept in force until a Maturity Date. You do not need to surrender Your Policy or this Rider at a Maturity Date to receive this benefit. The Return of Premium Maturity Benefit amount is equal to:

1. the total premiums paid for the coverage provided for the Return of Premium Period; minus
2. any claims incurred during the Return of Premium Period.

EFFECT OF WAIVER OF PREMIUM ON RETURN OF PREMIUM

Premiums waived under any Waiver of Premium provision in the Policy will be treated both as Premiums paid and claims incurred for purposes of calculating the Return of Premium Maturity Benefit.

Secretary

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Hospital AssureSM

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Washington National Insurance Company
Home Office: Carmel, IN

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ACCIDENT*assure*[®]

ACCIDENTAL INJURY & DISABILITY INCOME INSURANCE

You can't prevent every accident—but you can protect yourself and your family with **ACCIDENT***assure*.



OUR ASSURANCES

- Benefits are paid directly to you regardless of any other insurance you have.¹
- Benefits have no lifetime maximums.
- Rates won't increase because you use your policy.²

ACROSS THE U.S., ACCIDENTS HAPPEN AT AN ALARMING RATE. **EVERY SECOND OF EVERY DAY**, SOMEONE IS ACCIDENTALLY INJURED.³ WHAT'S MORE, **1-IN-7** AMERICANS—**47.2 MILLION** PEOPLE—RECEIVE MEDICAL ATTENTION FOR NONFATAL INJURIES ANNUALLY.⁴

ACCORDING TO THE NATIONAL SAFETY COUNCIL, FALLS ARE THE LEADING CAUSE OF NONFATAL EMERGENCY DEPARTMENT VISITS IN THE U.S., ACCOUNTING FOR NEARLY 8.7 MILLION NONFATAL INJURIES EACH YEAR.⁵

An accidental injury⁶ is an injury to your body solely caused by and resulting from a sudden, unexpected and unforeseen event. An accident⁷ can happen anywhere at nearly any time. Bodily injuries that result from accidents can be painful—and can cause unexpected medical bills for diagnosis and treatment—and may keep you from working.

If you're in an accident, your major medical plan may cover most of your expenses. But you're likely to be responsible for out-of-pocket expenses such as deductibles and copays, plus medical appliances and transportation.

Gain the extra protection you need with **ACCIDENT***assure*.

¹Unless otherwise requested by you or required.

²Your rates cannot be increased unless all rates of the same kind are raised in your state.

³National Safety Council, Injury Facts, <https://www.nsc.org/membership/member-resources/injury-facts>, 2019.

⁴National Safety Council, All Injuries, <https://injuryfacts.nsc.org/all-injuries/overview/>, 2019.

⁵National Safety Council, Top 10 Preventable Injuries, <https://injuryfacts.nsc.org/all-injuries/deaths-by-demographics/top-10-preventable-injuries/>, 2019.

⁶An accidental injury means all bodily injuries solely caused by and resulting from an accident. Accidental injury does not include injury as a direct or indirect result of bodily or mental infirmity or disease in any form or medical treatment of any kind. An example of bodily infirmity is an allergic reaction, such as a bee sting.

⁷An accident means a sudden, unexpected and unforeseen event.

Choose the plan that's right for you.

Every accidental injury—from bumps and bruises to broken bones—requires different care and treatment. To help protect you and your family, ACCIDENT^{assure} offers benefits for today's most common accidental injuries, whether they happen on the job or off. Plus, the policy lets you choose from two levels of coverage.¹



Accident benefits

ACCIDENT^{assure} pays these benefits to the insured for injuries from a covered accident.

☐ LEVEL 1

☐ LEVEL 2

Inpatient hospital confinement <i>pays a daily amount for up to 365 days when you're admitted to a hospital for 24 or more hours within 30 days of a covered accident</i>	\$300 per day	\$500 per day
Intensive care unit <i>is payable for up to 15 days per covered accident</i>	\$600 per day	\$1,000 per day
Ambulance <i>pays one lump sum for each covered accident within 72 hours of the covered accident</i>		
Ground ambulance:	\$150	\$250
Air ambulance:	\$1,000	\$1,500
Emergency room services <i>pays one amount per 24-hour period within 72 hours of the covered accident</i>		
Adult:	\$300	\$500
Child(ren):	\$200	\$350
Transportation <i>helps cover the costs when an insured person must travel to receive inpatient care more than 100 miles from the accident site or his/her residence; the benefit is payable for up to three trips per insured each calendar year</i>	\$400	\$600
Family lodging <i>is payable for one hotel room for an immediate family member for up to 30 days when an insured is confined more than 100 miles from his/her residence</i>	\$100 per day	\$125 per day
Physician's office visit <i>including chiropractor; pays up to two visits per insured for each covered accident</i>	\$30 per visit	\$50 per visit
Physical therapy <i>helps cover expenses for up to eight visits per insured for each covered accident</i>	\$30 per visit	\$50 per visit
Medical imaging <i>for CT, MRI and EEG exams; pays a one-time benefit per insured for each covered accident</i>	\$150	\$200
Medical appliances <i>for wheelchairs, walkers, crutches, leg braces or back braces; is payable one time per insured for each covered accident</i>	\$100	\$125
Prostheses <i>pays the insured when the required item is obtained within three years of a covered accident; maximum benefit is specified per device, per covered accident, per insured</i>	\$500	\$750
Blood and plasma <i>is available one time per covered accident, regardless of the number of units received</i>	\$100	\$200

¹Premiums are based on the benefit level you select.
Other terms and conditions apply; ask your agent for details.

Specific injury benefits

To qualify for these benefits, the injury must be due to a covered accident and be diagnosed and treated by a physician within 90 days of the covered accident (*within 72 hours for lacerations and burns; within 60 days for a ruptured disc, torn cartilage or hernia*).

INJURY TYPE		<input type="checkbox"/> LEVEL 1	<input type="checkbox"/> LEVEL 2
Fracture	Hip or thigh	\$2,400	\$ 3,200
	Vertebrae	\$2,200	\$ 2,900
	Pelvis	\$2,000	\$ 2,550
	Skull (depressed)	\$1,800	\$ 2,400
	Leg	\$1,500	\$ 2,000
	Foot, ankle or kneecap	\$1,200	\$ 1,600
	Forearm or hand	\$1,200	\$ 1,600
	Lower jaw	\$1,000	\$ 1,300
	Shoulder blade, collar bone or sternum	\$1,000	\$ 1,300
	Skull (simple)	\$ 900	\$ 1,200
	Upper arm or upper jaw	\$ 900	\$ 1,200
	Facial bones	\$ 750	\$ 1,000
	Vertebral processes	\$ 500	\$ 750
	Coccyx, rib, finger, toe or nose	\$ 200	\$ 250
Dislocation <i>first complete or partial dislocation only</i>	Hip	\$2,200	\$ 3,000
	Knee (not kneecap)	\$1,600	\$ 2,100
	Shoulder	\$1,200	\$ 1,600
	Foot or ankle	\$1,000	\$ 1,300
	Hand	\$ 900	\$ 1,200
	Lower jaw	\$ 750	\$ 1,000
	Wrist	\$ 600	\$ 800
	Elbow	\$ 500	\$ 650
	Finger or toe	\$ 200	\$ 250
Laceration requiring sutures <i>combined length</i>	More than 5 inches	\$ 300	\$ 400
	2 to 5 inches	\$ 150	\$ 200
	Up to 2 inches	\$ 75	\$ 100
Injuries requiring surgery	Eye injury	\$ 150	\$ 200
	Tendon or ligament		
	Single	\$ 600	\$ 800
	Multiple	\$ 900	\$ 1,200
	Ruptured disc		
	During first year of coverage	\$ 150	\$ 200
	After first year of coverage	\$ 600	\$ 800
	Torn cartilage		
	During first year of coverage	\$ 150	\$ 200
	After first year of coverage	\$ 600	\$ 800
	Hernia		
	During first year of coverage	\$ 150	\$ 200
After first year of coverage	\$ 300	\$ 400	
Paralysis	Paraplegia	\$5,000	\$10,000
	Quadriplegia	\$6,250	\$12,500
Burn	Second- or third-degree burn	\$ 900	\$ 1,200

Other terms and conditions apply; ask your agent for details.

Accidental dismemberment benefits

ACCIDENT^{assure} pays a benefit when an insured person is dismembered as the result of a covered accident. The dismemberment must occur within 365 days after the covered accident.

LEVEL 1

TYPE OF DISMEMBERMENT	POLICYOWNER AND SPOUSE	CHILD(REN)
One finger or toe	\$ 1,250	\$ 500
More than one finger and/or toe	\$ 1,500	\$ 1,000
One eye, hand, foot, arm or leg	\$ 7,500	\$ 1,875
More than one eye, hand, foot, arm or leg	\$ 25,000	\$ 6,250

LEVEL 2

TYPE OF DISMEMBERMENT	POLICYOWNER AND SPOUSE	CHILD(REN)
One finger or toe	\$ 2,000	\$ 500
More than one finger and/or toe	\$ 2,500	\$ 1,000
One eye, hand, foot, arm or leg	\$ 12,000	\$ 3,000
More than one eye, hand, foot, arm or leg	\$ 40,000	\$10,000

Accidental death benefit

ACCIDENT^{assure} pays a benefit when an insured person dies within 90 days as the result of a covered accident.

LEVEL 1

TYPE OF ACCIDENT	POLICYOWNER AND SPOUSE	CHILD(REN)
Common carrier ¹	\$ 100,000	\$25,000
Motorized vehicle or pedestrian ²	\$ 75,000	\$18,750
Accidental death ³	\$ 50,000	\$12,500

LEVEL 2

TYPE OF ACCIDENT	POLICYOWNER AND SPOUSE	CHILD(REN)
Common carrier ¹	\$ 150,000	\$37,500
Motorized vehicle or pedestrian ²	\$ 125,000	\$31,250
Accidental death ³	\$ 75,000	\$18,750

¹Examples of common carrier: Commercial airline, railroad train licensed and operated for passenger service only, boat/ship licensed for passengers on a scheduled route

²Examples of motorized vehicle: Automobiles, trucks of all sizes, taxi cabs, buses

³Example of accidental death: Motorcycle accident

Other terms and conditions apply; ask your agent for details.



RIDERS Q & A

What is the benefit of the Sickness Disability rider?

If you become ill and have to miss work, this rider can pay you monthly income for up to a year. Benefits can help replace lost wages, cover medical or living expenses, or take care of other needs.

Why choose the Waiver of Premium rider?

If you're disabled and can't work, you may worry about keeping your employer-sponsored insurance. With this rider, your ACCIDENTASSURE policy won't lapse.

Coverage for the **everyday things**

When you're injured in an accident, you still face everyday expenses. Utility bills, mortgage payments and other household expenses—not to mention medical bills—still need to be paid. Accident disability coverage can help cover them.

Accident disability coverage

\$500, \$1,000, \$1,500 or \$2,000 per month¹

Coverage is available for up to 12 months and is guaranteed renewable to age 70.

Choose from **two options**:

- ☐ **OFF-THE-JOB ACCIDENT TOTAL DISABILITY BENEFIT²**
Covers you when you have an accident outside of work and you become disabled.
- ☐ **24-HOUR ACCIDENT SHORT-TERM DISABILITY BENEFIT²**
Covers you 24 hours a day, even while you're at work.

Enhance your disability coverage with these **optional riders**³

- ☐ **SICKNESS DISABILITY RIDER¹**
Choose your benefit: \$500, \$1,000, \$1,500 or \$2,000 per month¹
These benefits are payable when you become totally disabled due to sickness for up to 12 months. Benefits begin on the 15th day of sickness. This rider is available only when accident disability coverage is purchased.
- ☐ **WAIVER OF PREMIUM RIDER**
This rider waives premiums on your base policy and all riders beginning the first of the month a disability period begins and ending the first of the month after a disability period ends. This rider is available only when accident disability coverage is purchased.

¹Available coverage levels depend on your income. Premiums are based on the coverage level selected.

²The policyowner must be disabled within 90 days of a covered accident, be cared for on a regular basis by a physician (at least monthly), be employed at least 18 hours per week at the time of the covered accident. If the policyowner becomes totally disabled again due to the same type of bodily injury within six months of the end of a period during which the policyowner was totally disabled, we will treat this disability as the same disability.

³There is an additional cost for these optional riders.

Other terms and conditions apply; ask your agent for details.

Get even **more protection** with these **optional riders**

☐ **PHYSICIAN'S OFFICE ADDITIONAL BENEFIT RIDER**

The Physician's Office Additional Benefit rider provides the flexibility to receive treatment in a number of nonemergency-room medical facilities, such as a physician's office, dentist's office⁴ or urgent/immediate care center. With this option, you'll receive an enhanced benefit when you seek care at an approved medical facility after an accident, regardless of the treatment needed or scope of the injury.

The benefit is payable in one of two ways:

1) A \$200 benefit is payable to diagnose and treat injuries which are not covered under the base policy, such as broken natural teeth, sprains, first-degree burns and other noncovered injuries. The \$200 benefit pays in *addition* to the physician's office visit benefit included in the base policy, as shown in example 1.

OR

2) When the physician's office benefit is paid along with other benefits that are covered in the base policy, this rider pays an additional \$50 (instead of \$200), as shown in example 2.

The injury must be the result of a covered accident for which a charge was incurred and the physician's office visit benefit is payable, in order for the Physician's Office Additional Benefit rider to be payable.

Example 1

INJURY CAUSE	TREATMENT	DIAGNOSIS	BENEFIT	AMOUNT ⁵
Fall	Doctor office visit, X-ray (to check for fracture), and pain medication	Arm pain and NO fracture	Physician's office visit benefit	\$50
			Physician's Office Additional Benefit rider	\$200
			TOTAL BENEFIT	\$250

Example 2

INJURY CAUSE	TREATMENT	DIAGNOSIS	BENEFIT	AMOUNT ^{5,6}
Fall	Doctor office visit, X-rays (to check for fracture and verify bone is set correctly), cast, sling and pain medication	Arm pain and fracture	Physician's office visit benefit	\$50
			Physician's Office Additional Benefit rider	\$50
			Fracture	\$1,600
			TOTAL BENEFIT	

☐ **PUBLIC SAFETY RIDER**

\$2,000 when a gunshot wound is received in the line of duty

Law enforcement officers, corrections officers, probation officers, parole officers, EMTs, paramedics and firefighters are eligible for this benefit. For the benefit to be payable, treatment must be rendered by a physician in a hospital within 24 hours of the accident.

⁴Benefits are not payable for loss contributed to, caused by or resulting from your treatment for dental care or dental procedures, unless treatment is the result of a covered accident. Dental procedures that result from a covered accident are limited to natural teeth.

⁵This information is provided for illustration purposes only. Benefit examples are based on level 2 coverage.

⁶Other benefits may be payable under the policy and may vary by the type of covered accident.

Other terms and conditions apply; ask your agent for details.

ITEMS NOT COVERED (*limitations and exclusions*)

LIMITED BENEFIT POLICY: We will not pay for loss contributed to, caused by or resulting from your being exposed to war or any act of war (declared or not); participating in or contracting with the armed forces (including Coast Guard) of any country or international authority¹; committing or attempting to commit suicide, regardless of mental capacity; injuring or attempting to injure yourself intentionally, regardless of mental capacity; being in an accident more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, Bahamas, Virgin Islands, Bermuda or Jamaica (except under the accidental death benefit); riding in or driving any motor-driven vehicle in any race, stunt show or speed test or on any race course or speedway; operating, learning to operate, serving as a crew member on or jumping or falling from any aircraft, including those that are not motor-driven; hang-gliding, bungee jumping, parachuting, sail-gliding, parasailing, parakiting or mountaineering; being legally intoxicated or so intoxicated that mental or physical abilities are seriously impaired; being under the influence of any illegal drugs or being under the influence of any narcotic, unless such narcotic is taken under the direction of a physician; participating or attempting to participate in an illegal act; working at an illegal job; participating in any sporting event for pay or prize money; having any disease, bodily or mental illness, or degenerative process. We also will not pay benefits for any related medical treatments or diagnostic procedures.

Sickness Disability rider: We will not pay benefits for loss contributed to, caused by, or resulting from you having any sickness or conditions not otherwise excluded by name or specific description which was diagnosed by or for which you consulted a physician within 12 months prior to the date you become insured under this rider. Benefits will not be paid for such sickness or condition which occur during the first 12 months after the date you become insured under this rider.² The policyowner must be employed at least 18 hours a week at the time the sickness is diagnosed, be totally disabled and be cared for on a regular basis by a physician (at least monthly). A same sickness occurring within 6 months of the end of the disability period will be treated as the same disability. A 14-day elimination period applies to each sickness.

We will not pay for loss contributed to, caused by or resulting from your normal pregnancy; having a behavioral or psychological disorder, disease or syndrome without demonstrable organic origin; alcoholism, drug abuse or chemical dependency.

We will not pay for loss contributed to, caused by or resulting from your cosmetic/plastic surgery that is not for the diagnosis or treatment of covered sickness based upon generally accepted medical practice and that is not medically necessary. The following procedures are not covered under any circumstances, even if performed for the diagnosis or treatment of a covered sickness or considered medically necessary: abdominoplasty (tummy tuck), mammoplasty (breast enlargement), rhinoplasty (nose job) or suction-assisted lipectomy (liposuction). Complications from any cosmetic/plastic surgery are not covered.

We will not pay for loss contributed to, caused by or resulting from your elective surgery that is not for the diagnosis or treatment of a covered sickness based upon generally accepted medical practice and that is not medically necessary. Gastric bypass surgeries are not covered under any circumstances, even if performed for diagnosis or treatment of a covered sickness or considered medically necessary. We also will not cover voluntary abortion (except where the policyowner would be endangered if the fetus were carried to term or where medical complications have arisen from abortion) or sex changes. Complications from any elective surgery are not covered.

No postpartum benefits are paid for any postpartum disability under the disability benefits.

Public Safety rider: For multiple gunshot wounds within a 24-hour period, the benefit is payable only for one wound. If death occurs as a result of the same shooting, we will pay only the largest of the benefits for which the policyowner is eligible. This rider does not cover gunshot wounds received off the job or from nonconventional firearms. A conventional firearm is defined as a weapon that uses explosive powder to propel metal (usually lead) projectile. Weapons include handguns, rifles, shot guns and automatic weapons.

Confinement in a hospital means assignment to a bed, for which room and board charges are made, as an inpatient in a hospital on the advice of a physician for a minimum 24-hour period. The confinement must be as the result of an accidental injury or sickness.

A hospital is not a bed, unit or facility that functions as a skilled nursing facility, nursing home, extended care facility, convalescent home, rest home, home for the aged, sanatorium, rehabilitation center, place primarily for providing care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or mental disorders.

An intensive care unit is not a progressive care unit, subacute intensive care unit, intermediate care unit, private monitored room, observation unit, surgical recovery room or room, bed or ward customarily used for patient confinement.

Premiums for the accidental death and dismemberment coverage are based on age, health and benefit plan selected. Disability premiums are based on the industry class and benefit amount selected.

This brochure is intended to be a brief, general description of coverage. To the extent that there may be discrepancies between the information provided in this brochure and the policy language, the policy language takes precedence. For more complete details of coverage, including benefits, limitations and exclusions specific to your state, please review the policy with your agent.

Disability benefits/riders are available only to the policyowner. Spouse/children are not covered under any disability benefits/rider.

¹ Acts of terrorism are excluded from the definition of war.

² Routine follow-up care to determine whether breast cancer has recurred in an insured who was previously determined to be breast cancer free does not constitute medical advice, diagnosis, care or treatment for purposes of determining preexisting conditions, unless evidence of breast cancer is found during or as a result of the follow-up care.

Policy form: CIC1022FL

Rider series:

Physician's Office Additional Benefit rider: R1058FL

Public Safety rider: R1022PSFL

Sickness Disability rider: R1022SDFL

Waiver of Premium rider: R1057FL

WASHINGTON NATIONAL INSURANCE COMPANY

Home Office

11825 N. Pennsylvania Street

Carmel, IN 46032

WashingtonNational.com

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A3-BR-FL-WS





ACCIDENT^{assure}[®]

ACCIDENTAL INJURY & DISABILITY INCOME INSURANCE

Return of Premium rider

Choose a benefit that can pay your premiums back to you. With the Return of Premium rider, you can receive a check for all premiums paid—minus claims incurred—when you keep your policy in force for 20 years.

You're only required to keep your policy and this rider in force until maturity. When your money is returned, your Return of Premium rider will cancel and you can continue your accident protection at a reduced rate.

Here are three examples of your return-of-premium potential:

	NO CLAIM	SMALL CLAIM	LARGE CLAIM
Total premiums paid	\$9,600	\$9,600	\$9,600
Claims incurred	- 0	- 2,000	- 20,000
Amount of return	\$9,600	\$7,600	\$0

The return-of-premium benefits are contained in rider form R1056ROPFL.

There is an additional cost for this optional rider.

This rider is available through age 59 and is based on the policyowner's age at issue.

This rider is not available with policies purchased as part of your Section 125 plan.

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: Carmel, IN 46032

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MORE THAN
\$2.2 BILLION
RETURNED.



Introducing more
than 2.2 billion
reasons why we're
committed to
our policyholders.

For more than 20 years, we've offered
products that include premium
return benefits, paying out more than
\$2.2 billion to our policyholders.

Now **that's** what
we call commitment.

Premium return amount is based on ROP/
Cash Value payments to Washington National
Insurance Company policyholders from
January 1, 1995, and projected through
December 31, 2014.



Sample policy language
CIC1022FL | Florida

ACCIDENT*assure*®

ACCIDENTAL INJURY & DISABILITY INCOME INSURANCE

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Accidental death and dismemberment base

Washington National Insurance Company
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

ACCIDENTAL DEATH AND DISMEMBERMENT POLICY

**THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE
DISABILITY BENEFITS GUARANTEED RENEWABLE UNTIL AGE 70**

THIS IS AN ACCIDENT ONLY POLICY AND DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS. (INSURANCE FOR SICKNESS MAY BE INCLUDED IN A SEPARATE RIDER, REQUIRING ADDITIONAL PREMIUMS. IF SUCH INSURANCE IS INCLUDED, IT WILL BE INDICATED IN THE ATTACHED POLICY SCHEDULE.) THIS POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE MEDICARE SUPPLEMENT BUYER'S GUIDE AVAILABLE FROM THE COMPANY.

IMPORTANT NOTICE

Please read the copy of the application attached to this Policy. Carefully check the application and write to the Company at the above address within 10 days, if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. This application is a part of the Policy and the Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

PLEASE READ YOUR POLICY CAREFULLY

This Policy ("Policy") is a legal contract between the Policyowner (shown on the Policy Schedule) and Washington National Insurance Company (the Company). Subject to all the terms and conditions set forth in the Policy, We agree to provide coverage to the Insured against Loss based on the application and in return for Premium payments.

TEN DAY RIGHT TO RETURN POLICY: If for any reason the Policyowner is not satisfied with this Policy, it may be returned to an authorized agent of the Company or to Our Office within 10 days after it is received for a complete refund of Premium and cancellation of the Policy.

GUARANTEED RENEWABILITY PRIVILEGE - PREMIUM CHANGE: This Policy is continuously renewed by the payment of Premiums when due. However, disability benefits are guaranteed renewable only until age 70, if included. We reserve the right to change Premium rates upon written notice to the Insured's last known address at least 45 days before the change is to become effective. We will only change Your premium if We change it for all policies of this form number in Your state of issue on a Class basis. Premium classification is determined by Class and payment method. Your Policy cannot be singled out for a Premium rate change.

This Policy is executed on behalf of Washington National Insurance Company by its President at its Home Office in Carmel, Indiana.

President

The policyholder may call 1-800-888-4918 to present inquires, obtain information about coverage's, or to obtain assistance in resolving complaints.

POLICY INDEX

Policy Schedule	Attached
Definitions	Section 1
Premiums	Section 2
Claim Provisions	Section 3
General Provisions	Section 4
Limitations and Exclusions	Section 5
Eligibility for Benefits	Section 6
Benefits	Section 7
Benefit Schedule	Attached
Riders, Endorsements, Amendments, if any	Attached
Application	Attached

SPECIMEN

SECTION 1: DEFINITIONS

When the terms below are used in this Policy, the following definitions apply:

ACCIDENT: means a sudden, unexpected and unforeseen event.

ACCIDENTAL INJURY: means all bodily injuries solely caused by and resulting from an Accident. Accidental Injury does not include injury as a direct or indirect result of bodily or mental infirmity or disease in any form or medical treatment of any kind.

BENEFICIARY(IES): means the person(s) You designate in writing to Us on Your application to receive any benefits which may be payable in the event of Your death.

CLASS: Is defined as one or more of the following: age on the effective date; state of issue; and type and level of benefits.

COMMON CARRIER: means:

- an airline carrier which is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regularly scheduled route between established airports; common carrier does not include the chartering of private airplanes or flying on any airlines without schedules;
- a railroad train which is licensed and operated for passenger service only; or,
- a boat or ship which is licensed for passenger service and operated on a regularly scheduled route between established ports.

COVERED ACCIDENT: means an Accidental Injury that occurs while You are insured under this Policy and which is not excluded in this Policy.

DAY: means a 24-hour period.

DISMEMBERMENT: means:

- finger: the entire finger is permanently cut off at the joint where the finger is attached to the hand.
- arm: the arm is permanently cut off at or above the elbow joint.
- hand: the hand is permanently cut off at or above the wrist joint, or the use of the hand is permanently lost.
- toe: the entire toe is permanently cut off at the joint where the toe is attached to the foot.
- leg: the leg is permanently cut off at or above the knee joint.
- foot: the foot is permanently cut off at or above the ankle joint, or the use of the foot is permanently lost.
- eye: the central visual acuity of that eye becomes irrevocably incapable of being corrected to better than 20/200.

DOCTOR OR PHYSICIAN: means a person, other than the Insured or Immediate Family who:

- is licensed by the state to practice a healing art; and,
- performs services which are allowed by that license.

HOSPITAL: A medical facility which:

- is legally licensed and operated as a Hospital pursuant to law, on an inpatient basis;
- provides care of injured and sick people;
- is supervised by one or more Doctors;
- provides 24-hour-a-day nursing services supervised by or under a registered graduate Nurse (RN); and,
- provides on-site or in a facility control by the Hospital use of x-ray equipment, laboratory and surgical facilities.

No claim for treatment, care, or services in a licensed hospital which is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association, or the Commission on the Accreditation of Rehabilitative Facilities shall be denied because such hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of physical disability.

A Hospital is not a bed, unit, or facility that functions as a/an:

- skilled nursing facility;
- nursing home;
- extended care facility;
- convalescent home;
- rest home, or a home for the aged;
- sanatorium;
- rehabilitation center;
- place primarily providing care for alcoholics or drug addicts; or,
- facility for the care and treatment of mental disease or mental disorders.

HOSPITAL CONFINED/CONFINEMENT: Confinement as an inpatient for a minimum of 24 consecutive hours in a Hospital for which room and board charges are made.

IMMEDIATE FAMILY: Your parents, spouse, children, brothers, sisters, grandchildren, or grandparents.

INTENSIVE CARE UNIT: means a specifically designated facility of a Hospital which:

- is separate and apart from other Hospital areas;
- provides highest level of acute medical care;
- is restricted to critically ill or injured patients;
- contains special life-saving equipment for the care of critically ill or injured patients; and,
- has full-time nurses assigned exclusively to that area.

An Intensive Care Unit is not a/an:

- progressive care unit;
- sub-acute Intensive Care Unit;
- intermediate care unit;
- private, monitored room;
- observation unit;
- surgical recovery room; or,
- room, bed, or ward customarily used for patient confinement.

LOSS: means a specified event due to a Covered Accident for which We pay benefits under this Policy or any riders attached. For disability benefits, Loss means each full Day of Total Disability.

MEDICALLY NECESSARY: means care, other than custodial care, that is required based upon generally accepted medical practice for the diagnosis or treatment of Accidental Injury or sickness. When an insured person is confined to a Hospital when care could be, and typically is, given elsewhere, that confinement is not considered Medically Necessary. Care is considered to be custodial when its primary purpose is to meet personal needs that could be met by persons other than Physicians.

MOTORIZED VEHICLE: means a motorized vehicle which is limited to automobiles, trucks of all sizes, taxis, motor homes, vans, and buses, other than a Common Carrier. The vehicle must be licensed by proper authority and authorized to travel on city, state, and federal roads.

OFF-THE-JOB ACCIDENT: means a Covered Accident which does not occur while in the course of any occupation, activity, or employment for pay, benefit, or profit.

PEDESTRIAN: means an Insured is not a passenger in a Common Carrier or Motorized Vehicle, but is struck by such a vehicle.

POLICY: means the Entire Contract of insurance between the Policyowner and the Company.

POLICYOWNER: means the person named as the Policyowner in the Policy Schedule.

PREMIUM: means the amount of money You are required to pay Us in return for the insurance provided by this Policy.

TOTALLY DISABLED or TOTAL DISABILITY: means the period of time during which You are wholly and continuously unable to perform physical tasks that You can normally do and such inability prevents You from engaging in the material and substantial duties of your regular occupation.

WE, US, OUR: means Washington National Insurance Company, "the Company".

YOU, YOUR, YOURSELF, INSURED: The person(s) named as an Insured on the Policy Schedule:

- if this is Individual coverage, only the Insured;
- if this is Individual plus Child(ren) coverage, the Insured and the Insured's children;
- if this is Individual plus Spouse coverage, the Insured and the Insured's spouse; and,
- if this is Family coverage, the Insured, Insured's spouse and children.

Spouse means the insurable person named as spouse on the application and legally married to the Insured on the Effective Date of this Policy.

Child(ren) means the Insured's and spouse's natural child, step-child, legally adopted child, a child placed with the Insured for adoption, a foster child(ren), or court appointed guardianship/order/administrative order of a child including grandchild, who is:

- insurable and named on the application;
- unmarried;
- chiefly dependent on the Insured or spouse for support; and,
- the Limiting Age is younger than 22, or younger than 26 if a full-time student in a licensed or accredited school. The definition of "full-time student" is based on the criteria for "full-time student" in the school where the student is enrolled.

Children also includes dependent children, regardless of age, who:

- are mentally or physically handicapped;
- became or become handicapped prior to the Limiting Age; and,
- cannot support themselves because of their handicap.

For handicapped children We must be provided, where possible, with proof of the child's incapacity and dependency no more than 31 days after the child reaches the Limiting Age. Thereafter, such proof must be provided at Our request, but not more frequently than annually after the second Policy year following the attainment of the Limiting Age.

A child's insurance will terminate on the date on which that child ceases to meet the above conditions. Our acceptance of Premium after this date is considered as Premium only for the remaining persons who qualify under this Policy. It is the Insured's responsibility to notify Us when a child ceases to meet the above conditions.

Newborn children are insured from the moment of birth. If this is Family or Individual plus child(ren) coverage, no notice or additional Premium is required. If this is Individual coverage or Individual plus Spouse, a newborn child is covered from the moment of birth for 31 days. Coverage for such child may be extended beyond the initial 31 day period by notifying Us in writing within 60 days after the child's birth and paying any required additional Premium.

Benefits for newborns will be paid for the necessary care and treatment of medically diagnosed congenital defects, birth abnormalities and prematurity. Benefits are not payable for normal, newborn childcare.

A child(ren) placed for adoption, a foster child(ren), or court appointed guardianship of a child(ren) including grandchild after the Effective Date of this Policy will be covered from the date of the written agreement; Pre-Existing Condition limitations and exclusions will not apply. If this is Family or Individual plus child(ren) coverage, no notice or additional Premium is required. If this is Individual or Individual plus Spouse coverage, a newly adopted child, a foster child(ren), or court appointed guardianship of a child is covered for 31 days from the date of placement. Coverage for such child may be extended beyond the initial 31 day period by notifying Us in writing within 60 days after the date of the written agreement and paying any required additional Premium. Coverage on a child for whom adoption proceedings have been filed will terminate on the date such proceedings are terminated and the child is removed from placement.

SECTION 2: PREMIUMS

PAYMENT OF PREMIUMS: The first Premium is due on the Effective Date of this Policy. Each Premium after the first is due on the last day of the term for which the most recent Premium was paid and must be accepted by Us at Our Office.

EXCEPTION: During the time, if any, that it is agreed between You and Us that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, Premium is due in Our Office on the due date indicated in the billing provided to the administrator coordinating Premium payments on Your behalf.

This Policy will not be in force until the first Premium is accepted by Us. If We accept a Premium, this Policy will continue in force until the end of the term for which that Premium was due.

The amount of the first Premium is shown in the Policy Schedule and is based on Your initial mode of payment. The amount of each Premium after the first is based on Your then current mode of payment and the Premium then being charged for Policies of this form number and Premium classification issued in the same state. If You do not pay Your Premium when due or within the grace period, coverage under this Policy will terminate.

GRACE PERIOD: A grace period of 31 days is granted for the payment of each Premium falling due after the first Premium. During this period the Policy will stay in force. The Policy will terminate on the due date of the unpaid Premium if You do not pay the Premium by the end of the grace period. A grace period is not provided if You send Us notice to terminate the Policy prior to a Premium due date. Termination for any reason will not prejudice a claim for Loss incurred prior to the due date of the unpaid Premium.

REINSTATEMENT: If this Policy terminates because the Premium is not paid by the last day of the grace period, We may allow You to reinstate Your Policy.

If We accept Your Premium and do not require a reinstatement application, this Policy will be reinstated as of 12:00 noon Standard Time at Your place of residence. The Effective Date of coverage will be the date We receive the Premium. If We require a reinstatement application at the time We receive the Premium, We will issue a conditional receipt for the Premium. Upon Our receipt and approval of the reinstatement application, this Policy will be reinstated as of 12:00 noon Standard Time on the date the reinstatement application is approved by Us. If We do not mail written notice of disapproval within 45 days after the date of the conditional receipt, then this Policy will automatically be reinstated as of 12:00 noon Standard Time on the 45th day.

The reinstated Policy will provide benefits for Loss resulting from such Accidental Injury as may be sustained after the reinstatement date. The reinstated Policy or riders will only provide benefits for other Losses, 10 days or more after the reinstatement date. If a Sickness Disability Rider is included in this Policy, the reinstated rider will only provide benefits for Losses, which result from any sickness that the rider provides benefits for, which start more than 10 days after the reinstatement.

We reserve the right to make changes in this Policy before We reinstate it. Any changes will be noted on or attached to the reinstated Policy. In every other way, Your rights and Our rights will be the same as existed immediately prior to termination.

TRANSFER FROM PAYROLL DEDUCTION: If this Policy was issued on a payroll deduction payment method as designated in Your application and if, after at least one Premium payment, Premiums cease to be remitted through a valid payroll group, You may continue Your insurance by remitting Premium through one of Our other payment methods then available.

At the time this Policy is issued, these payment methods include:

- monthly deduction from a checking or saving account; and,
- direct bill for an annual, or semi-annual premium.

The Premium rate will not be changed because of this transfer.

SECTION 3: CLAIM PROVISIONS

NOTICE OF CLAIM: Written notice of claim must be given to Us within 60 days after the start of a Loss or as soon as reasonably possible. The notice must be sent to Us at Our Office. The notice should include the Insured's name, and the Policy number.

CLAIM FORMS: When We receive written notice of a claim, We will send forms for filing Proof of Loss. If We do not send these forms within 15 days, You will meet the Proof of Loss requirements by giving Us a written statement of the nature and extent of the Loss within the time stated in the Proof of Loss provision.

PROOF OF LOSS: You must give Us satisfactory written Proof of Loss within 90 days after the Loss for which You are seeking benefits. If it is not reasonably possible to give written Proof of Loss in the time required, We will not reduce or deny benefits for this reason if the Proof of Loss is filed as soon as reasonably possible. However, the Proof of Loss required must be given no later than one year and 90 days from the date proof is otherwise required, unless You were legally incapacitated during that time.

If this Policy provides for periodic payments for 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.

One or more of the following together with Your written statement may be required as Proof of Loss:

- completed Company claim forms;
- marriage certificate, and death certificates;
- a Pathologist's report;
- a Physician's statement;
- itemized bills for services rendered;
- Hospital, medical and Physician records;
- autopsy report; and,
- medical and pharmaceutical receipts.

TIME OF PAYMENT OF CLAIMS: After We receive written Proof of Loss and process Your claim, We will pay monthly all benefits then due for claims providing a periodic payment. Benefits for any other Loss for which benefits are payable under this Policy will be paid within 45 days after receipt of written Proof of Loss satisfactory to Us. If written Proof of Loss satisfactory to Us is not received, We will notify the Insured of the reasons for contesting the claim within 45 days after receipt. Upon receipt of any additional information requested, We will pay or deny the contested claim within 60 days.

Payments will be treated as being made on the date a draft or other valid instrument which is equivalent to payment was placed in the United States mail in a properly addressed, post-paid envelope or, if not so posted, on the date of delivery.

We will pay or deny any claim within 120 days after We receive written notice of claim. All payments not paid as stated above shall bear simple interest at the rate of 10% per year for any delay beyond that stated above.

Upon Your written notice, We will investigate any claim of improper billing by a Physician, Hospital, or other health care provider. We will determine if You were properly billed for only those procedures and services You actually received. If We determine You have been improperly billed, We will notify You and the provider of Our findings and will reduce Our payment appropriately. If a reduction in Our payment is made due to Your notification, We will pay the Insured 20% of the amount of the reduction up to \$500.

PAYMENT OF CLAIMS: Benefits will be paid to the Insured. We will not be bound by any assignment of benefits form unless We have given Our prior consent. Any benefits unpaid at the time of the Insured's death will be paid in the following order: any approved assignee, the surviving person legally married to the Insured at the Insured's death; the Insured's estate.

PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have You examined as often as reasonably necessary while a claim is pending. We can require an autopsy where not forbidden by law. Either will be done at Our expense.

UNPAID PREMIUM: When a claim is paid, any Premium due and unpaid may, at Our sole discretion, be deducted from the claim payment.

CLAIM REVIEW: If a claim is denied, We will give You written notice of the reason for denial; the Policy provision that relates to the denial; Your right to ask for a review of the claim; and any additional information that might allow Us to change Our decision. You may, upon written request, read any reports that are not confidential.

LEGAL ACTION: No Legal Action can be taken against Us to receive benefits under this Policy;

- within 60 days after written Proof of Loss has been furnished, in accordance with the requirements of this Policy; or,
- after the expiration of the applicable statute of limitations from the time written proof is required to be given.

SECTION 4: GENERAL PROVISIONS

ENTIRE CONTRACT: The entire contract of insurance consists of:

- this Policy;
- the Policy Schedule;
- any attached amendments, riders or endorsements; and,
- the application and any supplemental application.

In the absence of fraud, all statements made by the Insured will be considered representations and not warranties. No written statement made by an Insured will be used in any contest unless a copy of the statement is furnished to the Insured, his or her beneficiary, or a personal representative.

POLICY CHANGES: No change to this Policy is valid unless it is in writing, endorsed by one of Our officers, and attached to this Policy. The Company will provide a 45 day written notification of any changes that are not requested by You. No one else has the authority to change this Policy or to waive any of its provisions.

ADDING ADDITIONAL INSUREDS: You may be able to add a spouse or child(ren) to this Policy as an Insured, subject to the You, Your, Yourself, Insured definition. To do so We must receive: (1) an application for the spouse or child(ren); (2) evidence satisfactory to Us that the person is eligible and insurable; and, (3) payment of any additional Premium for that person. If the application is approved, We will notify You of the date the added person's coverage becomes effective.

CHANGE OF BENEFICIARY: The Policyowner can change the beneficiary at any time by giving Us written notice. The beneficiary's consent is not required for this or any other change in the Policy, unless the designation of the beneficiary is irrevocable.

TERM: The first term begins at 12:00 noon Standard Time at the Insured's address on the Effective Date shown on the Policy Schedule. The first term ends at 12:00 noon Standard Time on the next following renewal date. Each renewal term begins at 12:00 noon Standard Time on the date the previous term ends. Each renewal term ends at 12:00 noon Standard Time on the date to which Premium is paid. Renewal dates are determined by Your mode of payment which is shown on the Policy Schedule.

CANCELLATION OF INSURANCE: The Policyowner may request cancellation of this Policy at any time. The Policyowner may also cancel any coverage provided to an Insured at any time. The request must be in writing and sent to Us at Our Office. Cancellation will become effective on the day We receive the request, or on a later date specified in the request.

Cancellation will not prejudice a claim for Loss incurred prior to cancellation.

REFUND OF UNEARNED PREMIUM: Upon receipt of written proof of death of an Insured, We will return the unearned portion of any Premium paid to the Insured's estate.

CONTINUATION: If the Policyowner dies, any other Insureds may continue to have coverage under this Policy as long as the appropriate Premium is paid. Any disability benefits in the Policy or in any attached rider will not continue.

CONVERSION PRIVILEGE: If coverage terminates for reasons other than non-payment of Premium, if coverage of an Insured terminates due to divorce, or a child's insurance terminates due to marriage or reaching the Limiting Age, such Insured may convert to a separate Policy without having to provide Us with evidence of insurability. Any disability benefits in the Policy or in any attached rider will not be available for conversion. Obtaining that Policy is subject to the following conditions:

- a request in writing for the converted Policy must be made to Us within 31 days after the coverage under this Policy terminates;
- the applicable Premium must be paid. This Premium will be based upon the person's age and level of benefits;
- any benefit amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and,
- the effective date of the converted coverage will be the date coverage terminates under this Policy.

The new coverage will provide the same benefits as provided in this Policy. All benefits accrued under this Policy will be credited to the new coverage with the exception of any premium returning rider, if included. The new coverage is subject to any limitations or exclusions which applied to this Policy. In addition, any benefit amounts paid under this Policy will be applied to benefit limits under the new coverage.

MISSTATEMENT OF AGE: If any age is misstated in the application, the benefits will be such as the Premium paid would have been if purchased at the correct age. If based on the correct age We would not have issued this Policy, Our only responsibility will be to refund any excess Premium paid.

TIME LIMIT ON CERTAIN DEFENSES: We rely on the statements made in the application when issuing this Policy. After this Policy has been in force for two years, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the application, except fraudulent misstatements.

No claim for Loss incurred after two (2) years from the date You become covered under this Policy will be reduced or denied because a disease or physical condition, not excluded by name or specific description before the date of Loss, had existed before the Effective Date of Your Policy, subject to SECTION 6, ELIGIBILITY FOR BENEFITS.

CONFORMITY WITH THE STATE STATUTES: Any provision of this Policy which, on its 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 statutes.

CHOICE OF LAW: This insurance Policy and claims arising under it are governed by the laws of the state where this Policy's application has been signed by the Insured, exclusive of such state's choice of laws provisions.

SECTION 5: LIMITATIONS AND EXCLUSIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

FLYING: Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft including those which are not motor-driven.

HAZARDOUS ACTIVITIES: Hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, or mountaineering.

ILLEGAL ACTS: Participating or attempting to participate in an illegal act, or working at an illegal job.

INTOXICATION: Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a Physician.

PRE-EXISTING CONDITIONS: Having any injury or conditions not otherwise excluded by name or specific description which was diagnosed by or for which You consulted a Physician within 12 months prior to the date You become insured under this Policy. Benefits will not be paid for Losses related to such injury or condition which occur during the first 12 months after the date You become insured under this Policy. Routine follow-up care to determine whether breast cancer has recurred in an Insured who was previously determined to be breast cancer free does not constitute medical advice, diagnosis, care, or treatment for purposes of determining preexisting conditions, unless evidence of breast cancer is found during or as a result of the follow-up care.

RACING: As a rider in or driving any motor-driven vehicle in a race, stunt show or speed test; or while testing any vehicle on any racecourse or speedway.

SELF-INFLICTED INJURIES (SANE OR INSANE): Injuring or attempting to injure Yourself intentionally, regardless of mental capacity.

SICKNESS: Having any disease, bodily or mental illness, or degenerative process. We also will not pay benefits for any related medical treatments or diagnostic procedures.

SPORTS: Participating in any sporting event for pay or prize money.

SUICIDE (SANE OR INSANE): Committing or attempting to commit suicide, regardless of mental capacity.

TRAVEL: Being in an Accident which occurs more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas and the Virgin Islands, Bermuda and Jamaica, except under the Accidental Death Benefit.

WAR/MILITARY SERVICE: Being exposed to war or any act of war, declared or not, or participating in or contracting with the armed forces (including Coast Guard) of any country or international authority. Acts of terrorism are excluded from the definition of war. We will return, at Your request, the prorated Premium paid for You for any period You are not insured by this Policy while You are in such service.

SECTION 6: ELIGIBILITY FOR BENEFITS

You will be eligible for benefits under this Policy if:

- You have a Covered Accident;
- You incur a Loss while You are insured under this Policy; and,
- Your Loss is not excluded by name or specific description in this Policy.

SECTION 7: BENEFITS

OUR PROMISE TO PAY: Subject to the provisions of this Policy, We will pay the benefits listed below for Your Covered Accident. Benefit amounts are shown in the Benefit Schedule and are the maximum amounts payable per Covered Accident.

ACCIDENTAL DEATH: If an Accidental Injury causes an Insured to die within 90 days after the Covered Accident, We will pay one of the lump sum Accidental Death Benefits shown in the Benefit Schedule.

Accidental Death: a Covered Accident that occurs on or after the Effective Date of coverage and while coverage is in force and the Accident is other than defined below. We will pay the amount shown in the Benefit Schedule.

Motorized Vehicle Accident: a Covered Accident that occurs on or after the Effective Date of coverage and while coverage is in force directly involving a Motorized Vehicle. Operators are excluded if they are driving any taxi, intrastate or interstate vehicle for wage, compensation, or profit. We will pay the amount shown in the Benefit Schedule.

Pedestrian Accident: a Covered Accident that occurs on or after the Effective Date of coverage and while coverage is in force. These types of Accidents are subject to the Limitations and Exclusions. We will pay the amount shown in the Benefit Schedule.

Common Carrier Accident: a Covered Accident that occurs on or after the Effective Date of coverage and while the coverage is in force directly involving a Common Carrier. These types of Accidents are subject to the Limitations and Exclusions. We will pay the amount shown in the Benefit Schedule.

DISMEMBERMENT: We will pay the appropriate amount shown in the Benefit Schedule if a Covered Accident causes the Dismemberment of a finger, hand, toe, foot, arm, leg, or eye within one year after the Covered Accident.

If You lose a finger or toe as a result of a Covered Accident, We will pay the single Loss benefit shown in the Benefit Schedule. If You lose two or more, We will pay the multiple Loss benefit shown in the Benefit Schedule.

If You lose an eye, hand, foot, arm, or leg as a result of a Covered Accident, We will pay the single Loss benefit shown in the Benefit Schedule. If You lose two or more, We will pay the multiple Loss benefit shown in the Benefit Schedule.

Any Fracture Benefit for a subsequently dismembered hand, finger, foot or toe resulting from the same Covered Accident will be deducted from the Dismemberment Benefit.

If this benefit is paid and You also die as a result of the same Covered Accident, We will reduce any Death Benefit by the amount We pay under the Dismemberment Benefit.

FRACTURE: A fracture is a break in a bone. Diagnosis must be by a Physician through an x-ray or other medical imaging device.

We will pay the appropriate amount shown in the Benefit Schedule if You fracture a bone as part of a Covered Accident and it is diagnosed and treated by a Physician within 90 days after the Covered Accident.

If the fracture requires a surgical incision to set the bone, We will pay an extra 50% of the amount shown in the Benefit Schedule.

MULTIPLE FRACTURES: If You have more than one fracture as part of a Covered Accident, We will pay the appropriate amount for each fracture; however, We will pay a total of no more than 150% of the benefit amount for the fracture which has the largest dollar value for which You are eligible.

CHIP FRACTURE: A chip fracture is a piece of bone which is completely broken off near a joint. If a Physician diagnoses and treats Your chip fracture without surgery, We will pay only 25% of the amount shown in the Benefit Schedule for the affected bone.

DISLOCATION: A dislocation is a completely separated joint. If You dislocate a joint as part of a Covered Accident, and it is diagnosed and treated by a Physician within 90 days after the Covered Accident, We will pay the appropriate amount shown in the Benefit Schedule.

If the dislocation requires a surgical incision to relocate the joint, We will pay an extra 50% of the amount shown in the Benefit Schedule.

We will pay benefits only for the first complete or partial dislocation of a joint. We will not pay for recurring dislocations of the same joint. If You dislocated a joint before You become insured under this Policy and You dislocate the same joint again, this benefit will not be paid.

MULTIPLE DISLOCATIONS: If You sustain more than one complete or partial dislocation in any one Covered Accident, We will pay the appropriate amount for each dislocation; however, We will pay a total of no more than 150% of the benefit amount for the dislocated joint which has the largest dollar value for which You are eligible.

PARTIAL DISLOCATION: A partial dislocation is a dislocation in which the joint is not completely separated. If a Physician diagnoses and treats Your Covered Accident as a partial dislocation, We will pay 25% of the amount shown in the Benefit Schedule for the affected joint.

LACERATION: A laceration is a cut in the skin. If You are lacerated as part of a Covered Accident and Your laceration is repaired with sutures by a Physician within 72 hours after the Covered Accident, We will pay the appropriate amount shown in the Benefit Schedule.

MULTIPLE LACERATIONS: If You suffer multiple lacerations as part of a Covered Accident and Your lacerations are repaired with sutures by a Physician within 72 hours after the Covered Accident, We will pay this benefit based on the combined length of all lacerations which require sutures.

INJURIES REQUIRING SURGERY:

EYE INJURY: If You injure Your eye as part of a Covered Accident and eye surgery is performed due to a Covered Accident by a Physician within 90 days after the Covered Accident, We will pay the amount shown in the Benefit Schedule. Eye surgery includes the removal of an object, with or without anesthesia.

TENDON AND LIGAMENT: If You tear, sever or rupture Your tendon or ligament as part of a Covered Accident and have the injured tendon or ligament repaired through surgical incision by a Physician within 90 days after the Covered Accident, We will pay the appropriate amount shown in the Benefit Schedule. The amount paid will be based on the number (single or multiple) of tendons and ligaments repaired.

This benefit is not payable if either the dislocation benefit or fracture benefit is payable due to the same Covered Accident.

RUPTURED DISC: If You rupture a disc in Your spine as part of a Covered Accident, receive treatment for the rupture from a Physician within 60 days after the Covered Accident, and have the rupture repaired through surgical incision by a Physician within one year after the Covered Accident, We will pay the appropriate amount shown in the Benefit Schedule. The amount paid will be based on the length of time You have been insured under this Policy on the date Your Covered Accident occurred.

TORN CARTILAGE: If You tear cartilage as part of a Covered Accident, receive treatment for the torn cartilage from a Physician within 60 days after the Covered Accident, and have the torn cartilage repaired through surgical incision by a Physician within one year after the Covered Accident, We will pay the appropriate amount shown in the Benefit Schedule. The amount paid will be based on the length of time You have been insured under this Policy on the date Your Covered Accident occurred.

HERNIA: If You suffer a hernia as part of a Covered Accident, receive treatment for the hernia from a Physician within 60 days after the Covered Accident, and have the hernia repaired through surgical incision by a Physician within one year after the Covered Accident, We will pay the appropriate amount shown in the Benefit Schedule. The amount paid will be based on the length of time You have been insured under this Policy on the date Your Covered Accident occurred. If Your hernia is a herniated disc, We will pay the ruptured disc benefit in lieu of the hernia benefit.

PARALYSIS: Paralysis means the permanent and complete cessation of function of two or more arms or legs. If You have a Covered Accident and the injury causes paraplegia or quadriplegia which is diagnosed by a Physician within 90 days after the Covered Accident, We will pay the amount shown in the Benefit Schedule.

If this benefit is paid and You also die as a result of the same Covered Accident, We will reduce any Death Benefit by the amount We pay under the paralysis benefit.

BURN: If You are burned as part of a Covered Accident and Your burns are treated by a Physician within 72 hours after the Covered Accident, We will pay the burn benefit shown in the Benefit Schedule, provided that, at a minimum:

- second degree burns cover at least 25% of Your body surface; or,
- third degree burns cover at least nine square inches of Your body surface.

This benefit is not payable for first degree burns.

HOSPITAL CONFINEMENT: While this coverage is in force, if an Insured requires Hospital Confinement for treatment of injuries sustained in a Covered Accident, We will pay the daily amount shown in the Benefit Schedule for each Day of confinement. Confinement must start within 30 days of the Accident. We will pay this benefit up to 365 days per Covered Accident. This daily benefit is payable for only one Hospital Confinement at a time per Insured, even if caused by more than one Covered Accident.

INTENSIVE CARE UNIT: While an Insured is receiving this benefit, We will pay the amount shown in the Benefit Schedule for each Day the Insured is confined in an Intensive Care Unit. This Intensive Care Unit benefit is payable for up to 15 days per Covered Accident. This daily benefit is payable for only one Hospital Confinement at a time per Insured, even if caused by more than one Covered Accident.

EMERGENCY ROOM SERVICES: When an Insured is admitted to an emergency room for a Covered Accident We will pay the appropriate amount shown in the Benefit Schedule. Admission to the emergency room for a Covered Accident must occur within 72 hours of the Covered Accident. This benefit is payable once per 24 hour period and only once per Covered Accident per Insured.

AMBULANCE: We will pay the amount shown in the Benefit Schedule if, as the result of Your Covered Accident You require transportation to a Hospital and You are transported by a professional ambulance service (including "air ambulance" service) within 72 hours of the Covered Accident. Any ambulance service must be necessary to protect Your health and safety when other reasonable and customary travel methods are not available.

PHYSICIAN'S OFFICE VISIT BENEFIT: When an Insured person visits a Physician's office due to a Covered Accident for which a charge is made We will pay the amount shown in the Benefit Schedule per visit limited to 2 visits per Covered Accident per Insured.

PHYSICAL THERAPY BENEFIT: When an Insured has physical therapy due to a Covered Accident, We will pay the amount shown in the Benefit Schedule per therapy session limited to 8 sessions per Covered Accident per Insured.

MEDICAL IMAGING BENEFIT: We will pay the amount shown on the Benefit Schedule when a Insured person receives an evaluation due to a Covered Accident using one of the following medical imaging exams: CT (computerized tomography) scan, MRI (magnetic resonance imaging), EEG (electroencephalogram).

These exams must be performed in a Hospital, an ambulatory surgical center, imaging center, or a Physician's office. This benefit is limited to one per Covered Accident per Insured.

MEDICAL APPLIANCES BENEFIT: We will pay the amount in the Benefit Schedule once per Covered Accident per Insured when a Physician prescribes medical appliances, for the aid of the Insured person due to a Covered Accident. This benefit is payable for wheelchair, walker, crutches, leg brace, or back brace.

BLOOD AND PLASMA BENEFIT: We will pay the amount shown in the Benefit Schedule if You incur a Loss for receiving whole blood, plasma, red cells, packed cells or platelets due to a Covered Accident whether Hospital Confined or as outpatient treatment. We do not pay for processing, administration, storage, laboratory charges, blood or blood components replaced by donors. This benefit is payable once per Covered Accident per Insured.

PROSTHESIS BENEFIT: We will pay this benefit for prosthetic devices prescribed by a Physician due to a Covered Accident for which You received benefits under this Policy. We will pay the amount shown in the Benefit Schedule. The amount listed is the maximum payable per device for each Insured person per Covered Accident. Devices must be obtained within three years after the date of the Covered Accident for which We paid a benefit.

TRANSPORTATION BENEFIT: If an Insured requires special treatment and confinement in a Hospital for injuries sustained in a Covered Accident, We will pay the benefit shown in the Benefit Schedule. This benefit is payable for the trip to the Hospital. The local attending Physician must prescribe the treatment, and the treatment must not be available locally. This benefit is not payable for transportation to any hospital located within a 100-mile radius of the site of the Accident or residence of the Insured. Ambulance or air ambulance transportation is only payable under the Ambulance benefit. This benefit is payable for up to three trips per calendar year per Insured.

FAMILY LODGING BENEFIT: When the Insured must travel more than 100 miles from their residence to be confined in a Hospital because treatment for injuries sustained in a Covered Accident are not available locally, We will pay the benefit shown in the Benefit Schedule for one hotel/motel room for the member(s) of their Immediate Family who accompanied the Insured. This benefit is only payable during the Insured's Period of Confinement. The local attending Physician must prescribe the treatment. This benefit is payable up to 30 days per Covered Accident. The Hospital and hotel/motel must be more than 100 miles from the residence of the Insured.

Washington National Insurance Company
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

Amendment

This Amendment is a part of the policy to which it is attached. That Policy is called "the Policy" in this Amendment. This Amendment is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Amendment.

The Pre-Existing Conditions limitation is hereby removed from the Policy in its entirety.

The Child Definition is hereby amended as follows: the Limiting Age is younger than 26.

Secretary

24-hour accident short-term disability benefit

24 HOUR ACCIDENT SHORT TERM DISABILITY BENEFIT: The Policyowner will be eligible for this benefit, as shown in the Benefit Schedule, if employed at least 27.5 hours per week at the time the Covered Accident occurs and if, as the result of an Accidental Injury, the Policyowner is:

- Totally Disabled within 90 Days of the Covered Accident; and,
- being cared for on a regular basis (at least monthly) by a Physician. This requirement is waived if the Physician states that maximum recovery has been reached and continued future treatment is of no benefit.

We will pay this benefit beginning with the first full Day of the Policyowner's total disability.

If the eligible Policyowner is not Totally Disabled for a full month, We will pay benefits for each full Day of Total Disability during the Policyowner's eligibility for this benefit. Daily benefits will be paid at the rate of 1/30 of the monthly amount.

If the Policyowner becomes Totally Disabled again due to the same type of bodily injury within six (6) months of the end of a period during which the Policyowner was Totally Disabled, We will treat this disability as the same disability.

The maximum benefit period for a covered disability is 12 months.

We will pay only one disability benefit for a period of Total Disability even if the disability is caused by more than one Covered Accident.

This benefit is guaranteed renewable until the Policyowner's attainment of age 70. At age 70 this benefit will end.

SPECIMEN

Off-the-job accident total disability benefit

OFF-THE-JOB ACCIDENT TOTAL DISABILITY BENEFIT: The Policyowner will be eligible for this benefit, as shown in the Benefit Schedule, if employed at least 27.5 hours per week at the time the Off-The-Job Covered Accident occurs and if, as the result of Accidental Injury, the Policyowner is:

- Totally Disabled within 90 Days of the Covered Accident; and,
- being cared for on a regular basis (at least monthly) by a Physician. This requirement is waived if the Physician states that maximum recovery has been reached and continued future treatment is of no benefit.

If the eligible Policyowner is not Totally Disabled for a full month, We will pay benefits for each full Day of Total Disability during the Policyowner's eligibility for this benefit. Daily benefits will be paid at the rate of 1/30 of the monthly amount.

If the Policyowner becomes Totally Disabled again due to the same type of bodily injury within six (6) months of the end of a period during which the Policyowner was Totally Disabled, We will treat this disability as the same disability.

The maximum benefit period for a covered disability is 12 months.

We will pay only one disability benefit for a period of Total Disability even if the disability is caused by more than one Covered Accident.

This benefit is guaranteed renewable until the Policyowner's attainment of age 70. At age 70 this benefit will end.

SPECIMEN

Benefit schedule

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT SCHEDULE

	Policyowner	Spouse	Child(ren)
Accidental Death Benefit			
Accidental Death	\$50,000	\$50,000	\$12,500
Motorized Vehicle or Pedestrian	\$75,000	\$75,000	\$18,750
Common-Carrier	\$100,000	\$100,000	\$25,000
Dismemberment Benefit			
One finger or toe	\$1,250	\$1,250	\$500
More than one finger and/or toe	\$1,500	\$1,500	\$1,000
One eye, hand, foot, arm, or leg	\$7,500	\$7,500	\$1,875
More than one eye, hand, foot, arm, or leg	\$25,000	\$25,000	\$6,250
Fracture			
Hip or thigh	\$2,400	\$2,400	\$2,400
Vertebrae	\$2,200	\$2,200	\$2,200
Pelvis	\$2,000	\$2,000	\$2,000
Skull (depressed)	\$1,800	\$1,800	\$1,800
Leg	\$1,500	\$1,500	\$1,500
Foot, ankle, or knee cap	\$1,200	\$1,200	\$1,200
Forearm or hand	\$1,200	\$1,200	\$1,200
Lower jaw	\$1,000	\$1,000	\$1,000
Shoulder blade, collar bone, or sternum	\$1,000	\$1,000	\$1,000
Skull (simple)	\$900	\$900	\$900
Upper arm or upper jaw	\$900	\$900	\$900
Facial Bones	\$750	\$750	\$750
Vertebrae processes	\$500	\$500	\$500
Coccyx, rib, finger, toe, or nose	\$200	\$200	\$200
Dislocation			
Hip	\$2,200	\$2,200	\$2,200
Knee (not knee cap)	\$1,600	\$1,600	\$1,600
Shoulder	\$1,200	\$1,200	\$1,200
Foot or ankle	\$1,000	\$1,000	\$1,000
Hand	\$900	\$900	\$900
Lower jaw	\$750	\$750	\$750
Wrist	\$600	\$600	\$600
Elbow	\$500	\$500	\$500
Finger or toe	\$200	\$200	\$200
Laceration			
Combined length:			
Over 5"	\$300	\$300	\$300
2" to 5"	\$150	\$150	\$150
Up to 2"	\$75	\$75	\$75

BENEFIT SCHEDULE CONTINUED

	Policyowner	Spouse	Child(ren)
Injuries Requiring Surgery			
Eye Injury	\$150	\$150	\$150
Tendon or ligament:			
Single	\$600	\$600	\$600
Multiple	\$900	\$900	\$900
Ruptured disc:			
Covered accident occurs:			
During first year you are insured	\$150	\$150	\$150
After first year you are insured	\$600	\$600	\$600
Torn cartilage:			
Covered accident occurs:			
During first year you are insured	\$150	\$150	\$150
After first year you are insured	\$600	\$600	\$600
Hernia:			
Covered accident occurs:			
During the first year you are insured	\$150	\$150	\$150
After first year you are insured	\$300	\$300	\$300
Paralysis:			
Paraplegia	\$5,000	\$5,000	\$5,000
Quadriplegia	\$6,250	\$6,250	\$6,250
Burn	\$900	\$900	\$900
Hospital Confinement	\$300 per Day up to 365 days	\$300 per Day up to 365 days	\$300 per Day up to 365 days
Intensive Care Unit	\$600 per Day up to 15 days per Covered Accident	\$600 per Day up to 15 days per Covered Accident	\$600 per Day up to 15 days per Covered Accident
Ambulance	\$150 within 72 hours of the Covered Accident	\$150 within 72 hours of the Covered Accident	\$150 within 72 hours of the Covered Accident
Air Ambulance	\$1,000 within 72 hours of the Covered Accident	\$1,000 within 72 hours of the Covered Accident	\$1,000 within 72 hours of the Covered Accident
Emergency Room Services	\$300 per Covered Accident per Insured	\$300 per Covered Accident per Insured	\$200 per Covered Accident per Insured
Transportation	\$400 per trip to Hospital for injured person	\$400 per trip to Hospital for injured person	\$400 per trip to Hospital for injured person

BENEFIT SCHEDULE CONTINUED

	Policyowner	Spouse	Child(ren)
Family Lodging	\$100/\$125 per Day during time of hospitalization up to 30 days per Covered Accident	\$100/\$125 per Day during time of hospitalization up to 30 days per Covered Accident	\$100/\$125 per Day during time of hospitalization up to 30 days per Covered Accident
Physician's Visit	\$30/\$50 limit 2 per Covered Accident per Insured	\$30/\$50 limit 2 per Covered Accident per Insured	\$30/\$50 limit 2 per Covered Accident per Insured
Physical Therapy	\$30/\$50 limit 8 per Covered Accident per Insured	\$30/\$50 limit 8 per Covered Accident per Insured	\$30/\$50 limit 8 per Covered Accident per Insured
Medical Imaging Benefit	\$150/\$200 limited to one per Covered Accident per Insured	\$150/\$200 limited to one per Covered Accident per Insured	\$150/\$200 limited to one per Covered Accident per Insured
Medical Appliances Benefit	\$100/\$125 limited to one per Covered Accident per Insured	\$100/\$125 limited to one per Covered Accident per Insured	\$100/\$125 limited to one per Covered Accident per Insured
Prostheses Benefit	\$500/\$750 maximum benefit per device	\$500/\$750 maximum benefit per device	\$500/\$750 maximum benefit per device
Blood and Plasma	\$100/\$200 payable once per Covered Accident per Insured	\$100/\$200 payable once per Covered Accident per Insured	\$100/\$200 payable once per Covered Accident per Insured
[Off The Job Accident Total Disability Benefit – Policyowner only maximum benefit of 12 months]	[\$500/\$1,000/\$1,500/\$2,000]		
[24 Hour Accident Short Term Disability Benefit – Policyowner only maximum benefit of 12 months]	[\$500/\$1,000/\$1,500/\$2,000]		
[Sickness Disability Rider – Policyowner only maximum benefit of 12 months]	[\$500/\$1,000/\$1,500/\$2,000]		

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT SCHEDULE

	Policyowner	Spouse	Child(ren)
Accidental Death Benefit			
Accidental Death	\$75,000	\$75,000	\$18,750
Motorized Vehicle or Pedestrian	\$125,000	\$125,000	\$31,250
Common-Carrier	\$150,000	\$150,000	\$37,500
Dismemberment Benefit			
One finger or toe	\$2,000	\$2,000	\$500
More than one finger and/or toe	\$2,500	\$2,500	\$1,000
One eye, hand, foot, arm, or leg	\$12,000	\$12,000	\$3,000
More than one eye, hand, foot, arm, or leg	\$40,000	\$40,000	\$10,000
Fracture			
Hip or thigh	\$3,200	\$3,200	\$3,200
Vertebrae	\$2,900	\$2,900	\$2,900
Pelvis	\$2,550	\$2,550	\$2,550
Skull (depressed)	\$2,400	\$2,400	\$2,400
Leg	\$2,000	\$2,000	\$2,000
Foot, ankle, or knee cap	\$1,600	\$1,600	\$1,600
Forearm or hand	\$1,600	\$1,600	\$1,600
Lower jaw	\$1,300	\$1,300	\$1,300
Shoulder blade, collar bone, or sternum	\$1,300	\$1,300	\$1,300
Skull (simple)	\$1,200	\$1,200	\$1,200
Upper arm or upper jaw	\$1,200	\$1,200	\$1,200
Facial Bones	\$1,000	\$1,000	\$1,000
Vertebrae processes	\$750	\$750	\$750
Coccyx, rib, finger, toe, or nose	\$250	\$250	\$250
Dislocation			
Hip	\$3,000	\$3,000	\$3,000
Knee (not knee cap)	\$2,100	\$2,100	\$2,100
Shoulder	\$1,600	\$1,600	\$1,600
Foot or ankle	\$1,300	\$1,300	\$1,300
Hand	\$1,200	\$1,200	\$1,200
Lower jaw	\$1,000	\$1,000	\$1,000
Wrist	\$800	\$800	\$800
Elbow	\$650	\$650	\$650
Finger or toe	\$250	\$250	\$250
Laceration			
Combined length:			
Over 5"	\$400	\$400	\$400
2" to 5"	\$200	\$200	\$200
Up to 2"	\$100	\$100	\$100

BENEFIT SCHEDULE CONTINUED

	Policyowner	Spouse	Child(ren)
Injuries Requiring Surgery			
Eye Injury	\$200	\$200	\$200
Tendon or ligament:			
Single	\$800	\$800	\$800
Multiple	\$1,200	\$1,200	\$1,200
Ruptured disc:			
Covered accident occurs:			
During first year you are insured	\$200	\$200	\$200
After first year you are insured	\$800	\$800	\$800
Torn cartilage:			
Covered accident occurs:			
During first year you are insured	\$200	\$200	\$200
After first year you are insured	\$800	\$800	\$800
Hernia:			
Covered accident occurs:			
During the first year you are insured	\$200	\$200	\$200
After first year you are insured	\$400	\$400	\$400
Paralysis:			
Paraplegia	\$10,000	\$10,000	\$10,000
Quadriplegia	\$12,500	\$12,500	\$12,500
Burn	\$1,200	\$1,200	\$1,200
Hospital Confinement	\$500 per Day up to 365 days	\$500 per Day up to 365 days	\$500 per Day up to 365 days
Intensive Care Unit	\$1,000 per Day up to 15 days per Covered Accident	\$1,000 per Day up to 15 days per Covered Accident	\$1,000 per Day up to 15 days per Covered Accident
Ambulance	\$250 within 72 hours of the Covered Accident	\$250 within 72 hours of the Covered Accident	\$250 within 72 hours of the Covered Accident
Air Ambulance	\$1,500 within 72 hours of the Covered Accident	\$1,500 within 72 hours of the Covered Accident	\$1,500 within 72 hours of the Covered Accident
Emergency Room Services	\$500 per Covered Accident per Insured	\$500 per Covered Accident per Insured	\$350 per Covered Accident per Insured
Transportation	\$600 per trip to Hospital for injured person	\$600 per trip to Hospital for injured person	\$600 per trip to Hospital for injured person

BENEFIT SCHEDULE CONTINUED

	Policyowner	Spouse	Child(ren)
Family Lodging	\$125 per Day during time of hospitalization up to 30 days per Covered Accident	\$125 per Day during time of hospitalization up to 30 days per Covered Accident	\$125 per Day during time of hospitalization up to 30 days per Covered Accident
Physician's Visit	\$50 limit 2 per Covered Accident per Insured	\$50 limit 2 per Covered Accident per Insured	\$50 limit 2 per Covered Accident per Insured
Physical Therapy	\$30/\$50 limit 8 per Covered Accident per Insured	\$50 limit 8 per Covered Accident per Insured	\$50 limit 8 per Covered Accident per Insured
Medical Imaging Benefit	\$200 limited to one per Covered Accident per Insured	\$200 limited to one per Covered Accident per Insured	\$150/\$200 limited to one per Covered Accident per Insured
Medical Appliances Benefit	\$125 limited to one per Covered Accident per Insured	\$125 limited to one per Covered Accident per Insured	\$125 limited to one per Covered Accident per Insured
Prostheses Benefit	\$750 maximum benefit per device	\$750 maximum benefit per device	\$750 maximum benefit per device
Blood and Plasma	\$200 payable once per Covered Accident per Insured	\$200 payable once per Covered Accident per Insured	\$200 payable once per Covered Accident per Insured
[Off The Job Accident Total Disability Benefit – Policyowner only maximum benefit of 12 months]	[\$500/\$1,000/\$1,500/\$2,000]		
[24 Hour Accident Short Term Disability Benefit – Policyowner only maximum benefit of 12 months]	[\$500/\$1,000/\$1,500/\$2,000]		
[Sickness Disability Rider – Policyowner only maximum benefit of 12 months]	[\$500/\$1,000/\$1,500/\$2,000]		

Sickness Disability rider

SICKNESS DISABILITY RIDER

This Rider is a part of the Policy to which it is attached. That Policy is called "the Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

The policyholder may call 1-800-888-4918 to present inquires, obtain information about coverage's, or to obtain assistance in resolving complaints.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of: (1) the statements made in the application; and (2) the advance payment of the Premium (EXCEPTION: During the time, if any, that it is agreed between the Policyowner and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Policyowner's behalf). This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as premium rates for the Policy. This Rider will terminate on the earliest of: (1) the date the Policy terminates; (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy; or (3) the Policyowner's attainment of age 70.

REINSTATEMENT

This Rider may be reinstated subject to the terms of the Policy to which it is attached and subject to the Policyowner's age.

DEFINITIONS

When the terms below are used in this Rider, the following definitions will apply.

ELIMINATION PERIOD: means an initial period of Total Disability for which We will not pay benefits.

SICKNESS: means an illness, disease or condition, not due to an Accident, which first produces a clear or obvious symptom after the Effective Date of this Rider. Sickness does not include Sickness as a direct or indirect result of medical treatment or a diagnostic procedure.

ELIGIBILITY

You will be eligible for benefits under this Rider if, due to Sickness, You are Totally Disabled while You are insured under this Rider.

BENEFIT

TOTAL DISABILITY BENEFIT: The Policyowner will be eligible for this benefit, as shown in the Benefit Schedule, if employed at least 27.5 hours per week at the time the Sickness is diagnosed and if, as the result of Sickness, the Policyowner is:

- Totally Disabled; and,
- being cared for on a regular basis (at least monthly) by a Physician. This requirement is waived if the Physician states, that maximum recovery has been reached and continued future treatment is of no benefit.

The benefit contains an Elimination Period of 14 days for each Sickness. This means that We will not pay benefits for the first 14 days of Your Total Disability.

If the Policyowner is not Totally Disabled for a full month, We will pay benefits for each full Day of Total Disability during the Policyowner's eligibility for this benefit. Daily benefits will be paid at the rate of 1/30 of the monthly amount.

If the Policyowner becomes Totally Disabled again due to the same Sickness within six (6) months of the end of a period during which the Policyowner was Totally Disabled, We will treat this disability as the same disability. The maximum benefit period for a covered disability is 12 months.

We will pay only one Total Disability Benefit during a period of Total Disability even if the disability is caused by more than one Sickness.

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

COSMETIC/PLASTIC SURGERY: Surgery that is not for the diagnosis or treatment of Covered Sickness based upon generally accepted medical practice and is not medically necessary. The following procedures are not covered under any circumstances, even if performed for diagnosis or treatment of a Covered Sickness or medically necessary. Abdominoplasty (tummy tuck); Mammoplasty (breast enlargement); Rhinoplasty (nose job); or Suction Assisted Lipectomy (liposuction). Complications from any Cosmetic/Plastic surgery are not covered.

ELECTIVE SURGERY: Surgery that is not for the diagnosis or treatment of a Covered Sickness based upon generally accepted medical practice and is not medically necessary. Gastric Bypass Surgeries are not covered under any circumstances, even if performed for diagnosis or treatment of a Covered Sickness or medically necessary, voluntary abortion (except where the Policyowner would be endangered if the fetus were carried to term or where medical complications have arisen from abortion), or Sex changes. Complications from any Elective surgery are not covered.

MENTAL DISORDER: Having a behavioral or psychological disorder, disease, or syndrome, without demonstrable organic origin.

POSTPARTUM: No benefits will be paid for any postpartum disability under this Rider.

PREGNANCY: No benefits for normal pregnancy will be paid under this Rider. Sickness due to complications of pregnancy will be treated the same as for any other Sickness. A Cesarean is not considered a complication of pregnancy.

PRE-EXISTING CONDITIONS: Having any Sickness or conditions not otherwise excluded by name or specific description which was diagnosed by or for which You consulted a Physician within 12 months prior to the date You become insured under this Rider. Benefits will not be paid for such Sickness or condition which occur during the first 12 months after the date You become insured under this Rider. Routine follow-up care to determine whether breast cancer has recurred in an Insured who was previously determined to be breast cancer free does not constitute medical advice, diagnosis, care, or treatment for purposes of determining preexisting conditions, unless evidence of breast cancer is found during or as a result of the follow-up care.

SUBSTANCE ABUSE: Alcoholism, drug abuse, or chemical dependency.

President

Washington National Insurance Company
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

Amendment

This Amendment is a part of the policy to which it is attached. That Policy is called "the Policy" in this Amendment. This Amendment is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Amendment.

The Pre-Existing Conditions limitation is hereby removed from the Policy in its entirety, except as expressly stated in the Sickness Disability Rider, if attached.

The Child Definition is hereby amended as follows: the Limiting Age is younger than 26.

Any Disability Benefits elected in the Policy or attached Rider(s) are hereby amended as follows: The number of work hours per week is 18.

Secretary

SPECIMEN

Waiver of Premium rider

Washington National Insurance Company
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

WAIVER OF PREMIUM RIDER

This Rider is a part of the Policy to which it is attached. That Policy is called "the Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

The policyholder may call 1-800-888-4918 to present inquiries, obtain information about coverage's, or to obtain assistance in resolving complaints.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of the advance payment of the Premium (EXCEPTION: During the time, if any, that it is agreed between the Policyowner and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Policyowner's behalf). This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as Premium rates for the Policy. This Rider will terminate on the earliest of: (1) the date the Policy terminates; (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy; (3) the date any disability benefits or riders terminate; or (4) the Policyowner's attainment of age 70.

REINSTATEMENT

This Rider may be reinstated subject to the terms of the Policy to which it is attached and subject to the Policyowner's age.

BENEFITS

When the Policyowner is Totally Disabled as determined under the Policy or the Sickness Disability Rider (if attached to the Policy), We will waive the Premium for the period of disability. We will waive the Premium for no longer than a continuous period of Total Disability and for no longer than the maximum period of 12 months.

Premium payments are not required for Your coverage beginning the first of the month, in which You are determined to be Totally Disabled under the Policy or the Sickness Disability Rider (if attached to the Policy). Upon determination of Total Disability any Premium already received for that period will be proportionately refunded.

When the Policyowner is no longer Totally Disabled, waiver of premium will continue to the first of the next month. Thereafter, Premiums must be paid in order for the Policy to continue in force.

Secretary

Physician's Office Additional Benefit rider

Washington National Insurance Company
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

PHYSICIAN'S OFFICE ADDITIONAL BENEFITS RIDER

This Rider is a part of the Policy to which it is attached. That Policy is called "the Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

The policyholder may call 1-800-888-4918 to present inquiries, obtain information about coverage's, or to obtain assistance in resolving complaints.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of the advance payment of the Premium (EXCEPTION: During the time, if any, that it is agreed between the Policyowner and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Policyowner's behalf). This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as Premium rates for the Policy. This Rider will terminate on the earliest of: (1) the date the Policy terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy.

REINSTATEMENT

This Rider may be reinstated subject to the terms of the Policy to which it is attached and subject to the Policyowner's age.

BENEFIT

When an Insured person visits a Physician's Office due to a Covered Accident this Rider will pay an additional benefit for each Covered Accident as stated below:

1. \$50 when the Physician's Office Visit benefit and other Policy benefits are payable; or,
2. \$200 when the Physician's Office Visit benefit is the only Policy benefit payable.

We will only pay this benefit once per Covered Accident for each Insured.

LIMITATIONS AND EXCLUSIONS

DENTAL PROCEDURES: We will not pay benefits for Loss contributed to, caused by, or resulting from Your treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident. Dental procedures as a result of a Covered Accident are limited to the natural teeth.

Secretary

Public Safety rider

Washington National Insurance Company
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

PUBLIC SAFETY RIDER

This Rider is a part of the Policy to which it is attached. That Policy is called "the Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

The policyholder may call 1-800-888-4918 to present inquiries, obtain information about coverage's, or to obtain assistance in resolving complaints.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of: (1) the statements made in the application; and (2) the advance payment of the Premium (EXCEPTION: During the time, if any, that it is agreed between the Policyowner and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Policyowner's behalf). This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as Premium rates for the Policy. This Rider will terminate on the earliest of: (1) the date the Policy terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy.

DEFINITIONS

When the term below is used in this Rider, the following definition will apply.

CONVENTIONAL FIREARM: means for the purposes of this Rider, a weapon that uses explosive powder to propel a metal (usually lead) projectile. Weapons include hand guns; rifles; shot guns and automatic weapons.

NON-CONVENTIONAL FIREARM: means any device which fires a projectile by any means other than explosive powder, or which does not meet the definition of Conventional Firearm as described above.

BENEFIT

GUNSHOT WOUND: The Policyowner must be working in the line of duty as a public safety officer and within the course and scope of duty. If a gunshot wound is received from a Conventional Firearm and within 24 hours of the shooting receives treatment for that wound from a Physician at a Hospital, We will pay \$2,000.

If this benefit is paid and, as a result of the same shooting, the Policyowner is later eligible for the Accidental Death Benefit, We will pay only the largest of these benefits for which the Policyowner is eligible.

MULTIPLE GUNSHOT WOUNDS: If the Policyowner receives two or more gunshot wounds within a 24-hour period, We will pay this benefit for only one wound.

ADDITIONAL LIMITATIONS AND EXCLUSIONS

OFF-THE-JOB SHOOTING: Benefits are not paid for any gunshot wound received while the public safety officer is not working in the line of duty and not within the course and scope of duty.

NON-CONVENTIONAL FIREARM: Benefits are not paid for any gunshot wound received from any weapon other than a Conventional Firearm.

President

Return of Premium rider

Washington National Insurance Company
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

RETURN OF PREMIUM RIDER

This Rider is a part of the Policy to which it is attached. That Policy is called "the Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

The policyholder may call 1-800-888-4918 to present inquiries, obtain information about coverage's, or to obtain assistance in resolving complaints.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of the advance payment of the Premium (EXCEPTION: During the time, if any, that it is agreed between the Policyowner and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Policyowner's behalf). This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION - REINSTATEMENT

This Rider is renewable at the same time and under the same terms as the Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as Premium rates for the Policy. If the Premium for the Policy or any Rider changes for any reason, You will be notified of the revised Premium. We will calculate Your Return of Premium Benefit Amount based on both the original Premium paid and the revised Premium paid.

This Rider will terminate on the earliest of: (1) the date the Policy terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy. If You allow the Policy to terminate and it is later reinstated, then the Maturity Date will be deferred by the period of time that the Policy was inactive. If the Return of Premium benefit has already been paid then this rider will not be reinstated.

EXCEPTION: If the Maturity Date occurs on the Rider anniversary date after You reach age 75, We will not defer that Maturity Date.

CONTINUATION PRIVILEGE

If this is a family policy and You die, Your spouse may elect to continue insurance under the Policy and this Rider by paying the Premium. The Maturity Date will continue to be based on Your age. The Return of Premium Benefit Amount will be paid to Your spouse.

BENEFIT ASSIGNMENT NOT ALLOWED

You may not assign the benefit under this Rider.

DEFINITIONS

When the terms below are used in this Rider, the following definitions will apply.

RETURN OF PREMIUM PERIOD: means the period of time from the Rider Effective Date to the Maturity Date. The Return of Premium period is 20 years.

MATURITY DATE: means the date on which a Return of Premium Period ends and You become entitled to the benefit provided by this Rider.

BENEFITS

OUR PROMISE TO PAY: We will pay You a Return of Premium Benefit if You keep Your Policy and this Rider in force until the Maturity Date. You do not need to surrender Your Policy and this Rider at the Maturity Date to receive the Return of Premium Benefit.

RETURN OF PREMIUM BENEFIT AMOUNT: The benefit amount is equal to the Premiums paid for the insurance provided during the Return of Premium Period, minus any claims incurred during the Return of Premium Period. For other information which may affect this amount, please refer to the Renewability, Termination, Reinstatement Provision in this Rider.

EFFECT OF WAIVER OF PREMIUM ON RETURN OF PREMIUM: Premiums waived under any Waiver of Premium Rider attached to the Policy will be treated both as Premiums paid and claims incurred for purposes of calculating the Return of Premium Benefit Amount.

Secretary

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office
11825 N. Pennsylvania Street
Carmel, IN 46032

WashingtonNational.com

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(04/13) 144493

A3-BOOK-FL-POL



You can't prevent every accident—



but you *can* protect yourself and your family with **ACCIDENT***assure*®

Meet your Washington National Insurance Company agent to learn more about the supplemental insurance options available to you through your employer.

DATE _____

TIME _____

LOCATION _____

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: Carmel, IN

WashingtonNational.com

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(011/15) 166233
A3-PSTR-VVS





Worksite UL2[®]

UNIVERSAL LIFE INSURANCE

+ LIVING BENEFIT

Why Worksite UL2®?

- Permanent life insurance protection
- A living benefit option that advances your death benefit for chronic illness
- Money to help cover your final expenses

You work hard to provide for the people you love most. You're focused on caring for them today—but what would happen if you couldn't provide for them in the future?



1-in-2 households

would feel the financial impact from the loss of a primary wage earner **WITHIN SIX MONTHS.**¹



1-in-3 households

would feel the financial impact from the loss of a primary wage earner **WITHIN ONE MONTH.**¹



¹LIMRA and Life Happens, 2018 Insurance Barometer Study, 2018, p. 32.

Protect what you've earned with permanent life insurance

Worksite UL2 offers financial security while giving you the control and flexibility to adjust your coverage level, cash value and premiums as your life insurance needs change.



Be prepared with **Worksite UL2**

- Permanent life insurance designed to **cover you and your family up to age 100¹**
- Spouse policies **up to \$25,000 with no signature required**
- A living benefit option that gives you **accelerated death benefit choices** if you're certified² as chronically ill
- **Portable coverage you can keep**—even if you change jobs or retire
- Cash value available on a tax-deferred basis³ with an interest rate **guaranteed not to fall below 3%**

This valuable protection starts at **just \$4 a week** through payroll deduction.



¹Employee and spouse policies may be purchased from the age of 18 years through 70 years. Children policies may be purchased from the age of 15 days through 23 years. Grandchildren policies may be purchased from the age of 15 days through 18 years.

²See back cover for full definition of certified.

³Under current tax laws.

Consider these facts:

A chronic illness or severe cognitive impairment can take a serious physical, emotional and financial toll on your family.

- **52%**—the chance that someone turning age 65 will need care services in his or her lifetime¹
- **\$4,000**—average cost per month for care in an assisted living facility²
- **\$8,365**—average cost per month for a private room in a nursing home²
- **\$7,000**—the annual amount unpaid family caregivers spend on out-of-pocket costs related to caregiving³



A living benefit can make a difference

Living Benefit Chronic Illness Accelerated Death Benefit option

With this living benefit coverage, you have the option to accelerate your death benefit if you're certified by a licensed healthcare practitioner as having a permanent chronic illness. A chronic illness is a condition in which you're unable to perform at least two activities of daily living (ADLs) or you have a severe cognitive impairment such as irreversible dementia or Alzheimer's disease.⁴

If you have a certified claim for a chronic illness *that begins in year four or later of this coverage*, choose either:

- **70% lump-sum advance** of the death benefit⁵
- **4% per month advance**, up to 100% of the death benefit^{5,6}

70% LUMP-SUM EXAMPLE:

DEATH BENEFIT	\$50,000	\$100,000
Lump-sum benefit advanced upon certification	\$35,000	\$70,000
Benefit paid at death ⁷	\$15,000	\$30,000

4% PER MONTH EXAMPLE:

\$100,000 DEATH BENEFIT	1 year	2 years
Monthly benefit advanced upon certification	\$4,000	\$4,000
Number of months	12	24
Total accelerated benefits advanced	\$48,000	\$96,000
Benefit paid at death ⁷	\$52,000	\$4,000

CLAIMS EARLIER THAN YEAR FOUR

If you have a certified claim for a chronic illness *that begins earlier than year four of this coverage*, choose either:

- **20% lump-sum advance** of the death benefit⁵
- **1% per month advance**, up to 100% of the death benefit^{5,6}

The examples in this brochure are provided for demonstration purposes only and demonstrate chronic illness claims that begin and are certified in year four from the start date of this coverage or later. If the chronic illness begins earlier, the advanced percentages are less. Examples do not feature applicable administration fees.

Additional charge for the optional living benefit coverage. This rider is subject to underwriting, certain restrictions apply. Please talk to your agent for details.

Advantages of the living benefit

The living benefit option isn't long-term care insurance, and it doesn't replace traditional long-term care coverage.

The advanced death benefit can be used for any purpose, such as expenses related to a chronic illness.

It also offers:

- **No waiting period** after you're certified as chronically ill; use your money right away.
- **Affordable** premiums.
- **Helps to provide calm and stability** in your time of need.



Living benefit in real life

Ben is a 40-year-old married father of three. He bought a Worksite UL2 policy + living benefit coverage with a **\$50,000 death benefit** six years ago after the birth of his last child. A recent serious car accident left him certified as chronically ill.

Ben receives a **\$35,000 lump-sum advance**.⁸ He renovates his home to make it more wheelchair accessible. As long as Ben keeps his policy in force, his family will collect the remainder of his death benefit after his passing, many years in the future.

¹Morningstar, *75 Must-Know Statistics About Long-Term Care: 2018 Edition*, <https://www.morningstar.com/articles/879494/75-mustknow-statistics-about-longterm-care-2018-ed.html>, August 2018.

²Genworth, *Cost of Care Survey 2018*, <https://www.genworth.com/aging-and-you/finances/cost-of-care.html>, 2019.

³The Washington Post, *The high price of being an unpaid caregiver*, https://www.washingtonpost.com/business/2018/11/29/high-price-being-an-unpaid-caregiver/?noredirect=on&utm_term=.1898da92b492, November 29, 2018.

⁴See back cover for full definitions of severe cognitive impairment, certified, chronically ill, licensed healthcare practitioner and ADLs.

⁵Up to a maximum of \$250,000.

⁶Monthly option requires annual recertification from a licensed healthcare practitioner.

⁷As long as policy remains in force and the death benefit has not been completely advanced.

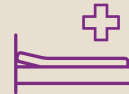
⁸The lump-sum advance would be less if the chronic illness begins three years or earlier from the start of this coverage.

You choose how to use the money

Benefit advanced directly to you



Pay for in-home care or home healthcare visits.



Pay for hospital or nursing home costs.



Cover lost wages for you or a family member turned caregiver.



Upgrade a home or vehicle to make it more accessible.

Enhance your policy with additional coverage

☒ **FREE Terminal Illness Accelerated Death Benefit**

Pays you a lump sum of up to 75% of the death benefit¹ if you're diagnosed with a terminal illness,² allowing you to help cover healthcare costs or any other out-of-pocket expenses before your death. As long as your policy remains in force, the remaining benefit amount is paid to your designated beneficiary after your death.

There is no premium charge for this rider. It is issued automatically with your base policy.

Claims cannot be filed under the Living Benefit Chronic Illness Accelerated Death Benefit if the insured has previously been approved for a claim under Terminal Illness Accelerated Death Benefit.

☐ **Accidental Death Benefit³**

Provides an additional payment equal to the base policy's face value at the time of coverage issue in the event of your death due to a covered accident. This rider may be purchased up to age 65.

☐ **Children's Level Term Insurance³**

Issues coverage for children from the age of 15 days through 18 years and provides level term life insurance for each qualified child until he or she turns 23 or the base insured reaches age 65, whichever comes first. At that point, the coverage can be converted to the child's own permanent life insurance policy with no evidence of insurability required. The new policy's face amount may equal up to five times the coverage amount purchased with this optional coverage.

CHOOSE EITHER:

- **\$5,000 coverage at \$0.58 per week**
- **\$10,000 coverage at \$1.15 per week**

The weekly premium selected covers all qualified children in your family. As your family grows, additional children are automatically covered at 15 days of age with no premium increase.

☐ **Waiver of Stipulated Premium³**

Waives the monthly stipulated premium if the insured becomes totally disabled for six months or more. The waived amount is equal to the amount of stipulated premium in effect on the date of disability. Premiums can be waived up to the policy anniversary after the insured turns 65 or for two years (whichever is longer), up to \$25,000 per year.

This rider may be purchased up to age 55 and is available only when the base policy is issued. The rider will terminate at age 65.

☐ **Automatic Benefit Increase³**

Increases the amount of your coverage automatically for a specified period without any evidence of insurability. This coverage increase applies to the death benefit, living benefit and Waiver of Stipulated Premium.

It's easy to do. Just select the option to add a dollar to your weekly premium. It's adjusted automatically every year for a specified number of years.

CHOOSE FROM THESE OPTIONS:

- **Employee + spouse age 60 and younger: \$1 per week for five years**
- **Employee age 55 and younger: \$1 per week for 10 years**
- **Employee age 55 and younger: \$2 per week for five years**

¹Interest accrues on any amount advanced for the Accelerated Benefit for Terminal Illness rider. Accrued interest may vary and is subtracted from the benefit amount paid upon death. Death benefit amount up to a maximum of \$250,000.

²See back cover for full definition of a terminal illness.

³Additional charges for optional coverages. Certain restrictions apply. Please talk to your agent for details.

Automatic Benefit Increase example:

Here's how a policy's death benefit can increase by adding just \$1 per week to the premium over 10 years.

30-year-old nontobacco user, \$5 weekly premium
(includes living benefit option)

RENEWAL YEAR	WEEKLY PREMIUM	DEATH BENEFIT
Original policy	\$5	\$24,967
Year 1	\$6	\$31,533
Year 2	\$7	\$37,783
Year 3	\$8	\$43,746
Year 4	\$9	\$49,448
Year 5	\$10	\$54,922
Year 6	\$11	\$60,081
Year 7	\$12	\$64,959
Year 8	\$13	\$69,585
Year 9	\$14	\$73,984
Year 10	\$15	\$78,178

Increase your death benefit annually
with **no underwriting!**



Advantages of Worksite UL2

PERMANENT

Life insurance that protects you now—and well into the future¹

SIMPLE

A short, simple application; answering health questions may not be required²

AFFORDABLE

Weekly premiums that fit your budget

CONVENIENT

Premiums can be deducted from your paycheck

FLEXIBLE

Customizable coverage that's adjustable to suit your needs³

FAMILY COVERAGE

Coverage options for the whole family, even if you don't participate

PORTABLE

Coverage you can keep—even if you change jobs or retire

CASH VALUE

Cash value available on a tax-deferred basis⁴ with an interest rate guaranteed not to fall below 3%

LIVING BENEFIT OPTION

Advancement of your death benefit for chronic illness

¹ As long as premiums are paid and policy remains in force.

² Group qualification status will determine if health questions are required to be answered on the application. Talk to your agent for details.

³ Certain restrictions and limitations may apply.

⁴ Under current tax laws.

Definitions

ACTIVITIES OF DAILY LIVING (ADLs): Any of the following basic human functional abilities required for the Insured to remain independent:

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

CERTIFIED or CERTIFICATION: Written documentation, provided to the company at the owner's expense, from a licensed healthcare practitioner,

- a) certifying that the insured meets the definition of chronically ill;
- b) specifying that services are likely to be needed for the rest of the insured's life; and
- c) the date the chronic illness began.

The company reserves the right to obtain a second medical opinion from a licensed healthcare practitioner and/or additional medical records of the insured at our expense. In the event of conflicting opinions, certification shall be determined, at the company's expense, by a third medical opinion from a licensed healthcare practitioner mutually acceptable to both the owner and the company.

CHRONIC ILLNESS or CHRONICALLY ILL: The insured has been certified within the preceding twelve (12) months by a licensed healthcare practitioner as being unable to perform, without substantial assistance from another individual, at least two (2) activities of daily living for a period of at least ninety (90) days due to a loss of functional capacity; or requiring substantial supervision to protect the insured from threats to health and safety due to severe cognitive impairment.

LICENSED HEALTHCARE PRACTITIONER: Any of the following who is not an immediate family member: a physician; registered professional nurse (R.N.); licensed social worker; or any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury of the United States. A licensed healthcare practitioner does not include the owner; the insured; or any other person with an immediate financial interest in the payment of the Accelerated Benefit.

SEVERE COGNITIVE IMPAIRMENT: Deterioration or loss in intellectual capacity that is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia and is measured by clinical evidence and standardized tests that reliably measure impairment in the insured's short or long term memory; and orientation as to people, place, or time; and deductive or abstract reasoning.

TERMINAL ILLNESS or TERMINALLY ILL: A medical condition from which the primary insured is not reasonably expected to recover; and from which the primary insured is expected to die within twelve (12) months from the date of certification by a duly licensed physician.

Insurers and their representatives are not permitted by law to offer tax or legal advice. The general and educational information here supports the sales, marketing and service of insurance policies. Based upon individuals' particular circumstances and objectives, they should seek specific advice from their own qualified and duly-licensed independent tax or legal advisers.

This is a product of the insurance industry and is not guaranteed by any bank or credit union nor insured by the FDIC, NCUA or NCUSIF.

Policy form: W3020FL, W3021FL, W3022FL

Rider forms:

Accidental Death Benefit: W6059

Living Benefit Chronic Illness Accelerated Death Benefit: WNIC-6055-FL

Children's Level Term Insurance: W6061FL, W6062FL, W6063FL

Automatic Benefit Increase: WNIC-6056

Terminal Illness Accelerated Death Benefit: WNIC-6054

Waiver of Stipulated Premium: W6060FL

WASHINGTON NATIONAL INSURANCE COMPANY

Home Office

11825 N. Pennsylvania Street

Carmel, IN 46032

WashingtonNational.com



+ LIVING BENEFIT

Issue age	\$5,000			\$10,000			\$15,000			\$20,000			\$25,000		
	Monthly premium	ADB rider*	LBCI rider*	Monthly premium	ADB rider*	LBCI rider*	Monthly premium	ADB rider*	LBCI rider*	Monthly premium	ADB rider*	LBCI rider*	Monthly premium	ADB rider*	LBCI rider*
18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
24	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
26	-	-	-	-	-	-	-	-	-	-	-	-	17.76	2.47	1.08
27	-	-	-	-	-	-	-	-	-	-	-	-	18.11	2.47	1.12
28	-	-	-	-	-	-	-	-	-	-	-	-	18.85	2.47	1.21
29	-	-	-	-	-	-	-	-	-	-	-	-	19.54	2.47	1.25
30	-	-	-	-	-	-	-	-	-	17.46	1.99	1.08	20.32	2.47	1.34
31	-	-	-	-	-	-	-	-	-	18.02	1.99	1.12	21.06	2.47	1.38
32	-	-	-	-	-	-	-	-	-	18.67	1.99	1.17	21.84	2.47	1.47
33	-	-	-	-	-	-	-	-	-	19.28	1.99	1.21	22.62	2.47	1.51
34	-	-	-	-	-	-	-	-	-	19.89	1.99	1.30	23.35	2.47	1.60
35	-	-	-	-	-	-	-	-	-	20.45	1.99	1.34	24.09	2.47	1.64
36	-	-	-	-	-	-	17.50	1.47	1.04	21.36	1.99	1.38	25.22	2.47	1.73
37	-	-	-	-	-	-	18.20	1.47	1.08	22.27	1.99	1.47	26.34	2.47	1.82
38	-	-	-	-	-	-	18.85	1.47	1.12	23.18	1.99	1.51	27.47	2.47	1.90
39	-	-	-	-	-	-	19.54	1.47	1.17	24.05	1.99	1.60	28.60	2.47	1.99
40	-	-	-	-	-	-	20.23	1.47	1.25	24.96	1.99	1.64	29.72	2.47	2.08
41	-	-	-	-	-	-	20.88	1.47	1.30	25.82	1.99	1.73	30.81	2.47	2.16
42	-	-	-	-	-	-	21.53	1.47	1.34	26.73	1.99	1.82	31.93	2.47	2.25
43	-	-	-	-	-	-	22.53	1.47	1.38	28.08	1.99	1.86	33.58	2.47	2.34
44	-	-	-	17.55	0.99	0.95	23.35	1.47	1.47	29.12	1.99	1.95	34.92	2.47	2.47
45	-	-	-	18.11	0.99	0.99	24.13	1.47	1.51	30.20	1.99	2.03	36.27	2.47	2.55
46	-	-	-	19.11	0.99	1.08	25.69	1.47	1.64	32.28	1.99	2.16	38.87	2.47	2.73
47	-	-	-	20.06	0.99	1.12	27.12	1.47	1.73	34.19	1.99	2.29	41.21	2.47	2.90
48	-	-	-	21.01	1.08	1.21	28.55	1.64	1.82	36.09	2.16	2.47	43.63	2.73	3.07
49	-	-	-	21.97	1.08	1.30	29.98	1.64	1.95	38.00	2.16	2.60	46.02	2.73	3.25
50	-	-	-	22.96	1.08	1.38	31.41	1.64	2.08	39.91	2.16	2.77	48.40	2.73	3.46
51	-	-	-	23.92	1.08	1.47	32.84	1.64	2.21	41.81	2.16	2.94	50.78	2.73	3.72
52	-	-	-	24.87	1.08	1.56	34.27	1.64	2.34	43.72	2.16	3.16	53.17	2.73	3.94
53	-	-	-	25.82	1.17	1.64	35.70	1.77	2.51	45.63	2.38	3.33	55.55	2.99	4.20
54	-	-	-	26.78	1.17	1.77	37.18	1.77	2.64	47.53	2.38	3.55	57.93	2.99	4.42
55	-	-	-	27.73	1.17	1.86	38.61	1.77	2.81	49.44	2.38	3.77	60.32	2.99	4.72
56	17.50	0.56	0.99	29.03	1.17	2.03	40.60	1.77	3.03	52.13	2.38	4.07	63.65	2.99	5.07
57	18.20	0.56	1.08	30.37	1.17	2.16	42.59	1.77	3.25	54.81	2.38	4.37	66.99	2.99	5.46
58	18.85	0.65	1.17	31.72	1.30	2.34	44.59	1.95	3.51	57.46	2.60	4.68	70.33	3.25	5.89
59	19.58	0.65	1.25	33.19	1.30	2.51	46.80	1.95	3.77	60.36	2.60	5.02	73.97	3.25	6.32
60	20.32	0.65	1.34	34.62	1.30	2.68	48.96	1.95	4.07	63.31	2.60	5.41	77.61	3.25	6.80
61	21.14	0.65	1.43	36.31	1.30	2.90	51.48	1.95	4.37	66.64	2.60	5.85	81.77	3.25	7.28
62	21.97	0.65	1.56	37.96	1.30	3.12	53.95	1.95	4.72	69.98	2.60	6.28	85.97	3.25	7.84
63	22.92	0.65	1.69	39.86	1.30	3.38	56.76	1.95	5.07	73.71	2.60	6.76	90.65	3.25	8.45
64	23.83	0.65	1.82	41.73	1.30	3.64	59.58	1.95	5.46	77.48	2.60	7.28	95.33	3.25	9.10
65	24.78	0.65	1.95	43.59	1.30	3.90	62.40	1.95	5.85	81.20	2.60	7.80	100.01	3.25	9.75
66	25.74	-	2.03	45.45	-	4.11	65.21	-	6.19	84.97	-	8.27	104.69	-	10.35
67	26.65	-	2.16	47.36	-	4.37	68.03	-	6.58	88.70	-	8.79	109.41	-	11.00
68	27.64	-	2.34	49.35	-	4.68	71.02	-	7.02	92.73	-	9.36	114.40	-	11.70
69	28.73	-	2.47	51.48	-	4.94	74.27	-	7.41	97.02	-	9.92	119.77	-	12.39
70	29.94	-	2.64	53.95	-	5.28	77.91	-	7.93	101.87	-	10.57	125.84	-	13.21

*ADB and LBCI rider columns show additional premium for Accidental Death Benefit and Living Benefit Chronic Illness Accelerated Death Benefit riders.

The monthly premium is the minimum planned premium amount required to maintain the corresponding insurance amount for 10 years, assuming no loans or withdrawals. It is not guaranteed to pay for that insurance amount after such time period.

WASHINGTON NATIONAL INSURANCE COMPANY

Home Office: Carmel, IN

+ LIVING BENEFIT

Issue age	\$5,000			\$10,000			\$15,000			\$20,000			\$25,000		
	Monthly premium	ADB rider*	LBCI rider*	Monthly premium	ADB rider*	LBCI rider*	Monthly premium	ADB rider*	LBCI rider*	Monthly premium	ADB rider*	LBCI rider*	Monthly premium	ADB rider*	LBCI rider*
18	-	-	-	-	-	-	-	-	-	-	-	-	17.89	2.47	0.95
19	-	-	-	-	-	-	-	-	-	-	-	-	18.37	2.47	0.95
20	-	-	-	-	-	-	-	-	-	-	-	-	18.85	2.47	1.04
21	-	-	-	-	-	-	-	-	-	-	-	-	19.28	2.47	1.08
22	-	-	-	-	-	-	-	-	-	-	-	-	19.76	2.47	1.08
23	-	-	-	-	-	-	-	-	-	17.37	1.99	0.91	20.23	2.47	1.17
24	-	-	-	-	-	-	-	-	-	17.76	1.99	0.95	20.71	2.47	1.21
25	-	-	-	-	-	-	-	-	-	18.15	1.99	0.99	21.19	2.47	1.21
26	-	-	-	-	-	-	-	-	-	19.11	1.99	1.04	22.40	2.47	1.30
27	-	-	-	-	-	-	-	-	-	20.06	1.99	1.12	23.61	2.47	1.38
28	-	-	-	-	-	-	-	-	-	21.06	1.99	1.17	24.83	2.47	1.47
29	-	-	-	-	-	-	17.98	1.47	0.91	22.01	1.99	1.25	26.00	2.47	1.56
30	-	-	-	-	-	-	18.72	1.47	0.99	22.96	1.99	1.30	27.21	2.47	1.64
31	-	-	-	-	-	-	19.41	1.47	1.04	23.92	1.99	1.38	28.38	2.47	1.73
32	-	-	-	-	-	-	20.15	1.47	1.08	24.87	1.99	1.47	29.59	2.47	1.82
33	-	-	-	-	-	-	20.88	1.47	1.17	25.82	1.99	1.56	30.81	2.47	1.95
34	-	-	-	-	-	-	21.62	1.47	1.21	26.82	1.99	1.64	32.02	2.47	2.08
35	-	-	-	-	-	-	22.36	1.47	1.30	27.77	1.99	1.73	33.23	2.47	2.16
36	-	-	-	17.59	0.99	0.91	23.40	1.47	1.34	29.20	1.99	1.82	35.01	2.47	2.25
37	-	-	-	18.28	0.99	0.95	24.44	1.47	1.43	30.59	1.99	1.90	36.74	2.47	2.38
38	-	-	-	18.98	0.99	0.99	25.48	1.47	1.47	31.98	1.99	1.99	38.48	2.47	2.47
39	-	-	-	19.67	0.99	1.04	26.52	1.47	1.56	33.41	1.99	2.08	40.25	2.47	2.60
40	-	-	-	20.36	0.99	1.08	27.60	1.47	1.60	34.79	1.99	2.16	41.99	2.47	2.68
41	-	-	-	21.10	0.99	1.12	28.64	1.47	1.69	36.18	1.99	2.25	43.76	2.47	2.81
42	-	-	-	21.79	0.99	1.17	29.68	1.47	1.73	37.61	1.99	2.34	45.50	2.47	2.94
43	-	-	-	22.49	0.99	1.21	30.72	1.47	1.82	39.00	1.99	2.42	47.23	2.47	3.07
44	-	-	-	23.18	0.99	1.25	31.80	1.47	1.90	40.38	1.99	2.55	49.01	2.47	3.20
45	-	-	-	23.87	0.99	1.30	32.84	1.47	1.99	41.81	1.99	2.64	50.74	2.47	3.33
46	-	-	-	25.04	0.99	1.43	34.58	1.47	2.12	44.11	1.99	2.86	53.64	2.47	3.55
47	-	-	-	26.17	0.99	1.51	36.27	1.47	2.25	46.36	1.99	3.03	56.46	2.47	3.77
48	-	-	-	27.17	1.08	1.60	37.78	1.64	2.42	48.40	2.16	3.25	59.02	2.73	4.03
49	-	-	-	28.25	1.08	1.69	39.34	1.64	2.55	50.48	2.16	3.42	61.62	2.73	4.29
50	17.68	0.52	0.91	29.33	1.08	1.82	41.03	1.64	2.73	52.73	2.16	3.64	64.43	2.73	4.55
51	18.24	0.52	0.95	30.50	1.08	1.95	42.77	1.64	2.90	55.03	2.16	3.90	67.29	2.73	4.85
52	18.85	0.52	0.99	31.76	1.08	2.03	44.63	1.64	3.07	57.54	2.16	4.11	70.41	2.73	5.15
53	19.50	0.56	1.08	33.02	1.17	2.16	46.58	1.77	3.29	60.10	2.38	4.37	73.62	2.99	5.50
54	20.10	0.56	1.17	34.23	1.17	2.34	48.36	1.77	3.51	62.53	2.38	4.68	76.65	2.99	5.85
55	20.67	0.56	1.21	35.40	1.17	2.47	50.09	1.77	3.72	64.82	2.38	4.98	79.51	2.99	6.24
56	21.58	0.56	1.30	37.22	1.17	2.64	52.82	1.77	3.94	68.46	2.38	5.28	84.06	2.99	6.58
57	22.49	0.56	1.38	39.04	1.17	2.77	55.55	1.77	4.16	72.10	2.38	5.59	88.61	2.99	6.97
58	23.40	0.65	1.47	40.82	1.30	2.94	58.28	1.95	4.42	75.70	2.60	5.89	93.12	3.25	7.41
59	24.31	0.65	1.56	42.68	1.30	3.12	61.01	1.95	4.68	79.38	2.60	6.24	97.71	3.25	7.80
60	25.22	0.65	1.64	44.50	1.30	3.29	63.74	1.95	4.94	83.02	2.60	6.63	102.26	3.25	8.27
61	26.26	0.65	1.73	46.58	1.30	3.46	66.86	1.95	5.24	87.18	2.60	6.97	107.46	3.25	8.75
62	27.38	0.65	1.82	48.79	1.30	3.68	70.20	1.95	5.54	91.65	2.60	7.41	113.05	3.25	9.27
63	28.55	0.65	1.95	51.09	1.30	3.90	73.66	1.95	5.85	96.20	2.60	7.84	118.77	3.25	9.79
64	29.72	0.65	2.03	53.51	1.30	4.11	77.26	1.95	6.19	101.01	2.60	8.27	124.75	3.25	10.35
65	30.98	0.65	2.16	56.03	1.30	4.37	81.03	1.95	6.58	106.08	2.60	8.75	131.08	3.25	10.96
66	32.32	-	2.34	58.63	-	4.68	84.97	-	7.06	111.32	-	9.40	137.62	-	11.78
67	33.58	-	2.51	61.14	-	5.02	88.74	-	7.58	116.35	-	10.09	143.95	-	12.65
68	34.84	-	2.68	63.65	-	5.41	92.51	-	8.14	121.33	-	10.87	150.19	-	13.56
69	36.05	-	2.90	66.17	-	5.80	96.24	-	8.75	126.36	-	11.65	156.43	-	14.60
70	37.31	-	3.12	68.68	-	6.24	100.01	-	9.36	131.34	-	12.52	162.67	-	15.64

*ADB and LBCI rider columns show additional premium for Accidental Death Benefit and Living Benefit Chronic Illness Accelerated Death Benefit riders.

The monthly premium is the minimum planned premium amount required to maintain the corresponding insurance amount for 10 years, assuming no loans or withdrawals. It is not guaranteed to pay for that insurance amount after such time period.

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: Carmel, IN

+ LIVING BENEFIT

Issue age	\$50,000			\$75,000			\$100,000			\$125,000			\$150,000		
	Weekly premium	ADB rider*	LBCI rider*	Weekly premium	ADB rider*	LBCI rider*	Weekly premium	ADB rider*	LBCI rider*	Weekly premium	ADB rider*	LBCI rider*	Weekly premium	ADB rider*	LBCI rider*
18	5.51	1.15	0.36	7.58	1.73	0.54	9.65	2.30	0.73	11.72	2.88	0.91	13.78	3.46	1.09
19	5.66	1.15	0.37	7.80	1.73	0.56	9.94	2.30	0.75	12.08	2.88	0.93	14.22	3.46	1.12
20	5.80	1.15	0.39	8.01	1.73	0.59	10.23	2.30	0.78	12.44	2.88	0.98	14.65	3.46	1.18
21	5.95	1.15	0.41	8.23	1.73	0.62	10.51	2.30	0.82	12.80	2.88	1.03	15.08	3.46	1.24
22	6.09	1.15	0.43	8.45	1.73	0.64	10.80	2.30	0.86	13.16	2.88	1.08	15.51	3.46	1.29
23	6.24	1.15	0.45	8.66	1.73	0.67	11.09	2.30	0.90	13.52	2.88	1.12	15.95	3.46	1.35
24	6.42	1.15	0.47	8.94	1.73	0.70	11.46	2.30	0.94	13.98	2.88	1.17	16.50	3.46	1.41
25	6.62	1.15	0.49	9.24	1.73	0.73	11.86	2.30	0.98	14.48	2.88	1.22	17.10	3.46	1.47
26	6.82	1.15	0.51	9.54	1.73	0.77	12.26	2.30	1.03	14.99	2.88	1.29	17.71	3.46	1.55
27	6.98	1.15	0.53	9.77	1.73	0.80	12.57	2.30	1.07	15.37	2.88	1.34	18.17	3.46	1.61
28	7.31	1.15	0.56	10.28	1.73	0.85	13.25	2.30	1.13	16.21	2.88	1.41	19.18	3.46	1.70
29	7.65	1.15	0.59	10.78	1.73	0.89	13.92	2.30	1.19	17.05	2.88	1.49	20.19	3.46	1.78
30	8.00	1.15	0.62	11.30	1.73	0.93	14.61	2.30	1.25	17.92	2.88	1.56	21.23	3.46	1.87
31	8.34	1.15	0.65	11.82	1.73	0.98	15.30	2.30	1.30	18.78	2.88	1.63	22.26	3.46	1.96
32	8.70	1.15	0.68	12.36	1.73	1.02	16.01	2.30	1.36	19.67	2.88	1.70	23.33	3.46	2.04
33	9.05	1.15	0.71	12.89	1.73	1.06	16.73	2.30	1.42	20.56	2.88	1.77	24.40	3.46	2.13
34	9.40	1.15	0.75	13.41	1.73	1.12	17.42	2.30	1.50	21.43	2.88	1.87	25.44	3.46	2.25
35	9.74	1.15	0.77	13.91	1.73	1.16	18.09	2.30	1.55	22.27	2.88	1.94	26.45	3.46	2.33
36	10.25	1.15	0.81	14.69	1.73	1.22	19.13	2.30	1.63	23.57	2.88	2.04	28.00	3.46	2.45
37	10.77	1.15	0.85	15.47	1.73	1.28	20.17	2.30	1.71	24.87	2.88	2.13	29.56	3.46	2.56
38	11.29	1.15	0.89	16.25	1.73	1.34	21.21	2.30	1.78	26.16	2.88	2.23	31.12	3.46	2.68
39	11.81	1.15	0.93	17.03	1.73	1.39	22.25	2.30	1.86	27.46	2.88	2.33	32.68	3.46	2.79
40	12.33	1.15	0.97	17.81	1.73	1.45	23.28	2.30	1.94	28.76	2.88	2.42	34.24	3.46	2.91
41	12.84	1.15	1.00	18.57	1.73	1.51	24.30	2.30	2.01	30.03	2.88	2.52	35.76	3.46	3.02
42	13.36	1.15	1.05	19.35	1.73	1.58	25.34	2.30	2.11	31.33	2.88	2.64	37.32	3.46	3.17
43	14.12	1.15	1.09	20.49	1.73	1.64	26.86	2.30	2.19	33.23	2.88	2.74	39.60	3.46	3.28
44	14.74	1.15	1.14	21.41	1.73	1.71	28.09	2.30	2.28	34.77	2.88	2.86	41.45	3.46	3.43
45	15.36	1.15	1.19	22.35	1.73	1.78	29.34	2.30	2.38	36.33	2.88	2.98	43.32	3.46	3.57
46	16.55	1.15	1.26	24.14	1.73	1.90	31.73	2.30	2.53	39.31	2.88	3.17	46.90	3.46	3.80
47	17.65	1.15	1.34	25.78	1.73	2.01	33.92	2.30	2.69	42.05	2.88	3.36	50.19	3.46	4.03
48	18.75	1.26	1.43	27.44	1.90	2.14	36.13	2.53	2.86	44.82	3.17	3.58	53.50	3.80	4.29
49	19.86	1.26	1.51	29.09	1.90	2.27	38.33	2.53	3.03	47.57	3.17	3.79	56.81	3.80	4.55
50	20.96	1.26	1.61	30.75	1.90	2.42	40.54	2.53	3.23	50.33	3.17	4.03	60.11	3.80	4.84
51	22.06	1.26	1.72	32.40	1.90	2.58	42.74	2.53	3.44	53.08	3.17	4.30	63.42	3.80	5.16
52	23.16	1.26	1.82	34.05	1.90	2.74	44.94	2.53	3.65	55.83	3.17	4.56	66.72	3.80	5.48
53	24.26	1.38	1.94	35.70	2.07	2.91	47.15	2.76	3.88	58.59	3.46	4.85	70.03	4.15	5.82
54	25.36	1.38	2.05	37.36	2.07	3.08	49.35	2.76	4.11	61.34	3.46	5.14	73.33	4.15	6.17
55	26.47	1.38	2.18	39.01	2.07	3.27	51.55	2.76	4.36	64.10	3.46	5.45	76.64	4.15	6.54
56	28.00	1.38	2.35	41.32	2.07	3.53	54.63	2.76	4.71	67.94	3.46	5.88	81.25	4.15	7.06
57	29.54	1.38	2.52	43.62	2.07	3.79	57.71	2.76	5.05	71.79	3.46	6.32	85.87	4.15	7.58
58	31.08	1.50	2.72	45.93	2.25	4.08	60.78	3.00	5.44	75.63	3.75	6.80	90.49	4.50	8.16
59	32.76	1.50	2.92	48.46	2.25	4.38	64.15	3.00	5.84	79.84	3.75	7.30	95.53	4.50	8.76
60	34.45	1.50	3.14	50.98	2.25	4.71	67.51	3.00	6.28	84.05	3.75	7.86	100.58	4.50	9.43
61	36.37	1.50	3.37	53.87	2.25	5.06	71.36	3.00	6.75	88.86	3.75	8.43	106.35	4.50	10.12
62	38.29	1.50	3.63	56.75	2.25	5.45	75.21	3.00	7.26	93.66	3.75	9.08	112.12	4.50	10.90
63	40.46	1.50	3.90	60.00	2.25	5.85	79.53	3.00	7.80	99.07	3.75	9.75	118.61	4.50	11.71
64	42.62	1.50	4.20	63.24	2.25	6.30	83.86	3.00	8.40	104.48	3.75	10.50	125.10	4.50	12.60
65	44.78	1.50	4.50	66.49	2.25	6.76	88.19	3.00	9.01	109.89	3.75	11.27	131.59	4.50	13.52
66	46.95	–	4.79	69.73	–	7.19	92.51	–	9.59	115.30	–	11.99	138.08	–	14.39
67	49.11	–	5.09	72.98	–	7.64	96.84	–	10.19	120.71	–	12.74	144.57	–	15.28
68	51.42	–	5.41	76.44	–	8.12	101.46	–	10.82	126.48	–	13.53	151.50	–	16.24
69	53.90	–	5.73	80.16	–	8.59	106.42	–	11.46	132.68	–	14.32	158.94	–	17.19
70	56.71	–	6.10	84.37	–	9.15	112.03	–	12.21	139.70	–	15.26	167.36	–	18.31

*ADB and LBCI rider columns show additional premium for Accidental Death Benefit and Living Benefit Chronic Illness Accelerated Death Benefit riders.

The weekly premium is the minimum planned premium amount required to maintain the corresponding insurance amount for 10 years, assuming no loans or withdrawals. It is not guaranteed to pay for that insurance amount after such time period.

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: Carmel, IN

+ LIVING BENEFIT

Issue age	\$50,000			\$75,000			\$100,000			\$125,000			\$150,000		
	Weekly premium	ADB rider*	LBCI rider*	Weekly premium	ADB rider*	LBCI rider*	Weekly premium	ADB rider*	LBCI rider*	Weekly premium	ADB rider*	LBCI rider*	Weekly premium	ADB rider*	LBCI rider*
18	6.89	1.15	0.44	9.64	1.73	0.66	12.40	2.30	0.88	15.15	2.88	1.10	17.91	3.46	1.32
19	7.10	1.15	0.45	9.96	1.73	0.67	12.82	2.30	0.90	15.68	2.88	1.12	18.54	3.46	1.35
20	7.31	1.15	0.48	10.28	1.73	0.72	13.25	2.30	0.96	16.21	2.88	1.20	19.18	3.46	1.44
21	7.52	1.15	0.50	10.60	1.73	0.75	13.67	2.30	1.00	16.74	2.88	1.25	19.81	3.46	1.50
22	7.75	1.15	0.51	10.93	1.73	0.77	14.11	2.30	1.03	17.29	2.88	1.29	20.48	3.46	1.55
23	7.97	1.15	0.54	11.26	1.73	0.82	14.55	2.30	1.09	17.85	2.88	1.37	21.14	3.46	1.64
24	8.19	1.15	0.56	11.59	1.73	0.85	15.00	2.30	1.13	18.40	2.88	1.41	21.80	3.46	1.70
25	8.41	1.15	0.57	11.92	1.73	0.86	15.44	2.30	1.15	18.95	2.88	1.44	22.47	3.46	1.73
26	8.97	1.15	0.61	12.76	1.73	0.92	16.55	2.30	1.23	20.35	2.88	1.53	24.14	3.46	1.84
27	9.51	1.15	0.65	13.58	1.73	0.98	17.65	2.30	1.30	21.72	2.88	1.63	25.78	3.46	1.96
28	10.07	1.15	0.68	14.42	1.73	1.02	18.76	2.30	1.36	23.11	2.88	1.70	27.46	3.46	2.04
29	10.62	1.15	0.73	15.24	1.73	1.09	19.86	2.30	1.46	24.48	2.88	1.82	29.10	3.46	2.19
30	11.18	1.15	0.76	16.08	1.73	1.15	20.98	2.30	1.53	25.87	2.88	1.92	30.77	3.46	2.30
31	11.73	1.15	0.80	16.90	1.73	1.21	22.07	2.30	1.61	27.25	2.88	2.01	32.42	3.46	2.42
32	12.28	1.15	0.85	17.74	1.73	1.28	23.19	2.30	1.71	28.64	2.88	2.13	34.09	3.46	2.56
33	12.83	1.15	0.90	18.56	1.73	1.35	24.28	2.30	1.80	30.01	2.88	2.25	35.74	3.46	2.71
34	13.40	1.15	0.96	19.41	1.73	1.44	25.42	2.30	1.92	31.43	2.88	2.40	37.44	3.46	2.88
35	13.97	1.15	1.00	20.26	1.73	1.51	26.55	2.30	2.01	32.85	2.88	2.52	39.14	3.46	3.02
36	14.77	1.15	1.05	21.47	1.73	1.58	28.17	2.30	2.11	34.87	2.88	2.64	41.56	3.46	3.17
37	15.58	1.15	1.10	22.68	1.73	1.65	29.78	2.30	2.21	36.88	2.88	2.76	43.99	3.46	3.31
38	16.39	1.15	1.15	23.89	1.73	1.73	31.40	2.30	2.30	38.90	2.88	2.88	46.41	3.46	3.46
39	17.20	1.15	1.20	25.11	1.73	1.80	33.01	2.30	2.40	40.92	2.88	3.00	48.83	3.46	3.60
40	18.00	1.15	1.25	26.32	1.73	1.88	34.63	2.30	2.51	42.94	2.88	3.14	51.25	3.46	3.77
41	18.81	1.15	1.30	27.53	1.73	1.96	36.25	2.30	2.61	44.96	2.88	3.26	53.68	3.46	3.92
42	19.62	1.15	1.36	28.74	1.73	2.04	37.86	2.30	2.73	46.98	2.88	3.41	56.10	3.46	4.09
43	20.43	1.15	1.42	29.95	1.73	2.13	39.48	2.30	2.84	49.00	2.88	3.55	58.52	3.46	4.26
44	21.24	1.15	1.49	31.16	1.73	2.23	41.09	2.30	2.98	51.02	2.88	3.72	60.95	3.46	4.47
45	22.04	1.15	1.54	32.37	1.73	2.32	42.71	2.30	3.09	53.04	2.88	3.87	63.37	3.46	4.64
46	23.37	1.15	1.65	34.37	1.73	2.48	45.36	2.30	3.30	56.36	2.88	4.13	67.35	3.46	4.96
47	24.68	1.15	1.75	36.33	1.73	2.63	47.98	2.30	3.51	59.62	2.88	4.39	71.27	3.46	5.27
48	25.85	1.26	1.87	38.09	1.90	2.81	50.32	2.53	3.75	62.56	3.17	4.68	74.79	3.80	5.62
49	27.06	1.26	1.99	39.90	1.90	2.98	52.75	2.53	3.98	65.59	3.17	4.97	78.43	3.80	5.97
50	28.35	1.26	2.11	41.84	1.90	3.17	55.32	2.53	4.23	68.81	3.17	5.28	82.29	3.80	6.34
51	29.69	1.26	2.25	43.84	1.90	3.37	58.00	2.53	4.50	72.15	3.17	5.62	86.30	3.80	6.75
52	31.12	1.26	2.39	45.99	1.90	3.59	60.86	2.53	4.78	75.73	3.17	5.98	90.60	3.80	7.18
53	32.60	1.38	2.54	48.21	2.07	3.82	63.82	2.76	5.09	79.43	3.46	6.37	95.04	4.15	7.64
54	33.99	1.38	2.71	50.30	2.07	4.06	66.61	2.76	5.42	82.92	3.46	6.77	99.22	4.15	8.13
55	35.32	1.38	2.88	52.29	2.07	4.32	69.26	2.76	5.76	86.24	3.46	7.21	103.21	4.15	8.65
56	37.42	1.38	3.05	55.44	2.07	4.58	73.46	2.76	6.11	91.48	3.46	7.64	109.50	4.15	9.17
57	39.52	1.38	3.23	58.60	2.07	4.84	77.67	2.76	6.46	96.74	3.46	8.07	115.81	4.15	9.69
58	41.60	1.50	3.42	61.71	2.25	5.13	81.82	3.00	6.84	101.93	3.75	8.55	122.04	4.50	10.26
59	43.73	1.50	3.61	64.90	2.25	5.42	86.07	3.00	7.23	107.25	3.75	9.03	128.42	4.50	10.84
60	45.82	1.50	3.82	68.04	2.25	5.74	90.26	3.00	7.65	112.49	3.75	9.56	134.71	4.50	11.48
61	48.23	1.50	4.04	71.65	2.25	6.07	95.07	3.00	8.09	118.50	3.75	10.12	141.92	4.50	12.14
62	50.79	1.50	4.28	75.50	2.25	6.43	100.21	3.00	8.57	124.91	3.75	10.72	149.62	4.50	12.86
63	53.44	1.50	4.52	79.47	2.25	6.79	105.50	3.00	9.05	131.52	3.75	11.32	157.55	4.50	13.58
64	56.21	1.50	4.79	83.62	2.25	7.19	111.03	3.00	9.59	138.45	3.75	11.99	165.86	4.50	14.39
65	59.13	1.50	5.06	88.00	2.25	7.60	116.88	3.00	10.13	145.75	3.75	12.66	174.63	4.50	15.20
66	62.15	–	5.44	92.53	–	8.16	122.92	–	10.88	153.30	–	13.60	183.69	–	16.32
67	65.05	–	5.84	96.89	–	8.76	128.73	–	11.69	160.56	–	14.61	192.40	–	17.53
68	67.94	–	6.27	101.22	–	9.41	134.50	–	12.55	167.77	–	15.69	201.05	–	18.83
69	70.82	–	6.74	105.54	–	10.11	140.26	–	13.48	174.99	–	16.85	209.71	–	20.22
70	73.71	–	7.23	109.87	–	10.84	146.03	–	14.46	182.20	–	18.07	218.36	–	21.69

*ADB and LBCI rider columns show additional premium for Accidental Death Benefit and Living Benefit Chronic Illness Accelerated Death Benefit riders.

The weekly premium is the minimum planned premium amount required to maintain the corresponding insurance amount for 10 years, assuming no loans or withdrawals. It is not guaranteed to pay for that insurance amount after such time period.

WASHINGTON NATIONAL INSURANCE COMPANY

Home Office: Carmel, IN



Sample policy language
W3020FL (GI), W3021FL (SSI) and W3022FL (SI) | Florida

Worksite UL2[®]
UNIVERSAL LIFE INSURANCE

For training purposes
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distributed to the public or used in any solicitation.

Guarantee Issue Universal Life Policy

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918
Website: www.washingtonnational.com

A LEGAL RESERVE STOCK COMPANY/HEREINAFTER CALLED THE COMPANY

PLEASE READ YOUR POLICY CAREFULLY

This Policy is a legal contract between You and Washington National Insurance Company. Washington National Insurance Company agrees to pay the Cash Surrender Value, if any, as defined herein to the Owner on the Maturity Date if the Primary Insured is living on that date. We will pay the Death Proceeds to the Beneficiary when We receive at Our Home Office Proof of Death of the Primary Insured, while this policy is in force, subject to the terms of this policy.

NOTICE OF 30-DAY RIGHT TO EXAMINE THE POLICY

Please carefully review this policy and the attached application. If for any reason You are not satisfied with this policy, You may return it to Us within thirty (30) days after receiving it. You may return it to Us by mail or to Our agent. Upon such delivery or mailing, the policy shall be void from the beginning. Return of the policy by mail is effective if postmarked, properly addressed and postage is prepaid. Any premium paid, including any policy fee or other charges, will be refunded within twenty (20) days after We receive the policy.

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE
ADJUSTABLE DEATH BENEFIT
NONPARTICIPATING**

**Death Proceeds payable upon the death of the Primary Insured prior to the Maturity Date.
Flexible premiums payable during the lifetime of the Primary Insured until the Maturity Date.**

Benefits and values are on an indeterminate basis, may increase or decrease, and are not guaranteed as to a fixed dollar amount.

Signed for Washington National Insurance Company by

Secretary

President

The policyholder may call 1-800-888-4918 to present inquiries, obtain information about coverage or to obtain assistance in resolving complaints.

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POLICY DATA PAGE

POLICY INFORMATION

Primary Insured:	[John Doe]
Issue Age:	[35]
Risk Class:	[Non-Tobacco]
Policy Number:	[XXX-XXX]
Issue Date:	[February 1, 2019]
Policy Effective Date:	[February 1, 2019]
Guaranteed Minimum Annual Interest Rate:	3.00%
Interest Rate Enhancement	
Percentage:	[0.35%]
After Policy Anniversary:	[15 th]
Maturity Date*:	[February 1, 2084]
Maturity Age:	Attained Age 100

*It is possible that coverage will terminate prior to the Maturity Date even if the Planned Periodic Premium is paid because current Monthly Deductions and interest rates are not guaranteed, because policy loans and partial withdrawals may be taken, and because You may request changes to the Specified Amount. It is also possible that even if coverage continues to the Maturity Date there could be little or no Cash Surrender Value to be paid upon the Maturity Date.

DEATH BENEFIT INFORMATION

Initial Specified Amount:	[\$50,000]
Death Benefit Option:	A
Death Benefit Factor:	[1.00247]
Increase in Specified Amount	
Minimum Increase Amount:	[\$1,000]
Maximum Attained Age for Increase:	[70]
Decrease in Specified Amount	
Minimum Decrease Amount:	[\$1,000]

PREMIUM INFORMATION

Initial Premium:	[\$652.82]
Planned Periodic Premium:	[\$652.82]
Premium Frequency:	[Annual]
Minimum Annual Premium:	[\$652.82]
Target Annual Premium:	[\$652.82]
No-Lapse Guarantee Minimum Monthly Premium:	[\$54.40]
+No-Lapse Guarantee Period:	[10 years]
No-Lapse Guarantee Period Start Date:	[2/1/2019]
No-Lapse Guarantee Period Ending Date:	[2/1/2029]

+The Cash Surrender Value at the end of the No-Lapse Guarantee Period may be insufficient to keep the policy in force unless an additional premium payment is made at that time. Please see the Premium, No-Lapse Guarantee, Grace Period and Reinstatement provisions for more information.

POLICY DATA PAGE

GUARANTEED MAXIMUM EXPENSE CHARGES

*PREMIUM EXPENSE CHARGE

All Years – [15.0%] of the premiums paid to Us up to the Target Annual Premium and [15.0%] of the premium paid to Us in excess of the Target Annual Premium.

*ADMINISTRATIVE EXPENSE CHARGES

Monthly Administrative Fee Per Policy:

All Years – [\$10] per policy per month

Monthly Administrative Fee Per \$1,000 Specified Amount:

All Policy Years – [\$3.75] per month

*We may charge a lower rate than the Guaranteed Maximum Expense Charges.

LOAN INFORMATION

Loan Interest Rate:

Annually Payable in Arrears: [6.00%]

POLICY LIMITATIONS

Premium

Minimum Payment Amount: [\$25.00]

Specified Amount

Minimum Specified Amount: [\$5,000]

Partial Withdrawal

Minimum Amount: [\$500.00]

Processing Fee: [\$50.00]

Paid-Up Insurance Benefit

Minimum Paid-Up Insurance Benefit: [\$1,000]

ILLUSTRATIVE REPORT CHARGE

Maximum charge for an additional Illustrative Report: [\$50.00]

DUPLICATE POLICY CHARGE

Maximum charge for a duplicate policy: [\$35.00]

NONFORFEITURE RATE TABLE

[2017 Commissioners Standard Ordinary] [50% Male Unisex] [Nonsmoker] [Ultimate Table], [Age Last Birthday]

NET SINGLE PREMIUM INTEREST RATE [4%]

POLICY DATA PAGE

SETTLEMENT OPTIONS – PAYMENT PLANS (4) & (5)

The Individual Annuity Reserve Table used to base the monthly payment for payment plans (4) or (5) is the [2012 Individual Annuity Reserve Table].

TABLE OF SURRENDER CHARGES FOR THE INITIAL SPECIFIED AMOUNT

Policy Year	Surrender Charge
1	[\$1,087.92]
2	[\$1,029.60]
3	[\$969.59]
4	[\$907.82]
5	[\$844.21]
6	[\$778.66]
7	[\$711.09]
8	[\$641.44]
9	[\$569.63]
10	[\$495.60]
11	[\$419.25]
12	[\$340.51]
13	[\$259.30]
14	[\$175.55]
15	[\$89.14]
16+	[\$0.00]

SPECIMEN

**TABLE OF MINIMUM DEATH BENEFIT PERCENTAGES
FOR CASH VALUE ACCUMULATION TEST**

Attained Age	Non-Tobacco	Attained Age	Non-Tobacco
0	[2145.824%]	50	[361.650%]
1	[2073.472%]	51	[349.379%]
2	[1999.403%]	52	[337.586%]
3	[1926.366%]	53	[326.269%]
4	[1855.526%]	54	[315.416%]
5	[1787.170%]	55	[305.001%]
6	[1721.219%]	56	[294.986%]
7	[1657.596%]	57	[285.338%]
8	[1595.988%]	58	[276.035%]
9	[1536.588%]	59	[267.063%]
10	[1479.323%]	60	[258.415%]
11	[1424.309%]	61	[250.094%]
12	[1371.269%]	62	[242.109%]
13	[1320.298%]	63	[234.449%]
14	[1271.749%]	64	[227.108%]
15	[1225.864%]	65	[220.070%]
16	[1182.928%]	66	[213.320%]
17	[1142.768%]	67	[206.840%]
18	[1105.000%]	68	[200.616%]
19	[1068.364%]	69	[194.640%]
20	[1032.831%]	70	[188.907%]
21	[998.371%]	71	[183.420%]
22	[964.870%]	72	[178.179%]
23	[932.238%]	73	[173.184%]
24	[900.473%]	74	[168.431%]
25	[869.638%]	75	[163.913%]
26	[839.654%]	76	[159.621%]
27	[810.226%]	77	[155.541%]
28	[781.613%]	78	[151.666%]
29	[753.959%]	79	[147.991%]
30	[727.143%]	80	[144.518%]
31	[701.193%]	81	[141.248%]
32	[676.206%]	83	[138.166%]
33	[652.172%]	84	[135.254%]
34	[629.146%]	84	[132.512%]
35	[607.157%]	85	[129.964%]
36	[586.161%]	86	[127.611%]
37	[566.112%]	87	[125.430%]
38	[546.917%]	88	[123.420%]
39	[528.473%]	89	[121.576%]
40	[510.672%]	90	[119.882%]
41	[493.446%]	91	[118.313%]
42	[476.791%]	92	[116.840%]
43	[460.685%]	93	[115.424%]
44	[445.107%]	94	[114.013%]
45	[430.007%]	95	[112.534%]
46	[415.385%]	96	[110.923%]
47	[401.250%]	97	[109.094%]
48	[387.581%]	98	[106.879%]
49	[374.382%]	99	[104.000%]

POLICY DATA PAGE

POLICY BENEFIT SCHEDULE

FORM NUMBER	BENEFIT DESCRIPTION	SPECIFIED AMOUNT	INITIAL MONTHLY COST OF INSURANCE
W3020FL	Flexible Premium Life	[\$50,000]	[\$4.03]

RIDER BENEFIT SCHEDULE

FORM NUMBER	BENEFIT DESCRIPTION	SPECIFIED AMOUNT	INITIAL MONTHLY COST OF INSURANCE	EXPIRY DATE
[W6058]	[Child Rider	[\$10,000]	[\$5.00]	[02/01/2049]
[W6059]	[Accidental Death Benefit Rider	[\$50,000]	[\$5.00]	[02/01/2054]
[W6060FL]	[*Waiver of Stipulated Premium Rider] [\$54.40 Per Month @]	SEE RIDER	[\$2.19]	[02/01/2049]

IF ADDITIONAL BENEFITS/RIDERS ARE PRESENT, THE MONTHLY COST OF INSURANCE RATES MAY VARY – SEE ADDITIONAL BENEFITS/RIDERS PAGE.

[@ MONTHLY STIPULATED PREMIUM WAIVER AMOUNT]

[*MAXIMUM ANNUAL STIPULATED PREMIUM AMOUNT: [\$25,000]]

NOTE: AT SOME FUTURE TIME, THE POLICY'S CASH VALUE LESS INDEBTEDNESS MAY NOT COVER THE NEXT MONTHLY DEDUCTION. IN SUCH A SITUATION, THE POLICY WILL ENTER THE GRACE PERIOD AND WILL TERMINATE AT THE END OF THAT PERIOD IF SUFFICIENT PREMIUM TO COVER THE MONTHLY DEDUCTIONS IS NOT PAID. SEE GRACE PERIOD PROVISION.

POLICY DATA PAGE

ADDITIONAL BENEFITS/RIDERS

BENEFIT	BENEFIT AMOUNT	PREMIUM PAYING PERIOD (YEARS)
[(1) CHILD LEVEL TERM INS. RIDER (CR)]	[\$10,000]	[30]
[(2) ACCIDENTAL DEATH BENEFIT RIDER (ADB)]	[\$50,000]	[35]
[(3) WAIVER OF STIPULATED PREMIUM (WSP) [\$54.40] PER MONTH @]	SEE RIDER	[30]

[@ MONTHLY STIPULATED PREMIUM AMOUNT

**GUARANTEED MAXIMUM MONTHLY
COST OF INSURANCE RATES PER \$1,000 FOR RIDERS**

POLICY YEAR	*CR (1)	**ADB (2)	***WSP (3)
01	[\$0.50]	[\$0.10]	[\$3.36]
02	[\$0.50]	[\$0.10]	[\$3.36]
03	[\$0.50]	[\$0.10]	[\$3.36]
04	[\$0.50]	[\$0.10]	[\$3.36]
05	[\$0.50]	[\$0.10]	[\$3.36]
06	[\$0.50]	[\$0.10]	[\$3.36]
07	[\$0.50]	[\$0.10]	[\$3.36]
08	[\$0.50]	[\$0.10]	[\$3.36]
09	[\$0.50]	[\$0.10]	[\$3.36]
10	[\$0.50]	[\$0.10]	[\$3.36]
11	[\$0.50]	[\$0.10]	[\$3.36]
12	[\$0.50]	[\$0.10]	[\$3.36]
13	[\$0.50]	[\$0.10]	[\$3.36]
14	[\$0.50]	[\$0.10]	[\$3.36]
15	[\$0.50]	[\$0.10]	[\$3.36]
16	[\$0.50]	[\$0.10]	[\$3.36]
17	[\$0.50]	[\$0.10]	[\$3.36]
18	[\$0.50]	[\$0.10]	[\$3.36]
19	[\$0.50]	[\$0.10]	[\$3.36]
20	[\$0.50]	[\$0.10]	[\$3.36]
AGE 60	[\$0.50]	[\$0.10]	[\$3.36]
AGE 70	[N/A]	[N/A]	[N/A]
AGE 95	[N/A]	[N/A]	[N/A]
AGE 100	[N/A]	[N/A]	[N/A]

[CHILD LEVEL TERM INSURANCE RIDER

Guaranteed Maximum Monthly Cost of Insurance *Rate Per \$1000 [\$0.50]

Minimum Increase in Specified Amount: [\$1,000]

Minimum Decrease Amount in Specified Amount: [\$1,000]

Minimum Specified Amount: [\$5,000]

Maximum Specified Amount for a Converted Policy: [5] times the Specified Amount of the Child Level Term Insurance Rider.]

[**Rate per \$1,000 of Accidental Death Benefit]

[***Rate per \$1,000]

POLICY DATA PAGE

TABLE OF MONTHLY GUARANTEED MAXIMUM BASE POLICY COST OF INSURANCE RATES
PER \$1,000

ATTAINED AGE	POLICY YEAR	RATE	ATTAINED AGE	POLICY YEAR	RATE
[35]	[1]	[0.08500]	[68]	[34]	[1.49083]
[36]	[2]	[0.09000]	[69]	[35]	[1.62500]
[37]	[3]	[0.09583]	[70]	[36]	[1.77750]
[38]	[4]	[0.10083]	[71]	[37]	[1.95917]
[39]	[5]	[0.10750]	[72]	[38]	[2.16583]
[40]	[6]	[0.11500]	[73]	[39]	[2.38583]
[41]	[7]	[0.12333]	[74]	[40]	[2.62333]
[42]	[8]	[0.13417]	[75]	[41]	[2.88333]
[43]	[9]	[0.14667]	[76]	[42]	[3.17167]
[44]	[10]	[0.16083]	[77]	[43]	[3.49917]
[45]	[11]	[0.17583]	[78]	[44]	[3.86833]
[46]	[12]	[0.19333]	[79]	[45]	[4.27667]
[47]	[13]	[0.21000]	[80]	[46]	[4.74750]
[48]	[14]	[0.22583]	[81]	[47]	[5.28583]
[49]	[15]	[0.24417]	[82]	[48]	[5.85083]
[50]	[16]	[0.26667]	[83]	[49]	[6.45250]
[51]	[17]	[0.29417]	[84]	[50]	[7.11750]
[52]	[18]	[0.32500]	[85]	[51]	[7.81667]
[53]	[19]	[0.36083]	[86]	[52]	[8.60333]
[54]	[20]	[0.40167]	[87]	[53]	[9.50667]
[55]	[21]	[0.44750]	[88]	[54]	[10.45333]
[56]	[22]	[0.49667]	[89]	[55]	[11.40417]
[57]	[23]	[0.54583]	[90]	[56]	[12.18000]
[58]	[24]	[0.59583]	[91]	[57]	[13.38333]
[59]	[25]	[0.65083]	[92]	[58]	[14.80333]
[60]	[26]	[0.71333]	[93]	[59]	[16.22917]
[61]	[27]	[0.78667]	[94]	[60]	[17.62333]
[62]	[28]	[0.87000]	[95]	[61]	[19.15667]
[63]	[29]	[0.95917]	[96]	[62]	[20.94167]
[64]	[30]	[1.05333]	[97]	[63]	[22.87667]
[65]	[31]	[1.15333]	[98]	[64]	[24.96000]
[66]	[32]	[1.25833]	[99]	[65]	[27.15667]
[67]	[33]	[1.37000]			

THE COST OF INSURANCE RATES SHOWN ABOVE ARE BASED ON THE GREATER OF THE [2017 CSO 50% MALE UNISEX], [NONSMOKER], [ULTIMATE], [AGE LAST BIRTHDAY RATES] AND THE [2001 CSO 50% MALE UNISEX], [NONSMOKER], [ULTIMATE], [AGE LAST BIRTHDAY RATES].

POLICY DATA PAGE

TABLE OF NET SINGLE PREMIUMS PER \$1 OF PAID-UP INSURANCE

ATTAINED AGE	NET SINGLE PREMIUM	ATTAINED AGE	NET SINGLE PREMIUM
[35]	[0.16470]	[68]	[0.49847]
[36]	[0.17060]	[69]	[0.51377]
[37]	[0.17664]	[70]	[0.52936]
[38]	[0.18284]	[71]	[0.54520]
[39]	[0.18922]	[72]	[0.56123]
[40]	[0.19582]	[73]	[0.57742]
[41]	[0.20266]	[74]	[0.59372]
[42]	[0.20974]	[75]	[0.61008]
[43]	[0.21707]	[76]	[0.62649]
[44]	[0.22467]	[77]	[0.64292]
[45]	[0.23255]	[78]	[0.65935]
[46]	[0.24074]	[79]	[0.67572]
[47]	[0.24922]	[80]	[0.69196]
[48]	[0.25801]	[81]	[0.70798]
[49]	[0.26711]	[82]	[0.72377]
[50]	[0.27651]	[83]	[0.73935]
[51]	[0.28622]	[84]	[0.75465]
[52]	[0.29622]	[85]	[0.76944]
[53]	[0.30650]	[86]	[0.78363]
[54]	[0.31704]	[87]	[0.79726]
[55]	[0.32787]	[88]	[0.81024]
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[57]	[0.35046]	[90]	[0.83415]
[58]	[0.36227]	[91]	[0.84521]
[59]	[0.37444]	[92]	[0.85587]
[60]	[0.38698]	[93]	[0.86637]
[61]	[0.39985]	[94]	[0.87709]
[62]	[0.41304]	[95]	[0.88862]
[63]	[0.42653]	[96]	[0.90153]
[64]	[0.44032]	[97]	[0.91664]
[65]	[0.45440]	[98]	[0.93563]
[66]	[0.46878]	[99]	[0.96154]
[67]	[0.48347]		

THE NET SINGLE PREMIUMS SHOWN ABOVE ARE BASED ON THE NONFORFEITURE RATE TABLE AND THE NET SINGLE PREMIUM INTEREST RATE.

DEFINITIONS

Words used in this policy have the following meanings. Other definitions may appear throughout the policy.

ACCUMULATION VALUE: The Accumulation Value is calculated as described in the Policy Values provisions of this policy.

ADMINISTRATIVE EXPENSE CHARGES: An amount of money We deduct from the Accumulation Value on the Policy Effective Date and each Monthly Anniversary as part of the Monthly Deduction. The amount is comprised of the Monthly Administrative Fee Per Policy in effect as of the date of the deduction and the Monthly Administrative Fee Per \$1,000 Specified Amount in effect on the date of the deduction. The guaranteed maximum Administrative Expense Charges are shown in a Policy Data Page.

ATTAINED AGE: The Attained Age is the Issue Age plus the number of completed Policy Years.

BASE POLICY: The Base Policy includes this policy form (numbered, in whole or in part, W3020FL) as issued to You, application, any supplemental application and any endorsements to the policy. The Base Policy does not include any Riders.

BENEFICIARY: The person or persons or entity You name in the application, or later changed by You, to whom We will pay the Death Proceeds when the Primary Insured dies.

CASH SURRENDER VALUE: The Cash Surrender Value is the Cash Value less any Indebtedness.

CASH VALUE: The Cash Value is the Accumulation Value less the surrender charge.

COST OF INSURANCE CHARGE: An amount of money We deduct from the Accumulation Value on the Policy Effective Date and each Monthly Anniversary to pay for the cost of insurance coverage under the Base Policy and any Riders. The Cost of Insurance Charge is part of the Monthly Deduction and is calculated as described in the Cost of Insurance Charge provision. The guaranteed maximum monthly cost of insurance rates for the Base Policy and any Riders are shown in a Policy Data Page.

DEATH BENEFIT: The calculated Base Policy benefit amount upon the death of the Primary Insured.

DEATH PROCEEDS: The Death Proceeds are the Death Benefit plus any Rider Death Benefits, upon the death of the Primary Insured, less any Indebtedness and less any overdue Monthly Deductions.

EVIDENCE OF INSURABILITY: Evidence of Insurability is information, including medical information, satisfactory to Us that is used to determine insurability and the Insured's Risk Class, subject to Our approval and issue limits.

EXPIRY DATE: The date coverage on any Rider(s) terminates.

INDEBTEDNESS: Indebtedness means all outstanding loans on this Base Policy, including loan interest.

ISSUE AGE: Primary Insured's age, last birthday on the Policy Effective Date. The Issue Age is shown in the Policy Data Page.

JUVENILE INSURED: A Juvenile Insured is a Primary Insured with an Issue Age of 0 through 17. A Juvenile Insured is issued in the Non-Tobacco Risk Class and will continue in that same Risk Class upon reaching Attained Age eighteen (18).

LAPSE: Termination of this policy at the end of a grace period due to insufficient Cash Surrender Value.

MATURITY DATE: The Maturity Date is shown in the Policy Data Page. It is the date on which insurance coverage will terminate and the Cash Surrender Value is paid to the Owner. It is possible that insurance coverage will terminate prior to the Maturity Date if the premium paid and interest credited are not sufficient to continue coverage to such date.

MONTHLY ANNIVERSARY: The same date of each month as the Policy Effective Date.

MONTHLY DEDUCTION: An amount of money We deduct from the Accumulation Value on the Policy Effective Date and each Monthly Anniversary in accordance with the Monthly Deduction provision of the policy.

NET PREMIUM: The total premium paid less the percentage of Premium Expense Charge.

NO-LAPSE GUARANTEE MINIMUM MONTHLY PREMIUM: The amount of premium due on each Monthly Anniversary during the No-Lapse Guaranteed Period to assure the policy will not terminate or begin the grace period as described in the No-Lapse Guarantee provision. The No-Lapse Guarantee Minimum Monthly Premium is one twelfth of the Minimum Annual Premium. The Minimum Annual Premium and the No-Lapse Guarantee Minimum Monthly Premium are shown in a Policy Data Page.

NO-LAPSE GUARANTEE PERIOD: The period during which the No-Lapse Guarantee provision applies. The No-Lapse Guarantee Period is shown in the Policy Data Page.

NO-LAPSE GUARANTEE PERIOD START DATE AND NO-LAPSE GUARANTEE PERIOD ENDING DATE: The start and ending dates of the No-Lapse Guarantee Period. These dates are shown in the Policy Data Page.

NONPARTICIPATING: This is a Nonparticipating policy. This policy will not share in the Company's profits or surplus earnings. We will not pay dividends on this policy.

NOTICE, NOTIFYING: Written request(s) and information We receive at Our Home Office, which You sign, and We accept.

OWNER(S): The Owner(s) named in the application, unless changed by You.

PLANNED PERIODIC PREMIUM: The scheduled premium payment amount that You intend to pay. The Planned Periodic Premium is shown in the Policy Data Page.

POLICY ANNIVERSARY: The same date each year as the Policy Effective Date.

POLICY CLASS: A class of insured persons who have the same Base Policy form and/or Rider form and who have certain factors in common that We determine. These factors may include, but are not limited to, Issue Age, Attained Age, Risk Class, Issue Date, duration from issue, Specified Amount, Accumulation Value, premiums paid (amount and/or frequency), issue state, and any other factors which We may determine to consider in the future.

POLICY EFFECTIVE DATE (ISSUE DATE): This is the effective date of Your policy. This date will be used to determine Monthly Anniversaries, Policy Years and Policy Anniversaries. The Issue Date is the Policy Effective Date, which is shown in the Policy Data Page.

POLICY DATA PAGE: The Policy Data Page is a section of the policy that shows information specific to Your policy. Any changes to the Policy Data Page will be shown in a supplemental Policy Data Page and/or endorsement, and any such changes are included in references to the Policy Data Page.

POLICY YEAR: One year from the Policy Effective Date and from each Policy Anniversary.

PREMIUM EXPENSE CHARGE: An amount deducted from each premium paid to Us before it is credited to the policy. The guaranteed maximum Premium Expense Charge is shown in the Policy Data Page.

PRIMARY INSURED: The Primary Insured is named in the Policy Data Page.

PROOF OF DEATH: A certified copy of the death certificate of the Primary Insured, and any other evidence satisfactory to Us that We may require in order to investigate the claim and claimant's interest in the Death Proceeds to be provided by Owner or Owner's survivors to Us. If no death certificate will be issued (e.g. missing person), such other lawful evidence and documentation as permits Us to make a reasonable determination as to the fact, date, cause, and manner of death of the Primary Insured.

RIDER: A Rider, if any, attached to the Base Policy that provides additional benefits. Any Rider to this Base Policy at issue is shown in the Policy Data Page. Some Riders may be added after issue subject to underwriting and additional premium, if applicable, and will be sent to You to attach to this Base Policy.

RISK CLASS: One of the factors used to determine the Primary Insured's Policy Class. The Risk Class is shown in the Policy Data Page.

SPECIFIED AMOUNT: The Specified Amount is the amount of insurance coverage under the Base Policy. On the Policy Effective Date, the Specified Amount equals the Initial Specified Amount shown in the Policy Data Page. Thereafter, it may change in accordance with the terms of the Change in Specified Amount provision, the Death Benefit provisions, Partial Withdrawal provision and any attached Rider provision that affects the Specified Amount.

TABLE OF MINIMUM DEATH BENEFIT PERCENTAGES: The minimum insurance percentages required to qualify the policy as life insurance under the Internal Revenue Code using the Cash Value Accumulation Test.

YOU, YOUR: The Owner(s) of this policy.

WE, US, OUR: Washington National Insurance Company.

OWNER, BENEFICIARY AND ASSIGNMENT PROVISIONS

OWNERSHIP: This contract belongs to You. During the lifetime of the Primary Insured, You have all rights, subject to the right of:

1. Any assignee of record with Us;
2. Any irrevocable Beneficiary; and
3. Any restricted ownership.

You may make changes, including change of Owner, by Notifying Us during the lifetime of the Primary Insured. You must do this in writing on a form acceptable by Us. Any change is subject to any payments made or actions taken by Us before We receive the Notice. A change of Owner does not change the Beneficiary. The rights of the Owner end on the death of the Primary Insured.

Your rights, except for payment of premium and repayment of loans, are subject to the interests of any assignee or irrevocable Beneficiary. If You die before the Primary Insured, then Your estate become the new Owner.

BENEFICIARY: If the Primary Insured dies while this policy is in force, the Beneficiary will receive the Death Proceeds. You may make the Beneficiary irrevocable. If there is an irrevocable Beneficiary, You must obtain the written consent of that Beneficiary to any policy transactions except for payment of premiums and loan repayments.

If more than one person is named as Beneficiary, the Death Proceeds will be paid in equal shares to the surviving Beneficiaries, unless otherwise provided. The interest of a Beneficiary who dies before the Primary Insured will pass to any surviving Beneficiaries unless You specify otherwise. If no Beneficiary survives the Primary Insured, You will be the Beneficiary, or Your estate will be the Beneficiary if You are the Primary Insured.

If the Beneficiary is "children," this means children born to or legally adopted by the Primary Insured. Payments to minors will only be made to a court-appointed guardian of the assets of the minor or to the minor at age of majority.

OWNER AND BENEFICIARY CHANGE: By Notice to Us, You may change the Owner and the Beneficiary at any time during the lifetime of the Primary Insured unless otherwise provided in a previous designation. Any change must be in written form satisfactory to Us. An irrevocable Beneficiary cannot be changed without the written consent of the irrevocable Beneficiary.

Unless otherwise specified by You, the change will take effect on the date Notice of change is signed by You. Any change is subject to any payments made or actions taken by Us before We receive the Notice. A change or transfer of ownership will not change the interest of any Beneficiary. If the change is to a viatical or other third party without an insurable interest, We may require additional documentation prior to making a change.

SIMULTANEOUS DEATH: If any Beneficiary dies within fifteen (15) days after the death of the Primary Insured, the Death Proceeds will be paid as if the Beneficiary died before such Primary Insured. However, this provision will not apply to any payment We make before receiving and recording Notice of the Beneficiary's death.

ASSIGNMENT: You can assign this policy as collateral security by Notice to Us. No assignment will be binding on Us unless it is in writing, signed by You on a form acceptable to Us and received by Us at Our Home Office. Unless otherwise specified by You, the assignment shall take effect on the date Notice of the assignment is signed by You. We will not be responsible for the validity of any assignment. We will not be liable for any payments We make or actions We take before We receive and record notice of an assignment. Payments to an assignee will be made only in a lump sum, unless otherwise agreed to by Us. Any debt owed to Us will be deducted prior to payment made to the assignee. Your rights along with the rights of any Beneficiaries are subject to the approval of the assignee.

The interest of any revocable Beneficiary will be subject to any assignment made either before or after the Beneficiary is named.

A collateral assignment will not transfer ownership to the assignee. You can transfer ownership only by complying with the Owner and Beneficiary Change provision.

PREMIUM, NO-LAPSE GUARANTEE, GRACE PERIOD AND REINSTATEMENT PROVISIONS

INITIAL PREMIUM: The Initial Premium is shown in the Policy Data Page. The Initial Premium is due in advance of the Policy Effective Date. There will be no coverage under this policy until the Initial Premium is paid. The Initial Premium cannot be less than one twelfth of the Minimum Annual Premium.

PLANNED PERIODIC PREMIUM: This is the amount You have elected to pay. The amount and frequency of Your premium payments will affect Your policy values and length of time You have insurance coverage. If Your Planned Periodic Premium is not enough to keep Your policy in force, You may need to change Your Planned Periodic Premium or make additional premium payments to keep Your policy from terminating.

NO-LAPSE GUARANTEE: This policy has a No-Lapse Guarantee as follows. If during the No-Lapse Guarantee Period certain conditions are met, the No-Lapse Guarantee will be in effect and this policy will not enter a grace period even if the Cash Surrender Value is insufficient. The conditions are:

1. The sum of the premiums that We have accepted less any Indebtedness and partial withdrawals must be greater than or equal to the sum of all No-Lapse Guarantee Minimum Monthly Premiums payable to that date; and
2. The No-Lapse Guarantee Period Ending Date shown in the Policy Data Page must not have passed.

The No-Lapse Guarantee Minimum Monthly Premium is in effect on the Policy Effective Date and is shown in the Policy Data Page. The No-Lapse Guarantee Minimum Monthly Premium may be increased or decreased as explained below.

Whether or not the No-Lapse Guarantee is in effect, the policy will not enter a grace period if the Cash Surrender Value is sufficient to pay Monthly Deductions and partial surrender charges as they come due.

While the No-Lapse Guarantee is in effect and preventing this policy from entering a grace period, We will continue to deduct Monthly Deductions and partial surrender charges as they come due and loan interest will continue to accrue.

As a result of Monthly Deductions and partial surrender charges, the Accumulation Value may become negative during a grace period or prior to the No-Lapse Guarantee Period Ending Date while the No-Lapse Guarantee is in effect. No interest will be credited while the Accumulation Value is negative. Any negative Cash Surrender Value must be paid on the No-Lapse Guarantee Period Ending Date or during a grace period or this policy may Lapse.

If Your Specified Amount increases after the Policy Effective Date and the change occurs during the No-Lapse Guarantee Period, the No-Lapse Guarantee Minimum Monthly Premium for Your policy will increase. If You add Rider coverage or increase a Rider amount after the Policy Effective Date and during the No-Lapse Guarantee Period, the No-Lapse Guarantee Minimum Monthly Premium for Your policy will increase if the Rider has a cost. We will send You a supplemental Policy Data Page and/or endorsement showing the new No-Lapse Guarantee Minimum Monthly Premium following any such increase.

If Your Specified Amount decreases after the Policy Effective Date and the change occurs during the No-Lapse Guarantee Period, the No-Lapse Guarantee Minimum Monthly Premium for Your policy will decrease. If You remove Rider coverage or decrease a Rider amount after the Policy Effective Date and during the No-Lapse Guarantee Period, the No-Lapse Guarantee Minimum Monthly Premium for Your policy will decrease if the Rider has a cost. We will send You a supplemental Policy Data Page and/or endorsement showing the new No-Lapse Guarantee Minimum Monthly Premium following any such decrease.

The No-Lapse Guarantee Period Ending Date will not be extended for any change to this policy.

The Cash Surrender Value at the No-Lapse Guarantee Period Ending Date may be insufficient to keep the policy in force unless an additional premium payment is made at that time.

Following a reinstatement of the policy, if the No-Lapse Guarantee is then reinstated as described in the Reinstatement provision, the No-Lapse Guarantee provision will continue to apply from the Policy Effective Date to the No-Lapse Guarantee Period Ending Date. The No-Lapse Guarantee Period Ending Date will not be extended for any Lapse in which reinstatement occurs.

WHERE PAYABLE: Any check should be payable only to the Company and not to any representative. After the first premium, all premiums are to be paid to Us at Our Home Office. Receipts, signed by one of Our officers, will be given upon request.

AMOUNT AND FREQUENCY: After the Initial Premium payment, You may make premium payments at any time until the Primary Insured's Maturity Age shown in the Policy Data Page. No premium will be accepted after the Primary Insured reaches his/her Maturity Date. The amount and frequency of Your premium payments will affect Your policy values and the length of time You have insurance coverage. The frequency of premium payment shown in the Policy Data Page will serve only as an indication of Your preference as to probable future frequency of payment. You may change the frequency of Planned Periodic Premium payment at any time, subject to a Minimum Payment Amount, which is shown in the Policy Data Page.

We reserve the right to require Evidence of Insurability for any premium payment that would result in an increase in Net Amount at Risk. If such Evidence of Insurability is not satisfactory, We may limit or refuse the premium payment, unless it is necessary to keep the Policy in force.

DISCONTINUANCE OF PREMIUM PAYMENTS; CONTINUATION OF INSURANCE: If You stop paying premiums, insurance coverage under the Base Policy and any benefits provided by Rider will continue until the policy Lapses as described below in the Grace Period provision, unless earlier terminated under the terms of this Base Policy or any Rider. No Rider will continue beyond its Expiry Date.

GRACE PERIOD: The grace period begins on the Monthly Anniversary when the Cash Surrender Value is less than the next Monthly Deduction, except as described in the No-Lapse Guarantee provision. You have sixty-one (61) days from the start of the grace period to pay the premium due. We will send a written notice thirty-one (31) days before the end of the grace period to Your last known address and the addresses of any assignee of record or additional person designated to receive the notice of Lapse. This notice will indicate the amount of the premium You must pay to keep the policy in force. The amount of premium needed to keep the policy in force will be:

1. The lesser of the amount necessary to restore the No-Lapse Guarantee, if applicable, or the amount necessary to keep the policy in force during the grace period; plus
2. Sufficient premium, after the reduction by any Premium Expense Charge, to keep the policy in force for one (1) additional month.

If You do not pay or mail the needed premium within the grace period, on the day after the grace period ends this policy will Lapse and terminate without value.

Any premium sent by United States mail must be postmarked within the grace period. If the Primary Insured dies during the grace period, We will pay the Death Proceeds under the terms of this policy, but We will deduct any overdue Monthly Deductions from the Death Proceeds. The policy will remain in force during the grace period, unless surrendered.

REINSTATEMENT: The policy may be reinstated within three (3) years after the effective date of Lapse only if:

1. The Primary Insured is living; and
2. Reinstatement is prior to the Maturity Date; and
3. The policy was not surrendered for its Cash Surrender Value; and
4. You provide Us with satisfactory evidence that the Primary Insured is insurable in the same Risk Class as when the policy was issued; and
5. Sufficient premium, after reduction by any Premium Expense Charge, to cover all Monthly Deductions and accrued loan interest due and unpaid during the grace period is paid; and
6. Sufficient premium, after reduction by any Premium Expense Charge, to keep the policy in force for three (3) months after the reinstatement effective date is paid; and
7. Sufficient premium to cover any negative accumulated value is paid.

If the policy Lapses and is reinstated during the No-Lapse Guarantee Period, You may reinstate the No-Lapse Guarantee if:

1. The No-Lapse Guarantee was in effect for three (3) months immediately prior to the date the policy entered the grace period; and
2. On the date of reinstatement, You pay:
 - a. Sufficient premiums such that the sum of premiums paid to date, less any partial withdrawals, loans and loan interest, equals or exceeds the No-Lapse Guarantee Minimum Monthly Premium multiplied by the number of policy months between the Policy Effective Date and the date of the reinstatement; and
 - b. Sufficient premium, after reduction by any Premium Expense Charge, to keep the policy in force for three (3) months after the reinstatement effective date.

If You reinstate the No-Lapse Guarantee when reinstating the policy, the reinstated No-Lapse Guarantee shall be subject to the terms and conditions of this policy.

The effective date of the reinstatement is the next Monthly Anniversary following Our approval of the reinstatement, so long as the Primary Insured is still living. At the effective date of reinstatement:

1. The Accumulation Value will be the Accumulation Value at the date of Lapse less any policy Indebtedness at the date of Lapse plus Net Premium paid at the time of reinstatement.
2. The policy will retain its original Policy Effective Date and Policy Years will continue to be determined from the Policy Effective Date.
3. Surrender charges, cost of insurance charges and expense charges will continue to apply and are based on the number of Policy Years from the original Policy Effective Date for the original Base Policy Specified Amount.
4. Surrender Charges, cost of insurance charges and expense charges for any Base Policy Specified Amount increases that were in effect at the end of the Grace Period will continue to apply and are based on the number of years from the Specified Amount increase effective dates.
5. Cost of insurance charges for any reinstated Riders will continue to apply.
6. If there was a Base Policy loan at the time of Lapse, We will not reinstate the loan.
7. A new two (2) year contestable period will apply with respect to statements made in the application for reinstatement.
8. A new two (2) year suicide exclusion period will start from the reinstatement effective date.

After reinstatement premium has been applied, regular policy processing will occur.

PAYMENT OF DEATH PROCEEDS PROVISION

DEATH PROCEEDS: We will pay the Death Proceeds to the Beneficiary upon Our receipt of Proof of Death that the Primary Insured died while this policy was in force.

The Death Proceeds are:

1. The Death Benefit in force upon the death of the Primary Insured; plus
2. Any Rider Death Benefits payable at the Primary Insured's death; minus
3. Any Indebtedness; minus
4. Any overdue Monthly Deductions.

When We pay the Death Proceeds, We will require the return of the policy. Any request for payment on Proof of Death under this policy must be sent to Our Home Office.

DEATH BENEFIT PROVISIONS

INTEREST ON DEATH PROCEEDS: We will pay interest on the Death Proceeds after We receive Proof of Death. Interest on Death Proceeds will accrue and be payable from the date of death of the Primary Insured to the date when Death Proceeds are paid as a lump sum or the date funds are applied to a settlement option payment plan, if elected. The interest rate will be the Moody's Corporate Bond Yield Average-Monthly Average Corporate as of the date of death.

DEATH BENEFIT: This policy provides a Death Benefit on the death of the Primary Insured while the policy is in force. The Death Benefit, death benefit option and the cash value accumulation test are described in this section.

CASH VALUE ACCUMULATION TEST – MINIMUM DEATH BENEFIT CORRIDOR: The cash value accumulation test minimum death benefit at any time is the Accumulation Value multiplied by the applicable percentage at the Primary Insured's Attained Age as shown in the Table of Minimum Death Benefit Percentages For Cash Value Accumulation Test in the Policy Data Page.

DEATH BENEFIT OPTION: The Death Benefit Option for this policy is option A (level). On the date of death of the Primary Insured, the Death Benefit will be the greater of:

1. The Specified Amount on the date of death; or
2. The Accumulation Value on the date of death multiplied by the applicable percentage at the Primary Insured's Attained Age as shown in the Policy Data Page in the Table of Minimum Death Benefit Percentages For Cash Value Accumulation Test.

POLICY CHANGE PROVISIONS

CHANGE IN SPECIFIED AMOUNT: If You satisfy the requirements that follow, You may make the following changes to the Specified Amount subject to Our approval, as long as the policy is not in the grace period. Any change in Specified Amount will be reflected in a supplemental Policy Data Page and/or endorsement.

Specified Amount Increase: Beginning on the first Policy Anniversary, You may request an increase in the Specified Amount once per Policy Year by Notifying Us. At the Notice date:

1. This policy must be in force;
2. Evidence of Insurability satisfactory to Us must be submitted;
3. The first month's Monthly Deduction must be paid;
4. The increase must meet the Minimum Increase Amount requirements as shown in the Policy Data Page; and
5. You may not increase the Specified Amount after the Primary Insured reaches the Maximum Attained Age for Increase as shown in the Policy Data Page.

The increase will not be effective until Our written approval and as of the Monthly Anniversary following Our approval of the increase. New surrender charges, Premium Expense Charges, Administrative Expense Charges, and Cost of Insurance Charges will apply as a result of the increase and will be reflected in a supplemental Policy Data Page and/or endorsement. The amount of premium You must pay to keep Your policy from terminating may increase.

Specified Amount Decrease: After the first Policy Year, You may request once per Policy Year a decrease in the Specified Amount by Notifying Us. At the Notice date:

1. This policy must be in force.
2. The decrease must meet the Minimum Decrease Amount requirements as shown in the Policy Data Page.
3. The Specified Amount cannot be reduced below the greater of:
 - a. Minimum Specified Amount, which is shown in the Policy Data Page; or
 - b. The required amount of insurance to comply with Internal Revenue Code Section 7702 limits.
4. A Specified Amount decrease will be applied against the following, in order:
 - a. The most recent increase in the Specified Amount, if any; followed by
 - b. Each next most recent increase in Specified Amount, if any; in order; followed by
 - c. The Initial Specified Amount.
5. A decrease in Specified Amount will result in an immediate surrender charge that will be deducted from the Accumulation Value. This surrender charge will be calculated as follows:
 - a. The surrender charge assessed will be based on the surrender charge schedule(s) that apply to the Specified Amount(s) decreased and assessed in the same order as the Specified Amount decrease.
 - b. If a Specified Amount decrease eliminates a Specified Amount increase, the entire surrender charge for that Specified Amount increase will be assessed.
 - c. If a Specified Amount decrease eliminates a portion of a previous Specified Amount increase, a pro-rata surrender charge will be assessed equal to the surrender charge for that Specified Amount increase multiplied by the percentage of the previous Specified Amount increase that is represented by the Specified Amount decrease.
 - d. If a Specified Amount decrease eliminates a portion of the Initial Specified Amount, a pro-rata surrender charge will be assessed equal to the surrender charge for the Initial Specified Amount multiplied by the percentage of the Initial Specified Amount that is represented by the Specified Amount decrease.

A corresponding reduction will be made in subsequent surrender charges. The decrease will be effective as of the Monthly Anniversary following Our receipt of Notice and will be reflected in a supplemental Policy Data Page and/or endorsement.

POLICY VALUES PROVISIONS

ACCUMULATION VALUE: The Accumulation Value on the Policy Effective Date will be the initial Net Premium. The Accumulation Value on any other day will be calculated as follows:

1. Accumulation Value on the preceding Monthly Anniversary day plus interest to the current date; plus
2. Net Premium paid since the preceding Monthly Anniversary day plus interest to the current date; minus
3. Partial withdrawals made since the preceding Monthly Anniversary day plus associated charges, if any, plus interest from the date of withdrawal to the current date; minus
4. The surrender charges assessed due to Specified Amount decrease made since the preceding Monthly Anniversary day plus interest to the current date; minus
5. Monthly Deductions on the preceding Monthly Anniversary day plus interest to the current date.

The Policy Effective Date will be considered as the preceding Monthly Anniversary day for purposes of calculating the Accumulation Value during the first month after the policy is issued.

INTEREST CREDITED TO THE ACCUMULATION VALUE: Interest is credited to the Accumulation Value monthly on each Monthly Anniversary. Different interest rates may apply to different portions of the Accumulation Value. The Guaranteed Minimum Annual Interest Rate is shown in the Policy Data Page. We may declare interest rates in excess of the Guaranteed Minimum Annual Interest Rate for the unloaned portion of the Accumulation Value but are not required to do so. Interest rates are declared by Us by a method determined by Us. If the Accumulation Value is less than zero, interest will not be credited that would result in an interest charge.

INTEREST RATE ENHANCEMENT: After the Interest Rate Enhancement Policy Anniversary shown in the Policy Data Page, if the annualized interest rate declared by Us for a Monthly Anniversary exceeds the Guaranteed Minimum Annual Interest Rate, We will increase the annualized declared interest rate for that Monthly Anniversary by the Interest Rate Enhancement Percentage shown in the Policy Data Page. Any increase will only apply in the policy month beginning with that Monthly Anniversary. Any increase will not apply to any loaned portion of the Accumulation Value.

MONTHLY DEDUCTION: On the Policy Effective Date and each Monthly Anniversary, We subtract a Monthly Deduction from Your Accumulation Value. The Monthly Deduction is the sum of:

1. The monthly Cost of Insurance Charge for the Base Policy;
2. The monthly Administrative Expense Charges for the Base Policy; and
3. The monthly Cost of Insurance Charge for policy Riders, if any.

COST OF INSURANCE CHARGE: The monthly Cost of Insurance Charge for the Base Policy equals:

1. The net amount of risk for the policy month; multiplied by
2. The monthly cost of insurance rate per \$1,000; divided by
3. 1,000.

The Net Amount at Risk equals:

1. The Death Benefit on the Monthly Anniversary divided by the Death Benefit Factor shown in the Policy Data Page; minus
2. The Accumulation Value on the Monthly Anniversary.

For purposes of calculating the Net Amount of Risk, the Accumulation Value will never be less than zero.

COST OF INSURANCE RATES: The Base Policy and any policy Riders may have different cost of insurance rates and guaranteed maximum cost of insurance rates. The monthly guaranteed maximum cost of insurance rates for the Base Policy and any Riders are shown in the Policy Data Page. We reserve the right to charge rates that are lower than the maximums shown. Any lower cost of insurance rates will apply uniformly to all members of the same Policy Class.

CHANGES IN RATES AND CHARGES: The cost of insurance rates, the monthly Cost of Insurance Charges, monthly Administrative Expense Charges, Premium Expense Charges, credited interest rates, and the monthly Riders' cost of insurance rates and charges may vary over time. We will declare these rates and charges based on Our expectations of future investment earnings, persistency, mortality, expenses, taxes, capital requirements, reserve requirements, reinsurance expenses, profit, and any other factors that We may determine to consider in the future. Our expectations of the elements may include anticipated future or emerging experience. Changes in these rates and charges will be subject to the guaranteed limits shown in a Policy Data Page and/or endorsement will apply uniformly to all members of the same Policy Class. Changes in rates and charges will affect the future Accumulation Value and may also affect length of insurance coverage.

TAX-RELATED CHARGES: In addition to the charges described in this Base Policy or any Rider, We reserve the right to make a charge for federal, state or local taxes generated by this Base Policy or any Rider, or generated by Our operations with respect to this Base Policy or any Rider, to the extent such tax was not applicable to the Base Policy or any Rider or Our operations at the time of policy issuance.

NONFORFEITURE PROVISIONS

SURRENDER: While this Base Policy is in force, You may surrender this Base Policy for its Cash Surrender Value by Notifying Us. We may require that You return the Base Policy to Us upon surrender. The date of surrender will be the date We receive such request. All coverage under this Base Policy and any Riders will end on such date. The Cash Surrender Value on the date of surrender shall equal the Cash Surrender Value on the Monthly Anniversary preceding the date of surrender adjusted for any additions to or subtractions from the Cash Surrender Value since the preceding Policy Anniversary, including without limitation any accrual of Indebtedness since the preceding Monthly Anniversary.

Once You have surrendered this Base Policy, We will no longer send You an annual report. Any additional benefits provided by a Rider attached to this Base Policy will be terminated.

Upon surrender, there will be two (2) benefit options available to You: Option 1 or Option 2. Option 1 will automatically be the default option and Your election unless Option 2 is specifically requested in writing to Us.

If You elect Option 1, We will pay You the Cash Surrender Value of this Base Policy. We may defer payment for not more than six (6) months following receipt by Us of the Cash Surrender Value request.

If You elect Option 2, We will provide a paid-up insurance benefit until the Maturity Date of this Base Policy. The amount of paid-up insurance benefit will be the Cash Surrender Value of this Base Policy divided by the net single premium for the Primary Insured's Attained Age at time of election. The net single premium is shown in the Policy Data Page. If the amount of the paid-up insurance benefit would exceed the Death Benefit less any Indebtedness on this Base Policy, the amount of the paid-up insurance benefit will be equal to the Death Benefit less any Indebtedness on the Base Policy. Any Cash Surrender Value not used to provide the paid-up insurance benefit will be paid to You. This option is not available when the amount of paid-up insurance benefit is less than the Minimum Paid-Up Insurance Benefit shown in the Policy Data Page.

The net single premium is based on the Nonforfeiture Rate Table and the Net Single Premium Interest Rate shown in the Policy Data Page. The Cash Surrender Value of the paid-up insurance benefit will be equal to the amount of paid-up insurance benefit multiplied by the net single premium at the Primary Insured's Attained Age at the time of surrender of the paid-up insurance benefit.

SURRENDER CHARGE: The surrender charge for the Initial Specified Amount and for any subsequent Specified Amount increases (if any) are shown in a Policy Data Page. For a certain period following the Policy Effective Date or the effective date of any increase in Specified Amount, We will deduct a surrender charge from Your Accumulation Value upon surrender of the policy. A partial surrender charge will be deducted from the Accumulation Value due to a Specified Amount decrease or a partial withdrawal.

PARTIAL WITHDRAWAL: After the first Policy Year, You may request by Notice to Us a partial withdrawal for cash. No more than one (1) partial withdrawal may be made in any Policy Year. The partial withdrawal may be any amount between the minimum partial withdrawal amount shown in the Policy Data Page and the Cash Surrender Value.

A partial withdrawal will reduce the Specified Amount by the amount of the partial withdrawal. The Specified Amount reduction will be applied in the same order as described in the Specified Amount Decrease provision.

A surrender charge will be calculated and assessed for a partial withdrawal. The surrender charge will be calculated as described in the Specified Amount Decrease provision as if the Specified Amount were decreased by an amount equal to the partial withdrawal amount. A corresponding reduction will be made in subsequent surrender charges. In addition, a partial withdrawal processing fee, which is shown in the Policy Data Page, will be imposed.

All charges due to partial withdrawals will be imposed against the Accumulation Value. All partial withdrawals can impact the policy's No-Lapse Guarantee as described in the No-Lapse Guarantee provision.

We may defer the payment of any partial withdrawals for a period of up to six (6) months from the date of Our receipt of the Notice giving rise to such payment. Any delay will be on a nondiscriminatory basis toward You.

BASIS OF VALUES: Any Cash Values and paid-up nonforfeiture benefits available under this Base Policy will not be less than the minimum values and benefits required by the laws of the state in which this policy is issued. Calculation of the required minimum Cash Values are based on the Nonforfeiture Rate Table and Guaranteed Minimum Annual Interest Rate listed in a Policy Data Page. Calculation of the Net Single Premiums of Paid-Up Insurance are based on the Nonforfeiture Rate Table and the Net Single Premium Interest Rate listed in a Policy Data Page. A detailed statement of the basis of the charges and the methods of computation has been filed with insurance supervisory official of the state in which this policy is delivered.

LOAN PROVISIONS

POLICY LOAN: You may request a loan at any time while this Base Policy is in force and has Cash Surrender Value by satisfactory Notice to Us. This Base Policy is assigned to Us as sole security for the loan.

LOAN AMOUNT AVAILABLE: The maximum amount of a new loan is:

1. The Cash Value at the end of the current Policy Year; minus
2. Any existing loan with interest to the end of the current Policy Year; minus
3. Interest on the new loan from the date of the loan to the end of the current Policy Year; minus
4. Three (3) Monthly Deductions.

We may defer making a loan for not more than six (6) months after application for the loan is made unless the loan is to pay premiums on policies with Us.

We will subtract any Indebtedness on the date of the Primary Insured's death from the Death Benefit.

LOAN INTEREST: Loan interest will accrue daily from the date of each loan to the next Policy Anniversary date. The loan interest is payable in arrears at the end of each Policy Year. If interest is not paid when due, the amount of the interest will be added to the loan and bear interest on the same terms as the loan. The maximum Indebtedness under the policy is that amount which, with interest to the next Policy Anniversary date, will equal the Cash Surrender Value as of the next Policy Anniversary date. A loan secured by this policy will bear interest at the rate shown in the Policy Data Page.

PORTION OF THE ACCUMULATION VALUE THAT SECURES A LOAN: The interest rate credited to the portion of the Accumulation Value equal to the Indebtedness will be the minimum guaranteed interest rate in the policy.

REPAYMENT OF LOANS: You may repay a loan in full or in part at any time while this policy is in force. Unless You request otherwise at the time You make any payments to Us, all amounts received while a loan is outstanding will be considered as premium payments, not loan repayment.

TERMINATION OF POLICY: This policy will terminate if Indebtedness exceed the Cash Value but not until at least thirty (30) days' advance notice of termination has been mailed to You and any assignee of record.

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT: This policy is a contract between You and Us. It is issued in consideration for the application and the Initial Premium. The entire contract consists of:

1. This policy form (numbered, in whole or in part, W3020FL) as issued to You;
2. Any supplemental Policy Data Pages;
3. The attached application;
4. Any supplemental applications made part of this policy;
5. Any Riders; and
6. Any endorsements or any amendments.

All statements in the application and any supplemental applications will, in the absence of fraud, be deemed representations and not warranties. No statement will be used to contest the validity of this policy, or to contest a claim under it, unless it appears on the application or a supplemental application. Any application for modifications of the policy, which are to be based upon additional Evidence of Insurability, shall be attached to the policy and become part of the contract between the parties.

RELIANCES: We have issued this policy in reliance on the statements made in the application and any supplemental applications. Read the application and any supplemental applications. If any statement is not true or complete, You must tell Us. We are not liable for any request made in accordance with Your instructions. If We make any payments or policy changes in good faith based on Our records, We have fully discharged Our obligations.

MODIFICATION OF POLICY: Only the President, a Vice President, the Secretary, or an Assistant Secretary of the Company has power on behalf of the Company to change, modify, or waive the provisions of the policy and then only in writing. No agent, broker, or person other than the above-named officers has the authority to change or modify this policy or waive any of its provisions.

INCONTESTABILITY: We can contest the validity of the policy if there is a material misstatement in the application or a material misstatement in a request for reinstatement. Except for nonpayment of needed premium this policy will be incontestable after it has been in force during the lifetime of the Primary Insured for two (2) years from the Policy Effective Date or the effective date of reinstatement. If the policy has been reinstated, the reinstated policy will be incontestable after it has been in force during the lifetime of the Primary Insured for two (2) years from the effective date of reinstatement. If the policy has been reinstated and was in force two (2) years from the Policy Effective Date prior to reinstatement, only material misstatements made in the application for reinstatement may be used in the contest. The reinstatement application will be subject to underwriting.

We can contest the validity of a Specified Amount increase if there is a material misstatement in the application for a Specified Amount increase. Except for nonpayment of needed premium, an increase in the Specified Amount of this policy will be incontestable after it has been in effect during the lifetime of Primary Insured's lifetime for two (2) years from the effective date of the increase. The application for the increase will be subject to underwriting.

This Incontestability provision applies fully and separately to the Base Policy and to each Rider, if any, attached to the Base Policy.

SUICIDE: If the Primary Insured dies by suicide, while sane or insane, within two (2) years from the Policy Effective Date or the effective date of any reinstatement, We will not pay a Death Benefit. We will terminate this policy and refund the premiums paid, less any loan, loan interest, and any partial withdrawal.

If the Primary Insured dies by suicide, while sane or insane, within two (2) years of the effective date of any increase in the Specified Amount that was subject to Evidence of Insurability, We will not pay a Death Benefit on that increase. We will refund the Monthly Deductions for that increase.

Any reinstatement of this policy will have a new two (2) year suicide exclusion period. We will measure this period from the reinstatement effective date.

CHOICE OF LAW. This insurance policy and claims arising under it are governed by the laws of the state where this policy's application has been signed by the Insured, exclusive of such state's choice of laws provisions.

ANNUAL REPORT: At least once a year, without charge, We will send You a report dated not more than four (4) months prior to the date of mailing. The report will show the following for the Policy Year period covered by the report:

1. The beginning and end dates of the Policy Year;
2. The Specified Amount at the end of the Policy Year;
3. The Base Policy values both at the beginning and end of the Policy Year;
4. The Cash Value at the end of the Policy Year;
5. Interest earned during the Policy Year;
6. Indebtedness at the end of the Policy Year;
7. Withdrawal amounts and withdrawal charges during the Policy Year;
8. Premiums paid during the Policy Year;
9. Premium Expense Charges and Administrative Expense Charges incurred during the Policy Year;
10. Cost of Insurance Charges incurred during the Policy Year;
11. Cost of Riders, if any;
12. A notice if the Cash Surrender Value will not be sufficient to keep the policy in force until the end of the next reporting period, unless further premium payments are made; and
13. Any other information required by state or federal law.

Please pay close attention to the information provided, especially any data relating to termination. You may wish to increase the amount of premium paid based on this data.

ILLUSTRATIVE REPORT: We will provide a projection of illustrative future policy benefits and values at any time upon written request. There will be no charge for the first projection requested each Policy Year. The charge for additional projections is shown in the Policy Data Page.

DUPLICATE POLICY: We will provide a duplicate policy at any time upon Your written request. The charge for a duplicate policy is shown in the Policy Data Page.

MISSTATEMENT IN AGE: If the date of birth of the Primary Insured has been misstated, and We discover this while the Primary Insured is still living, We may recalculate and revise the Specified Amount to the amount it would have been at the Primary Insured's correct Age. If We discover a misstatement of the Primary Insured's date of birth after the Primary Insured's death or if the revised policy value would result in the termination of this policy, We will adjust the Death Benefit instead. The adjusted Death Benefit will be the amount which would have been purchased at the Primary Insured's correct Age by the most recent Monthly Deduction using the correct monthly cost of insurance rate.

If the misstatement is discovered while the Primary Insured is still living, future Monthly Deductions and the No-Lapse Guarantee Minimum Monthly Premiums will be adjusted for the Primary Insured's correct Age.

TERMINATION: This policy will terminate, and all insurance coverage will end when any one of the following events occurs:

1. You terminate coverage by Notice to Us;
2. Upon the death of the Primary Insured;
3. The policy matures;
4. The grace period ends without payment of required premiums;
5. The total Indebtedness equals or exceeds the Cash Value.

SETTLEMENT OPTIONS

LUMP SUM PAYMENT: We pay all policy benefits in a single lump sum, unless agreed otherwise.

CHOICE OF OTHER PAYMENT PLANS: While the Primary Insured is living, You may choose any payment plan set out below instead of the lump sum payment. If no choice has been made, the Beneficiary, after the Primary Insured's death, may make a choice. Any choice of a payment plan must be made by Notice to Us. Any election is subject to any payment We make or action We take before We receive Notice of a payment plan election. Any interest rate applicable under a payment plan may be referred to herein as a settlement option interest rate.

Benefits for payment plans at the time of their commencement will not be less than those that would be provided by the application of the proceeds to purchase a single consideration immediate annuity contract at purchase rates offered by Us at the time to the same class of annuitants whether the annuity benefits are payable in fixed or variable amounts or both.

PAYMENT PLANS

PLAN (1) BENEFIT LEFT WITH US WITH PAY OUT OF INTEREST: The benefit may be left on deposit with Us for an agreed upon period of time of 1 to 25 years. We will pay interest on this amount. The interest rate will be at least 1.0% per year compounded yearly. If agreed in writing, all or part of the amount left with Us under this plan may be withdrawn or reapplied under another payment plan.

PLAN (2) MONTHLY PAYMENT FOR A CERTAIN NUMBER OF YEARS: We will pay the benefit in equal monthly payments for a fixed period not less than five (5) years and not over twenty-five (25) years. The minimum monthly payment will be based on interest of 1.0% per year compounded yearly.

MINIMUM MONTHLY PAYMENT FOR PLAN (2) FOR EACH \$1,000 OF BENEFITS APPLIED

Years	Payment	Years	Payment	Years	Payment	Years	Payment	Years	Payment
1	N/A	6	\$14.30	11	\$7.99	16	\$5.63	21	\$4.40
2	N/A	7	12.32	12	7.36	17	5.33	22	4.22
3	N/A	8	10.83	13	6.83	18	5.05	23	4.05
4	N/A	9	9.68	14	6.37	19	4.81	24	3.90
5	\$17.08	10	8.75	15	5.98	20	4.59	25	3.76

PLAN (3) MONTHLY PAYMENTS OF A CERTAIN AMOUNT: We will make equal monthly payments of a chosen amount until the benefit and interest have been used up. The interest rate will be at least 1.0% per year compounded yearly.

PLAN (4) MONTHLY PAYMENTS FOR LIFE: We will pay the benefit in equal monthly payments during the lifetime of the payee. This plan is not available to payees age eighty-one (81) and above. The values in the table below are subject to change. Please call Us at the number listed on the top of page 1 of this policy and We will provide You with the updated values. The table below provides sample minimum monthly payouts per \$1,000 for a policy issued in 2019, with the beneficiary being age 50 upon issuance of the policy.

Attained Age of Payee When First Payment Is Available	Male	Female
60	\$3.28	\$3.14
70	\$4.43	\$4.20
80	\$6.90	\$6.41

PLAN (5) MONTHLY PAYMENTS FOR LIFE WITH A GUARANTEED PERIOD: We will pay the benefit in equal monthly payments during the lifetime of the payee. The lifetime payments may be chosen with a guaranteed payment period of ten (10) years. The values in the table below are subject to change. Please call Us at the number listed on the top of page 1 of this policy and We will provide You with the updated values. The table below provides sample minimum monthly payouts per \$1,000 for a policy issued in 2019, with the beneficiary being age 50 upon issuance of the policy.

Attained Age of Payee When First Payment Is Available	Male	Female
60	\$3.25	\$3.18
70	\$4.43	\$4.20
80	\$6.25	\$5.93

The amount of the monthly payment for payment plans (4) and (5) will be based on: (1) the sex and age of each payee as applicable to the plan selected; (2) the payment plan selected; (3) the individual annuity reserve table, shown on the Policy Data Page, based on the payee's age as applicable to the plan selected; and (4) 1.0% interest per year compounded yearly. The payee age is the age (last birthday) when the first monthly payment is payable.

PLAN (6) ANY OTHER AGREED TO PAYMENT PLAN: We will pay benefits under any other payment plan agreed to between Us and the Owner or Beneficiary of this policy, as long as such plan does not disqualify this policy as insurance under applicable tax laws.

ADDITIONAL INTEREST AND LARGER PAYMENTS: If payment plan (1) or (3) is chosen, We may increase interest beyond 1.0% per year. The additional interest would be added on an anniversary of the date the benefits were applied under the payment plan.

It may happen that when payments are to begin for this policy under one of the payment plans described above, We will be paying additional interest or larger payments than those described. These will be in an amount and paid by a method determined by Us.

WHEN PAYMENTS BEGIN UNDER PAYMENT PLANS: We will make the first monthly payment under payment plan (1) one month after the benefit is placed under the plan. For payment plans (2) through (5), We will make the first monthly payment as soon as the benefit is placed under the plan.

DEATH OF PERSON RECEIVING PAYMENTS UNDER PAYMENT PLAN: If the person receiving monthly payments under payment plans (1) or (3) dies before receiving all payments owed, We will pay the benefit still on deposit with Us, and any interest still owed, in one sum to that person's estate, unless otherwise agreed. If the person receiving monthly payments under payment plans (2) or (5) dies before receiving all payments owed, We will calculate the one sum value of all remaining guaranteed payments. Then We will pay this one sum value in a single payment to that person's estate, unless otherwise agreed. We will calculate the one sum value by discounting each remaining guaranteed payment from the date it is due to the date of the single payment. We will use the same interest rate for discounting as We used for determining each payment.

RESTRICTIONS ON PAYMENT PLANS: Except for You, no one receiving payments under a payment plan You chose may do anything that would in any way change or affect the plan, unless otherwise stated by You in the written election of the plan. No one, including You, may change payment plans (4) and (5) once We have begun making payments. If benefits are payable to an association, partnership, corporation or fiduciary, benefits may be placed under a payment plan only if We agree.

Any payment plan chosen is subject to the rights of any assignee and of a Beneficiary if such Beneficiary's interest cannot be taken away. If this policy has been assigned, We may pay, in a lump sum, all that is due the assignee. This would apply even though the benefits of this policy are placed under a payment plan. Any money left over would, however, be applied under the payment plan chosen.

The minimum amount applied under any payment plan and the minimum amount of each payment must be at least twenty dollars (\$20.00). If the amount of each payment is not at least twenty dollars (\$20.00), We will pay the amount of the policy benefit in one (1) lump sum and Our payment obligations will be complete, and this policy will terminate.

Under payment plans (4) and (5), We may require proof of the age of the person who gets the monthly payments. We may also, at any time, require proof that such person is still alive.

If this policy's Cash Surrender Value is left on deposit with Us under payment plan (1), We may postpone the withdrawal of any portion of it for up to six (6) months. We will pay interest on such amount at the settlement option interest rate applicable to such payment plan during the postponement.

SPECIMEN

WASHINGTON NATIONAL INSURANCE COMPANY

Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555

Telephone: 1-800-888-4918

Website: www.washingtonnational.com

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE
ADJUSTABLE DEATH BENEFIT
NONPARTICIPATING**

**Death Proceeds payable upon the death of the Primary Insured prior to the Maturity Date.
Flexible premiums payable during the lifetime of the Primary Insured until the Maturity Date.**

Select Simplified Issue Universal Life Policy

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918
Website: www.washingtonnational.com

A LEGAL RESERVE STOCK COMPANY/HEREINAFTER CALLED THE COMPANY

PLEASE READ YOUR POLICY CAREFULLY

This Policy is a legal contract between You and Washington National Insurance Company. Washington National Insurance Company agrees to pay the Cash Surrender Value, if any, as defined herein to the Owner on the Maturity Date if the Primary Insured is living on that date. We will pay the Death Proceeds to the Beneficiary when We receive at Our Home Office Proof of Death of the Primary Insured, while this policy is in force, subject to the terms of this policy.

NOTICE OF 30-DAY RIGHT TO EXAMINE THE POLICY

Please carefully review this policy and the attached application. If for any reason You are not satisfied with this policy, You may return it to Us within thirty (30) days after receiving it. You may return it to Us by mail or to Our agent. Upon such delivery or mailing, the policy shall be void from the beginning. Return of the policy by mail is effective if postmarked, properly addressed and postage is prepaid. Any premium paid, including any policy fee or other charges, will be refunded within twenty (20) days after We receive the policy.

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE
ADJUSTABLE DEATH BENEFIT
NONPARTICIPATING**

**Death Proceeds payable upon the death of the Primary Insured prior to the Maturity Date.
Flexible premiums payable during the lifetime of the Primary Insured until the Maturity Date.**

Benefits and values are on an indeterminate basis, may increase or decrease, and are not guaranteed as to a fixed dollar amount.

Signed for Washington National Insurance Company by

Secretary

President

The policyholder may call 1-800-888-4918 to present inquiries, obtain information about coverage or to obtain assistance in resolving complaints.

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POLICY DATA PAGE

POLICY INFORMATION

Primary Insured:	[John Doe]
Issue Age:	[35]
Risk Class:	[Non-Tobacco]
Policy Number:	[XXX-XXX]
Issue Date:	[February 1, 2019]
Policy Effective Date:	[February 1, 2019]
Guaranteed Minimum Annual Interest Rate:	3.00%
Interest Rate Enhancement	
Percentage:	[0.35%]
After Policy Anniversary:	[15 th]
Maturity Date*:	[February 1, 2084]
Maturity Age:	Attained Age 100

*It is possible that coverage will terminate prior to the Maturity Date even if the Planned Periodic Premium is paid because current Monthly Deductions and interest rates are not guaranteed, because policy loans and partial withdrawals may be taken, and because You may request changes to the Specified Amount. It is also possible that even if coverage continues to the Maturity Date there could be little or no Cash Surrender Value to be paid upon the Maturity Date.

DEATH BENEFIT INFORMATION

Initial Specified Amount:	[\$50,000]
Death Benefit Option:	A
Death Benefit Factor:	[1.00247]
Increase in Specified Amount	
Minimum Increase Amount:	[\$1,000]
Maximum Attained Age for Increase:	[70]
Decrease in Specified Amount	
Minimum Decrease Amount:	[\$1,000]

PREMIUM INFORMATION

Initial Premium:	[\$566.50]
Planned Periodic Premium:	[\$566.50]
Premium Frequency:	[Annual]
Minimum Annual Premium:	[\$566.50]
Target Annual Premium:	[\$566.50]
No-Lapse Guarantee Minimum Monthly Premium:	[\$47.21]
+No-Lapse Guarantee Period:	[10 years]
No-Lapse Guarantee Period Start Date:	[2/1/2019]
No-Lapse Guarantee Period Ending Date:	[2/1/2029]

+The Cash Surrender Value at the end of the No-Lapse Guarantee Period may be insufficient to keep the policy in force unless an additional premium payment is made at that time. Please see the Premium, No-Lapse Guarantee, Grace Period and Reinstatement provisions for more information.

POLICY DATA PAGE

GUARANTEED MAXIMUM EXPENSE CHARGES

*PREMIUM EXPENSE CHARGE

All Years – [15.0%] of the premiums paid to Us up to the Target Annual Premium and [15.0%] of the premium paid to Us in excess of the Target Annual Premium.

*ADMINISTRATIVE EXPENSE CHARGES

Monthly Administrative Fee Per Policy:

All Years – [\$10] per policy per month

Monthly Administrative Fee Per \$1,000 Specified Amount:

All Policy Years – [\$3.75] per month

*We may charge a lower rate than the Guaranteed Maximum Expense Charges.

LOAN INFORMATION

Loan Interest Rate:

Annually Payable in Arrears: [6.00%]

POLICY LIMITATIONS

Premium

Minimum Payment Amount:

[\$25.00]

Specified Amount

Minimum Specified Amount:

[\$5,000]

Partial Withdrawal

Minimum Amount:

[\$500.00]

Processing Fee:

[\$50.00]

Paid-Up Insurance Benefit

Minimum Paid-Up Insurance Benefit:

[\$1,000]

ILLUSTRATIVE REPORT CHARGE

Maximum charge for an additional Illustrative Report:

[\$50.00]

DUPLICATE POLICY CHARGE

Maximum charge for a duplicate policy:

[\$35.00]

NONFORFEITURE RATE TABLE

[2017 Commissioners Standard Ordinary] [50% Male Unisex] [Nonsmoker] [Ultimate Table], [Age Last Birthday]

NET SINGLE PREMIUM INTEREST RATE

[4%]

POLICY DATA PAGE

SETTLEMENT OPTIONS – PAYMENT PLANS (4) & (5)

The Individual Annuity Reserve Table used to base the monthly payment for payment plans (4) or (5) is the [2012 Individual Annuity Reserve Table].

TABLE OF SURRENDER CHARGES FOR THE INITIAL SPECIFIED AMOUNT

Policy Year	Surrender Charge
1	[\$1,087.92]
2	[\$1,029.60]
3	[\$969.59]
4	[\$907.82]
5	[\$844.21]
6	[\$778.66]
7	[\$711.09]
8	[\$641.44]
9	[\$569.63]
10	[\$495.60]
11	[\$419.25]
12	[\$340.51]
13	[\$259.30]
14	[\$175.55]
15	[\$89.14]
16+	[\$0.00]

SPECIMEN

**TABLE OF MINIMUM DEATH BENEFIT PERCENTAGES
FOR CASH VALUE ACCUMULATION TEST**

Attained Age	Non-Tobacco	Attained Age	Non-Tobacco
0	[2145.824%]	50	[361.650%]
1	[2073.472%]	51	[349.379%]
2	[1999.403%]	52	[337.586%]
3	[1926.366%]	53	[326.269%]
4	[1855.526%]	54	[315.416%]
5	[1787.170%]	55	[305.001%]
6	[1721.219%]	56	[294.986%]
7	[1657.596%]	57	[285.338%]
8	[1595.988%]	58	[276.035%]
9	[1536.588%]	59	[267.063%]
10	[1479.323%]	60	[258.415%]
11	[1424.309%]	61	[250.094%]
12	[1371.269%]	62	[242.109%]
13	[1320.298%]	63	[234.449%]
14	[1271.749%]	64	[227.108%]
15	[1225.864%]	65	[220.070%]
16	[1182.928%]	66	[213.320%]
17	[1142.768%]	67	[206.840%]
18	[1105.000%]	68	[200.616%]
19	[1068.364%]	69	[194.640%]
20	[1032.831%]	70	[188.907%]
21	[998.371%]	71	[183.420%]
22	[964.870%]	72	[178.179%]
23	[932.238%]	73	[173.184%]
24	[900.473%]	74	[168.431%]
25	[869.638%]	75	[163.913%]
26	[839.654%]	76	[159.621%]
27	[810.226%]	77	[155.541%]
28	[781.613%]	78	[151.666%]
29	[753.959%]	79	[147.991%]
30	[727.143%]	80	[144.518%]
31	[701.193%]	81	[141.248%]
32	[676.206%]	83	[138.166%]
33	[652.172%]	84	[135.254%]
34	[629.146%]	84	[132.512%]
35	[607.157%]	85	[129.964%]
36	[586.161%]	86	[127.611%]
37	[566.112%]	87	[125.430%]
38	[546.917%]	88	[123.420%]
39	[528.473%]	89	[121.576%]
40	[510.672%]	90	[119.882%]
41	[493.446%]	91	[118.313%]
42	[476.791%]	92	[116.840%]
43	[460.685%]	93	[115.424%]
44	[445.107%]	94	[114.013%]
45	[430.007%]	95	[112.534%]
46	[415.385%]	96	[110.923%]
47	[401.250%]	97	[109.094%]
48	[387.581%]	98	[106.879%]
49	[374.382%]	99	[104.000%]

POLICY DATA PAGE**POLICY BENEFIT SCHEDULE**

FORM NUMBER	BENEFIT DESCRIPTION	SPECIFIED AMOUNT	INITIAL MONTHLY COST OF INSURANCE
W3021FL	Flexible Premium Life	[\$50,000]	[\$4.03]

RIDER BENEFIT SCHEDULE

FORM NUMBER	BENEFIT DESCRIPTION	SPECIFIED AMOUNT	INITIAL MONTHLY COST OF INSURANCE	EXPIRY DATE
[W6062]	[Child Rider	[\$10,000]	[\$5.00]	[02/01/2049]

IF ADDITIONAL BENEFITS/RIDERS ARE PRESENT, THE MONTHLY COST OF INSURANCE RATES MAY VARY – SEE ADDITIONAL BENEFITS/RIDERS PAGE.

NOTE: AT SOME FUTURE TIME, THE POLICY'S CASH VALUE LESS INDEBTEDNESS MAY NOT COVER THE NEXT MONTHLY DEDUCTION. IN SUCH A SITUATION, THE POLICY WILL ENTER THE GRACE PERIOD AND WILL TERMINATE AT THE END OF THAT PERIOD IF SUFFICIENT PREMIUM TO COVER THE MONTHLY DEDUCTIONS IS NOT PAID. SEE GRACE PERIOD PROVISION.

POLICY DATA PAGE

ADDITIONAL BENEFITS/RIDERS

BENEFIT	BENEFIT AMOUNT	PREMIUM PAYING PERIOD (YEARS)
[(1) CHILD LEVEL TERM INS. RIDER (CR)]	[\$10,000]	[30]

[@ MONTHLY STIPULATED PREMIUM AMOUNT

**GUARANTEED MAXIMUM MONTHLY
COST OF INSURANCE RATES PER \$1,000 FOR RIDERS**

POLICY YEAR	*CR (1)
01	[\$0.50]
02	[\$0.50]
03	[\$0.50]
04	[\$0.50]
05	[\$0.50]
06	[\$0.50]
07	[\$0.50]
08	[\$0.50]
09	[\$0.50]
10	[\$0.50]
11	[\$0.50]
12	[\$0.50]
13	[\$0.50]
14	[\$0.50]
15	[\$0.50]
16	[\$0.50]
17	[\$0.50]
18	[\$0.50]
19	[\$0.50]
20	[\$0.50]
AGE 60	[\$0.50]
AGE 70	[N/A]
AGE 95	[N/A]
AGE 100	[N/A]

[CHILD LEVEL TERM INSURANCE RIDER

Guaranteed Maximum Monthly Cost of Insurance *Rate Per \$1000 [\$0.50]

Minimum Increase in Specified Amount: [\$1,000]

Minimum Decrease Amount in Specified Amount: [\$1,000]

Minimum Specified Amount: [\$5,000]

Maximum Specified Amount for a Converted Policy: [5] times the Specified Amount of the Child Level Term Insurance Rider.]

[**Rate per \$1,000 of Accidental Death Benefit]

[***Rate per \$1,000]

POLICY DATA PAGE

TABLE OF MONTHLY GUARANTEED MAXIMUM BASE POLICY COST OF INSURANCE RATES
PER \$1,000

ATTAINED AGE	POLICY YEAR	RATE	ATTAINED AGE	POLICY YEAR	RATE
[35]	[1]	[0.08500]	[68]	[34]	[1.49083]
[36]	[2]	[0.09000]	[69]	[35]	[1.62500]
[37]	[3]	[0.09583]	[70]	[36]	[1.77750]
[38]	[4]	[0.10083]	[71]	[37]	[1.95917]
[39]	[5]	[0.10750]	[72]	[38]	[2.16583]
[40]	[6]	[0.11500]	[73]	[39]	[2.38583]
[41]	[7]	[0.12333]	[74]	[40]	[2.62333]
[42]	[8]	[0.13417]	[75]	[41]	[2.88333]
[43]	[9]	[0.14667]	[76]	[42]	[3.17167]
[44]	[10]	[0.16083]	[77]	[43]	[3.49917]
[45]	[11]	[0.17583]	[78]	[44]	[3.86833]
[46]	[12]	[0.19333]	[79]	[45]	[4.27667]
[47]	[13]	[0.21000]	[80]	[46]	[4.74750]
[48]	[14]	[0.22583]	[81]	[47]	[5.28583]
[49]	[15]	[0.24417]	[82]	[48]	[5.85083]
[50]	[16]	[0.26667]	[83]	[49]	[6.45250]
[51]	[17]	[0.29417]	[84]	[50]	[7.11750]
[52]	[18]	[0.32500]	[85]	[51]	[7.81667]
[53]	[19]	[0.36083]	[86]	[52]	[8.60333]
[54]	[20]	[0.40167]	[87]	[53]	[9.50667]
[55]	[21]	[0.44750]	[88]	[54]	[10.45333]
[56]	[22]	[0.49667]	[89]	[55]	[11.40417]
[57]	[23]	[0.54583]	[90]	[56]	[12.18000]
[58]	[24]	[0.59583]	[91]	[57]	[13.38333]
[59]	[25]	[0.65083]	[92]	[58]	[14.80333]
[60]	[26]	[0.71333]	[93]	[59]	[16.22917]
[61]	[27]	[0.78667]	[94]	[60]	[17.62333]
[62]	[28]	[0.87000]	[95]	[61]	[19.15667]
[63]	[29]	[0.95917]	[96]	[62]	[20.94167]
[64]	[30]	[1.05333]	[97]	[63]	[22.87667]
[65]	[31]	[1.15333]	[98]	[64]	[24.96000]
[66]	[32]	[1.25833]	[99]	[65]	[27.15667]
[67]	[33]	[1.37000]			

THE COST OF INSURANCE RATES SHOWN ABOVE ARE BASED ON THE GREATER OF THE [2017 CSO 50% MALE UNISEX], [NONSMOKER], [ULTIMATE], [AGE LAST BIRTHDAY RATES] AND THE [2001 CSO 50% MALE UNISEX], [NONSMOKER], [ULTIMATE], [AGE LAST BIRTHDAY RATES].

POLICY DATA PAGE

TABLE OF NET SINGLE PREMIUMS PER \$1 OF PAID-UP INSURANCE

ATTAINED AGE	NET SINGLE PREMIUM	ATTAINED AGE	NET SINGLE PREMIUM
[35]	[0.16470]	[68]	[0.49847]
[36]	[0.17060]	[69]	[0.51377]
[37]	[0.17664]	[70]	[0.52936]
[38]	[0.18284]	[71]	[0.54520]
[39]	[0.18922]	[72]	[0.56123]
[40]	[0.19582]	[73]	[0.57742]
[41]	[0.20266]	[74]	[0.59372]
[42]	[0.20974]	[75]	[0.61008]
[43]	[0.21707]	[76]	[0.62649]
[44]	[0.22467]	[77]	[0.64292]
[45]	[0.23255]	[78]	[0.65935]
[46]	[0.24074]	[79]	[0.67572]
[47]	[0.24922]	[80]	[0.69196]
[48]	[0.25801]	[81]	[0.70798]
[49]	[0.26711]	[82]	[0.72377]
[50]	[0.27651]	[83]	[0.73935]
[51]	[0.28622]	[84]	[0.75465]
[52]	[0.29622]	[85]	[0.76944]
[53]	[0.30650]	[86]	[0.78363]
[54]	[0.31704]	[87]	[0.79726]
[55]	[0.32787]	[88]	[0.81024]
[56]	[0.33900]	[89]	[0.82253]
[57]	[0.35046]	[90]	[0.83415]
[58]	[0.36227]	[91]	[0.84521]
[59]	[0.37444]	[92]	[0.85587]
[60]	[0.38698]	[93]	[0.86637]
[61]	[0.39985]	[94]	[0.87709]
[62]	[0.41304]	[95]	[0.88862]
[63]	[0.42653]	[96]	[0.90153]
[64]	[0.44032]	[97]	[0.91664]
[65]	[0.45440]	[98]	[0.93563]
[66]	[0.46878]	[99]	[0.96154]
[67]	[0.48347]		

THE NET SINGLE PREMIUMS SHOWN ABOVE ARE BASED ON THE NONFORFEITURE RATE TABLE AND THE NET SINGLE PREMIUM INTEREST RATE.

DEFINITIONS

Words used in this policy have the following meanings. Other definitions may appear throughout the policy.

ACCUMULATION VALUE: The Accumulation Value is calculated as described in the Policy Values provisions of this policy.

ADMINISTRATIVE EXPENSE CHARGES: An amount of money We deduct from the Accumulation Value on the Policy Effective Date and each Monthly Anniversary as part of the Monthly Deduction. The amount is comprised of the Monthly Administrative Fee Per Policy in effect as of the date of the deduction and the Monthly Administrative Fee Per \$1,000 Specified Amount in effect on the date of the deduction. The guaranteed maximum Administrative Expense Charges are shown in a Policy Data Page.

ATTAINED AGE: The Attained Age is the Issue Age plus the number of completed Policy Years.

BASE POLICY: The Base Policy includes this policy form (numbered, in whole or in part, W3021FL) as issued to You, application, any supplemental application and any endorsements to the policy. The Base Policy does not include any Riders.

BENEFICIARY: The person or persons or entity You name in the application, or later changed by You, to whom We will pay the Death Proceeds when the Primary Insured dies.

CASH SURRENDER VALUE: The Cash Surrender Value is the Cash Value less any Indebtedness.

CASH VALUE: The Cash Value is the Accumulation Value less the surrender charge.

COST OF INSURANCE CHARGE: An amount of money We deduct from the Accumulation Value on the Policy Effective Date and each Monthly Anniversary to pay for the cost of insurance coverage under the Base Policy and any Riders. The Cost of Insurance Charge is part of the Monthly Deduction and is calculated as described in the Cost of Insurance Charge provision. The guaranteed maximum monthly cost of insurance rates for the Base Policy and any Riders are shown in a Policy Data Page.

DEATH BENEFIT: The calculated Base Policy benefit amount upon the death of the Primary Insured.

DEATH PROCEEDS: The Death Proceeds are the Death Benefit plus any Rider Death Benefits, upon the death of the Primary Insured, less any Indebtedness and less any overdue Monthly Deductions.

EVIDENCE OF INSURABILITY: Evidence of Insurability is information, including medical information, satisfactory to Us that is used to determine insurability and the Insured's Risk Class, subject to Our approval and issue limits.

EXPIRY DATE: The date coverage on any Rider(s) terminates.

INDEBTEDNESS: Indebtedness means all outstanding loans on this Base Policy, including loan interest.

ISSUE AGE: Primary Insured's age, last birthday on the Policy Effective Date. The Issue Age is shown in the Policy Data Page.

JUVENILE INSURED: A Juvenile Insured is a Primary Insured with an Issue Age of 0 through 17. A Juvenile Insured is issued in the Non-Tobacco Risk Class and will continue in that same Risk Class upon reaching Attained Age eighteen (18).

LAPSE: Termination of this policy at the end of a grace period due to insufficient Cash Surrender Value.

MATURITY DATE: The Maturity Date is shown in the Policy Data Page. It is the date on which insurance coverage will terminate and the Cash Surrender Value is paid to the Owner. It is possible that insurance coverage will terminate prior to the Maturity Date if the premium paid and interest credited are not sufficient to continue coverage to such date.

MONTHLY ANNIVERSARY: The same date of each month as the Policy Effective Date.

MONTHLY DEDUCTION: An amount of money We deduct from the Accumulation Value on the Policy Effective Date and each Monthly Anniversary in accordance with the Monthly Deduction provision of the policy.

NET PREMIUM: The total premium paid less the percentage of Premium Expense Charge.

NO-LAPSE GUARANTEE MINIMUM MONTHLY PREMIUM: The amount of premium due on each Monthly Anniversary during the No-Lapse Guaranteed Period to assure the policy will not terminate or begin the grace period as described in the No-Lapse Guarantee provision. The No-Lapse Guarantee Minimum Monthly Premium is one twelfth of the Minimum Annual Premium. The Minimum Annual Premium and the No-Lapse Guarantee Minimum Monthly Premium are shown in a Policy Data Page.

NO-LAPSE GUARANTEE PERIOD: The period during which the No-Lapse Guarantee provision applies. The No-Lapse Guarantee Period is shown in the Policy Data Page.

NO-LAPSE GUARANTEE PERIOD START DATE AND NO-LAPSE GUARANTEE PERIOD ENDING DATE: The start and ending dates of the No-Lapse Guarantee Period. These dates are shown in the Policy Data Page.

NONPARTICIPATING: This is a Nonparticipating policy. This policy will not share in the Company's profits or surplus earnings. We will not pay dividends on this policy.

NOTICE, NOTIFYING: Written request(s) and information We receive at Our Home Office, which You sign, and We accept.

OWNER(S): The Owner(s) named in the application, unless changed by You.

PLANNED PERIODIC PREMIUM: The scheduled premium payment amount that You intend to pay. The Planned Periodic Premium is shown in the Policy Data Page.

POLICY ANNIVERSARY: The same date each year as the Policy Effective Date.

POLICY CLASS: A class of insured persons who have the same Base Policy form and/or Rider form and who have certain factors in common that We determine. These factors may include, but are not limited to, Issue Age, Attained Age, Risk Class, Issue Date, duration from issue, Specified Amount, Accumulation Value, premiums paid (amount and/or frequency), issue state, and any other factors which We may determine to consider in the future.

POLICY EFFECTIVE DATE (ISSUE DATE): This is the effective date of Your policy. This date will be used to determine Monthly Anniversaries, Policy Years and Policy Anniversaries. The Issue Date is the Policy Effective Date, which is shown in the Policy Data Page.

POLICY DATA PAGE: The Policy Data Page is a section of the policy that shows information specific to Your policy. Any changes to the Policy Data Page will be shown in a supplemental Policy Data Page and/or endorsement, and any such changes are included in references to the Policy Data Page.

POLICY YEAR: One year from the Policy Effective Date and from each Policy Anniversary.

PREMIUM EXPENSE CHARGE: An amount deducted from each premium paid to Us before it is credited to the policy. The guaranteed maximum Premium Expense Charge is shown in the Policy Data Page.

PRIMARY INSURED: The Primary Insured is named in the Policy Data Page.

PROOF OF DEATH: A certified copy of the death certificate of the Primary Insured, and any other evidence satisfactory to Us that We may require in order to investigate the claim and claimant's interest in the Death Proceeds to be provided by Owner or Owner's survivors to Us. If no death certificate will be issued (e.g. missing person), such other lawful evidence and documentation as permits Us to make a reasonable determination as to the fact, date, cause, and manner of death of the Primary Insured.

RIDER: A Rider, if any, attached to the Base Policy that provides additional benefits. Any Rider to this Base Policy at issue is shown in the Policy Data Page. Some Riders may be added after issue subject to underwriting and additional premium, if applicable, and will be sent to You to attach to this Base Policy.

RISK CLASS: One of the factors used to determine the Primary Insured's Policy Class. The Risk Class is shown in the Policy Data Page.

SPECIFIED AMOUNT: The Specified Amount is the amount of insurance coverage under the Base Policy. On the Policy Effective Date, the Specified Amount equals the Initial Specified Amount shown in the Policy Data Page. Thereafter, it may change in accordance with the terms of the Change in Specified Amount provision, the Death Benefit provisions, Partial Withdrawal provision and any attached Rider provision that affects the Specified Amount.

TABLE OF MINIMUM DEATH BENEFIT PERCENTAGES: The minimum insurance percentages required to qualify the policy as life insurance under the Internal Revenue Code using the Cash Value Accumulation Test.

YOU, YOUR: The Owner(s) of this policy.

WE, US, OUR: Washington National Insurance Company.

OWNER, BENEFICIARY AND ASSIGNMENT PROVISIONS

OWNERSHIP: This contract belongs to You. During the lifetime of the Primary Insured, You have all rights, subject to the right of:

1. Any assignee of record with Us;
2. Any irrevocable Beneficiary; and
3. Any restricted ownership.

You may make changes, including change of Owner, by Notifying Us during the lifetime of the Primary Insured. You must do this in writing on a form acceptable by Us. Any change is subject to any payments made or actions taken by Us before We receive the Notice. A change of Owner does not change the Beneficiary. The rights of the Owner end on the death of the Primary Insured.

Your rights, except for payment of premium and repayment of loans, are subject to the interests of any assignee or irrevocable Beneficiary. If You die before the Primary Insured, then Your estate become the new Owner.

BENEFICIARY: If the Primary Insured dies while this policy is in force, the Beneficiary will receive the Death Proceeds. You may make the Beneficiary irrevocable. If there is an irrevocable Beneficiary, You must obtain the written consent of that Beneficiary to any policy transactions except for payment of premiums and loan repayments.

If more than one person is named as Beneficiary, the Death Proceeds will be paid in equal shares to the surviving Beneficiaries, unless otherwise provided. The interest of a Beneficiary who dies before the Primary Insured will pass to any surviving Beneficiaries unless You specify otherwise. If no Beneficiary survives the Primary Insured, You will be the Beneficiary, or Your estate will be the Beneficiary if You are the Primary Insured.

If the Beneficiary is "children," this means children born to or legally adopted by the Primary Insured. Payments to minors will only be made to a court-appointed guardian of the assets of the minor or to the minor at age of majority.

OWNER AND BENEFICIARY CHANGE: By Notice to Us, You may change the Owner and the Beneficiary at any time during the lifetime of the Primary Insured unless otherwise provided in a previous designation. Any change must be in written form satisfactory to Us. An irrevocable Beneficiary cannot be changed without the written consent of the irrevocable Beneficiary.

Unless otherwise specified by You, the change will take effect on the date Notice of change is signed by You. Any change is subject to any payments made or actions taken by Us before We receive the Notice. A change or transfer of ownership will not change the interest of any Beneficiary. If the change is to a viatical or other third party without an insurable interest, We may require additional documentation prior to making a change.

SIMULTANEOUS DEATH: If any Beneficiary dies within fifteen (15) days after the death of the Primary Insured, the Death Proceeds will be paid as if the Beneficiary died before such Primary Insured. However, this provision will not apply to any payment We make before receiving and recording Notice of the Beneficiary's death.

ASSIGNMENT: You can assign this policy as collateral security by Notice to Us. No assignment will be binding on Us unless it is in writing, signed by You on a form acceptable to Us and received by Us at Our Home Office. Unless otherwise specified by You, the assignment shall take effect on the date Notice of the assignment is signed by You. We will not be responsible for the validity of any assignment. We will not be liable for any payments We make or actions We take before We receive and record notice of an assignment. Payments to an assignee will be made only in a lump sum, unless otherwise agreed to by Us. Any debt owed to Us will be deducted prior to payment made to the assignee. Your rights along with the rights of any Beneficiaries are subject to the approval of the assignee.

The interest of any revocable Beneficiary will be subject to any assignment made either before or after the Beneficiary is named.

A collateral assignment will not transfer ownership to the assignee. You can transfer ownership only by complying with the Owner and Beneficiary Change provision.

PREMIUM, NO-LAPSE GUARANTEE, GRACE PERIOD AND REINSTATEMENT PROVISIONS

INITIAL PREMIUM: The Initial Premium is shown in the Policy Data Page. The Initial Premium is due in advance of the Policy Effective Date. There will be no coverage under this policy until the Initial Premium is paid. The Initial Premium cannot be less than one twelfth of the Minimum Annual Premium.

PLANNED PERIODIC PREMIUM: This is the amount You have elected to pay. The amount and frequency of Your premium payments will affect Your policy values and length of time You have insurance coverage. If Your Planned Periodic Premium is not enough to keep Your policy in force, You may need to change Your Planned Periodic Premium or make additional premium payments to keep Your policy from terminating.

NO-LAPSE GUARANTEE: This policy has a No-Lapse Guarantee as follows. If during the No-Lapse Guarantee Period certain conditions are met, the No-Lapse Guarantee will be in effect and this policy will not enter a grace period even if the Cash Surrender Value is insufficient. The conditions are:

1. The sum of the premiums that We have accepted less any Indebtedness and partial withdrawals must be greater than or equal to the sum of all No-Lapse Guarantee Minimum Monthly Premiums payable to that date; and
2. The No-Lapse Guarantee Period Ending Date shown in the Policy Data Page must not have passed.

The No-Lapse Guarantee Minimum Monthly Premium is in effect on the Policy Effective Date and is shown in the Policy Data Page. The No-Lapse Guarantee Minimum Monthly Premium may be increased or decreased as explained below.

Whether or not the No-Lapse Guarantee is in effect, the policy will not enter a grace period if the Cash Surrender Value is sufficient to pay Monthly Deductions and partial surrender charges as they come due.

While the No-Lapse Guarantee is in effect and preventing this policy from entering a grace period, We will continue to deduct Monthly Deductions and partial surrender charges as they come due and loan interest will continue to accrue.

As a result of Monthly Deductions and partial surrender charges, the Accumulation Value may become negative during a grace period or prior to the No-Lapse Guarantee Period Ending Date while the No-Lapse Guarantee is in effect. No interest will be credited while the Accumulation Value is negative. Any negative Cash Surrender Value must be paid on the No-Lapse Guarantee Period Ending Date or during a grace period or this policy may Lapse.

If Your Specified Amount increases after the Policy Effective Date and the change occurs during the No-Lapse Guarantee Period, the No-Lapse Guarantee Minimum Monthly Premium for Your policy will increase. If You add Rider coverage or increase a Rider amount after the Policy Effective Date and during the No-Lapse Guarantee Period, the No-Lapse Guarantee Minimum Monthly Premium for Your policy will increase if the Rider has a cost. We will send You a supplemental Policy Data Page and/or endorsement showing the new No-Lapse Guarantee Minimum Monthly Premium following any such increase.

If Your Specified Amount decreases after the Policy Effective Date and the change occurs during the No-Lapse Guarantee Period, the No-Lapse Guarantee Minimum Monthly Premium for Your policy will decrease. If You remove Rider coverage or decrease a Rider amount after the Policy Effective Date and during the No-Lapse Guarantee Period, the No-Lapse Guarantee Minimum Monthly Premium for Your policy will decrease if the Rider has a cost. We will send You a supplemental Policy Data Page and/or endorsement showing the new No-Lapse Guarantee Minimum Monthly Premium following any such decrease.

The No-Lapse Guarantee Period Ending Date will not be extended for any change to this policy.

The Cash Surrender Value at the No-Lapse Guarantee Period Ending Date may be insufficient to keep the policy in force unless an additional premium payment is made at that time.

Following a reinstatement of the policy, if the No-Lapse Guarantee is then reinstated as described in the Reinstatement provision, the No-Lapse Guarantee provision will continue to apply from the Policy Effective Date to the No-Lapse Guarantee Period Ending Date. The No-Lapse Guarantee Period Ending Date will not be extended for any Lapse in which reinstatement occurs.

WHERE PAYABLE: Any check should be payable only to the Company and not to any representative. After the first premium, all premiums are to be paid to Us at Our Home Office. Receipts, signed by one of Our officers, will be given upon request.

AMOUNT AND FREQUENCY: After the Initial Premium payment, You may make premium payments at any time until the Primary Insured's Maturity Age shown in the Policy Data Page. No premium will be accepted after the Primary Insured reaches his/her Maturity Date. The amount and frequency of Your premium payments will affect Your policy values and the length of time You have insurance coverage. The frequency of premium payment shown in the Policy Data Page will serve only as an indication of Your preference as to probable future frequency of payment. You may change the frequency of Planned Periodic Premium payment at any time, subject to a Minimum Payment Amount, which is shown in the Policy Data Page.

We reserve the right to require Evidence of Insurability for any premium payment that would result in an increase in Net Amount at Risk. If such Evidence of Insurability is not satisfactory, We may limit or refuse the premium payment, unless it is necessary to keep the Policy in force.

DISCONTINUANCE OF PREMIUM PAYMENTS; CONTINUATION OF INSURANCE: If You stop paying premiums, insurance coverage under the Base Policy and any benefits provided by Rider will continue until the policy Lapses as described below in the Grace Period provision, unless earlier terminated under the terms of this Base Policy or any Rider. No Rider will continue beyond its Expiry Date.

GRACE PERIOD: The grace period begins on the Monthly Anniversary when the Cash Surrender Value is less than the next Monthly Deduction, except as described in the No-Lapse Guarantee provision. You have sixty-one (61) days from the start of the grace period to pay the premium due. We will send a written notice thirty-one (31) days before the end of the grace period to Your last known address and the addresses of any assignee of record or additional person designated to receive the notice of Lapse. This notice will indicate the amount of the premium You must pay to keep the policy in force. The amount of premium needed to keep the policy in force will be:

1. The lesser of the amount necessary to restore the No-Lapse Guarantee, if applicable, or the amount necessary to keep the policy in force during the grace period; plus
2. Sufficient premium, after the reduction by any Premium Expense Charge, to keep the policy in force for one (1) additional month.

If You do not pay or mail the needed premium within the grace period, on the day after the grace period ends this policy will Lapse and terminate without value.

Any premium sent by United States mail must be postmarked within the grace period. If the Primary Insured dies during the grace period, We will pay the Death Proceeds under the terms of this policy, but We will deduct any overdue Monthly Deductions from the Death Proceeds. The policy will remain in force during the grace period, unless surrendered.

REINSTATEMENT: The policy may be reinstated within three (3) years after the effective date of Lapse only if:

1. The Primary Insured is living; and
2. Reinstatement is prior to the Maturity Date; and
3. The policy was not surrendered for its Cash Surrender Value; and
4. You provide Us with satisfactory evidence that the Primary Insured is insurable in the same Risk Class as when the policy was issued; and
5. Sufficient premium, after reduction by any Premium Expense Charge, to cover all Monthly Deductions and accrued loan interest due and unpaid during the grace period is paid; and
6. Sufficient premium, after reduction by any Premium Expense Charge, to keep the policy in force for three (3) months after the reinstatement effective date is paid; and
7. Sufficient premium to cover any negative accumulated value is paid.

If the policy Lapses and is reinstated during the No-Lapse Guarantee Period, You may reinstate the No-Lapse Guarantee if:

1. The No-Lapse Guarantee was in effect for three (3) months immediately prior to the date the policy entered the grace period; and
2. On the date of reinstatement, You pay:
 - a. Sufficient premiums such that the sum of premiums paid to date, less any partial withdrawals, loans and loan interest, equals or exceeds the No-Lapse Guarantee Minimum Monthly Premium multiplied by the number of policy months between the Policy Effective Date and the date of the reinstatement; and
 - b. Sufficient premium, after reduction by any Premium Expense Charge, to keep the policy in force for three (3) months after the reinstatement effective date.

If You reinstate the No-Lapse Guarantee when reinstating the policy, the reinstated No-Lapse Guarantee shall be subject to the terms and conditions of this policy.

The effective date of the reinstatement is the next Monthly Anniversary following Our approval of the reinstatement, so long as the Primary Insured is still living. At the effective date of reinstatement:

1. The Accumulation Value will be the Accumulation Value at the date of Lapse less any policy Indebtedness at the date of Lapse plus Net Premium paid at the time of reinstatement.
2. The policy will retain its original Policy Effective Date and Policy Years will continue to be determined from the Policy Effective Date.
3. Surrender charges, cost of insurance charges and expense charges will continue to apply and are based on the number of Policy Years from the original Policy Effective Date for the original Base Policy Specified Amount.
4. Surrender Charges, cost of insurance charges and expense charges for any Base Policy Specified Amount increases that were in effect at the end of the Grace Period will continue to apply and are based on the number of years from the Specified Amount increase effective dates.
5. Cost of insurance charges for any reinstated Riders will continue to apply.
6. If there was a Base Policy loan at the time of Lapse, We will not reinstate the loan.
7. A new two (2) year contestable period will apply with respect to statements made in the application for reinstatement.
8. A new two (2) year suicide exclusion period will start from the reinstatement effective date.

After reinstatement premium has been applied, regular policy processing will occur.

PAYMENT OF DEATH PROCEEDS PROVISION

DEATH PROCEEDS: We will pay the Death Proceeds to the Beneficiary upon Our receipt of Proof of Death that the Primary Insured died while this policy was in force.

The Death Proceeds are:

1. The Death Benefit in force upon the death of the Primary Insured; plus
2. Any Rider Death Benefits payable at the Primary Insured's death; minus
3. Any Indebtedness; minus
4. Any overdue Monthly Deductions.

When We pay the Death Proceeds, We will require the return of the policy. Any request for payment on Proof of Death under this policy must be sent to Our Home Office.

DEATH BENEFIT PROVISIONS

INTEREST ON DEATH PROCEEDS: We will pay interest on the Death Proceeds after We receive Proof of Death. Interest on Death Proceeds will accrue and be payable from the date of death of the Primary Insured to the date when Death Proceeds are paid as a lump sum or the date funds are applied to a settlement option payment plan, if elected. The interest rate will be the Moody's Corporate Bond Yield Average-Monthly Average Corporate as of the date of death.

DEATH BENEFIT: This policy provides a Death Benefit on the death of the Primary Insured while the policy is in force. The Death Benefit, death benefit option and the cash value accumulation test are described in this section.

CASH VALUE ACCUMULATION TEST – MINIMUM DEATH BENEFIT CORRIDOR: The cash value accumulation test minimum death benefit at any time is the Accumulation Value multiplied by the applicable percentage at the Primary Insured's Attained Age as shown in the Table of Minimum Death Benefit Percentages For Cash Value Accumulation Test in the Policy Data Page.

DEATH BENEFIT OPTION: The Death Benefit Option for this policy is option A (level). On the date of death of the Primary Insured, the Death Benefit will be the greater of:

1. The Specified Amount on the date of death; or
2. The Accumulation Value on the date of death multiplied by the applicable percentage at the Primary Insured's Attained Age as shown in the Policy Data Page in the Table of Minimum Death Benefit Percentages For Cash Value Accumulation Test.

POLICY CHANGE PROVISIONS

CHANGE IN SPECIFIED AMOUNT: If You satisfy the requirements that follow, You may make the following changes to the Specified Amount subject to Our approval, as long as the policy is not in the grace period. Any change in Specified Amount will be reflected in a supplemental Policy Data Page and/or endorsement.

Specified Amount Increase: Beginning on the first Policy Anniversary, You may request an increase in the Specified Amount once per Policy Year by Notifying Us. At the Notice date:

1. This policy must be in force;
2. Evidence of Insurability satisfactory to Us must be submitted;
3. The first month's Monthly Deduction must be paid;
4. The increase must meet the Minimum Increase Amount requirements as shown in the Policy Data Page; and
5. You may not increase the Specified Amount after the Primary Insured reaches the Maximum Attained Age for Increase as shown in the Policy Data Page.

The increase will not be effective until Our written approval and as of the Monthly Anniversary following Our approval of the increase. New surrender charges, Premium Expense Charges, Administrative Expense Charges, and Cost of Insurance Charges will apply as a result of the increase and will be reflected in a supplemental Policy Data Page and/or endorsement. The amount of premium You must pay to keep Your policy from terminating may increase.

Specified Amount Decrease: After the first Policy Year, You may request once per Policy Year a decrease in the Specified Amount by Notifying Us. At the Notice date:

1. This policy must be in force.
2. The decrease must meet the Minimum Decrease Amount requirements as shown in the Policy Data Page.
3. The Specified Amount cannot be reduced below the greater of:
 - a. Minimum Specified Amount, which is shown in the Policy Data Page; or
 - b. The required amount of insurance to comply with Internal Revenue Code Section 7702 limits.
4. A Specified Amount decrease will be applied against the following, in order:
 - a. The most recent increase in the Specified Amount, if any; followed by
 - b. Each next most recent increase in Specified Amount, if any; in order; followed by
 - c. The Initial Specified Amount.
5. A decrease in Specified Amount will result in an immediate surrender charge that will be deducted from the Accumulation Value. This surrender charge will be calculated as follows:
 - a. The surrender charge assessed will be based on the surrender charge schedule(s) that apply to the Specified Amount(s) decreased and assessed in the same order as the Specified Amount decrease.
 - b. If a Specified Amount decrease eliminates a Specified Amount increase, the entire surrender charge for that Specified Amount increase will be assessed.
 - c. If a Specified Amount decrease eliminates a portion of a previous Specified Amount increase, a pro-rata surrender charge will be assessed equal to the surrender charge for that Specified Amount increase multiplied by the percentage of the previous Specified Amount increase that is represented by the Specified Amount decrease.
 - d. If a Specified Amount decrease eliminates a portion of the Initial Specified Amount, a pro-rata surrender charge will be assessed equal to the surrender charge for the Initial Specified Amount multiplied by the percentage of the Initial Specified Amount that is represented by the Specified Amount decrease.

A corresponding reduction will be made in subsequent surrender charges. The decrease will be effective as of the Monthly Anniversary following Our receipt of Notice and will be reflected in a supplemental Policy Data Page and/or endorsement.

POLICY VALUES PROVISIONS

ACCUMULATION VALUE: The Accumulation Value on the Policy Effective Date will be the initial Net Premium. The Accumulation Value on any other day will be calculated as follows:

1. Accumulation Value on the preceding Monthly Anniversary day plus interest to the current date; plus
2. Net Premium paid since the preceding Monthly Anniversary day plus interest to the current date; minus
3. Partial withdrawals made since the preceding Monthly Anniversary day plus associated charges, if any, plus interest from the date of withdrawal to the current date; minus
4. The surrender charges assessed due to Specified Amount decrease made since the preceding Monthly Anniversary day plus interest to the current date; minus
5. Monthly Deductions on the preceding Monthly Anniversary day plus interest to the current date.

The Policy Effective Date will be considered as the preceding Monthly Anniversary day for purposes of calculating the Accumulation Value during the first month after the policy is issued.

INTEREST CREDITED TO THE ACCUMULATION VALUE: Interest is credited to the Accumulation Value monthly on each Monthly Anniversary. Different interest rates may apply to different portions of the Accumulation Value. The Guaranteed Minimum Annual Interest Rate is shown in the Policy Data Page. We may declare interest rates in excess of the Guaranteed Minimum Annual Interest Rate for the unloaned portion of the Accumulation Value but are not required to do so. Interest rates are declared by Us by a method determined by Us. If the Accumulation Value is less than zero, interest will not be credited that would result in an interest charge.

INTEREST RATE ENHANCEMENT: After the Interest Rate Enhancement Policy Anniversary shown in the Policy Data Page, if the annualized interest rate declared by Us for a Monthly Anniversary exceeds the Guaranteed Minimum Annual Interest Rate, We will increase the annualized declared interest rate for that Monthly Anniversary by the Interest Rate Enhancement Percentage shown in the Policy Data Page. Any increase will only apply in the policy month beginning with that Monthly Anniversary. Any increase will not apply to any loaned portion of the Accumulation Value.

MONTHLY DEDUCTION: On the Policy Effective Date and each Monthly Anniversary, We subtract a Monthly Deduction from Your Accumulation Value. The Monthly Deduction is the sum of:

1. The monthly Cost of Insurance Charge for the Base Policy;
2. The monthly Administrative Expense Charges for the Base Policy; and
3. The monthly Cost of Insurance Charge for policy Riders, if any.

COST OF INSURANCE CHARGE: The monthly Cost of Insurance Charge for the Base Policy equals:

1. The net amount of risk for the policy month; multiplied by
2. The monthly cost of insurance rate per \$1,000; divided by
3. 1,000.

The Net Amount at Risk equals:

1. The Death Benefit on the Monthly Anniversary divided by the Death Benefit Factor shown in the Policy Data Page; minus
2. The Accumulation Value on the Monthly Anniversary.

For purposes of calculating the Net Amount of Risk, the Accumulation Value will never be less than zero.

COST OF INSURANCE RATES: The Base Policy and any policy Riders may have different cost of insurance rates and guaranteed maximum cost of insurance rates. The monthly guaranteed maximum cost of insurance rates for the Base Policy and any Riders are shown in the Policy Data Page. We reserve the right to charge rates that are lower than the maximums shown. Any lower cost of insurance rates will apply uniformly to all members of the same Policy Class.

CHANGES IN RATES AND CHARGES: The cost of insurance rates, the monthly Cost of Insurance Charges, monthly Administrative Expense Charges, Premium Expense Charges, credited interest rates, and the monthly Riders' cost of insurance rates and charges may vary over time. We will declare these rates and charges based on Our expectations of future investment earnings, persistency, mortality, expenses, taxes, capital requirements, reserve requirements, reinsurance expenses, profit, and any other factors that We may determine to consider in the future. Our expectations of the elements may include anticipated future or emerging experience. Changes in these rates and charges will be subject to the guaranteed limits shown in a Policy Data Page and/or endorsement will apply uniformly to all members of the same Policy Class. Changes in rates and charges will affect the future Accumulation Value and may also affect length of insurance coverage.

TAX-RELATED CHARGES: In addition to the charges described in this Base Policy or any Rider, We reserve the right to make a charge for federal, state or local taxes generated by this Base Policy or any Rider, or generated by Our operations with respect to this Base Policy or any Rider, to the extent such tax was not applicable to the Base Policy or any Rider or Our operations at the time of policy issuance.

NONFORFEITURE PROVISIONS

SURRENDER: While this Base Policy is in force, You may surrender this Base Policy for its Cash Surrender Value by Notifying Us. We may require that You return the Base Policy to Us upon surrender. The date of surrender will be the date We receive such request. All coverage under this Base Policy and any Riders will end on such date. The Cash Surrender Value on the date of surrender shall equal the Cash Surrender Value on the Monthly Anniversary preceding the date of surrender adjusted for any additions to or subtractions from the Cash Surrender Value since the preceding Policy Anniversary, including without limitation any accrual of Indebtedness since the preceding Monthly Anniversary.

Once You have surrendered this Base Policy, We will no longer send You an annual report. Any additional benefits provided by a Rider attached to this Base Policy will be terminated.

Upon surrender, there will be two (2) benefit options available to You: Option 1 or Option 2. Option 1 will automatically be the default option and Your election unless Option 2 is specifically requested in writing to Us.

If You elect Option 1, We will pay You the Cash Surrender Value of this Base Policy. We may defer payment for not more than six (6) months following receipt by Us of the Cash Surrender Value request.

If You elect Option 2, We will provide a paid-up insurance benefit until the Maturity Date of this Base Policy. The amount of paid-up insurance benefit will be the Cash Surrender Value of this Base Policy divided by the net single premium for the Primary Insured's Attained Age at time of election. The net single premium is shown in the Policy Data Page. If the amount of the paid-up insurance benefit would exceed the Death Benefit less any Indebtedness on this Base Policy, the amount of the paid-up insurance benefit will be equal to the Death Benefit less any Indebtedness on the Base Policy. Any Cash Surrender Value not used to provide the paid-up insurance benefit will be paid to You. This option is not available when the amount of paid-up insurance benefit is less than the Minimum Paid-Up Insurance Benefit shown in the Policy Data Page.

The net single premium is based on the Nonforfeiture Rate Table and the Net Single Premium Interest Rate shown in the Policy Data Page. The Cash Surrender Value of the paid-up insurance benefit will be equal to the amount of paid-up insurance benefit multiplied by the net single premium at the Primary Insured's Attained Age at the time of surrender of the paid-up insurance benefit.

SURRENDER CHARGE: The surrender charge for the Initial Specified Amount and for any subsequent Specified Amount increases (if any) are shown in a Policy Data Page. For a certain period following the Policy Effective Date or the effective date of any increase in Specified Amount, We will deduct a surrender charge from Your Accumulation Value upon surrender of the policy. A partial surrender charge will be deducted from the Accumulation Value due to a Specified Amount decrease or a partial withdrawal.

PARTIAL WITHDRAWAL: After the first Policy Year, You may request by Notice to Us a partial withdrawal for cash. No more than one (1) partial withdrawal may be made in any Policy Year. The partial withdrawal may be any amount between the minimum partial withdrawal amount shown in the Policy Data Page and the Cash Surrender Value.

A partial withdrawal will reduce the Specified Amount by the amount of the partial withdrawal. The Specified Amount reduction will be applied in the same order as described in the Specified Amount Decrease provision.

A surrender charge will be calculated and assessed for a partial withdrawal. The surrender charge will be calculated as described in the Specified Amount Decrease provision as if the Specified Amount were decreased by an amount equal to the partial withdrawal amount. A corresponding reduction will be made in subsequent surrender charges. In addition, a partial withdrawal processing fee, which is shown in the Policy Data Page, will be imposed.

All charges due to partial withdrawals will be imposed against the Accumulation Value. All partial withdrawals can impact the policy's No-Lapse Guarantee as described in the No-Lapse Guarantee provision.

We may defer the payment of any partial withdrawals for a period of up to six (6) months from the date of Our receipt of the Notice giving rise to such payment. Any delay will be on a nondiscriminatory basis toward You.

BASIS OF VALUES: Any Cash Values and paid-up nonforfeiture benefits available under this Base Policy will not be less than the minimum values and benefits required by the laws of the state in which this policy is issued. Calculation of the required minimum Cash Values are based on the Nonforfeiture Rate Table and Guaranteed Minimum Annual Interest Rate listed in a Policy Data Page. Calculation of the Net Single Premiums of Paid-Up Insurance are based on the Nonforfeiture Rate Table and the Net Single Premium Interest Rate listed in a Policy Data Page. A detailed statement of the basis of the charges and the methods of computation has been filed with insurance supervisory official of the state in which this policy is delivered.

LOAN PROVISIONS

POLICY LOAN: You may request a loan at any time while this Base Policy is in force and has Cash Surrender Value by satisfactory Notice to Us. This Base Policy is assigned to Us as sole security for the loan.

LOAN AMOUNT AVAILABLE: The maximum amount of a new loan is:

1. The Cash Value at the end of the current Policy Year; minus
2. Any existing loan with interest to the end of the current Policy Year; minus
3. Interest on the new loan from the date of the loan to the end of the current Policy Year; minus
4. Three (3) Monthly Deductions.

We may defer making a loan for not more than six (6) months after application for the loan is made unless the loan is to pay premiums on policies with Us.

We will subtract any Indebtedness on the date of the Primary Insured's death from the Death Benefit.

LOAN INTEREST: Loan interest will accrue daily from the date of each loan to the next Policy Anniversary date. The loan interest is payable in arrears at the end of each Policy Year. If interest is not paid when due, the amount of the interest will be added to the loan and bear interest on the same terms as the loan. The maximum Indebtedness under the policy is that amount which, with interest to the next Policy Anniversary date, will equal the Cash Surrender Value as of the next Policy Anniversary date. A loan secured by this policy will bear interest at the rate shown in the Policy Data Page.

PORTION OF THE ACCUMULATION VALUE THAT SECURES A LOAN: The interest rate credited to the portion of the Accumulation Value equal to the Indebtedness will be the minimum guaranteed interest rate in the policy.

REPAYMENT OF LOANS: You may repay a loan in full or in part at any time while this policy is in force. Unless You request otherwise at the time You make any payments to Us, all amounts received while a loan is outstanding will be considered as premium payments, not loan repayment.

TERMINATION OF POLICY: This policy will terminate if Indebtedness exceed the Cash Value but not until at least thirty (30) days' advance notice of termination has been mailed to You and any assignee of record.

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT: This policy is a contract between You and Us. It is issued in consideration for the application and the Initial Premium. The entire contract consists of:

1. This policy form (numbered, in whole or in part, W3021FL) as issued to You;
2. Any supplemental Policy Data Pages;
3. The attached application;
4. Any supplemental applications made part of this policy;
5. Any Riders; and
6. Any endorsements or any amendments.

All statements in the application and any supplemental applications will, in the absence of fraud, be deemed representations and not warranties. No statement will be used to contest the validity of this policy, or to contest a claim under it, unless it appears on the application or a supplemental application. Any application for modifications of the policy, which are to be based upon additional Evidence of Insurability, shall be attached to the policy and become part of the contract between the parties.

RELIANCES: We have issued this policy in reliance on the statements made in the application and any supplemental applications. Read the application and any supplemental applications. If any statement is not true or complete, You must tell Us. We are not liable for any request made in accordance with Your instructions. If We make any payments or policy changes in good faith based on Our records, We have fully discharged Our obligations.

MODIFICATION OF POLICY: Only the President, a Vice President, the Secretary, or an Assistant Secretary of the Company has power on behalf of the Company to change, modify, or waive the provisions of the policy and then only in writing. No agent, broker, or person other than the above-named officers has the authority to change or modify this policy or waive any of its provisions.

INCONTESTABILITY: We can contest the validity of the policy if there is a material misstatement in the application or a material misstatement in a request for reinstatement. Except for nonpayment of needed premium this policy will be incontestable after it has been in force during the lifetime of the Primary Insured for two (2) years from the Policy Effective Date or the effective date of reinstatement. If the policy has been reinstated, the reinstated policy will be incontestable after it has been in force during the lifetime of the Primary Insured for two (2) years from the effective date of reinstatement. If the policy has been reinstated and was in force two (2) years from the Policy Effective Date prior to reinstatement, only material misstatements made in the application for reinstatement may be used in the contest. The reinstatement application will be subject to underwriting.

We can contest the validity of a Specified Amount increase if there is a material misstatement in the application for a Specified Amount increase. Except for nonpayment of needed premium, an increase in the Specified Amount of this policy will be incontestable after it has been in effect during the lifetime of Primary Insured's lifetime for two (2) years from the effective date of the increase. The application for the increase will be subject to underwriting.

This Incontestability provision applies fully and separately to the Base Policy and to each Rider, if any, attached to the Base Policy.

SUICIDE: If the Primary Insured dies by suicide, while sane or insane, within two (2) years from the Policy Effective Date or the effective date of any reinstatement, We will not pay a Death Benefit. We will terminate this policy and refund the premiums paid, less any loan, loan interest, and any partial withdrawal.

If the Primary Insured dies by suicide, while sane or insane, within two (2) years of the effective date of any increase in the Specified Amount that was subject to Evidence of Insurability, We will not pay a Death Benefit on that increase. We will refund the Monthly Deductions for that increase.

Any reinstatement of this policy will have a new two (2) year suicide exclusion period. We will measure this period from the reinstatement effective date.

CHOICE OF LAW. This insurance policy and claims arising under it are governed by the laws of the state where this policy's application has been signed by the Insured, exclusive of such state's choice of laws provisions.

ANNUAL REPORT: At least once a year, without charge, We will send You a report dated not more than four (4) months prior to the date of mailing. The report will show the following for the Policy Year period covered by the report:

1. The beginning and end dates of the Policy Year;
2. The Specified Amount at the end of the Policy Year;
3. The Base Policy values both at the beginning and end of the Policy Year;
4. The Cash Value at the end of the Policy Year;
5. Interest earned during the Policy Year;
6. Indebtedness at the end of the Policy Year;
7. Withdrawal amounts and withdrawal charges during the Policy Year;
8. Premiums paid during the Policy Year;
9. Premium Expense Charges and Administrative Expense Charges incurred during the Policy Year;
10. Cost of Insurance Charges incurred during the Policy Year;
11. Cost of Riders, if any;
12. A notice if the Cash Surrender Value will not be sufficient to keep the policy in force until the end of the next reporting period, unless further premium payments are made; and
13. Any other information required by state or federal law.

Please pay close attention to the information provided, especially any data relating to termination. You may wish to increase the amount of premium paid based on this data.

ILLUSTRATIVE REPORT: We will provide a projection of illustrative future policy benefits and values at any time upon written request. There will be no charge for the first projection requested each Policy Year. The charge for additional projections is shown in the Policy Data Page.

DUPLICATE POLICY: We will provide a duplicate policy at any time upon Your written request. The charge for a duplicate policy is shown in the Policy Data Page.

MISSTATEMENT IN AGE: If the date of birth of the Primary Insured has been misstated, and We discover this while the Primary Insured is still living, We may recalculate and revise the Specified Amount to the amount it would have been at the Primary Insured's correct Age. If We discover a misstatement of the Primary Insured's date of birth after the Primary Insured's death or if the revised policy value would result in the termination of this policy, We will adjust the Death Benefit instead. The adjusted Death Benefit will be the amount which would have been purchased at the Primary Insured's correct Age by the most recent Monthly Deduction using the correct monthly cost of insurance rate.

If the misstatement is discovered while the Primary Insured is still living, future Monthly Deductions and the No-Lapse Guarantee Minimum Monthly Premiums will be adjusted for the Primary Insured's correct Age.

TERMINATION: This policy will terminate, and all insurance coverage will end when any one of the following events occurs:

1. You terminate coverage by Notice to Us;
2. Upon the death of the Primary Insured;
3. The policy matures;
4. The grace period ends without payment of required premiums;
5. The total Indebtedness equals or exceeds the Cash Value.

SETTLEMENT OPTIONS

LUMP SUM PAYMENT: We pay all policy benefits in a single lump sum, unless agreed otherwise.

CHOICE OF OTHER PAYMENT PLANS: While the Primary Insured is living, You may choose any payment plan set out below instead of the lump sum payment. If no choice has been made, the Beneficiary, after the Primary Insured's death, may make a choice. Any choice of a payment plan must be made by Notice to Us. Any election is subject to any payment We make or action We take before We receive Notice of a payment plan election. Any interest rate applicable under a payment plan may be referred to herein as a settlement option interest rate.

Benefits for payment plans at the time of their commencement will not be less than those that would be provided by the application of the proceeds to purchase a single consideration immediate annuity contract at purchase rates offered by Us at the time to the same class of annuitants whether the annuity benefits are payable in fixed or variable amounts or both.

PAYMENT PLANS

PLAN (1) BENEFIT LEFT WITH US WITH PAY OUT OF INTEREST: The benefit may be left on deposit with Us for an agreed upon period of time of 1 to 25 years. We will pay interest on this amount. The interest rate will be at least 1.0% per year compounded yearly. If agreed in writing, all or part of the amount left with Us under this plan may be withdrawn or reapplied under another payment plan.

PLAN (2) MONTHLY PAYMENT FOR A CERTAIN NUMBER OF YEARS: We will pay the benefit in equal monthly payments for a fixed period not less than five (5) years and not over twenty-five (25) years. The minimum monthly payment will be based on interest of 1.0% per year compounded yearly.

MINIMUM MONTHLY PAYMENT FOR PLAN (2) FOR EACH \$1,000 OF BENEFITS APPLIED

Years	Payment	Years	Payment	Years	Payment	Years	Payment	Years	Payment
1	N/A	6	\$14.30	11	\$7.99	16	\$5.63	21	\$4.40
2	N/A	7	12.32	12	7.36	17	5.33	22	4.22
3	N/A	8	10.83	13	6.83	18	5.05	23	4.05
4	N/A	9	9.68	14	6.37	19	4.81	24	3.90
5	\$17.08	10	8.75	15	5.98	20	4.59	25	3.76

PLAN (3) MONTHLY PAYMENTS OF A CERTAIN AMOUNT: We will make equal monthly payments of a chosen amount until the benefit and interest have been used up. The interest rate will be at least 1.0% per year compounded yearly.

PLAN (4) MONTHLY PAYMENTS FOR LIFE: We will pay the benefit in equal monthly payments during the lifetime of the payee. This plan is not available to payees age eighty-one (81) and above. The values in the table below are subject to change. Please call Us at the number listed on the top of page 1 of this policy and We will provide You with the updated values. The table below provides sample minimum monthly payouts per \$1,000 for a policy issued in 2019, with the beneficiary being age 50 upon issuance of the policy.

Attained Age of Payee When First Payment Is Available	Male	Female
60	\$3.28	\$3.14
70	\$4.43	\$4.20
80	\$6.90	\$6.41

PLAN (5) MONTHLY PAYMENTS FOR LIFE WITH A GUARANTEED PERIOD: We will pay the benefit in equal monthly payments during the lifetime of the payee. The lifetime payments may be chosen with a guaranteed payment period of ten (10) years. The values in the table below are subject to change. Please call Us at the number listed on the top of page 1 of this policy and We will provide You with the updated values. The table below provides sample minimum monthly payouts per \$1,000 for a policy issued in 2019, with the beneficiary being age 50 upon issuance of the policy.

Attained Age of Payee When First Payment Is Available	Male	Female
60	\$3.25	\$3.18
70	\$4.43	\$4.20
80	\$6.25	\$5.93

The amount of the monthly payment for payment plans (4) and (5) will be based on: (1) the sex and age of each payee as applicable to the plan selected; (2) the payment plan selected; (3) the individual annuity reserve table, shown on the Policy Data Page, based on the payee's age as applicable to the plan selected; and (4) 1.0% interest per year compounded yearly. The payee age is the age (last birthday) when the first monthly payment is payable.

PLAN (6) ANY OTHER AGREED TO PAYMENT PLAN: We will pay benefits under any other payment plan agreed to between Us and the Owner or Beneficiary of this policy, as long as such plan does not disqualify this policy as insurance under applicable tax laws.

ADDITIONAL INTEREST AND LARGER PAYMENTS: If payment plan (1) or (3) is chosen, We may increase interest beyond 1.0% per year. The additional interest would be added on an anniversary of the date the benefits were applied under the payment plan.

It may happen that when payments are to begin for this policy under one of the payment plans described above, We will be paying additional interest or larger payments than those described. These will be in an amount and paid by a method determined by Us.

WHEN PAYMENTS BEGIN UNDER PAYMENT PLANS: We will make the first monthly payment under payment plan (1) one month after the benefit is placed under the plan. For payment plans (2) through (5), We will make the first monthly payment as soon as the benefit is placed under the plan.

DEATH OF PERSON RECEIVING PAYMENTS UNDER PAYMENT PLAN: If the person receiving monthly payments under payment plans (1) or (3) dies before receiving all payments owed, We will pay the benefit still on deposit with Us, and any interest still owed, in one sum to that person's estate, unless otherwise agreed. If the person receiving monthly payments under payment plans (2) or (5) dies before receiving all payments owed, We will calculate the one sum value of all remaining guaranteed payments. Then We will pay this one sum value in a single payment to that person's estate, unless otherwise agreed. We will calculate the one sum value by discounting each remaining guaranteed payment from the date it is due to the date of the single payment. We will use the same interest rate for discounting as We used for determining each payment.

RESTRICTIONS ON PAYMENT PLANS: Except for You, no one receiving payments under a payment plan You chose may do anything that would in any way change or affect the plan, unless otherwise stated by You in the written election of the plan. No one, including You, may change payment plans (4) and (5) once We have begun making payments. If benefits are payable to an association, partnership, corporation or fiduciary, benefits may be placed under a payment plan only if We agree.

Any payment plan chosen is subject to the rights of any assignee and of a Beneficiary if such Beneficiary's interest cannot be taken away. If this policy has been assigned, We may pay, in a lump sum, all that is due the assignee. This would apply even though the benefits of this policy are placed under a payment plan. Any money left over would, however, be applied under the payment plan chosen.

The minimum amount applied under any payment plan and the minimum amount of each payment must be at least twenty dollars (\$20.00). If the amount of each payment is not at least twenty dollars (\$20.00), We will pay the amount of the policy benefit in one (1) lump sum and Our payment obligations will be complete, and this policy will terminate.

Under payment plans (4) and (5), We may require proof of the age of the person who gets the monthly payments. We may also, at any time, require proof that such person is still alive.

If this policy's Cash Surrender Value is left on deposit with Us under payment plan (1), We may postpone the withdrawal of any portion of it for up to six (6) months. We will pay interest on such amount at the settlement option interest rate applicable to such payment plan during the postponement.

SPECIMEN

WASHINGTON NATIONAL INSURANCE COMPANY

Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555

Telephone: 1-800-888-4918

Website: www.washingtonnational.com

SPECIMEN

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE
ADJUSTABLE DEATH BENEFIT
NONPARTICIPATING**

**Death Proceeds payable upon the death of the Primary Insured prior to the Maturity Date.
Flexible premiums payable during the lifetime of the Primary Insured until the Maturity Date.**

Simplified Issue Universal Life Policy

WASHINGTON NATIONAL INSURANCE COMPANY
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A LEGAL RESERVE STOCK COMPANY/HEREINAFTER CALLED THE COMPANY

PLEASE READ YOUR POLICY CAREFULLY

This Policy is a legal contract between You and Washington National Insurance Company. Washington National Insurance Company agrees to pay the Cash Surrender Value, if any, as defined herein to the Owner on the Maturity Date if the Primary Insured is living on that date. We will pay the Death Proceeds to the Beneficiary when We receive at Our Home Office Proof of Death of the Primary Insured, while this policy is in force, subject to the terms of this policy.

NOTICE OF 30-DAY RIGHT TO EXAMINE THE POLICY

Please carefully review this policy and the attached application. If for any reason You are not satisfied with this policy, You may return it to Us within thirty (30) days after receiving it. You may return it to Us by mail or to Our agent. Upon such delivery or mailing, the policy shall be void from the beginning. Return of the policy by mail is effective if postmarked, properly addressed and postage is prepaid. Any premium paid, including any policy fee or other charges, will be refunded within twenty (20) days after We receive the policy.

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE
ADJUSTABLE DEATH BENEFIT
NONPARTICIPATING**

**Death Proceeds payable upon the death of the Primary Insured prior to the Maturity Date.
Flexible premiums payable during the lifetime of the Primary Insured until the Maturity Date.**

Benefits and values are on an indeterminate basis, may increase or decrease, and are not guaranteed as to a fixed dollar amount.

Signed for Washington National Insurance Company by

Secretary

President

The policyholder may call 1-800-888-4918 to present inquiries, obtain information about coverage or to obtain assistance in resolving complaints.

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POLICY DATA PAGE

POLICY INFORMATION

Primary Insured:	[John Doe]
Issue Age:	[35]
Risk Class:	[Non-Tobacco]
Policy Number:	[XXX-XXX]
Issue Date:	[February 1, 2019]
Policy Effective Date:	[February 1, 2019]
Guaranteed Minimum Annual Interest Rate:	3.00%
Interest Rate Enhancement	
Percentage:	[0.35%]
After Policy Anniversary:	[15 th]
Maturity Date*:	[February 1, 2084]
Maturity Age:	Attained Age 100

*It is possible that coverage will terminate prior to the Maturity Date even if the Planned Periodic Premium is paid because current Monthly Deductions and interest rates are not guaranteed, because policy loans and partial withdrawals may be taken, and because You may request changes to the Specified Amount. It is also possible that even if coverage continues to the Maturity Date there could be little or no Cash Surrender Value to be paid upon the Maturity Date.

DEATH BENEFIT INFORMATION

Initial Specified Amount:	[\$50,000]
Death Benefit Option:	A
Death Benefit Factor:	[1.00247]
Increase in Specified Amount	
Minimum Increase Amount:	[\$1,000]
Maximum Attained Age for Increase:	[70]
Decrease in Specified Amount	
Minimum Decrease Amount:	[\$1,000]

PREMIUM INFORMATION

Initial Premium:	[\$566.50]
Planned Periodic Premium:	[\$566.50]
Premium Frequency:	[Annual]
Minimum Annual Premium:	[\$566.50]
Target Annual Premium:	[\$566.50]
No-Lapse Guarantee Minimum Monthly Premium:	[\$47.21]
+No-Lapse Guarantee Period:	[10 years]
No-Lapse Guarantee Period Start Date:	[2/1/2019]
No-Lapse Guarantee Period Ending Date:	[2/1/2029]

+The Cash Surrender Value at the end of the No-Lapse Guarantee Period may be insufficient to keep the policy in force unless an additional premium payment is made at that time. Please see the Premium, No-Lapse Guarantee, Grace Period and Reinstatement provisions for more information.

POLICY DATA PAGE

GUARANTEED MAXIMUM EXPENSE CHARGES

*PREMIUM EXPENSE CHARGE

All Years – [15.0%] of the premiums paid to Us up to the Target Annual Premium and [15.0%] of the premium paid to Us in excess of the Target Annual Premium.

*ADMINISTRATIVE EXPENSE CHARGES

Monthly Administrative Fee Per Policy:

All Years – [\$10] per policy per month

Monthly Administrative Fee Per \$1,000 Specified Amount:

All Policy Years – [\$3.75] per month

*We may charge a lower rate than the Guaranteed Maximum Expense Charges.

LOAN INFORMATION

Loan Interest Rate:

Annually Payable in Arrears: [6.00%]

POLICY LIMITATIONS

Premium

Minimum Payment Amount:

[\$25.00]

Specified Amount

Minimum Specified Amount:

[\$5,000]

Partial Withdrawal

Minimum Amount:

[\$500.00]

Processing Fee:

[\$50.00]

Paid-Up Insurance Benefit

Minimum Paid-Up Insurance Benefit:

[\$1,000]

ILLUSTRATIVE REPORT CHARGE

Maximum charge for an additional Illustrative Report:

[\$50.00]

DUPLICATE POLICY CHARGE

Maximum charge for a duplicate policy:

[\$35.00]

NONFORFEITURE RATE TABLE

[2017 Commissioners Standard Ordinary] [50% Male Unisex] [Nonsmoker] [Ultimate Table], [Age Last Birthday]

NET SINGLE PREMIUM INTEREST RATE

[4%]

POLICY DATA PAGE

SETTLEMENT OPTIONS – PAYMENT PLANS (4) & (5)

The Individual Annuity Reserve Table used to base the monthly payment for payment plans (4) or (5) is the [2012 Individual Annuity Reserve Table].

TABLE OF SURRENDER CHARGES FOR THE INITIAL SPECIFIED AMOUNT

Policy Year	Surrender Charge
1	[\$1,087.92]
2	[\$1,029.60]
3	[\$969.59]
4	[\$907.82]
5	[\$844.21]
6	[\$778.66]
7	[\$711.09]
8	[\$641.44]
9	[\$569.63]
10	[\$495.60]
11	[\$419.25]
12	[\$340.51]
13	[\$259.30]
14	[\$175.55]
15	[\$89.14]
16+	[\$0.00]

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**TABLE OF MINIMUM DEATH BENEFIT PERCENTAGES
FOR CASH VALUE ACCUMULATION TEST**

Attained Age	Non-Tobacco	Attained Age	Non-Tobacco
0	[2145.824%]	50	[361.650%]
1	[2073.472%]	51	[349.379%]
2	[1999.403%]	52	[337.586%]
3	[1926.366%]	53	[326.269%]
4	[1855.526%]	54	[315.416%]
5	[1787.170%]	55	[305.001%]
6	[1721.219%]	56	[294.986%]
7	[1657.596%]	57	[285.338%]
8	[1595.988%]	58	[276.035%]
9	[1536.588%]	59	[267.063%]
10	[1479.323%]	60	[258.415%]
11	[1424.309%]	61	[250.094%]
12	[1371.269%]	62	[242.109%]
13	[1320.298%]	63	[234.449%]
14	[1271.749%]	64	[227.108%]
15	[1225.864%]	65	[220.070%]
16	[1182.928%]	66	[213.320%]
17	[1142.768%]	67	[206.840%]
18	[1105.000%]	68	[200.616%]
19	[1068.364%]	69	[194.640%]
20	[1032.831%]	70	[188.907%]
21	[998.371%]	71	[183.420%]
22	[964.870%]	72	[178.179%]
23	[932.238%]	73	[173.184%]
24	[900.473%]	74	[168.431%]
25	[869.638%]	75	[163.913%]
26	[839.654%]	76	[159.621%]
27	[810.226%]	77	[155.541%]
28	[781.613%]	78	[151.666%]
29	[753.959%]	79	[147.991%]
30	[727.143%]	80	[144.518%]
31	[701.193%]	81	[141.248%]
32	[676.206%]	83	[138.166%]
33	[652.172%]	84	[135.254%]
34	[629.146%]	84	[132.512%]
35	[607.157%]	85	[129.964%]
36	[586.161%]	86	[127.611%]
37	[566.112%]	87	[125.430%]
38	[546.917%]	88	[123.420%]
39	[528.473%]	89	[121.576%]
40	[510.672%]	90	[119.882%]
41	[493.446%]	91	[118.313%]
42	[476.791%]	92	[116.840%]
43	[460.685%]	93	[115.424%]
44	[445.107%]	94	[114.013%]
45	[430.007%]	95	[112.534%]
46	[415.385%]	96	[110.923%]
47	[401.250%]	97	[109.094%]
48	[387.581%]	98	[106.879%]
49	[374.382%]	99	[104.000%]

POLICY DATA PAGE**POLICY BENEFIT SCHEDULE**

FORM NUMBER	BENEFIT DESCRIPTION	SPECIFIED AMOUNT	INITIAL MONTHLY COST OF INSURANCE
W3022FL	Flexible Premium Life	[\$50,000]	[\$4.03]

RIDER BENEFIT SCHEDULE

FORM NUMBER	BENEFIT DESCRIPTION	SPECIFIED AMOUNT	INITIAL MONTHLY COST OF INSURANCE	EXPIRY DATE
[W6063]	[Child Rider	[\$10,000]	[\$5.00]	[02/01/2049]

IF ADDITIONAL BENEFITS/RIDERS ARE PRESENT, THE MONTHLY COST OF INSURANCE RATES MAY VARY – SEE ADDITIONAL BENEFITS/RIDERS PAGE.

NOTE: AT SOME FUTURE TIME, THE POLICY'S CASH VALUE LESS INDEBTEDNESS MAY NOT COVER THE NEXT MONTHLY DEDUCTION. IN SUCH A SITUATION, THE POLICY WILL ENTER THE GRACE PERIOD AND WILL TERMINATE AT THE END OF THAT PERIOD IF SUFFICIENT PREMIUM TO COVER THE MONTHLY DEDUCTIONS IS NOT PAID. SEE GRACE PERIOD PROVISION.

POLICY DATA PAGE

ADDITIONAL BENEFITS/RIDERS

BENEFIT	BENEFIT AMOUNT	PREMIUM PAYING PERIOD (YEARS)
[(1) CHILD LEVEL TERM INS. RIDER (CR)]	[\$10,000]	[30]

[@ MONTHLY STIPULATED PREMIUM AMOUNT

**GUARANTEED MAXIMUM MONTHLY
COST OF INSURANCE RATES PER \$1,000 FOR RIDERS**

POLICY YEAR	*CR (1)
01	[\$0.50]
02	[\$0.50]
03	[\$0.50]
04	[\$0.50]
05	[\$0.50]
06	[\$0.50]
07	[\$0.50]
08	[\$0.50]
09	[\$0.50]
10	[\$0.50]
11	[\$0.50]
12	[\$0.50]
13	[\$0.50]
14	[\$0.50]
15	[\$0.50]
16	[\$0.50]
17	[\$0.50]
18	[\$0.50]
19	[\$0.50]
20	[\$0.50]
AGE 60	[\$0.50]
AGE 70	[N/A]
AGE 95	[N/A]
AGE 100	[N/A]

[CHILD LEVEL TERM INSURANCE RIDER

Guaranteed Maximum Monthly Cost of Insurance *Rate Per \$1000 [\$0.50]

Minimum Increase in Specified Amount: [\$1,000]

Minimum Decrease Amount in Specified Amount: [\$1,000]

Minimum Specified Amount: [\$5,000]

Maximum Specified Amount for a Converted Policy: [5] times the Specified Amount of the Child Level Term Insurance Rider.]

POLICY DATA PAGE

TABLE OF MONTHLY GUARANTEED MAXIMUM BASE POLICY COST OF INSURANCE RATES
PER \$1,000

ATTAINED AGE	POLICY YEAR	RATE	ATTAINED AGE	POLICY YEAR	RATE
[35]	[1]	[0.08500]	[68]	[34]	[1.49083]
[36]	[2]	[0.09000]	[69]	[35]	[1.62500]
[37]	[3]	[0.09583]	[70]	[36]	[1.77750]
[38]	[4]	[0.10083]	[71]	[37]	[1.95917]
[39]	[5]	[0.10750]	[72]	[38]	[2.16583]
[40]	[6]	[0.11500]	[73]	[39]	[2.38583]
[41]	[7]	[0.12333]	[74]	[40]	[2.62333]
[42]	[8]	[0.13417]	[75]	[41]	[2.88333]
[43]	[9]	[0.14667]	[76]	[42]	[3.17167]
[44]	[10]	[0.16083]	[77]	[43]	[3.49917]
[45]	[11]	[0.17583]	[78]	[44]	[3.86833]
[46]	[12]	[0.19333]	[79]	[45]	[4.27667]
[47]	[13]	[0.21000]	[80]	[46]	[4.74750]
[48]	[14]	[0.22583]	[81]	[47]	[5.28583]
[49]	[15]	[0.24417]	[82]	[48]	[5.85083]
[50]	[16]	[0.26667]	[83]	[49]	[6.45250]
[51]	[17]	[0.29417]	[84]	[50]	[7.11750]
[52]	[18]	[0.32500]	[85]	[51]	[7.81667]
[53]	[19]	[0.36083]	[86]	[52]	[8.60333]
[54]	[20]	[0.40167]	[87]	[53]	[9.50667]
[55]	[21]	[0.44750]	[88]	[54]	[10.45333]
[56]	[22]	[0.49667]	[89]	[55]	[11.40417]
[57]	[23]	[0.54583]	[90]	[56]	[12.18000]
[58]	[24]	[0.59583]	[91]	[57]	[13.38333]
[59]	[25]	[0.65083]	[92]	[58]	[14.80333]
[60]	[26]	[0.71333]	[93]	[59]	[16.22917]
[61]	[27]	[0.78667]	[94]	[60]	[17.62333]
[62]	[28]	[0.87000]	[95]	[61]	[19.15667]
[63]	[29]	[0.95917]	[96]	[62]	[20.94167]
[64]	[30]	[1.05333]	[97]	[63]	[22.87667]
[65]	[31]	[1.15333]	[98]	[64]	[24.96000]
[66]	[32]	[1.25833]	[99]	[65]	[27.15667]
[67]	[33]	[1.37000]			

THE COST OF INSURANCE RATES SHOWN ABOVE ARE BASED ON THE GREATER OF THE [2017 CSO 50% MALE UNISEX], [NONSMOKER], [ULTIMATE], [AGE LAST BIRTHDAY RATES] AND THE [2001 CSO 50% MALE UNISEX], [NONSMOKER], [ULTIMATE], [AGE LAST BIRTHDAY RATES].

POLICY DATA PAGE

TABLE OF NET SINGLE PREMIUMS PER \$1 OF PAID-UP INSURANCE

ATTAINED AGE	NET SINGLE PREMIUM	ATTAINED AGE	NET SINGLE PREMIUM
[35]	[0.16470]	[68]	[0.49847]
[36]	[0.17060]	[69]	[0.51377]
[37]	[0.17664]	[70]	[0.52936]
[38]	[0.18284]	[71]	[0.54520]
[39]	[0.18922]	[72]	[0.56123]
[40]	[0.19582]	[73]	[0.57742]
[41]	[0.20266]	[74]	[0.59372]
[42]	[0.20974]	[75]	[0.61008]
[43]	[0.21707]	[76]	[0.62649]
[44]	[0.22467]	[77]	[0.64292]
[45]	[0.23255]	[78]	[0.65935]
[46]	[0.24074]	[79]	[0.67572]
[47]	[0.24922]	[80]	[0.69196]
[48]	[0.25801]	[81]	[0.70798]
[49]	[0.26711]	[82]	[0.72377]
[50]	[0.27651]	[83]	[0.73935]
[51]	[0.28622]	[84]	[0.75465]
[52]	[0.29622]	[85]	[0.76944]
[53]	[0.30650]	[86]	[0.78363]
[54]	[0.31704]	[87]	[0.79726]
[55]	[0.32787]	[88]	[0.81024]
[56]	[0.33900]	[89]	[0.82253]
[57]	[0.35046]	[90]	[0.83415]
[58]	[0.36227]	[91]	[0.84521]
[59]	[0.37444]	[92]	[0.85587]
[60]	[0.38698]	[93]	[0.86637]
[61]	[0.39985]	[94]	[0.87709]
[62]	[0.41304]	[95]	[0.88862]
[63]	[0.42653]	[96]	[0.90153]
[64]	[0.44032]	[97]	[0.91664]
[65]	[0.45440]	[98]	[0.93563]
[66]	[0.46878]	[99]	[0.96154]
[67]	[0.48347]		

THE NET SINGLE PREMIUMS SHOWN ABOVE ARE BASED ON THE NONFORFEITURE RATE TABLE AND THE NET SINGLE PREMIUM INTEREST RATE.

DEFINITIONS

Words used in this policy have the following meanings. Other definitions may appear throughout the policy.

ACCUMULATION VALUE: The Accumulation Value is calculated as described in the Policy Values provisions of this policy.

ADMINISTRATIVE EXPENSE CHARGES: An amount of money We deduct from the Accumulation Value on the Policy Effective Date and each Monthly Anniversary as part of the Monthly Deduction. The amount is comprised of the Monthly Administrative Fee Per Policy in effect as of the date of the deduction and the Monthly Administrative Fee Per \$1,000 Specified Amount in effect on the date of the deduction. The guaranteed maximum Administrative Expense Charges are shown in a Policy Data Page.

ATTAINED AGE: The Attained Age is the Issue Age plus the number of completed Policy Years.

BASE POLICY: The Base Policy includes this policy form (numbered, in whole or in part, W3022FL) as issued to You, application, any supplemental application and any endorsements to the policy. The Base Policy does not include any Riders.

BENEFICIARY: The person or persons or entity You name in the application, or later changed by You, to whom We will pay the Death Proceeds when the Primary Insured dies.

CASH SURRENDER VALUE: The Cash Surrender Value is the Cash Value less any Indebtedness.

CASH VALUE: The Cash Value is the Accumulation Value less the surrender charge.

COST OF INSURANCE CHARGE: An amount of money We deduct from the Accumulation Value on the Policy Effective Date and each Monthly Anniversary to pay for the cost of insurance coverage under the Base Policy and any Riders. The Cost of Insurance Charge is part of the Monthly Deduction and is calculated as described in the Cost of Insurance Charge provision. The guaranteed maximum monthly cost of insurance rates for the Base Policy and any Riders are shown in a Policy Data Page.

DEATH BENEFIT: The calculated Base Policy benefit amount upon the death of the Primary Insured.

DEATH PROCEEDS: The Death Proceeds are the Death Benefit plus any Rider Death Benefits, upon the death of the Primary Insured, less any Indebtedness and less any overdue Monthly Deductions.

EVIDENCE OF INSURABILITY: Evidence of Insurability is information, including medical information, satisfactory to Us that is used to determine insurability and the Insured's Risk Class, subject to Our approval and issue limits.

EXPIRY DATE: The date coverage on any Rider(s) terminates.

INDEBTEDNESS: Indebtedness means all outstanding loans on this Base Policy, including loan interest.

ISSUE AGE: Primary Insured's age, last birthday on the Policy Effective Date. The Issue Age is shown in the Policy Data Page.

JUVENILE INSURED: A Juvenile Insured is a Primary Insured with an Issue Age of 0 through 17. A Juvenile Insured is issued in the Non-Tobacco Risk Class and will continue in that same Risk Class upon reaching Attained Age eighteen (18).

LAPSE: Termination of this policy at the end of a grace period due to insufficient Cash Surrender Value.

MATURITY DATE: The Maturity Date is shown in the Policy Data Page. It is the date on which insurance coverage will terminate and the Cash Surrender Value is paid to the Owner. It is possible that insurance coverage will terminate prior to the Maturity Date if the premium paid and interest credited are not sufficient to continue coverage to such date.

MONTHLY ANNIVERSARY: The same date of each month as the Policy Effective Date.

MONTHLY DEDUCTION: An amount of money We deduct from the Accumulation Value on the Policy Effective Date and each Monthly Anniversary in accordance with the Monthly Deduction provision of the policy.

NET PREMIUM: The total premium paid less the percentage of Premium Expense Charge.

NO-LAPSE GUARANTEE MINIMUM MONTHLY PREMIUM: The amount of premium due on each Monthly Anniversary during the No-Lapse Guaranteed Period to assure the policy will not terminate or begin the grace period as described in the No-Lapse Guarantee provision. The No-Lapse Guarantee Minimum Monthly Premium is one twelfth of the Minimum Annual Premium. The Minimum Annual Premium and the No-Lapse Guarantee Minimum Monthly Premium are shown in a Policy Data Page.

NO-LAPSE GUARANTEE PERIOD: The period during which the No-Lapse Guarantee provision applies. The No-Lapse Guarantee Period is shown in the Policy Data Page.

NO-LAPSE GUARANTEE PERIOD START DATE AND NO-LAPSE GUARANTEE PERIOD ENDING DATE: The start and ending dates of the No-Lapse Guarantee Period. These dates are shown in the Policy Data Page.

NONPARTICIPATING: This is a Nonparticipating policy. This policy will not share in the Company's profits or surplus earnings. We will not pay dividends on this policy.

NOTICE, NOTIFYING: Written request(s) and information We receive at Our Home Office, which You sign, and We accept.

OWNER(S): The Owner(s) named in the application, unless changed by You.

PLANNED PERIODIC PREMIUM: The scheduled premium payment amount that You intend to pay. The Planned Periodic Premium is shown in the Policy Data Page.

POLICY ANNIVERSARY: The same date each year as the Policy Effective Date.

POLICY CLASS: A class of insured persons who have the same Base Policy form and/or Rider form and who have certain factors in common that We determine. These factors may include, but are not limited to, Issue Age, Attained Age, Risk Class, Issue Date, duration from issue, Specified Amount, Accumulation Value, premiums paid (amount and/or frequency), issue state, and any other factors which We may determine to consider in the future.

POLICY EFFECTIVE DATE (ISSUE DATE): This is the effective date of Your policy. This date will be used to determine Monthly Anniversaries, Policy Years and Policy Anniversaries. The Issue Date is the Policy Effective Date, which is shown in the Policy Data Page.

POLICY DATA PAGE: The Policy Data Page is a section of the policy that shows information specific to Your policy. Any changes to the Policy Data Page will be shown in a supplemental Policy Data Page and/or endorsement, and any such changes are included in references to the Policy Data Page.

POLICY YEAR: One year from the Policy Effective Date and from each Policy Anniversary.

PREMIUM EXPENSE CHARGE: An amount deducted from each premium paid to Us before it is credited to the policy. The guaranteed maximum Premium Expense Charge is shown in the Policy Data Page.

PRIMARY INSURED: The Primary Insured is named in the Policy Data Page.

PROOF OF DEATH: A certified copy of the death certificate of the Primary Insured, and any other evidence satisfactory to Us that We may require in order to investigate the claim and claimant's interest in the Death Proceeds to be provided by Owner or Owner's survivors to Us. If no death certificate will be issued (e.g. missing person), such other lawful evidence and documentation as permits Us to make a reasonable determination as to the fact, date, cause, and manner of death of the Primary Insured.

RIDER: A Rider, if any, attached to the Base Policy that provides additional benefits. Any Rider to this Base Policy at issue is shown in the Policy Data Page. Some Riders may be added after issue subject to underwriting and additional premium, if applicable, and will be sent to You to attach to this Base Policy.

RISK CLASS: One of the factors used to determine the Primary Insured's Policy Class. The Risk Class is shown in the Policy Data Page.

SPECIFIED AMOUNT: The Specified Amount is the amount of insurance coverage under the Base Policy. On the Policy Effective Date, the Specified Amount equals the Initial Specified Amount shown in the Policy Data Page. Thereafter, it may change in accordance with the terms of the Change in Specified Amount provision, the Death Benefit provisions, Partial Withdrawal provision and any attached Rider provision that affects the Specified Amount.

TABLE OF MINIMUM DEATH BENEFIT PERCENTAGES: The minimum insurance percentages required to qualify the policy as life insurance under the Internal Revenue Code using the Cash Value Accumulation Test.

YOU, YOUR: The Owner(s) of this policy.

WE, US, OUR: Washington National Insurance Company.

OWNER, BENEFICIARY AND ASSIGNMENT PROVISIONS

OWNERSHIP: This contract belongs to You. During the lifetime of the Primary Insured, You have all rights, subject to the right of:

1. Any assignee of record with Us;
2. Any irrevocable Beneficiary; and
3. Any restricted ownership.

You may make changes, including change of Owner, by Notifying Us during the lifetime of the Primary Insured. You must do this in writing on a form acceptable by Us. Any change is subject to any payments made or actions taken by Us before We receive the Notice. A change of Owner does not change the Beneficiary. The rights of the Owner end on the death of the Primary Insured.

Your rights, except for payment of premium and repayment of loans, are subject to the interests of any assignee or irrevocable Beneficiary. If You die before the Primary Insured, then Your estate become the new Owner.

BENEFICIARY: If the Primary Insured dies while this policy is in force, the Beneficiary will receive the Death Proceeds. You may make the Beneficiary irrevocable. If there is an irrevocable Beneficiary, You must obtain the written consent of that Beneficiary to any policy transactions except for payment of premiums and loan repayments.

If more than one person is named as Beneficiary, the Death Proceeds will be paid in equal shares to the surviving Beneficiaries, unless otherwise provided. The interest of a Beneficiary who dies before the Primary Insured will pass to any surviving Beneficiaries unless You specify otherwise. If no Beneficiary survives the Primary Insured, You will be the Beneficiary, or Your estate will be the Beneficiary if You are the Primary Insured.

If the Beneficiary is "children," this means children born to or legally adopted by the Primary Insured. Payments to minors will only be made to a court-appointed guardian of the assets of the minor or to the minor at age of majority.

OWNER AND BENEFICIARY CHANGE: By Notice to Us, You may change the Owner and the Beneficiary at any time during the lifetime of the Primary Insured unless otherwise provided in a previous designation. Any change must be in written form satisfactory to Us. An irrevocable Beneficiary cannot be changed without the written consent of the irrevocable Beneficiary.

Unless otherwise specified by You, the change will take effect on the date Notice of change is signed by You. Any change is subject to any payments made or actions taken by Us before We receive the Notice. A change or transfer of ownership will not change the interest of any Beneficiary. If the change is to a viatical or other third party without an insurable interest, We may require additional documentation prior to making a change.

SIMULTANEOUS DEATH: If any Beneficiary dies within fifteen (15) days after the death of the Primary Insured, the Death Proceeds will be paid as if the Beneficiary died before such Primary Insured. However, this provision will not apply to any payment We make before receiving and recording Notice of the Beneficiary's death.

ASSIGNMENT: You can assign this policy as collateral security by Notice to Us. No assignment will be binding on Us unless it is in writing, signed by You on a form acceptable to Us and received by Us at Our Home Office. Unless otherwise specified by You, the assignment shall take effect on the date Notice of the assignment is signed by You. We will not be responsible for the validity of any assignment. We will not be liable for any payments We make or actions We take before We receive and record notice of an assignment. Payments to an assignee will be made only in a lump sum, unless otherwise agreed to by Us. Any debt owed to Us will be deducted prior to payment made to the assignee. Your rights along with the rights of any Beneficiaries are subject to the approval of the assignee.

The interest of any revocable Beneficiary will be subject to any assignment made either before or after the Beneficiary is named.

A collateral assignment will not transfer ownership to the assignee. You can transfer ownership only by complying with the Owner and Beneficiary Change provision.

PREMIUM, NO-LAPSE GUARANTEE, GRACE PERIOD AND REINSTATEMENT PROVISIONS

INITIAL PREMIUM: The Initial Premium is shown in the Policy Data Page. The Initial Premium is due in advance of the Policy Effective Date. There will be no coverage under this policy until the Initial Premium is paid. The Initial Premium cannot be less than one twelfth of the Minimum Annual Premium.

PLANNED PERIODIC PREMIUM: This is the amount You have elected to pay. The amount and frequency of Your premium payments will affect Your policy values and length of time You have insurance coverage. If Your Planned Periodic Premium is not enough to keep Your policy in force, You may need to change Your Planned Periodic Premium or make additional premium payments to keep Your policy from terminating.

NO-LAPSE GUARANTEE: This policy has a No-Lapse Guarantee as follows. If during the No-Lapse Guarantee Period certain conditions are met, the No-Lapse Guarantee will be in effect and this policy will not enter a grace period even if the Cash Surrender Value is insufficient. The conditions are:

1. The sum of the premiums that We have accepted less any Indebtedness and partial withdrawals must be greater than or equal to the sum of all No-Lapse Guarantee Minimum Monthly Premiums payable to that date; and
2. The No-Lapse Guarantee Period Ending Date shown in the Policy Data Page must not have passed.

The No-Lapse Guarantee Minimum Monthly Premium is in effect on the Policy Effective Date and is shown in the Policy Data Page. The No-Lapse Guarantee Minimum Monthly Premium may be increased or decreased as explained below.

Whether or not the No-Lapse Guarantee is in effect, the policy will not enter a grace period if the Cash Surrender Value is sufficient to pay Monthly Deductions and partial surrender charges as they come due.

While the No-Lapse Guarantee is in effect and preventing this policy from entering a grace period, We will continue to deduct Monthly Deductions and partial surrender charges as they come due and loan interest will continue to accrue.

As a result of Monthly Deductions and partial surrender charges, the Accumulation Value may become negative during a grace period or prior to the No-Lapse Guarantee Period Ending Date while the No-Lapse Guarantee is in effect. No interest will be credited while the Accumulation Value is negative. Any negative Cash Surrender Value must be paid on the No-Lapse Guarantee Period Ending Date or during a grace period or this policy may Lapse.

If Your Specified Amount increases after the Policy Effective Date and the change occurs during the No-Lapse Guarantee Period, the No-Lapse Guarantee Minimum Monthly Premium for Your policy will increase. If You add Rider coverage or increase a Rider amount after the Policy Effective Date and during the No-Lapse Guarantee Period, the No-Lapse Guarantee Minimum Monthly Premium for Your policy will increase if the Rider has a cost. We will send You a supplemental Policy Data Page and/or endorsement showing the new No-Lapse Guarantee Minimum Monthly Premium following any such increase.

If Your Specified Amount decreases after the Policy Effective Date and the change occurs during the No-Lapse Guarantee Period, the No-Lapse Guarantee Minimum Monthly Premium for Your policy will decrease. If You remove Rider coverage or decrease a Rider amount after the Policy Effective Date and during the No-Lapse Guarantee Period, the No-Lapse Guarantee Minimum Monthly Premium for Your policy will decrease if the Rider has a cost. We will send You a supplemental Policy Data Page and/or endorsement showing the new No-Lapse Guarantee Minimum Monthly Premium following any such decrease.

The No-Lapse Guarantee Period Ending Date will not be extended for any change to this policy.

The Cash Surrender Value at the No-Lapse Guarantee Period Ending Date may be insufficient to keep the policy in force unless an additional premium payment is made at that time.

Following a reinstatement of the policy, if the No-Lapse Guarantee is then reinstated as described in the Reinstatement provision, the No-Lapse Guarantee provision will continue to apply from the Policy Effective Date to the No-Lapse Guarantee Period Ending Date. The No-Lapse Guarantee Period Ending Date will not be extended for any Lapse in which reinstatement occurs.

WHERE PAYABLE: Any check should be payable only to the Company and not to any representative. After the first premium, all premiums are to be paid to Us at Our Home Office. Receipts, signed by one of Our officers, will be given upon request.

AMOUNT AND FREQUENCY: After the Initial Premium payment, You may make premium payments at any time until the Primary Insured's Maturity Age shown in the Policy Data Page. No premium will be accepted after the Primary Insured reaches his/her Maturity Date. The amount and frequency of Your premium payments will affect Your policy values and the length of time You have insurance coverage. The frequency of premium payment shown in the Policy Data Page will serve only as an indication of Your preference as to probable future frequency of payment. You may change the frequency of Planned Periodic Premium payment at any time, subject to a Minimum Payment Amount, which is shown in the Policy Data Page.

We reserve the right to require Evidence of Insurability for any premium payment that would result in an increase in Net Amount at Risk. If such Evidence of Insurability is not satisfactory, We may limit or refuse the premium payment, unless it is necessary to keep the Policy in force.

DISCONTINUANCE OF PREMIUM PAYMENTS; CONTINUATION OF INSURANCE: If You stop paying premiums, insurance coverage under the Base Policy and any benefits provided by Rider will continue until the policy Lapses as described below in the Grace Period provision, unless earlier terminated under the terms of this Base Policy or any Rider. No Rider will continue beyond its Expiry Date.

GRACE PERIOD: The grace period begins on the Monthly Anniversary when the Cash Surrender Value is less than the next Monthly Deduction, except as described in the No-Lapse Guarantee provision. You have sixty-one (61) days from the start of the grace period to pay the premium due. We will send a written notice thirty-one (31) days before the end of the grace period to Your last known address and the addresses of any assignee of record or additional person designated to receive the notice of Lapse. This notice will indicate the amount of the premium You must pay to keep the policy in force. The amount of premium needed to keep the policy in force will be:

1. The lesser of the amount necessary to restore the No-Lapse Guarantee, if applicable, or the amount necessary to keep the policy in force during the grace period; plus
2. Sufficient premium, after the reduction by any Premium Expense Charge, to keep the policy in force for one (1) additional month.

If You do not pay or mail the needed premium within the grace period, on the day after the grace period ends this policy will Lapse and terminate without value.

Any premium sent by United States mail must be postmarked within the grace period. If the Primary Insured dies during the grace period, We will pay the Death Proceeds under the terms of this policy, but We will deduct any overdue Monthly Deductions from the Death Proceeds. The policy will remain in force during the grace period, unless surrendered.

REINSTATEMENT: The policy may be reinstated within three (3) years after the effective date of Lapse only if:

1. The Primary Insured is living; and
2. Reinstatement is prior to the Maturity Date; and
3. The policy was not surrendered for its Cash Surrender Value; and
4. You provide Us with satisfactory evidence that the Primary Insured is insurable in the same Risk Class as when the policy was issued; and
5. Sufficient premium, after reduction by any Premium Expense Charge, to cover all Monthly Deductions and accrued loan interest due and unpaid during the grace period is paid; and
6. Sufficient premium, after reduction by any Premium Expense Charge, to keep the policy in force for three (3) months after the reinstatement effective date is paid; and
7. Sufficient premium to cover any negative accumulated value is paid.

If the policy Lapses and is reinstated during the No-Lapse Guarantee Period, You may reinstate the No-Lapse Guarantee if:

1. The No-Lapse Guarantee was in effect for three (3) months immediately prior to the date the policy entered the grace period; and
2. On the date of reinstatement, You pay:
 - a. Sufficient premiums such that the sum of premiums paid to date, less any partial withdrawals, loans and loan interest, equals or exceeds the No-Lapse Guarantee Minimum Monthly Premium multiplied by the number of policy months between the Policy Effective Date and the date of the reinstatement; and
 - b. Sufficient premium, after reduction by any Premium Expense Charge, to keep the policy in force for three (3) months after the reinstatement effective date.

If You reinstate the No-Lapse Guarantee when reinstating the policy, the reinstated No-Lapse Guarantee shall be subject to the terms and conditions of this policy.

The effective date of the reinstatement is the next Monthly Anniversary following Our approval of the reinstatement, so long as the Primary Insured is still living. At the effective date of reinstatement:

1. The Accumulation Value will be the Accumulation Value at the date of Lapse less any policy Indebtedness at the date of Lapse plus Net Premium paid at the time of reinstatement.
2. The policy will retain its original Policy Effective Date and Policy Years will continue to be determined from the Policy Effective Date.
3. Surrender charges, cost of insurance charges and expense charges will continue to apply and are based on the number of Policy Years from the original Policy Effective Date for the original Base Policy Specified Amount.
4. Surrender Charges, cost of insurance charges and expense charges for any Base Policy Specified Amount increases that were in effect at the end of the Grace Period will continue to apply and are based on the number of years from the Specified Amount increase effective dates.
5. Cost of insurance charges for any reinstated Riders will continue to apply.
6. If there was a Base Policy loan at the time of Lapse, We will not reinstate the loan.
7. A new two (2) year contestable period will apply with respect to statements made in the application for reinstatement.
8. A new two (2) year suicide exclusion period will start from the reinstatement effective date.

After reinstatement premium has been applied, regular policy processing will occur.

PAYMENT OF DEATH PROCEEDS PROVISION

DEATH PROCEEDS: We will pay the Death Proceeds to the Beneficiary upon Our receipt of Proof of Death that the Primary Insured died while this policy was in force.

The Death Proceeds are:

1. The Death Benefit in force upon the death of the Primary Insured; plus
2. Any Rider Death Benefits payable at the Primary Insured's death; minus
3. Any Indebtedness; minus
4. Any overdue Monthly Deductions.

When We pay the Death Proceeds, We will require the return of the policy. Any request for payment on Proof of Death under this policy must be sent to Our Home Office.

DEATH BENEFIT PROVISIONS

INTEREST ON DEATH PROCEEDS: We will pay interest on the Death Proceeds after We receive Proof of Death. Interest on Death Proceeds will accrue and be payable from the date of death of the Primary Insured to the date when Death Proceeds are paid as a lump sum or the date funds are applied to a settlement option payment plan, if elected. The interest rate will be the Moody's Corporate Bond Yield Average-Monthly Average Corporate as of the date of death.

DEATH BENEFIT: This policy provides a Death Benefit on the death of the Primary Insured while the policy is in force. The Death Benefit, death benefit option and the cash value accumulation test are described in this section.

CASH VALUE ACCUMULATION TEST – MINIMUM DEATH BENEFIT CORRIDOR: The cash value accumulation test minimum death benefit at any time is the Accumulation Value multiplied by the applicable percentage at the Primary Insured's Attained Age as shown in the Table of Minimum Death Benefit Percentages For Cash Value Accumulation Test in the Policy Data Page.

DEATH BENEFIT OPTION: The Death Benefit Option for this policy is option A (level). On the date of death of the Primary Insured, the Death Benefit will be the greater of:

1. The Specified Amount on the date of death; or
2. The Accumulation Value on the date of death multiplied by the applicable percentage at the Primary Insured's Attained Age as shown in the Policy Data Page in the Table of Minimum Death Benefit Percentages For Cash Value Accumulation Test.

POLICY CHANGE PROVISIONS

CHANGE IN SPECIFIED AMOUNT: If You satisfy the requirements that follow, You may make the following changes to the Specified Amount subject to Our approval, as long as the policy is not in the grace period. Any change in Specified Amount will be reflected in a supplemental Policy Data Page and/or endorsement.

Specified Amount Increase: Beginning on the first Policy Anniversary, You may request an increase in the Specified Amount once per Policy Year by Notifying Us. At the Notice date:

1. This policy must be in force;
2. Evidence of Insurability satisfactory to Us must be submitted;
3. The first month's Monthly Deduction must be paid;
4. The increase must meet the Minimum Increase Amount requirements as shown in the Policy Data Page; and
5. You may not increase the Specified Amount after the Primary Insured reaches the Maximum Attained Age for Increase as shown in the Policy Data Page.

The increase will not be effective until Our written approval and as of the Monthly Anniversary following Our approval of the increase. New surrender charges, Premium Expense Charges, Administrative Expense Charges, and Cost of Insurance Charges will apply as a result of the increase and will be reflected in a supplemental Policy Data Page and/or endorsement. The amount of premium You must pay to keep Your policy from terminating may increase.

Specified Amount Decrease: After the first Policy Year, You may request once per Policy Year a decrease in the Specified Amount by Notifying Us. At the Notice date:

1. This policy must be in force.
2. The decrease must meet the Minimum Decrease Amount requirements as shown in the Policy Data Page.
3. The Specified Amount cannot be reduced below the greater of:
 - a. Minimum Specified Amount, which is shown in the Policy Data Page; or
 - b. The required amount of insurance to comply with Internal Revenue Code Section 7702 limits.
4. A Specified Amount decrease will be applied against the following, in order:
 - a. The most recent increase in the Specified Amount, if any; followed by
 - b. Each next most recent increase in Specified Amount, if any; in order; followed by
 - c. The Initial Specified Amount.
5. A decrease in Specified Amount will result in an immediate surrender charge that will be deducted from the Accumulation Value. This surrender charge will be calculated as follows:
 - a. The surrender charge assessed will be based on the surrender charge schedule(s) that apply to the Specified Amount(s) decreased and assessed in the same order as the Specified Amount decrease.
 - b. If a Specified Amount decrease eliminates a Specified Amount increase, the entire surrender charge for that Specified Amount increase will be assessed.
 - c. If a Specified Amount decrease eliminates a portion of a previous Specified Amount increase, a pro-rata surrender charge will be assessed equal to the surrender charge for that Specified Amount increase multiplied by the percentage of the previous Specified Amount increase that is represented by the Specified Amount decrease.
 - d. If a Specified Amount decrease eliminates a portion of the Initial Specified Amount, a pro-rata surrender charge will be assessed equal to the surrender charge for the Initial Specified Amount multiplied by the percentage of the Initial Specified Amount that is represented by the Specified Amount decrease.

A corresponding reduction will be made in subsequent surrender charges. The decrease will be effective as of the Monthly Anniversary following Our receipt of Notice and will be reflected in a supplemental Policy Data Page and/or endorsement.

POLICY VALUES PROVISIONS

ACCUMULATION VALUE: The Accumulation Value on the Policy Effective Date will be the initial Net Premium. The Accumulation Value on any other day will be calculated as follows:

1. Accumulation Value on the preceding Monthly Anniversary day plus interest to the current date; plus
2. Net Premium paid since the preceding Monthly Anniversary day plus interest to the current date; minus
3. Partial withdrawals made since the preceding Monthly Anniversary day plus associated charges, if any, plus interest from the date of withdrawal to the current date; minus
4. The surrender charges assessed due to Specified Amount decrease made since the preceding Monthly Anniversary day plus interest to the current date; minus
5. Monthly Deductions on the preceding Monthly Anniversary day plus interest to the current date.

The Policy Effective Date will be considered as the preceding Monthly Anniversary day for purposes of calculating the Accumulation Value during the first month after the policy is issued.

INTEREST CREDITED TO THE ACCUMULATION VALUE: Interest is credited to the Accumulation Value monthly on each Monthly Anniversary. Different interest rates may apply to different portions of the Accumulation Value. The Guaranteed Minimum Annual Interest Rate is shown in the Policy Data Page. We may declare interest rates in excess of the Guaranteed Minimum Annual Interest Rate for the unloaned portion of the Accumulation Value but are not required to do so. Interest rates are declared by Us by a method determined by Us. If the Accumulation Value is less than zero, interest will not be credited that would result in an interest charge.

INTEREST RATE ENHANCEMENT: After the Interest Rate Enhancement Policy Anniversary shown in the Policy Data Page, if the annualized interest rate declared by Us for a Monthly Anniversary exceeds the Guaranteed Minimum Annual Interest Rate, We will increase the annualized declared interest rate for that Monthly Anniversary by the Interest Rate Enhancement Percentage shown in the Policy Data Page. Any increase will only apply in the policy month beginning with that Monthly Anniversary. Any increase will not apply to any loaned portion of the Accumulation Value.

MONTHLY DEDUCTION: On the Policy Effective Date and each Monthly Anniversary, We subtract a Monthly Deduction from Your Accumulation Value. The Monthly Deduction is the sum of:

1. The monthly Cost of Insurance Charge for the Base Policy;
2. The monthly Administrative Expense Charges for the Base Policy; and
3. The monthly Cost of Insurance Charge for policy Riders, if any.

COST OF INSURANCE CHARGE: The monthly Cost of Insurance Charge for the Base Policy equals:

1. The net amount of risk for the policy month; multiplied by
2. The monthly cost of insurance rate per \$1,000; divided by
3. 1,000.

The Net Amount at Risk equals:

1. The Death Benefit on the Monthly Anniversary divided by the Death Benefit Factor shown in the Policy Data Page; minus
2. The Accumulation Value on the Monthly Anniversary.

For purposes of calculating the Net Amount of Risk, the Accumulation Value will never be less than zero.

COST OF INSURANCE RATES: The Base Policy and any policy Riders may have different cost of insurance rates and guaranteed maximum cost of insurance rates. The monthly guaranteed maximum cost of insurance rates for the Base Policy and any Riders are shown in the Policy Data Page. We reserve the right to charge rates that are lower than the maximums shown. Any lower cost of insurance rates will apply uniformly to all members of the same Policy Class.

CHANGES IN RATES AND CHARGES: The cost of insurance rates, the monthly Cost of Insurance Charges, monthly Administrative Expense Charges, Premium Expense Charges, credited interest rates, and the monthly Riders' cost of insurance rates and charges may vary over time. We will declare these rates and charges based on Our expectations of future investment earnings, persistency, mortality, expenses, taxes, capital requirements, reserve requirements, reinsurance expenses, profit, and any other factors that We may determine to consider in the future. Our expectations of the elements may include anticipated future or emerging experience. Changes in these rates and charges will be subject to the guaranteed limits shown in a Policy Data Page and/or endorsement will apply uniformly to all members of the same Policy Class. Changes in rates and charges will affect the future Accumulation Value and may also affect length of insurance coverage.

TAX-RELATED CHARGES: In addition to the charges described in this Base Policy or any Rider, We reserve the right to make a charge for federal, state or local taxes generated by this Base Policy or any Rider, or generated by Our operations with respect to this Base Policy or any Rider, to the extent such tax was not applicable to the Base Policy or any Rider or Our operations at the time of policy issuance.

NONFORFEITURE PROVISIONS

SURRENDER: While this Base Policy is in force, You may surrender this Base Policy for its Cash Surrender Value by Notifying Us. We may require that You return the Base Policy to Us upon surrender. The date of surrender will be the date We receive such request. All coverage under this Base Policy and any Riders will end on such date. The Cash Surrender Value on the date of surrender shall equal the Cash Surrender Value on the Monthly Anniversary preceding the date of surrender adjusted for any additions to or subtractions from the Cash Surrender Value since the preceding Policy Anniversary, including without limitation any accrual of Indebtedness since the preceding Monthly Anniversary.

Once You have surrendered this Base Policy, We will no longer send You an annual report. Any additional benefits provided by a Rider attached to this Base Policy will be terminated.

Upon surrender, there will be two (2) benefit options available to You: Option 1 or Option 2. Option 1 will automatically be the default option and Your election unless Option 2 is specifically requested in writing to Us.

If You elect Option 1, We will pay You the Cash Surrender Value of this Base Policy. We may defer payment for not more than six (6) months following receipt by Us of the Cash Surrender Value request.

If You elect Option 2, We will provide a paid-up insurance benefit until the Maturity Date of this Base Policy. The amount of paid-up insurance benefit will be the Cash Surrender Value of this Base Policy divided by the net single premium for the Primary Insured's Attained Age at time of election. The net single premium is shown in the Policy Data Page. If the amount of the paid-up insurance benefit would exceed the Death Benefit less any Indebtedness on this Base Policy, the amount of the paid-up insurance benefit will be equal to the Death Benefit less any Indebtedness on the Base Policy. Any Cash Surrender Value not used to provide the paid-up insurance benefit will be paid to You. This option is not available when the amount of paid-up insurance benefit is less than the Minimum Paid-Up Insurance Benefit shown in the Policy Data Page.

The net single premium is based on the Nonforfeiture Rate Table and the Net Single Premium Interest Rate shown in the Policy Data Page. The Cash Surrender Value of the paid-up insurance benefit will be equal to the amount of paid-up insurance benefit multiplied by the net single premium at the Primary Insured's Attained Age at the time of surrender of the paid-up insurance benefit.

SURRENDER CHARGE: The surrender charge for the Initial Specified Amount and for any subsequent Specified Amount increases (if any) are shown in a Policy Data Page. For a certain period following the Policy Effective Date or the effective date of any increase in Specified Amount, We will deduct a surrender charge from Your Accumulation Value upon surrender of the policy. A partial surrender charge will be deducted from the Accumulation Value due to a Specified Amount decrease or a partial withdrawal.

PARTIAL WITHDRAWAL: After the first Policy Year, You may request by Notice to Us a partial withdrawal for cash. No more than one (1) partial withdrawal may be made in any Policy Year. The partial withdrawal may be any amount between the minimum partial withdrawal amount shown in the Policy Data Page and the Cash Surrender Value.

A partial withdrawal will reduce the Specified Amount by the amount of the partial withdrawal. The Specified Amount reduction will be applied in the same order as described in the Specified Amount Decrease provision.

A surrender charge will be calculated and assessed for a partial withdrawal. The surrender charge will be calculated as described in the Specified Amount Decrease provision as if the Specified Amount were decreased by an amount equal to the partial withdrawal amount. A corresponding reduction will be made in subsequent surrender charges. In addition, a partial withdrawal processing fee, which is shown in the Policy Data Page, will be imposed.

All charges due to partial withdrawals will be imposed against the Accumulation Value. All partial withdrawals can impact the policy's No-Lapse Guarantee as described in the No-Lapse Guarantee provision.

We may defer the payment of any partial withdrawals for a period of up to six (6) months from the date of Our receipt of the Notice giving rise to such payment. Any delay will be on a nondiscriminatory basis toward You.

BASIS OF VALUES: Any Cash Values and paid-up nonforfeiture benefits available under this Base Policy will not be less than the minimum values and benefits required by the laws of the state in which this policy is issued. Calculation of the required minimum Cash Values are based on the Nonforfeiture Rate Table and Guaranteed Minimum Annual Interest Rate listed in a Policy Data Page. Calculation of the Net Single Premiums of Paid-Up Insurance are based on the Nonforfeiture Rate Table and the Net Single Premium Interest Rate listed in a Policy Data Page. A detailed statement of the basis of the charges and the methods of computation has been filed with insurance supervisory official of the state in which this policy is delivered.

LOAN PROVISIONS

POLICY LOAN: You may request a loan at any time while this Base Policy is in force and has Cash Surrender Value by satisfactory Notice to Us. This Base Policy is assigned to Us as sole security for the loan.

LOAN AMOUNT AVAILABLE: The maximum amount of a new loan is:

1. The Cash Value at the end of the current Policy Year; minus
2. Any existing loan with interest to the end of the current Policy Year; minus
3. Interest on the new loan from the date of the loan to the end of the current Policy Year; minus
4. Three (3) Monthly Deductions.

We may defer making a loan for not more than six (6) months after application for the loan is made unless the loan is to pay premiums on policies with Us.

We will subtract any Indebtedness on the date of the Primary Insured's death from the Death Benefit.

LOAN INTEREST: Loan interest will accrue daily from the date of each loan to the next Policy Anniversary date. The loan interest is payable in arrears at the end of each Policy Year. If interest is not paid when due, the amount of the interest will be added to the loan and bear interest on the same terms as the loan. The maximum Indebtedness under the policy is that amount which, with interest to the next Policy Anniversary date, will equal the Cash Surrender Value as of the next Policy Anniversary date. A loan secured by this policy will bear interest at the rate shown in the Policy Data Page.

PORTION OF THE ACCUMULATION VALUE THAT SECURES A LOAN: The interest rate credited to the portion of the Accumulation Value equal to the Indebtedness will be the minimum guaranteed interest rate in the policy.

REPAYMENT OF LOANS: You may repay a loan in full or in part at any time while this policy is in force. Unless You request otherwise at the time You make any payments to Us, all amounts received while a loan is outstanding will be considered as premium payments, not loan repayment.

TERMINATION OF POLICY: This policy will terminate if Indebtedness exceed the Cash Value but not until at least thirty (30) days' advance notice of termination has been mailed to You and any assignee of record.

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT: This policy is a contract between You and Us. It is issued in consideration for the application and the Initial Premium. The entire contract consists of:

1. This policy form (numbered, in whole or in part, W3022FL) as issued to You;
2. Any supplemental Policy Data Pages;
3. The attached application;
4. Any supplemental applications made part of this policy;
5. Any Riders; and
6. Any endorsements or any amendments.

All statements in the application and any supplemental applications will, in the absence of fraud, be deemed representations and not warranties. No statement will be used to contest the validity of this policy, or to contest a claim under it, unless it appears on the application or a supplemental application. Any application for modifications of the policy, which are to be based upon additional Evidence of Insurability, shall be attached to the policy and become part of the contract between the parties.

RELIANCES: We have issued this policy in reliance on the statements made in the application and any supplemental applications. Read the application and any supplemental applications. If any statement is not true or complete, You must tell Us. We are not liable for any request made in accordance with Your instructions. If We make any payments or policy changes in good faith based on Our records, We have fully discharged Our obligations.

MODIFICATION OF POLICY: Only the President, a Vice President, the Secretary, or an Assistant Secretary of the Company has power on behalf of the Company to change, modify, or waive the provisions of the policy and then only in writing. No agent, broker, or person other than the above-named officers has the authority to change or modify this policy or waive any of its provisions.

INCONTESTABILITY: We can contest the validity of the policy if there is a material misstatement in the application or a material misstatement in a request for reinstatement. Except for nonpayment of needed premium this policy will be incontestable after it has been in force during the lifetime of the Primary Insured for two (2) years from the Policy Effective Date or the effective date of reinstatement. If the policy has been reinstated, the reinstated policy will be incontestable after it has been in force during the lifetime of the Primary Insured for two (2) years from the effective date of reinstatement. If the policy has been reinstated and was in force two (2) years from the Policy Effective Date prior to reinstatement, only material misstatements made in the application for reinstatement may be used in the contest. The reinstatement application will be subject to underwriting.

We can contest the validity of a Specified Amount increase if there is a material misstatement in the application for a Specified Amount increase. Except for nonpayment of needed premium, an increase in the Specified Amount of this policy will be incontestable after it has been in effect during the lifetime of Primary Insured's lifetime for two (2) years from the effective date of the increase. The application for the increase will be subject to underwriting.

This Incontestability provision applies fully and separately to the Base Policy and to each Rider, if any, attached to the Base Policy.

SUICIDE: If the Primary Insured dies by suicide, while sane or insane, within two (2) years from the Policy Effective Date or the effective date of any reinstatement, We will not pay a Death Benefit. We will terminate this policy and refund the premiums paid, less any loan, loan interest, and any partial withdrawal.

If the Primary Insured dies by suicide, while sane or insane, within two (2) years of the effective date of any increase in the Specified Amount that was subject to Evidence of Insurability, We will not pay a Death Benefit on that increase. We will refund the Monthly Deductions for that increase.

Any reinstatement of this policy will have a new two (2) year suicide exclusion period. We will measure this period from the reinstatement effective date.

CHOICE OF LAW. This insurance policy and claims arising under it are governed by the laws of the state where this policy's application has been signed by the Insured, exclusive of such state's choice of laws provisions.

ANNUAL REPORT: At least once a year, without charge, We will send You a report dated not more than four (4) months prior to the date of mailing. The report will show the following for the Policy Year period covered by the report:

1. The beginning and end dates of the Policy Year;
2. The Specified Amount at the end of the Policy Year;
3. The Base Policy values both at the beginning and end of the Policy Year;
4. The Cash Value at the end of the Policy Year;
5. Interest earned during the Policy Year;
6. Indebtedness at the end of the Policy Year;
7. Withdrawal amounts and withdrawal charges during the Policy Year;
8. Premiums paid during the Policy Year;
9. Premium Expense Charges and Administrative Expense Charges incurred during the Policy Year;
10. Cost of Insurance Charges incurred during the Policy Year;
11. Cost of Riders, if any;
12. A notice if the Cash Surrender Value will not be sufficient to keep the policy in force until the end of the next reporting period, unless further premium payments are made; and
13. Any other information required by state or federal law.

Please pay close attention to the information provided, especially any data relating to termination. You may wish to increase the amount of premium paid based on this data.

ILLUSTRATIVE REPORT: We will provide a projection of illustrative future policy benefits and values at any time upon written request. There will be no charge for the first projection requested each Policy Year. The charge for additional projections is shown in the Policy Data Page.

DUPLICATE POLICY: We will provide a duplicate policy at any time upon Your written request. The charge for a duplicate policy is shown in the Policy Data Page.

MISSTATEMENT IN AGE: If the date of birth of the Primary Insured has been misstated, and We discover this while the Primary Insured is still living, We may recalculate and revise the Specified Amount to the amount it would have been at the Primary Insured's correct Age. If We discover a misstatement of the Primary Insured's date of birth after the Primary Insured's death or if the revised policy value would result in the termination of this policy, We will adjust the Death Benefit instead. The adjusted Death Benefit will be the amount which would have been purchased at the Primary Insured's correct Age by the most recent Monthly Deduction using the correct monthly cost of insurance rate.

If the misstatement is discovered while the Primary Insured is still living, future Monthly Deductions and the No-Lapse Guarantee Minimum Monthly Premiums will be adjusted for the Primary Insured's correct Age.

TERMINATION: This policy will terminate, and all insurance coverage will end when any one of the following events occurs:

1. You terminate coverage by Notice to Us;
2. Upon the death of the Primary Insured;
3. The policy matures;
4. The grace period ends without payment of required premiums;
5. The total Indebtedness equals or exceeds the Cash Value.

SETTLEMENT OPTIONS

LUMP SUM PAYMENT: We pay all policy benefits in a single lump sum, unless agreed otherwise.

CHOICE OF OTHER PAYMENT PLANS: While the Primary Insured is living, You may choose any payment plan set out below instead of the lump sum payment. If no choice has been made, the Beneficiary, after the Primary Insured's death, may make a choice. Any choice of a payment plan must be made by Notice to Us. Any election is subject to any payment We make or action We take before We receive Notice of a payment plan election. Any interest rate applicable under a payment plan may be referred to herein as a settlement option interest rate.

Benefits for payment plans at the time of their commencement will not be less than those that would be provided by the application of the proceeds to purchase a single consideration immediate annuity contract at purchase rates offered by Us at the time to the same class of annuitants whether the annuity benefits are payable in fixed or variable amounts or both.

PAYMENT PLANS

PLAN (1) BENEFIT LEFT WITH US WITH PAY OUT OF INTEREST: The benefit may be left on deposit with Us for an agreed upon period of time of 1 to 25 years. We will pay interest on this amount. The interest rate will be at least 1.0% per year compounded yearly. If agreed in writing, all or part of the amount left with Us under this plan may be withdrawn or reapplied under another payment plan.

PLAN (2) MONTHLY PAYMENT FOR A CERTAIN NUMBER OF YEARS: We will pay the benefit in equal monthly payments for a fixed period not less than five (5) years and not over twenty-five (25) years. The minimum monthly payment will be based on interest of 1.0% per year compounded yearly.

MINIMUM MONTHLY PAYMENT FOR PLAN (2) FOR EACH \$1,000 OF BENEFITS APPLIED

Years	Payment	Years	Payment	Years	Payment	Years	Payment	Years	Payment
1	N/A	6	\$14.30	11	\$7.99	16	\$5.63	21	\$4.40
2	N/A	7	12.32	12	7.36	17	5.33	22	4.22
3	N/A	8	10.83	13	6.83	18	5.05	23	4.05
4	N/A	9	9.68	14	6.37	19	4.81	24	3.90
5	\$17.08	10	8.75	15	5.98	20	4.59	25	3.76

PLAN (3) MONTHLY PAYMENTS OF A CERTAIN AMOUNT: We will make equal monthly payments of a chosen amount until the benefit and interest have been used up. The interest rate will be at least 1.0% per year compounded yearly.

PLAN (4) MONTHLY PAYMENTS FOR LIFE: We will pay the benefit in equal monthly payments during the lifetime of the payee. This plan is not available to payees age eighty-one (81) and above. The values in the table below are subject to change. Please call Us at the number listed on the top of page 1 of this policy and We will provide You with the updated values. The table below provides sample minimum monthly payouts per \$1,000 for a policy issued in 2019, with the beneficiary being age 50 upon issuance of the policy.

Attained Age of Payee When First Payment Is Available	Male	Female
60	\$3.28	\$3.14
70	\$4.43	\$4.20
80	\$6.90	\$6.41

PLAN (5) MONTHLY PAYMENTS FOR LIFE WITH A GUARANTEED PERIOD: We will pay the benefit in equal monthly payments during the lifetime of the payee. The lifetime payments may be chosen with a guaranteed payment period of ten (10) years. The values in the table below are subject to change. Please call Us at the number listed on the top of page 1 of this policy and We will provide You with the updated values. The table below provides sample minimum monthly payouts per \$1,000 for a policy issued in 2019, with the beneficiary being age 50 upon issuance of the policy.

Attained Age of Payee When First Payment Is Available	Male	Female
60	\$3.25	\$3.18
70	\$4.43	\$4.20
80	\$6.25	\$5.93

The amount of the monthly payment for payment plans (4) and (5) will be based on: (1) the sex and age of each payee as applicable to the plan selected; (2) the payment plan selected; (3) the individual annuity reserve table, shown on the Policy Data Page, based on the payee's age as applicable to the plan selected; and (4) 1.0% interest per year compounded yearly. The payee age is the age (last birthday) when the first monthly payment is payable.

PLAN (6) ANY OTHER AGREED TO PAYMENT PLAN: We will pay benefits under any other payment plan agreed to between Us and the Owner or Beneficiary of this policy, as long as such plan does not disqualify this policy as insurance under applicable tax laws.

ADDITIONAL INTEREST AND LARGER PAYMENTS: If payment plan (1) or (3) is chosen, We may increase interest beyond 1.0% per year. The additional interest would be added on an anniversary of the date the benefits were applied under the payment plan.

It may happen that when payments are to begin for this policy under one of the payment plans described above, We will be paying additional interest or larger payments than those described. These will be in an amount and paid by a method determined by Us.

WHEN PAYMENTS BEGIN UNDER PAYMENT PLANS: We will make the first monthly payment under payment plan (1) one month after the benefit is placed under the plan. For payment plans (2) through (5), We will make the first monthly payment as soon as the benefit is placed under the plan.

DEATH OF PERSON RECEIVING PAYMENTS UNDER PAYMENT PLAN: If the person receiving monthly payments under payment plans (1) or (3) dies before receiving all payments owed, We will pay the benefit still on deposit with Us, and any interest still owed, in one sum to that person's estate, unless otherwise agreed. If the person receiving monthly payments under payment plans (2) or (5) dies before receiving all payments owed, We will calculate the one sum value of all remaining guaranteed payments. Then We will pay this one sum value in a single payment to that person's estate, unless otherwise agreed. We will calculate the one sum value by discounting each remaining guaranteed payment from the date it is due to the date of the single payment. We will use the same interest rate for discounting as We used for determining each payment.

RESTRICTIONS ON PAYMENT PLANS: Except for You, no one receiving payments under a payment plan You chose may do anything that would in any way change or affect the plan, unless otherwise stated by You in the written election of the plan. No one, including You, may change payment plans (4) and (5) once We have begun making payments. If benefits are payable to an association, partnership, corporation or fiduciary, benefits may be placed under a payment plan only if We agree.

Any payment plan chosen is subject to the rights of any assignee and of a Beneficiary if such Beneficiary's interest cannot be taken away. If this policy has been assigned, We may pay, in a lump sum, all that is due the assignee. This would apply even though the benefits of this policy are placed under a payment plan. Any money left over would, however, be applied under the payment plan chosen.

The minimum amount applied under any payment plan and the minimum amount of each payment must be at least twenty dollars (\$20.00). If the amount of each payment is not at least twenty dollars (\$20.00), We will pay the amount of the policy benefit in one (1) lump sum and Our payment obligations will be complete, and this policy will terminate.

Under payment plans (4) and (5), We may require proof of the age of the person who gets the monthly payments. We may also, at any time, require proof that such person is still alive.

If this policy's Cash Surrender Value is left on deposit with Us under payment plan (1), We may postpone the withdrawal of any portion of it for up to six (6) months. We will pay interest on such amount at the settlement option interest rate applicable to such payment plan during the postponement.

SPECIMEN

WASHINGTON NATIONAL INSURANCE COMPANY

Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555

Telephone: 1-800-888-4918

Website: www.washingtonnational.com

SPECIMEN

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE
ADJUSTABLE DEATH BENEFIT
NONPARTICIPATING**

**Death Proceeds payable upon the death of the Primary Insured prior to the Maturity Date.
Flexible premiums payable during the lifetime of the Primary Insured until the Maturity Date.**

Waiver of Stipulated Premium rider

WASHINGTON NATIONAL INSURANCE COMPANY

Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555

Telephone: 1-800-888-4918

Website: www.washingtonnational.com

WAIVER OF STIPULATED PREMIUM RIDER

This Rider is made a part of this Base Policy to which it is attached. All provisions of the Base Policy, which are not inconsistent with this Rider, apply to this Rider.

THIRTY DAY RIGHT TO RETURN THIS RIDER

Please carefully review this Rider. If for any reason You are not satisfied with this Rider, You may return it to Us within thirty (30) days after receiving it. You may return it to Us by mail or to Our agent. Upon such delivery or mailing, this Rider shall be void from the beginning. Any premium paid with be refunded within twenty (20) days after We receive the Rider.

CONSIDERATION

This Rider is issued in consideration of the application and payment of its cost of insurance as shown in the Policy Data Page. The Rider's cost of insurance is payable at the same time and in the same manner as the Base Policy's cost of insurance.

DEFINITIONS

ACCIDENT

Accident means a sudden, unexpected and unforeseen event or result which occurs without the Primary Insured's intent.

ACCIDENTAL INJURY

Accidental Injury means bodily injury suffered by the Primary Insured from an Accident. It includes all complications and all injuries resulting from the same Accident. The Accident must occur while the Base Policy and this Rider are in force. Any loss due to Accidental Injury must begin while the Base Policy and this Rider are in force.

ACCUMULATION VALUE

For this Rider, Accumulation Value means Accumulation Value or Total Accumulation Value, whichever is applicable, as defined in the Base Policy.

IMMEDIATE FAMILY

Immediate Family means the Owner, Primary Insured or anyone related to the Owner or Primary Insured by blood or marriage: (step)children, (step)brothers, (step)sisters, (step)parents, (step)grandparents and (step)grandchildren, or the spouse of any of these. The term "spouse" includes a common law marriage partner if legally recognized in the governing jurisdiction.

PHYSICIAN

An individual as defined in Section 1861(r)(1) of the Social Security Act. The Physician must be acting within the scope of his or her license in the state of licensure and must be licensed in the United States. The Physician may not be the Owner, the Primary Insured or a member of the Primary Insured's Immediate Family.

SICKNESS

Sickness means sickness or disease that first produces a clear or obvious symptom after the Rider's effective date of coverage, while the Base Policy and this Rider are in force, not excluded in this Rider.

STIPULATED PREMIUM

The Stipulated Premium is shown in the Policy Data Page or a supplemental Policy Data Page and/or endorsement.

TOTAL DISABILITY

As used in this Rider, the Primary Insured is considered Totally Disabled when due to Accidental Injury, Sickness or disease the Primary Insured is:

1. For the first twenty-four (24) months of Total Disability, the Primary Insured is completely unable to perform the substantial and material duties of the occupation or service in which the Primary Insured worked when he or she became Disabled; and
2. After twenty-four (24) months of Total Disability, Total Disability means the Primary Insured's complete inability to perform any of the substantial and material duties of any occupation for wage or profit for which he or she becomes reasonably suited by education, training or experience.

In this Rider, Total Disability, Disability or Disabled have the same meaning.

BENEFIT

WAIVER OF STIPULATED PREMIUM

The amount of the Stipulated Premium to be waived is the amount in effect on the date of Disability. The Maximum Annual Stipulated Premium Amount is shown in the Policy Data Page.

We will waive the Stipulated Premium on a monthly basis for the policy upon receipt of satisfactory proof that:

1. The Primary Insured is Totally Disabled as defined in this Rider; and
2. Total Disability began while the Base Policy and this Rider were in force; and
3. Total Disability has continued for six (6) consecutive months; and
4. Coverage was not excluded under "Exclusions and Limitations."

If the Primary Insured's Total Disability begins before the Policy Anniversary nearest the Primary Insured's 60th birthday, We will waive the Stipulated Premiums for the policy for the period that the Primary Insured continues to be Totally Disabled. We will continue to waive the Stipulated Premium for the policy, while the policy remains in force.

If the Primary Insured's Total Disability begins after the Policy Anniversary nearest the Primary Insured's 60th birthday, We will waive the Stipulated Premiums for the policy for the period that the Primary Insured continues to be Totally Disabled, but only up to the Policy Anniversary nearest the Primary Insured's 65th birthday or, if longer, two (2) years.

The amount of each waived Stipulated Premium will be applied to the Accumulation Value of the policy. The monthly deduction and premium expense charge will continue to be charged. No changes in the policy's Specified Amount or Stipulated Premium and no withdrawals are allowed during a period of Disability.

We will apply the actual Stipulated Premium paid to Us after Total Disability begins, if later waived by Us, and apply to the Accumulation Value of the policy the Stipulated Premium minus the premium expense charge, but not for any period more than one (1) year prior to the date We approved the Total Disability claim.

If Total Disability begins during a grace period, payment of the overdue premium is required to avoid a lapse of insurance before We approve the claim for Waiver of Stipulated Premium.

Unless otherwise stated, an application to increase the Specified Amount of the Base Policy may be deemed to be an application to increase the benefit under this Rider.

Stipulated Premium credited by Us will not be deducted from the Death Proceeds.

CHANGES IN STIPULATED PREMIUM

After the first Policy Year, the amount of Stipulated Premium may be changed. Any change will be subject to the following conditions:

1. A written request must be submitted to Us;
2. The Stipulated Premium may not exceed the Planned Periodic Premium;
3. No changes are allowed during a period of Disability;
4. For any increase, an application and evidence of insurability satisfactory to Us must be submitted; and
5. For any increase, the first month's cost of insurance must be paid.

If the policy's Specified Amount is increased due to the Automatic Benefit Increase Rider, the Waiver of Stipulated Premium will increase proportionately to the increase in the scheduled planned periodic premium for the policy, without evidence of insurability. The amount of increase and frequency are shown on the Policy Data Page or supplemental Policy Data Page and/or endorsement.

If the Owner rejects the option to increase the policy's Specified Amount offered under the Automatic Benefit Increase Rider, all subsequent potential increases to the scheduled planned periodic premium by the Automatic Benefit Increase Rider for the Waiver of Stipulated Premium Rider are forfeited.

VALUES

This Rider has no Cash Value, Cash Surrender Value or loan value.

EXCLUSIONS AND LIMITATIONS

We will not waive any Stipulated Premium if Total Disability results from, is caused by or is contributed to by any of the following:

1. Any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
2. An act of declared or undeclared war, whether or not the Primary Insured is a member of any armed forces;
3. Active participation in a riot, insurrection or terrorist activity;
4. Committing or attempting to commit a felony;
5. Intoxication as defined by the jurisdiction where the disability occurred.

"War" means declared or undeclared war or act of war. "War" includes aggression by one or more countries resisted by or on orders of any country, combination of countries or international organization but does not include terrorism.

We will not waive any Stipulated Premium if Total Disability results from, is caused or materially contributed to by:

1. Voluntary intake or use by any means of:
 - a. Any drug, unless prescribed or administered by a Physician and taken in accordance with the Physician's instructions;
 - b. Poison, gas or fumes, unless a direct result of an occupational accident.
2. The Primary Insured's participation in an illegal occupation or activity.

We will not waive any Stipulated Premium if Total Disability occurs after the Policy Anniversary on which the Primary Insured's Attained Age is 65.

CLAIM REQUIREMENTS

PROOF OF TOTAL DISABILITY

We must receive a proof of claim while the Primary Insured is alive and Disabled. Proof of claim must show that:

1. The Total Disability began before the end of the grace period of the policy;
2. The Waiver of Stipulated Premium is not excluded under "Exclusions and Limitations"; and
3. The Total Disability has continued for six (6) consecutive months.

NOTICE AND PROOF OF CLAIM

Written notice of a claim and due proof of Total Disability must be given to Us at Our Home Office:

1. During the lifetime of the Primary Insured;
2. During the period of Total Disability; and
3. Within one year after the beginning of the Disability.

Failure to give written notice and proof within one year will not invalidate a claim if it is shown that the notice and proof were given as soon as was reasonably possible. However, no amount of the Stipulated Premium due more than one year prior to Our receipt of satisfactory proof of claim will be waived.

We reserve the right, at Our expense and discretion, to independently assess the Primary Insured's Total Disability. This may include without limitation, a personal interview with and an assessment of the Primary Insured, including examination or tests by a Physician of Our choice at Our expense, and Our receipt of copies of any relevant medical records from a Physician involved in the Primary Insured's care. In the event of conflicting opinions resulting from an independent assessment, if any, between the Primary Insured's Physician and Our Physician, the eligibility for this Rider's benefit shall be determined by a third opinion from a Physician mutually acceptable to You and Us. This opinion will be at Our expense and will be mutually binding. If proof is not furnished on request or if the Primary Insured fails to submit to examination, the Stipulated Premium falling due thereafter will not be waived.

PROOF OF CONTINUANCE OF DISABILITY

After approval of a Total Disability claim, We may require satisfactory proof of the continuance of Total Disability but not more frequently than once every 30 days. After the first two years of continuous Disability, satisfactory proof will not be required more than once a year.

NOTICE OF RECOVERY

The Owner shall give immediate notice to Us when the Primary Insured recovers from Total Disability.

GENERAL PROVISIONS

REINSTATEMENT

This Rider may be reinstated subject to the following conditions:

1. The Rider was in effect at the time the Base Policy terminates;
2. The Base Policy is reinstated; and
3. You submit evidence of insurability satisfactory to Us.

If this Rider is reinstated, the two (2) year contestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement.

INCONTESTABILITY

We will not contest this Rider after it has been in force during the lifetime of the Primary Insured for two (2) years from the Rider's effective date, excluding any period when the Primary Insured is Totally Disabled, and in cases of fraud in the procurement of this Rider, when permitted by the state where the Base Policy to which this Rider is attached was issued.

NONPARTICIPATING

This Rider will not share in any of the Company's profits or surplus earnings.

TERMINATION OF RIDER

This Rider will terminate, and all insurance coverage will end, when any one of the following events occurs:

1. When We receive Notice from the Owner requesting termination of this Rider;
2. When the Base Policy terminates;
3. Upon the death of the Primary Insured;
4. The date the Base Policy is continued as paid-up insurance under the Nonforfeiture provisions of the Base Policy;
5. On the Expiry Date of the Rider shown in the Policy Data Page. However, the termination will not affect an eligible claim for Total Disability that occurred before age 65.

EFFECTIVE DATE

This Rider is effective on the Policy Effective Date, unless a different date is shown on a supplemental Policy Data Page and/or endorsement.

This Rider is signed for Washington National Insurance Company.

Secretary

Automatic Benefit Increase rider

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: [11825 N. Pennsylvania St., Carmel, Indiana 46032-4555]
Telephone: [1-800-888-4918]

AUTOMATIC BENEFIT INCREASE RIDER

CONSIDERATION

This Automatic Benefit Increase Rider, which is referred to herein as, this "Rider," is part of Your policy. It is issued in consideration of an application. There is no charge to add this Rider to the policy.

BENEFIT

An Automatic Benefit Increase is defined as an increase in the Specified Amount of the policy to which this Rider is attached. Under the terms of this Rider, the Owner will receive an Automatic Benefit Increase each year during the Plan Increase Period, without providing evidence of insurability. The Plan increase period, first Plan Increase Date and the Benefit Increase Amount are shown on the Policy Data Page under the Policy/Rider Benefit Schedule.

The Automatic Benefit Increase Rider will also increase the monthly premium amount of the Waiver of Stipulated Premium Rider, if attached to the policy. This Rider will also affect any other rider that is attached to the policy if such rider is affected by a change to the policy's Specified Amount.

EFFECTIVE DATE OF BENEFIT

An Automatic Benefit Increase will be effective on each Plan Increase Date, upon payment of the scheduled planned periodic premium, for each year of the Plan Increase Period, beginning on the first Plan Increase Date. The first Plan Increase Date is the employer group anniversary date. Before each Plan Increase Date, the Owner will be notified of the scheduled Automatic Benefit Increase. A supplemental Policy Data Page will be sent to the Owner that shows the increase in the Specified Amount and the next Plan Increase Date.

REINSTATEMENT

If this Rider is in force at the time the policy lapsed, it may only be reinstated subject to Our approval. The requirements for reinstatement of this Rider are the same as those for reinstatement of the policy.

EXPIRY DATE

This Rider will expire on its Expiry Date shown on the Policy Data Page under the Policy/Rider Benefit Schedule.

TERMINATION DATE

The Automatic Benefit Increase Rider will terminate upon the earliest of the following:

1. The date of death of the Primary Insured;
2. The date the policy to which this Rider is attached terminates;
3. The date the Owner rejects an increase in the policy's Specified Amount;
4. The date We receive the Owner's written request to terminate this Rider. Once this Rider is terminated by the Owner's request, it may not be renewed;
5. The Expiry Date of the Automatic Benefit Increase Rider;
6. The date the policy matures;
7. The date We receive a request for a reduction in the policy's Specified Amount;
8. The date when this Rider increases the policy's Specified Amount over \$250,000;
9. The date the Owner elects to receive benefits under any type of accelerated benefits rider, if any, attached to the policy; or
10. The date the stipulated premium is waived under the Waiver of Stipulated Premium Rider.

GENERAL PROVISIONS

All provisions of the policy, which are consistent with this Rider, apply to this Rider.

EFFECTIVE DATE

This Rider is in force as of the Policy Effective Date, unless a different date is shown on a supplemental Policy Data Page.

This Rider is signed for Washington National Insurance Company.

President

SPECIMEN

Children's Level Term Insurance rider Guarantee Issue

WASHINGTON NATIONAL INSURANCE COMPANY

Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555

Telephone: 1-800-888-4918

Website: www.washingtonnational.com

CHILDREN'S LEVEL TERM INSURANCE RIDER

THIRTY DAY RIGHT TO RETURN THIS RIDER

Please carefully review this Rider. If for any reason You are not satisfied with this Rider, You may return it to Us within thirty (30) days after receiving it. You may return it to Us by mail or to Our agent. Upon such delivery or mailing, this Rider shall be void from the beginning. Any cost of insurance paid will be refunded within twenty (20) days after We receive the Rider.

CONSIDERATION

This Rider is issued in consideration of the application and payment of its cost of insurance as shown in the Policy Data Page. The Rider's cost of insurance is payable at the same time and in the same manner as the Base Policy's cost of insurance.

DEATH BENEFIT

The Death Benefit shall be the current specified amount for this Rider that is shown in the Policy Data Page or a supplemental Policy Data Page and/or endorsement. We will pay the Beneficiary the Death Benefit upon receipt of Proof of Death of the Insured Child if death occurs before the Policy Anniversary on which such Insured Child is age 23 and while this Rider and Base Policy are in force.

INSURED CHILD

An Insured Child under this Rider is at least 15 days old and is:

1. Any child, stepchild or legally adopted child of the Primary Insured named in the application for this Rider who is less than 19 years of age on the date of the application;
2. Any child born to the Primary Insured or the Primary Insured's marriage after the date of the application for this Rider;
3. Any child who is a stepchild of the Primary Insured after the date of the application for this Rider who is less than 19 years of age on the date of the marriage of the Primary Insured to the child's parent; or
4. Any child less than 19 years of age on the date of adoption who is legally adopted by the Primary Insured after the date of application for this Rider.

A child will not be an Insured Child and will not be covered before attaining the age of 15 days.

EFFECTIVE PERIOD

This Rider's coverage ends for an Insured Child on the earlier of the following dates:

1. Termination of this Rider (see Termination section); or
2. The Policy Anniversary next following the Insured Child's 23rd birthday.

BENEFICIARY

The Primary Insured will receive the Death Benefit upon the death of an Insured Child unless the Owner has changed the Beneficiary of this Rider.

MONTHLY COST OF INSURANCE

The monthly cost of insurance for this Rider equals:

1. The monthly cost of insurance rate per \$1,000 for this Rider; multiplied by
2. This Rider's Death Benefit at the beginning of the policy month; divided by
3. 1,000.

MONTHLY COST OF INSURANCE RATES

The Rider's monthly guaranteed maximum cost of insurance rates are shown in the Policy Data Page. We will determine the current monthly cost of insurance rates. The current monthly cost of insurance rates will not be greater than the monthly guaranteed maximum cost of insurance rates.

MONTHLY DEDUCTION

The Monthly Deduction is the monthly cost of insurance for this Rider.

CONVERSION

Any insurance under this Rider may be exchanged for a policy on the life of the Insured Child on the earlier of:

1. The Policy Anniversary following the Insured Child's 23rd birthday; or
2. The Policy Anniversary following the Primary Insured's 65th birthday.

No evidence of insurability is required provided that:

1. We receive a written application and payment of the first premium for the applied-for converted policy no earlier than ninety (90) days before nor later than thirty-one (31) days after the date the conversion may be made as provided above; and
2. The applied-for policy death benefit is not more than the maximum amount listed in the Policy Data Page or any supplemental Policy Data Page and/or endorsement, subject to our minimum requirements for the policy selected.

Conversion may be to any plan of insurance, except term, then in effect and approved by Us as available for conversion. The premium rate for the converted policy will be the rate in effect on the conversion date. The rate will be based on the Insured Child's Attained Age on the conversion date and on the Insured Child's Sex and Risk Class on the effective date of this Rider. The suicide and contestable periods of the converted policy will be measured from the effective date of this Rider. Any amount converted up to the amount of insurance provided under this Rider will not be subject to a new contestable or suicide period. Any additional insurance purchased under the conversion will be subject to evidence of insurability satisfactory to Us and subject to the contestable and suicide provisions stated in the converted policy. No insurance is provided until the termination of insurance under this Rider.

All riders to the converted policy are subject to state availability and underwriting requirements and may be included only with Our consent.

CHANGE IN COVERAGE

After the first Policy Year, the Owner may request a change in the Rider's specified amount by Notifying Us. At the Notice date:

1. This Rider and Base Policy must be in force.
2. For any increase, an application and evidence of insurability satisfactory to Us must be submitted.
3. For any increases, the increase must meet the minimum specified amount increase requirement as shown in the Policy Data Page.
4. For any increase, the first month's cost of insurance must be paid.
5. For any decrease, the decrease must meet the minimum specified amount decrease requirement as shown in the Policy Data Page. The decrease will be applied first against any increase, beginning with the most recent, and then against the original amount.
6. For any decrease, the Rider's specified amount cannot be reduced below the Rider's Minimum Specified Amount.

PAID-UP TERM INSURANCE

Coverage under this Rider will continue as paid-up term insurance after the death of the Primary Insured, provided the Primary Insured dies:

1. While the Base Policy and this Rider are in force, and
2. Other than by suicide, if such death occurs within two (2) years after the Issue Date of the Base Policy.

Paid-up term coverage will continue until the earliest of:

1. The Policy Anniversary following the Insured Child's 23rd birthday;
2. The coverage is converted per the terms of the Conversion Provision; or
3. The receipt of a written request to terminate coverage.

INCONTESTABILITY

The provisions of the Base Policy relating to incontestability apply to this Rider. However, if this Rider is added after the Policy Effective Date, this Rider's contestable period will be measured from the later of the Rider's effective date or the date this Rider is reinstated.

If the Rider's specified amount is increased, a new two (2) year contestable period will apply from the date of each increase with respect to statements made in the application for that increase, but only for the amount of the increase.

SUICIDE EXCLUSION

If an Insured Child covered under this Rider dies by suicide, while sane or insane, within two (2) years of the date the Insured Child's coverage begins, no Death Benefit will be payable under this Rider. Our liability will be limited to an amount equal to all cost of insurance paid for this Rider if there is only one Insured Child covered under this Rider. If there is more than one Insured Child covered under this Rider, no cost of insurance will be refunded.

If the Primary Insured dies by suicide within the suicide period of the Base Policy, the coverage under this Rider for each Insured Child will be converted. Conversion may be to any plan of insurance, except term, then in effect and approved by Us as available for this conversion. The amount of the converted policy will be equal to the Death Benefit amount of this Rider. The premium rate for the converted policy will be the rate in effect on the conversion date. The rate will be based on the Insured Child's Attained Age on the conversion date and on the Sex and Risk Class on the effective date of this Rider.

NONPARTICIPATING

This Rider will not share in any of the Company's profits or surplus earnings.

VALUES

This Rider has no Cash Value, Cash Surrender Value, or loan value.

TERMINATION OF RIDER

This Rider will terminate on the earliest of the following dates:

1. The Policy Anniversary falling on or next following the Primary Insured's 65th birthday;
2. The monthly anniversary day on or next following the receipt of a written request to terminate this Rider; or
3. On the Base Policy termination date.

Insurance on any Insured Child will terminate on the Policy Anniversary next following the Insured Child's 23rd birthday.

If this Rider expires because the Primary Insured has no remaining Insured Child age 23 or younger, it is Your responsibility to notify Us of this fact so that We may terminate the Rider and no further cost of insurance deductions for the Rider will be included in the Monthly Deduction.

GENERAL PROVISIONS

This Rider is made a part of this Base Policy to which it is attached. All provisions of the Base Policy, which are not inconsistent with this Rider, apply to this Rider.

EFFECTIVE DATE

This benefit is effective on the Policy Effective Date unless a different date is shown on a supplemental Policy Data Page and/or endorsement.

The effective date of any increase will be the monthly anniversary day on or next following the date the application for the increase is approved.

The effective date of any decrease will be the monthly anniversary date on or next following the date the request is received by Us at Our Home Office.

This Rider is signed for Washington National Insurance Company.

Secretary

**Children's Level Term Insurance rider
Select Simplified Issue**

WASHINGTON NATIONAL INSURANCE COMPANY

Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555

Telephone: [1-800-888-4918

Website: www.washingtonnational.com

CHILDREN'S LEVEL TERM INSURANCE RIDER

THIRTY DAY RIGHT TO RETURN THIS RIDER

Please carefully review this Rider. If for any reason You are not satisfied with this Rider, You may return it to Us within thirty (30) days after receiving it. You may return it to Us by mail or to Our agent. Upon such delivery or mailing, this Rider shall be void from the beginning. Any cost of insurance paid will be refunded within twenty (20) days after We receive the Rider.

CONSIDERATION

This Rider is issued in consideration of the application and payment of its cost of insurance as shown in the Policy Data Page. The Rider's cost of insurance is payable at the same time and in the same manner as the Base Policy's cost of insurance.

DEATH BENEFIT

The Death Benefit shall be the current specified amount for this Rider that is shown in the Policy Data Page or a supplemental Policy Data Page and/or endorsement. We will pay the Beneficiary the Death Benefit upon receipt of Proof of Death of the Insured Child if death occurs before the Policy Anniversary on which such Insured Child is age 23 and while this Rider and Base Policy are in force.

INSURED CHILD

An Insured Child under this Rider is at least 15 days old and is:

1. Any child, stepchild or legally adopted child of the Primary Insured named in the application for this Rider who is less than 19 years of age on the date of the application;
2. Any child born to the Primary Insured or the Primary Insured's marriage after the date of the application for this Rider;
3. Any child who is a stepchild of the Primary Insured after the date of the application for this Rider who is less than 19 years of age on the date of the marriage of the Primary Insured to the child's parent; or
4. Any child less than 19 years of age on the date of adoption who is legally adopted by the Primary Insured after the date of application for this Rider.

A child will not be an Insured Child and will not be covered before attaining the age of 15 days.

EFFECTIVE PERIOD

This Rider's coverage ends for an Insured Child on the earlier of the following dates:

1. Termination of this Rider (see Termination section); or
2. The Policy Anniversary next following the Insured Child's 23rd birthday.

BENEFICIARY

The Primary Insured will receive the Death Benefit upon the death of an Insured Child unless the Owner has changed the Beneficiary of this Rider.

MONTHLY COST OF INSURANCE

The monthly cost of insurance for this Rider equals:

1. The monthly cost of insurance rate per \$1,000 for this Rider; multiplied by
2. This Rider's Death Benefit at the beginning of the policy month; divided by
3. 1,000.

MONTHLY COST OF INSURANCE RATES

The Rider's monthly guaranteed maximum cost of insurance rates are shown in the Policy Data Page. We will determine the current monthly cost of insurance rates. The current monthly cost of insurance rates will not be greater than the monthly guaranteed maximum cost of insurance rates.

MONTHLY DEDUCTION

The Monthly Deduction is the monthly cost of insurance for this Rider.

CONVERSION

Any insurance under this Rider may be exchanged for a policy on the life of the Insured Child on the earlier of:

1. The Policy Anniversary following the Insured Child's 23rd birthday; or
2. The Policy Anniversary following the Primary Insured's 65th birthday.

No evidence of insurability is required provided that:

1. We receive a written application and payment of the first premium for the applied-for converted policy no earlier than ninety (90) days before nor later than thirty-one (31) days after the date the conversion may be made as provided above; and
2. The applied-for policy death benefit is not more than the maximum amount listed in the Policy Data Page or any supplemental Policy Data Page and/or endorsement, subject to our minimum requirements for the policy selected.

Conversion may be to any plan of insurance, except term, then in effect and approved by Us as available for conversion. The premium rate for the converted policy will be the rate in effect on the conversion date. The rate will be based on the Insured Child's Attained Age on the conversion date and on the Insured Child's Sex and Risk Class on the effective date of this Rider. The suicide and contestable periods of the converted policy will be measured from the effective date of this Rider. Any amount converted up to the amount of insurance provided under this Rider will not be subject to a new contestable or suicide period. Any additional insurance purchased under the conversion will be subject to evidence of insurability satisfactory to Us and subject to the contestable and suicide provisions stated in the converted policy. No insurance is provided until the termination of insurance under this Rider.

All riders to the converted policy are subject to state availability and underwriting requirements and may be included only with Our consent.

CHANGE IN COVERAGE

After the first Policy Year, the Owner may request a change in the Rider's specified amount by Notifying Us. At the Notice date:

1. This Rider and Base Policy must be in force.
2. For any increase, an application and evidence of insurability satisfactory to Us must be submitted.
3. For any increases, the increase must meet the minimum specified amount increase requirement as shown in the Policy Data Page.
4. For any increase, the first month's cost of insurance must be paid.
5. For any decrease, the decrease must meet the minimum specified amount decrease requirement as shown in the Policy Data Page. The decrease will be applied first against any increase, beginning with the most recent, and then against the original amount.
6. For any decrease, the Rider's specified amount cannot be reduced below the Rider's Minimum Specified Amount.

PAID-UP TERM INSURANCE

Coverage under this Rider will continue as paid-up term insurance after the death of the Primary Insured, provided the Primary Insured dies:

1. While the Base Policy and this Rider are in force, and
2. Other than by suicide, if such death occurs within two (2) years after the Issue Date of the Base Policy.

Paid-up term coverage will continue until the earliest of:

1. The Policy Anniversary following the Insured Child's 23rd birthday;
2. The coverage is converted per the terms of the Conversion Provision; or
3. The receipt of a written request to terminate coverage.

INCONTESTABILITY

The provisions of the Base Policy relating to incontestability apply to this Rider. However, if this Rider is added after the Policy Effective Date, this Rider's contestable period will be measured from the later of the Rider's effective date or the date this Rider is reinstated.

If the Rider's specified amount is increased, a new two (2) year contestable period will apply from the date of each increase with respect to statements made in the application for that increase, but only for the amount of the increase.

SUICIDE EXCLUSION

If an Insured Child covered under this Rider dies by suicide, while sane or insane, within two (2) years of the date the Insured Child's coverage begins, no Death Benefit will be payable under this Rider. Our liability will be limited to an amount equal to all cost of insurance paid for this Rider if there is only one Insured Child covered under this Rider. If there is more than one Insured Child covered under this Rider, no cost of insurance will be refunded.

If the Primary Insured dies by suicide within the suicide period of the Base Policy, the coverage under this Rider for each Insured Child will be converted. Conversion may be to any plan of insurance, except term, then in effect and approved by Us as available for this conversion. The amount of the converted policy will be equal to the Death Benefit amount of this Rider. The premium rate for the converted policy will be the rate in effect on the conversion date. The rate will be based on the Insured Child's Attained Age on the conversion date and on the Sex and Risk Class on the effective date of this Rider.

NONPARTICIPATING

This Rider will not share in any of the Company's profits or surplus earnings.

VALUES

This Rider has no Cash Value, Cash Surrender Value, or loan value.

TERMINATION OF RIDER

This Rider will terminate on the earliest of the following dates:

1. The Policy Anniversary falling on or next following the Primary Insured's 65th birthday;
2. The monthly anniversary day on or next following the receipt of a written request to terminate this Rider; or
3. On the Base Policy termination date.

Insurance on any Insured Child will terminate on the Policy Anniversary next following the Insured Child's 23rd birthday.

If this Rider expires because the Primary Insured has no remaining Insured Child age 23 or younger, it is Your responsibility to notify Us of this fact so that We may terminate the Rider and no further cost of insurance deductions for the Rider will be included in the Monthly Deduction.

GENERAL PROVISIONS

This Rider is made a part of this Base Policy to which it is attached. All provisions of the Base Policy, which are not inconsistent with this Rider, apply to this Rider.

EFFECTIVE DATE

This benefit is effective on the Policy Effective Date unless a different date is shown on a supplemental Policy Data Page and/or endorsement.

The effective date of any increase will be the monthly anniversary day on or next following the date the application for the increase is approved.

The effective date of any decrease will be the monthly anniversary date on or next following the date the request is received by Us at Our Home Office.

This Rider is signed for Washington National Insurance Company.

Secretary

Children's Level Term Insurance rider Simplified Issue

WASHINGTON NATIONAL INSURANCE COMPANY

Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555

Telephone: 1-800-888-4918

Website: www.washingtonnational.com

CHILDREN'S LEVEL TERM INSURANCE RIDER

THIRTY DAY RIGHT TO RETURN THIS RIDER

Please carefully review this Rider. If for any reason You are not satisfied with this Rider, You may return it to Us within thirty (30) days after receiving it. You may return it to Us by mail or to Our agent. Upon such delivery or mailing, this Rider shall be void from the beginning. Any cost of insurance paid will be refunded within twenty (20) days after We receive the Rider.

CONSIDERATION

This Rider is issued in consideration of the application and payment of its cost of insurance as shown in the Policy Data Page. The Rider's cost of insurance is payable at the same time and in the same manner as the Base Policy's cost of insurance.

DEATH BENEFIT

The Death Benefit shall be the current specified amount for this Rider that is shown in the Policy Data Page or a supplemental Policy Data Page and/or endorsement. We will pay the Beneficiary the Death Benefit upon receipt of Proof of Death of the Insured Child if death occurs before the Policy Anniversary on which such Insured Child is age 23 and while this Rider and Base Policy are in force.

INSURED CHILD

An Insured Child under this Rider is at least 15 days old and is:

1. Any child, stepchild or legally adopted child of the Primary Insured named in the application for this Rider who is less than 19 years of age on the date of the application;
2. Any child born to the Primary Insured or the Primary Insured's marriage after the date of the application for this Rider;
3. Any child who is a stepchild of the Primary Insured after the date of the application for this Rider who is less than 19 years of age on the date of the marriage of the Primary Insured to the child's parent; or
4. Any child less than 19 years of age on the date of adoption who is legally adopted by the Primary Insured after the date of application for this Rider.

A child will not be an Insured Child and will not be covered before attaining the age of 15 days.

EFFECTIVE PERIOD

This Rider's coverage ends for an Insured Child on the earlier of the following dates:

1. Termination of this Rider (see Termination section); or
2. The Policy Anniversary next following the Insured Child's 23rd birthday.

BENEFICIARY

The Primary Insured will receive the Death Benefit upon the death of an Insured Child unless the Owner has changed the Beneficiary of this Rider.

MONTHLY COST OF INSURANCE

The monthly cost of insurance for this Rider equals:

1. The monthly cost of insurance rate per \$1,000 for this Rider; multiplied by
2. This Rider's Death Benefit at the beginning of the policy month; divided by
3. 1,000.

MONTHLY COST OF INSURANCE RATES

The Rider's monthly guaranteed maximum cost of insurance rates are shown in the Policy Data Page. We will determine the current monthly cost of insurance rates. The current monthly cost of insurance rates will not be greater than the monthly guaranteed maximum cost of insurance rates.

MONTHLY DEDUCTION

The Monthly Deduction is the monthly cost of insurance for this Rider.

CONVERSION

Any insurance under this Rider may be exchanged for a policy on the life of the Insured Child on the earlier of:

1. The Policy Anniversary following the Insured Child's 23rd birthday; or
2. The Policy Anniversary following the Primary Insured's 65th birthday.

No evidence of insurability is required provided that:

1. We receive a written application and payment of the first premium for the applied-for converted policy no earlier than ninety (90) days before nor later than thirty-one (31) days after the date the conversion may be made as provided above; and
2. The applied-for policy death benefit is not more than the maximum amount listed in the Policy Data Page or any supplemental Policy Data Page and/or endorsement, subject to our minimum requirements for the policy selected.

Conversion may be to any plan of insurance, except term, then in effect and approved by Us as available for conversion. The premium rate for the converted policy will be the rate in effect on the conversion date. The rate will be based on the Insured Child's Attained Age on the conversion date and on the Insured Child's Sex and Risk Class on the effective date of this Rider. The suicide and contestable periods of the converted policy will be measured from the effective date of this Rider. Any amount converted up to the amount of insurance provided under this Rider will not be subject to a new contestable or suicide period. Any additional insurance purchased under the conversion will be subject to evidence of insurability satisfactory to Us and subject to the contestable and suicide provisions stated in the converted policy. No insurance is provided until the termination of insurance under this Rider.

All riders to the converted policy are subject to state availability and underwriting requirements and may be included only with Our consent.

CHANGE IN COVERAGE

After the first Policy Year, the Owner may request a change in the Rider's specified amount by Notifying Us. At the Notice date:

1. This Rider and Base Policy must be in force.
2. For any increase, an application and evidence of insurability satisfactory to Us must be submitted.
3. For any increases, the increase must meet the minimum specified amount increase requirement as shown in the Policy Data Page.
4. For any increase, the first month's cost of insurance must be paid.
5. For any decrease, the decrease must meet the minimum specified amount decrease requirement as shown in the Policy Data Page. The decrease will be applied first against any increase, beginning with the most recent, and then against the original amount.
6. For any decrease, the Rider's specified amount cannot be reduced below the Rider's Minimum Specified Amount.

PAID-UP TERM INSURANCE

Coverage under this Rider will continue as paid-up term insurance after the death of the Primary Insured, provided the Primary Insured dies:

1. While the Base Policy and this Rider are in force, and
2. Other than by suicide, if such death occurs within two (2) years after the Issue Date of the Base Policy.

Paid-up term coverage will continue until the earliest of:

1. The Policy Anniversary following the Insured Child's 23rd birthday;
2. The coverage is converted per the terms of the Conversion Provision; or
3. The receipt of a written request to terminate coverage.

INCONTESTABILITY

The provisions of the Base Policy relating to incontestability apply to this Rider. However, if this Rider is added after the Policy Effective Date, this Rider's contestable period will be measured from the later of the Rider's effective date or the date this Rider is reinstated.

If the Rider's specified amount is increased, a new two (2) year contestable period will apply from the date of each increase with respect to statements made in the application for that increase, but only for the amount of the increase.

SUICIDE EXCLUSION

If an Insured Child covered under this Rider dies by suicide, while sane or insane, within two (2) years of the date the Insured Child's coverage begins, no Death Benefit will be payable under this Rider. Our liability will be limited to an amount equal to all cost of insurance paid for this Rider if there is only one Insured Child covered under this Rider. If there is more than one Insured Child covered under this Rider, no cost of insurance will be refunded.

If the Primary Insured dies by suicide within the suicide period of the Base Policy, the coverage under this Rider for each Insured Child will be converted. Conversion may be to any plan of insurance, except term, then in effect and approved by Us as available for this conversion. The amount of the converted policy will be equal to the Death Benefit amount of this Rider. The premium rate for the converted policy will be the rate in effect on the conversion date. The rate will be based on the Insured Child's Attained Age on the conversion date and on the Sex and Risk Class on the effective date of this Rider.

NONPARTICIPATING

This Rider will not share in any of the Company's profits or surplus earnings.

VALUES

This Rider has no Cash Value, Cash Surrender Value, or loan value.

TERMINATION OF RIDER

This Rider will terminate on the earliest of the following dates:

1. The Policy Anniversary falling on or next following the Primary Insured's 65th birthday;
2. The monthly anniversary day on or next following the receipt of a written request to terminate this Rider; or
3. On the Base Policy termination date.

Insurance on any Insured Child will terminate on the Policy Anniversary next following the Insured Child's 23rd birthday.

If this Rider expires because the Primary Insured has no remaining Insured Child age 23 or younger, it is Your responsibility to notify Us of this fact so that We may terminate the Rider and no further cost of insurance deductions for the Rider will be included in the Monthly Deduction.

GENERAL PROVISIONS

This Rider is made a part of this Base Policy to which it is attached. All provisions of the Base Policy, which are not inconsistent with this Rider, apply to this Rider.

EFFECTIVE DATE

This benefit is effective on the Policy Effective Date unless a different date is shown on a supplemental Policy Data Page and/or endorsement.

The effective date of any increase will be the monthly anniversary day on or next following the date the application for the increase is approved.

The effective date of any decrease will be the monthly anniversary date on or next following the date the request is received by Us at Our Home Office.

This Rider is signed for Washington National Insurance Company.

Secretary

Accidental Death Benefit rider

WASHINGTON NATIONAL INSURANCE COMPANY

Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555

Telephone: 1-800-888-4918

Website: www.washingtonnational.com

ACCIDENTAL DEATH BENEFIT RIDER

THIRTY DAY RIGHT TO RETURN THIS RIDER

Please carefully review this Rider. If for any reason You are not satisfied with this Rider, You may return it to Us within thirty (30) days after receiving it. You may return it to Us by mail or to Our agent. Upon such delivery or mailing, this Rider shall be void from the beginning. Any premium paid will be refunded within twenty (20) days after We receive the Rider.

CONSIDERATION

This Rider is issued in consideration of the application and payment of its cost of insurance as shown in the Policy Data Page. The Rider's cost of insurance is payable at the same time and in the same manner as the Base Policy's cost of insurance.

DEATH BENEFIT

The Death Benefit is the Rider's current specified amount that is shown in the Policy Data Page or a supplemental Policy Data Page and/or endorsement. We will pay the Beneficiary the Death Benefit upon Our receipt of proof that the Primary Insured's death:

1. Resulted from an Accidental Bodily Injury;
2. Occurred while the Base Policy and this Rider were in force;
3. Occurred within 180 days of the date of the Accidental Injury; and
4. Coverage was not excluded under "Exclusions and Limitations".

As used in this Rider:

1. "Accidental Bodily Injury" means an injury sustained by the Primary Insured which is a direct result of an Accident, independent of disease or bodily or mental illness or infirmity or any other cause, and which occurs while the Base Policy and this Rider are in force.
2. "Accident" means a sudden, unexpected and unforeseen event or result which occurs without the Primary Insured's intent.
3. "Primary Insured" is the person named in the Policy Data Page and who is covered under this Rider.

EXCLUSIONS AND LIMITATIONS

This Rider's Death Benefit will not be paid if the Primary Insured's death was caused or contributed to by any of the following:

1. Disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
2. An infection not occurring as a direct result or consequence of the Accidental Bodily Injury;
3. Any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
4. Travel in or descent from an aircraft, if the Primary Insured acted in a capacity other than as a passenger;
5. Travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere;
6. War while the Primary Insured is in the military services or in any auxiliary or noncombatant unit serving with the military. War includes declared or undeclared war, or any armed conflict or resistance by any country or international organization;
7. Active participation in a riot, insurrection or terrorist activity;
8. Committing or attempting to commit a felony;
9. Intoxication as defined by the jurisdiction where the accident occurred;
10. Riding or driving an air, land or water vehicle in a race, speed or endurance contest;
11. Bungee jumping and rock or mountain climbing;
12. Aeronautics (hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing).

This Rider's Death Benefit will not be paid if the Primary Insured's death was caused or materially contributed to by any of the following:

1. Voluntary intake or use by any means of:
 - a. Any drug, unless prescribed or administered by a Physician and taken in accordance with the Physician's instructions; or
 - b. Poison, gas or fumes, unless a direct result of an occupational accident;
2. Participation in an illegal occupation or activity.

This Rider's Death Benefit will not be paid for death occurring while the Primary Insured is incarcerated.

BENEFICIARY

This Rider's Beneficiary will be the Beneficiary under the Base Policy. Unless otherwise directed in writing by Notice to Us, this Rider's Death Benefit will be paid in the same manner as the Death Proceeds of the policy.

MONTHLY COST OF INSURANCE

The monthly cost of insurance for the Rider equals:

1. The monthly cost of insurance rate per \$1,000 for this Rider; multiplied by
2. This Rider's Death Benefit at the beginning of the month; divided by
3. 1,000.

MONTHLY COST OF INSURANCE RATES

The monthly cost of insurance rate for the Death Benefit is based on the Primary Insured's age and Risk Class on the Rider's effective date.

The monthly cost of insurance for any increase in this Rider's Death Benefit is based on the Primary Insured's Attained Age and Risk Class on the date of change.

Attained Age means age on the prior Policy Anniversary.

The Rider's monthly guaranteed maximum cost of insurance rates are shown in the Policy Data Page. We will determine the current monthly cost of insurance rates. The current monthly cost of insurance rates will not be greater than the monthly guaranteed maximum cost of insurance rates.

MONTHLY DEDUCTION

The Monthly Deduction is the monthly cost of insurance for this Rider.

CHANGE IN COVERAGE

After the first Policy Year, the Owner may request a change in the Rider's specified amount by Notifying Us. At the Notice date:

1. The Rider and Base Policy must be in force.
2. For any increase, an application and evidence of insurability satisfactory to Us must be submitted.
3. For any increase, the new Rider's specified amount may not exceed the current Base Policy's Specified Amount.
4. For any increase, the first month's cost of insurance must be paid.
5. For any decrease, the decrease will be applied first against any increases in the Rider's specified amount, beginning with the most recent, and then against the original amount.

VALUES

This Rider has no Cash Value, Cash Surrender Value or loan value.

INCONTESTABILITY

The provisions of the Base Policy relating to incontestability apply to this Rider. However, if this Rider is added after the Policy Effective Date, this Rider's contestable period will be measured from the later of the Rider's effective date or the date this Rider is reinstated.

If the Rider's specified amount is increased, a new two (2) year contestable period will apply from the date of each increase with respect to statements made in the application for that increase, but only for the amount of the increase.

NONPARTICIPATING

This Rider will not share in any of the Company's profits or surplus earnings.

AUTOPSY

We may, at Our sole expense, have an autopsy performed or request an autopsy report, coroner's report, or medical examiner's report, where allowed by law. We shall also have the right to request and receive a copy of any accident report concerning the death of the Primary Insured.

REINSTATEMENT

This Rider may be reinstated subject to the following conditions:

1. The Rider was in effect at the time the policy Lapses;
2. The Base Policy is reinstated; and
3. You submit evidence of insurability satisfactory to Us on the Primary Insured.

If this Rider is reinstated, the two (2) year contestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement.

TERMINATION OF RIDER

This Rider will terminate, and all insurance coverage will end, when one of the following events occurs:

1. The Policy Anniversary falling on or next following the Primary Insured's 70th birthday.
2. When We receive Notice from the Owner requesting termination of this Rider.
3. When the Base Policy terminates.
4. Upon the death of the Primary Insured.

Termination of this Rider will not prejudice the payment of Rider benefits for any accident that occurred while the Base Policy and the Rider were in force.

GENERAL PROVISIONS

This Rider is made a part of this Base Policy to which it is attached. All provisions of the Base Policy, which are not inconsistent with this Rider, apply to this Rider.

EFFECTIVE DATE

This benefit is effective on the Policy Effective Date, unless a different date is shown on a supplemental Policy Data Page and/or endorsement.

The effective date of any increase will be the monthly anniversary day on or next following the date the application for the increase is approved.

The effective date of any decrease will be the monthly anniversary date on or next following the date the request is received by Us at Our Home Office.

This Rider is signed for Washington National Insurance Company.

Secretary

Terminal Illness Accelerated Death Benefit rider

WASHINGTON NATIONAL INSURANCE COMPANY

Home Office: [11825 N. Pennsylvania Street
Carmel, Indiana 46032-4555]
Telephone: [1-800-888-4918]

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER

This Rider provides an accelerated death benefit which is intended to qualify for tax treatment under section 101(g)(1)(A) of the Internal Revenue Code, except as provided by section 101(g)(5).

Receiving an accelerated death benefit payment may be a taxable event. The Owner should consult his or her personal tax or legal advisor about the tax status of an accelerated death benefit payment. The Death Benefit and Cash Surrender Value will be reduced if the Owner receives an accelerated death benefit.

Any benefit received under this Rider may impact the recipient's eligibility for Medicaid or other government benefits or entitlements.

Carefully review all limitations of this Rider, as well as those of the policy to which it is attached.

This Rider is attached to and made part of the policy as of the Rider Effective Date. The Rider Effective Date is the Policy Date, unless a different date is shown on a supplemental Policy Data Page. The Rider is issued in consideration of the Application. All provisions of the policy not in conflict with the provisions of the Rider will apply to this Rider. Capitalized terms not defined in this Rider have the meanings assigned to them in the policy. This Rider has no cash value.

Subject to the terms of this Rider, upon the Terminal Illness of the Primary Insured as defined below, You may elect to accelerate a portion of the Primary Insured's Death Benefit in force under the policy and the Primary Insured Term Insurance Rider, if attached to the policy. The Accelerated Benefit, as defined below, is paid to You or Your estate prior to the death of the Primary Insured unless the Accelerated Benefit has been otherwise assigned or designated by You. The Accelerated Benefit shall be in lieu of payment of the full Death Benefit of this policy and the Primary Insured Term Insurance Rider Death Benefit, if attached to the policy.

ACCELERATED BENEFIT

For purposes of this Rider, the Accelerated Benefit refers to a payment of a portion of the sum of the policy Death Benefit and the Primary Insured Term Insurance Rider Death Benefit, if attached to the policy, while the Primary Insured is still living. The portion payable, which is subject to a maximum, is determined as described in this Rider.

PRIMARY INSURED

For purposes of this Rider, the Primary Insured refers to the person covered under the individual life insurance policy and the Primary Insured Term Insurance Rider, if attached to the policy. The Primary Insured is shown on the Policy Data Page.

QUALIFYING EVENT – TERMINAL ILLNESS/TERMINALLY ILL

An Accelerated Benefit may be requested under this Rider only if the Primary Insured is diagnosed with a Terminal Illness. A Terminal Illness or Terminally Ill means a medical condition:

1. From which the Primary Insured is not reasonably expected to recover; and
2. From which the Primary Insured is expected to die within twelve (12) months from the date of Certification by a duly licensed Physician.

Before payment of the Accelerated Benefit is made, all the conditions in the Eligibility for Benefits Conditions provision must be met, including the Certification by the Physician. Certification means written documentation required in a form satisfactory to Us completed by a Physician, at Your or the Insured's expense, certifying that the Primary Insured is Terminally Ill as defined in this Rider.

A Physician is an individual as defined in Section 1861(r)(1) of the Social Security Act. The Physician must be acting within the scope of his or her license in the state of licensure when providing the Certification required by this Rider, and must be licensed in the United States. Physician does not include You, the Primary Insured, or any other person with an immediate financial interest in the payment of the Accelerated Benefit. A Physician also does not include an Immediate Family Member.

Immediate Family Member is the Owner, the Primary Insured, or anyone related to the Owner or Primary Insured by blood or marriage: (step)children, (step)brothers, (step)sisters, (step)parents, (step)grandparents, (step)grandchildren, or the spouse of any of these. The term "spouse" includes a common law marriage partner if legally recognized in the governing jurisdiction.

BENEFIT

Subject to the terms of this Rider, this Rider provides an Accelerated Benefit in the event of the Primary Insured's Terminal Illness upon satisfaction of all conditions in the Eligibility for Benefit Conditions provision of this Rider. The Accelerated Benefit is a lump sum benefit only and is subject to a maximum. The maximum Accelerated Benefit is the lesser of:

1. Seventy five percent (75%) of the sum of the policy Death Benefit and Primary Insured Term Insurance Rider Death Benefit, if attached to the policy, minus any Indebtedness and any previously paid accelerated benefit; or
2. Two hundred and fifty thousand dollars (\$250,000).

In no event will the maximum Accelerated Benefit be less than seventy-five percent (75%) multiplied by the policy Cash Surrender Value at the time all conditions in the Eligibility for Benefit Conditions have been satisfied. The minimum amount of any payment is five hundred dollars (\$500).

ELIGIBILITY FOR BENEFIT CONDITIONS

You will become eligible for benefits when all the following conditions have been met:

1. We receive a written, signed request from You for an Accelerated Benefit;
2. We receive and accept Certification that the Primary Insured is Terminally Ill;
3. The policy and this Rider are in force;
4. We receive written, signed consent from any irrevocable beneficiary(ies) and/or the assignee of record;
5. The Primary Insured is Terminally Ill at the time a benefit payment is made;
6. The Primary Insured is living at the time all of the above conditions are met; and
7. If more than one accelerated benefit rider is attached to the policy, You can only receive an accelerated benefit under one accelerated benefit rider at a time.

We reserve the right, at Our expense and discretion, to independently assess, the Primary Insured's Terminal Illness and benefit eligibility. This may include without limitation, a personal interview with, and an assessment of the Primary Insured, including examination or tests by a Physician of Our choice, and Our receipt of copies of any relevant medical records from a healthcare provider involved in the Primary Insured's care. In the event of conflicting opinions resulting from an independent assessment, if any, between the Primary Insured's Physician and Our Physician, the eligibility for benefit condition of Certification of Terminal Illness shall be determined by a third opinion from a Physician mutually acceptable to You and Us. This opinion will be at Our expense and will be mutually binding.

All the conditions in the Eligibility for Benefit Conditions provision are met or satisfied upon Our receipt and approval of all documentation that is necessary to satisfy all the conditions.

The benefit under this Rider will be made available to You on a voluntary basis only. Therefore, You will not be eligible for this benefit if You are: 1) required by law to elect this benefit to meet the claims of creditors, whether in bankruptcy or otherwise, or 2) required by a government agency to elect this benefit to apply for, obtain, or keep a government benefit or entitlement.

PAYMENT OF AN ACCELERATED BENEFIT

Payment of the Accelerated Benefit is due upon Our receipt of all documentation that is necessary to satisfy all the conditions in the Eligibility for Benefit Conditions provision for Your election. The Accelerated Benefit will be paid to You after Our receipt and approval of all documentation that is necessary to satisfy all the conditions in the Eligibility for Benefit Conditions provision.

IMPACT ON THE POLICY

DEATH BENEFIT LIEN

The Accelerated Benefit will be treated as a lien against the sum of the policy Death Benefit and Primary Insured Term Insurance Rider Death Benefit, if attached to the policy. We will charge interest on the amount of the lien. Interest accrues daily.

The interest rate on the portion of the lien that is equal to the cash value of the policy at the time of benefit acceleration shall be no more than the policy loan interest rate stated in the policy.

For the amount of the lien in excess of such cash value, interest will accrue at an interest rate which shall not exceed the greater of:

1. The yield on 90-day U.S. Treasury Bills available on the date of application for an accelerated payment; or
2. The current maximum adjustable policy loan interest rate based on the Moody's Corporate Bond Yield Averages – Monthly Average Corporates published by Moody's Investors Service Inc., or successor thereto, for the calendar month ending two months prior to the date of application for an accelerated payment; or
3. Six percent (6%).

On the Policy Anniversary, the accrued interest will be added to the lien and bear interest at the interest rate(s) then in effect. Additional interest will not accrue if the lien plus accrued interest equals the policy Death Benefit plus the Primary Insured Term Insurance Rider Death Benefit, if attached to the policy, less any Indebtedness. At such time, the policy will terminate.

If the Primary Insured dies after payment of an Accelerated Benefit, the policy Death Benefit and the Primary Insured Term Insurance Rider Death Benefit, if attached to the policy, will be reduced by the amount of the lien plus accrued interest. If a Primary Insured Term Insurance Rider is attached to the policy, the policy Death Benefit and the Primary Insured Term Insurance Rider Death Benefit will be reduced on a pro-rata basis.

The lien will continue to exist against the policy Death Benefit and any Primary Insured Term Insurance Rider Death Benefit if attached to the policy, and interest will continue to accrue on the lien until the policy terminates.

RESTRICTIONS ON ACCESS TO CASH SURRENDER VALUE

Access to the Cash Surrender Value of the policy through policy loans, partial surrenders or full surrender is limited to the excess of the Cash Surrender Value over the lien plus accrued interest on the lien.

COST OF RIDER

There is no cost of insurance charge for this Rider.

GENERAL PROVISIONS

STATEMENT TO OWNER

Upon Your election of an Accelerated Benefit, We will provide You and any irrevocable beneficiary with a statement demonstrating the effect of the acceleration of the payment of death benefits on the values as described in the IMPACT ON THE POLICY section. Upon payment of an Accelerated Benefit, We will send You and any irrevocable beneficiary a statement showing the change in policy values.

REINSTATEMENT

If this Rider is in force at the time the policy lapsed, it may only be reinstated if the policy is reinstated. The requirements for reinstatement of this Rider are the same as those for reinstatement of the policy.

DEATH OF PRIMARY INSURED

If the Primary Insured dies after You have elected an Accelerated Benefit but before payment has been paid, the election will be cancelled and the Death Benefit will be paid pursuant to the policy.

NOTICE OF CLAIM

To exercise this Rider, the policy and this Rider must be in force and written Notice of Claim must be submitted to Us at our Home Office. Written Notice of Claim must include Certification by a duly licensed Physician that the Primary Insured is Terminally Ill.

We will provide a claim form to You within fifteen (15) days from the receipt at Our Home Office of a written request for payment of the benefit. If the claim form is not furnished within fifteen (15) days, and You provide Certification in a format other than our claim form, it is considered that You complied with a claim form submission requirement pertaining to that claim if it meets the Certification requirements.

TERMINATION

This Rider will terminate on the earliest of:

1. The date the policy terminates;
2. The date of death of the Primary Insured;
3. The date We receive Your written request to terminate this Rider prior to any Accelerated Benefit being paid under this Rider;
4. The date that the lien plus accrued interest equals the sum of the policy Death Benefit and the Primary Insured Term Insurance Rider Death Benefit, if attached to the policy, less any Indebtedness; or
5. The date that a non-forfeiture option under the policy becomes effective.

This Rider is signed for Washington National Insurance Company.

President

SPECIMEN

**Living Benefit Chronic Illness
Accelerated Death Benefit rider**

WASHINGTON NATIONAL INSURANCE COMPANY

Home Office: 11825 N. Pennsylvania St.
Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

LIVING BENEFIT CHRONIC ILLNESS ACCELERATED DEATH BENEFIT RIDER

This Rider provides an accelerated death benefit which is intended to qualify for tax treatment under section 101(g)(1)(B) of the Internal Revenue Code, except as provided by section 101(g)(5).

Receiving an accelerated death benefit payment may be a taxable event. Accelerated benefit payments due to chronic illness are subject to limits imposed by the federal government and any amounts received in excess of these limits may be includable as gross income. The Owner should consult his or her personal tax or legal advisor about the tax status of an accelerated death benefit payment.

The Specified Amount, Death Benefit, Accumulation Value, Cash Value, Surrender Charge, and Indebtedness will be reduced if the Owner receives an accelerated death benefit payment under this Rider. See the IMPACT ON THE POLICY section of this Rider for a description.

Any benefit received under this Rider may impact the recipient's eligibility for Medicaid or other government benefits or entitlements.

This Rider is not a qualified long-term care insurance contract under section 7702B of the Internal Revenue Code, nor is it a non-qualified long-term care insurance contract. This Rider does not provide long-term care insurance nor does it replace long-term care insurance coverage. Carefully review all limitations of this Rider, as well as those of the policy to which it is attached.

This Rider is attached to and made part of the policy and is effective on Rider Effective Date. It is issued in consideration of the Application and payment of the Rider's cost of insurance charges. All provisions of the policy not in conflict with the provisions of the Rider will apply to this Rider. Capitalized terms not defined in this Rider or on its Rider Schedule have the meanings assigned to them in the policy. This Rider has no cash value.

While the policy to which this Rider is attached is in force, You may request the Accelerated Benefit if Eligibility for Benefit Conditions under this Rider are met.

The Accelerated Benefit is paid to You or Your estate prior to the death of the Insured unless the Accelerated Benefit has been otherwise assigned or designated by You. You may choose the Lump Sum Benefit Payment Option or the Monthly Benefit Payment Option at the time of Your initial claim for an Accelerated Benefit. The Accelerated Benefit may be used for any purpose.

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DEFINITIONS

For the purpose of this Rider:

Accelerated Benefit: A payment of a portion of the policy Death Benefit while the Insured is still living. The portion depends on a number of factors described in this Rider, including without limitation the Benefit Payment Option elected and the date the Insured first became Chronically Ill as stated in the Certification.

Accumulation Value: The policy Accumulation Value or policy Total Accumulation Value, whichever is applicable.

Activities of Daily Living: Any of the following basic human functional abilities required for the Insured to remain independent:

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

Benefit Advance Amount: Either the Lump Sum Benefit Advance Amount or the Monthly Benefit Advance Amount, whichever is applicable.

Benefit Payment Option: At the time of first making claim for any Accelerated Benefit, the Owner must select either the Lump Sum Benefit Payment Option or Monthly Benefit Payment Option. Once a selection has been made, it cannot be changed at any time.

Benefit Percentage Decrease: The Benefit Advance Amount divided by the Death Benefit immediately prior to a benefit payment.

Benefit Period: A period of time not to exceed twelve (12) consecutive months during which an Accelerated Benefit may be paid if the Monthly Benefit Payment Option is selected. The initial Benefit Period is the period beginning on the date of Our receipt and approval of all documentation that is necessary to satisfy all the conditions in the Eligibility for Benefit Conditions provision. Each subsequent Benefit Period is the period which begins on the date immediately following: (i) the end of the most recent Benefit Period, (ii) Our receipt of written Re-certification, and (iii) satisfaction of all the conditions in the Eligibility for Benefit Conditions provision, which apply to each Benefit Period.

Certify/Certification: Written documentation required in a form satisfactory to Us completed by a Licensed Healthcare Practitioner, at Your or the Insured's expense, certifying that the Insured is Chronically Ill as defined in this Rider, the date Chronic Illness began, and specifying that Services are likely to be needed for the rest of the Insured's life.

Chronic Illness/Chronically Ill: The Insured has been certified within the preceding twelve (12) months by a Licensed Healthcare Practitioner as:

1. Being unable to perform, without Substantial Assistance from another individual, at least two (2) Activities of Daily Living for a period of at least ninety (90) days due to a loss of functional capacity; or
2. Requiring Substantial Supervision to protect the Insured from threats to health and safety due to Severe Cognitive Impairment.

Claim Benefit Amount: The amount used to determine the Lump Sum Benefit Advance Amount or the Monthly Benefit Advance Amount, as applicable. The amount equals the Rider Benefit Amount on the date the first time all the conditions in the Eligibility for Benefit Conditions provision are met. The amount will never exceed the Maximum Accelerated Benefit Amount. Once the Claim Benefit Amount is first determined, it will not change at any time.

Hands-on Assistance: The physical assistance of another person without which the Insured would be unable to perform the Activities of Daily Living.

Insured: The person named in the policy as the Primary Insured. The Insured is named on the Rider Schedule.

Immediate Family Member: The Owner, Insured or anyone related to the Owner or Insured by blood or marriage: (step)children, (step)brothers, (step)sisters, (step)parents, (step)grandparents and (step)-grandchildren, or the spouse of any of these. The term "spouse" includes a common law marriage partner if legally recognized in the governing jurisdiction.

Licensed Healthcare Practitioner: Any of the following who is not an Immediate Family Member:

1. A Physician; or
2. A Registered Professional Nurse (R.N.); or
3. A Licensed Social Worker; or
4. Any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury of the United States.

Licensed Healthcare Practitioner does not include:

1. The Owner; or
2. The Insured; or
3. Any other person with an immediate financial interest in the payment of the Accelerated Benefit.

Licensed Social Worker: A duly licensed social worker acting within the scope of his or her license in the state of licensure when providing Certification or Re-Certification required by this Rider, and must be licensed in the United States.

Lump Sum Administration Fee: The one-time fee charged to You for processing the payment of the Lump Sum Benefit Payment Amount. The fee is shown on the Rider Schedule.

Lump Sum Benefit Advance Amount: The Claim Benefit Amount multiplied by the Lump Sum Benefit Percentage.

Lump Sum Benefit Payment Amount: The portion of the Lump Sum Benefit Advance Amount paid.

Lump Sum Benefit Percentage: The percentage used to calculate the Lump Sum Benefit Advance Amount. The applicable percentage is determined by the Rider Year during which the Insured first becomes Chronically Ill as stated in the Certification. Once the percentage is first determined, it will not change at any time and it will apply to any Accelerated Benefit under this Rider. The Lump Sum Benefit Percentage is shown on the Rider Schedule.

Maintenance or Personal Care Services: Any care for which the primary purpose is the needed assistance with any of the disabilities resulting from the Insured being Chronically Ill (including the protection from threats to health and safety due to Severe Cognitive Impairment).

Maximum Accelerated Benefit Amount: The Maximum Accelerated Benefit Amount that may be used in determining the Lump Sum Benefit Advance Amount or the Monthly Benefit Advance Amount, as applicable. The amount is shown on the Rider Schedule.

Monthly Administration Fee: The monthly fee charged to You for processing the payment of each Monthly Benefit Payment Amount during the initial Benefit Period. The fee is shown on the Rider Schedule.

Monthly Benefit Advance Amount: The Claim Benefit Amount multiplied by the Monthly Benefit Percentage.

Monthly Benefit Payment Amount: The portion of the Monthly Benefit Advance Amount paid.

Monthly Benefit Percentage: The percentage used to calculate the Monthly Benefit Advance Amount. The applicable percentage is determined by the Rider Year during which the Insured first becomes Chronically Ill as stated in the Certification. Once the percentage is first determined, it will not change at any time and it will apply to any Accelerated Benefit under this Rider. The Monthly Benefit Percentage is shown on the Rider Schedule.

Physician: An individual as defined in Section 1861(r)(1) of the Social Security Act. The Physician must be acting within the scope of his or her license in the state of licensure when providing the Certification or Re-certification required by this Rider, and must be licensed in the United States.

Re-certify/Re-certification: Certification that We must receive and approve prior to the start of each Benefit Period following the initial Benefit Period. Recertification is required for You to be eligible for Monthly Benefit Advance Amounts in Benefit Periods subsequent to the first, provided all other conditions in the Eligibility for Benefit Conditions provision are met.

Registered Professional Nurse (R.N.): A duly licensed nurse acting within the scope of his or her license in the state of licensure when providing Certification or Re-Certification required by this Rider, and must be licensed in the United States.

Remaining Benefit Amount: The Claim Benefit Amount less the sum of all Benefit Advance Amounts paid. The amount is first determined after all Eligibility for Benefit Conditions have been met for the first time, and will be redetermined after each Benefit Advance Amount is paid.

Rider Anniversary: The same date each year as the Rider Effective Date. The Rider Effective Date is shown on the Rider Schedule.

Rider Benefit Amount: The amount equals the lesser of the policy Death Benefit and the Maximum Accelerated Benefit Amount.

Rider Schedule: The Rider Schedule or any supplemental Rider Schedule that We have most recently sent You.

Rider Year: One year from the Rider Effective Date and from each Rider Anniversary.

Services: The necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care Services required by a Chronically Ill Insured.

Severe Cognitive Impairment: Deterioration or loss in intellectual capacity that is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia and is measured by clinical evidence and standardized tests that reliably measure impairment in the Insured's:

1. Short or long term memory; and
2. Orientation as to people, place, or time; and
3. Deductive or abstract reasoning.

Standby Assistance: The presence of another person within arm's reach of the Insured that is necessary, by physical intervention or cueing, to prevent injury to the Insured while the Insured is performing the Activities of Daily Living.

Substantial Assistance: Is Hands-on Assistance or Standby Assistance.

Substantial Supervision: Continual supervision (which may include cueing by verbal prompting, gesture, or other demonstrations) by another person that is necessary to protect the Insured from threats to the Insured's health and safety.

BENEFITS

Subject to the terms of this Rider, this Rider provides an Accelerated Benefit in the event of the Insured's Chronic Illness upon satisfaction of all conditions in the Eligibility for Benefit Conditions provision of this Rider. The Accelerated Benefit may be either a monthly benefit under the Monthly Benefit Payment Option or a lump sum benefit under the Lump Sum Benefit Payment Option, as elected by You at the time of the initial claim for an Accelerated Benefit. Once an option is elected, it may not be changed at any time. The benefit provided is an advance on the policy Death Benefit.

ELIGIBILITY FOR BENEFIT CONDITIONS

You will become eligible for benefits when all the following conditions have been met:

1. We receive a written, signed request from You for an Accelerated Benefit that specifies a Benefit Payment Option;
2. We receive and accept Certification or Re-certification that the Insured is Chronically Ill;
3. The policy and this Rider are in force;
4. We receive written, signed consent from any irrevocable beneficiary(ies) and/or the assignee of record;
5. The Insured is Chronically Ill at the time a benefit payment is made; and,
6. The Insured is living at the time all of the above conditions are met.

We reserve the right, at Our expense and discretion, to independently assess, the Insured's Chronic Illness and benefit eligibility. This may include without limitation, a personal interview with, and an assessment of the Insured, including examination or tests by a Licensed Healthcare Practitioner of Our choice, and Our receipt of copies of any relevant medical records from a healthcare provider involved in the Insured's care. In the event of conflicting opinions resulting from an independent assessment, if any, between the Insured's Licensed Healthcare Practitioner and Our Licensed Healthcare Practitioner, the eligibility for benefits condition of Certification/Recertification of Chronic Illness shall be determined by a third opinion from a Licensed Healthcare Practitioner mutually acceptable to You and Us. This opinion will be at Our expense and will be mutually binding.

All the conditions in the Eligibility for Benefit Conditions provision are met or satisfied upon Our receipt and approval of all documentation that is necessary to satisfy all the conditions.

All the conditions in the Eligibility for Benefit Conditions provision must be met or satisfied for each Benefit Period if the Monthly Benefit Payment Option is elected.

The benefit under this Rider will be made available to You on a voluntary basis only. Therefore, You will not be eligible for this benefit if You are: 1) required by law to elect this benefit to meet the claims of creditors, whether in bankruptcy or otherwise, or 2) required by a government agency to elect this benefit to apply for, obtain, or keep a government benefit or entitlement.

PAYMENT OF ACCELERATED BENEFITS

Payment of the Lump Sum Benefit Payment Amount or the initial Monthly Benefit Payment Amount, as elected, is due upon Our receipt of all documentation that is necessary to satisfy all the conditions in the Eligibility for Benefit Conditions provision.

If You have elected the Lump Sum Benefit Payment Option, the Lump Sum Benefit Payment Amount will be paid to You after Our receipt and approval of all documentation that is necessary to satisfy all conditions in the Eligibility for Benefit Conditions provision.

If You have elected the Monthly Benefit Payment Option, the initial Monthly Benefit Payment Amount in a Benefit Period will be paid to You after Our receipt and approval of all documentation that is necessary to satisfy all conditions in the Eligibility for Benefit Conditions provision. Any subsequent Monthly Benefit Payment Amount after the initial Monthly Benefit Payment Amount for the Benefit Period will be payable on a monthly basis during the Benefit Period, unless earlier terminated, provided that all the conditions in the Eligibility for Benefit Conditions provision are met.

LUMP SUM BENEFIT PAYMENT OPTION

If the Owner elects this option, the Accelerated Benefit will be the Lump Sum Benefit Payment Amount as follows:

1. The Lump Sum Benefit Advance Amount; minus
2. The Lump Sum Administration Fee; minus
3. The Benefit Percentage Decrease multiplied by any Indebtedness immediately prior to the benefit payment.

The Lump Sum Benefit Advance Amount will never be less than the Lump Sum Benefit Percentage multiplied by the difference between the current policy Cash Value and any Indebtedness at the time of benefit acceleration. The Lump Sum Benefit Advance Amount will reduce policy and rider values as described in the IMPACT ON THE POLICY section.

When the Lump Sum Benefit Payment Amount is paid, this Rider terminates.

MONTHLY BENEFIT PAYMENT OPTION

If the Owner elects this option, the Accelerated Benefit will be the Monthly Benefit Payment Amount as follows:

1. The Monthly Benefit Advance Amount; minus
2. The Monthly Administration Fee; minus
3. The Benefit Percentage Decrease multiplied by any Indebtedness immediately prior to the benefit payment.

The Monthly Benefit Payment Amount may never exceed the Remaining Benefit Amount. The Monthly Benefit Advance Amount will reduce policy and rider values as described in the IMPACT ON THE POLICY section.

REDUCTION IN ACCELERATED BENEFIT DUE TO INDEBTEDNESS AND ADMINISTRATION FEE

Any Monthly or Lump Sum Benefit Advance Amount under this Rider will be first used to repay a portion of any Indebtedness under the policy. The portion repaid will be an amount equal to the product of the Benefit Percentage Decrease multiplied by any Indebtedness immediately prior to the benefit payment, as described above. This will reduce the amount of any Accelerated Benefit under the Rider.

Any Lump Sum Administration Fee or Monthly Administration Fee, as applicable, will also be deducted from each Monthly or Lump Sum Benefit Advance Amount as described above. This will reduce the amount of any Accelerated Benefit under the Rider.

IMPACT ON THE POLICY

REDUCTION OF POLICY AND RIDER VALUES

Each Benefit Advance Amount paid will reduce the Death Benefit, Specified Amount, Accumulation Value, Surrender Charge, Indebtedness (if any) and the Remaining Benefit Amount as described below. A reduction occurs immediately upon a benefit payment.

1. The Death Benefit is reduced by the Benefit Advance Amount.
2. The Specified Amount is reduced by the Benefit Percentage Decrease multiplied by the Specified Amount immediately prior to the benefit payment.
3. The Accumulation Value is reduced by the Benefit Percentage Decrease multiplied by the Accumulation Value immediately prior to the benefit payment. If a policy has multiple crediting options, the reduction to the Accumulation Value is allocated between credit options on a pro-rata basis.
4. The Surrender Charge is reduced by the Benefit Percentage Decrease multiplied by the Surrender Charge immediately prior to the benefit payment.
5. Indebtedness (if any) is reduced by the Benefit Percentage Decrease multiplied by the Indebtedness immediately prior to the benefit payment.
6. The Remaining Benefit Amount is reduced by the Benefit Advance Amount.

POLICY CHANGES

Upon initially meeting all the conditions in the Eligibility for Benefit Conditions provision, if the policy's Death Benefit Option is not already Option A (level), it will be changed to Option A (level) before the first benefit payment is made. No further Death Benefit Option changes are permitted after such change.

If an Accelerated Benefit is paid under this Rider, You may not change the Specified Amount, the Insured's Class of Risk, add additional riders or increase the amount of rider benefits.

COST OF RIDER

This Rider has a monthly cost of insurance charge that is part of the Monthly Deductions made under the Policy. The Initial Monthly Cost of Insurance is shown on the Rider Schedule. The guaranteed maximum monthly cost of insurance rates for the Rider are shown on the Rider Schedule. We will determine the current monthly cost of insurance rates that will be charged and reserve the right to increase or decrease these rates in the future. In no event will the current monthly cost of insurance rates be increased to an amount greater than the guaranteed maximum monthly cost of insurance rates listed on the Rider Schedule.

If, prior to all the conditions in the Eligibility for Benefit Conditions provision being met for the first time, a Specified Amount increase results in an increase in the Rider Benefit Amount, additional cost of insurance charges for this Rider will apply and be reflected on a supplemental Rider Schedule.

MONTHLY DEDUCTIONS

We will waive the monthly deductions under the policy for each policy month that We pay a Monthly Benefit Payment Amount under this Rider. If the policy is still in force after payment of the Monthly Benefit Payment Amount, monthly deductions will resume under the policy's Monthly Deductions provision, unless waived as described above.

Monthly deductions are not waived under the Lump Sum Benefit Payment Option. If the policy is still in force after payment of the Lump Sum Benefit Payment Amount, monthly deductions will continue based on the policy's Monthly Deductions provision.

PREMIUMS

Premiums on the policy or any rider attached thereto will not be accepted during any Benefit Period for each policy month that We pay monthly benefits under the Monthly Benefit Payment Option of this Rider. Premiums on the policy or any other rider will be accepted if You elect the Lump Sum Benefit Payment Option.

If the policy is still in force after payment of an Accelerated Benefit, the Planned Periodic Premium will not be impacted by any benefit payments under this Rider. The Planned Periodic Premium may be changed pursuant to the terms of the policy.

If the Minimum Annual Premium Guarantee provision is in effect when an Accelerated Benefit is paid, this provision will terminate.

Loan repayments will be accepted during any Benefit Period.

GENERAL PROVISIONS

STATEMENT TO OWNER

Upon Your initial election of an Accelerated Benefit, We will provide You and any irrevocable beneficiary with a statement demonstrating the effect of the acceleration of the payment of death benefits on the values as described in the IMPACT ON THE POLICY section. For each month We pay You an Accelerated Benefit, We will send You and any irrevocable beneficiary a statement showing the change in policy values.

REINSTATEMENT

If this Rider is in force at the time the policy lapsed, it may only be reinstated if the policy is reinstated. The requirements for reinstatement of this Rider are the same as those for reinstatement of the policy.

DEATH OF INSURED

If the Insured dies after You have elected an Accelerated Benefit but before payment has been paid, the election will be cancelled and the Death Benefit will be paid pursuant to the policy.

If the Insured dies while monthly benefits are being paid, the monthly benefit will cease and the remaining Death Benefit will be paid pursuant to the policy.

NOTICE OF CLAIM

To exercise this Rider, the policy and this Rider must be in force and written Notice of Claim must be submitted to Us at our Home Office. Written Notice of Claim must include Certification/Re-certification by a Licensed Healthcare Practitioner that the Insured is Chronically Ill.

We will provide a claim form to You within fifteen (15) days from the receipt at Our Home Office of a written request for payment of the benefit. If the claim form is not furnished within fifteen (15) days, and You provide Certification/Re-Certification in a format other than our claim form, it is considered that You complied with Certification/Re-certification requirement pertaining to that claim if it meets the Certification/Recertification requirements.

EXCLUSIONS

This Rider does not cover Chronic Illness caused by attempted suicide or an intentionally self-inflicted injury, while sane or insane.

INCONTESTABILITY

We will not contest this Rider after it has been in force during the lifetime of the Insured for two (2) years from the Rider's Effective Date or the effective date of reinstatement. If the Rider has been reinstated, and was in force two (2) years from the Rider's Effective Date prior to reinstatement, only statements made in the application for reinstatement may be contested. The reinstatement application will be subject to underwriting. Any benefit paid during the contestable period is subject to the Incontestability provision.

Any increase in the Rider Benefit Amount will be incontestable after it has been in force during the Insured's lifetime for two years from the Effective Date of the increase. Only statements used in the supplemental application for the increase may be used to contest said increase.

TERMINATION

This Rider will terminate on the earliest of:

1. The date the policy terminates;
2. The date of death of the Insured;
3. The date We receive Your written request to terminate this Rider;
4. The date that the Lump Sum Benefit Payment Amount is paid;
5. The date that the Remaining Benefit Amount has been reduced to zero (\$0);
6. The date that a partial surrender or policy loan is taken from the policy during a Benefit Period;
7. The date that a non-forfeiture option under the policy becomes effective; or
8. The date that a request for any benefits under any other accelerated death benefit rider, attached to the policy, is made and approved.

This Rider is signed for Washington National Insurance Company.

President

**LIVING BENEFIT CHRONIC ILLNESS ACCELERATED DEATH BENEFIT RIDER
RIDER SCHEDULE**

INSURED: [JOHN D. DOE]	POLICY NUMBER: [123456789]
RIDER BENEFIT AMOUNT: SEE RIDER	RIDER EFFECTIVE DATE: [DEC 1, 2015]
CLASS OF RISK: [Standard Non-Tobacco]	

FORM NUMBER	BENEFIT DESCRIPTION	RIDER BENEFIT AMOUNT	INITIAL MONTHLY COST OF INSURANCE	EXPIRY DATE
WNIC-6055	Living Benefit Chronic Illness Accelerated Death Benefit Rider	SEE RIDER	[\$2.42]	[MM/DD/ YYYY]

ADMINISTRATION FEE:

Lump Sum Administration Fee: [\$100]

Monthly Administration Fee: [\$8.33]

MAXIMUM ACCELERATED BENEFIT AMOUNT: [\$250,000]

**GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES PER \$1,000 OF
RIDER BENEFIT AMOUNT:**

At Our discretion, We may charge a lower rate than the guaranteed maximum cost of insurance rates

[*]AGE: [35] RATE: [0.09666]

[*The Automatic Benefit Increase Rider will increase the Specified Amount of the base policy. If such an increase also increases the Rider Benefit Amount under this Rider, additional cost of insurance charges will apply.]

BENEFIT PERCENTAGES

Start of Chronic Illness	**Monthly Benefit Percentage	Lump Sum Benefit Percentage
Rider Year 3 or prior	[1%]	[20%]
Rider Year 4 or after	[4%]	[70%]

**Once the percentage is first determined, it will not change at any time and it will apply to any Accelerated Benefit under this Rider.

THIRD PARTY DESIGNEE OPTION

A law in your state gives you the option of designating an individual, in addition to yourself, for us to notify if your policy is ever in danger of lapsing for nonpayment of premium.

Providing this name to us does not change your insurance in any way.

If you want to provide us with the name of the person you have designated, or change the name of the person previously designated, please complete the information below, sign and return this letter to us.

Should you decide to terminate the third party designation, you must provide us with written notice.

Should the designee decide to terminate his/her status as a third party designee, they must provide written notification to both you and us.

If you have any questions, please contact your agent or write to us at the address shown above.

Please list the name and address of the person you have designated:

Print Designee's Name

Designee's Address

City, State and Zip Code

Signature of Insured

Date

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office
11825 N. Pennsylvania Street
Carmel, IN 46032

WashingtonNational.com

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(09/19) 193380

W6-BOOK-FL-POL



Sometimes basic coverage



Visit with a Washington National representative to learn how supplemental insurance can help:

DATE _____

TIME _____

LOCATION _____

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: Carmel, IN

WashingtonNational.com

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(06/11) 136372
WS-PSTR



Come learn about ...

NEW

... supplemental benefits

A representative will be here with complete information on supplemental health insurance policies made available through payroll deduction.

Plan to stop by and learn about the many supplemental health benefits available to help you prepare for the unexpected. This informational session takes about 10 minutes and there is no obligation.

There's even a ***Return of Premium feature*** that can pay you whether you become ill or stay healthy!!

TIME:

DATE:

LOCATION:

NOTE: If you're unable to meet and would like more information, please contact:

The return of premium (ROP) or cash value (CV) (in MO, "cash return") benefit is subject to state and product availability. The benefit has an additional charge and may pay minus claims or regardless of claims based on the policy selected. The policy must remain in force until the end of the ROP/CV period for the benefit to be paid. Products are issued by Washington National Insurance Company (Home Office: Carmel, IN). LIMITED-BENEFIT POLICIES. These products have limitations and exclusions. For costs and complete details of coverage, contact your agent.
Expires 06/2021



SALES REPRESENTATIVE

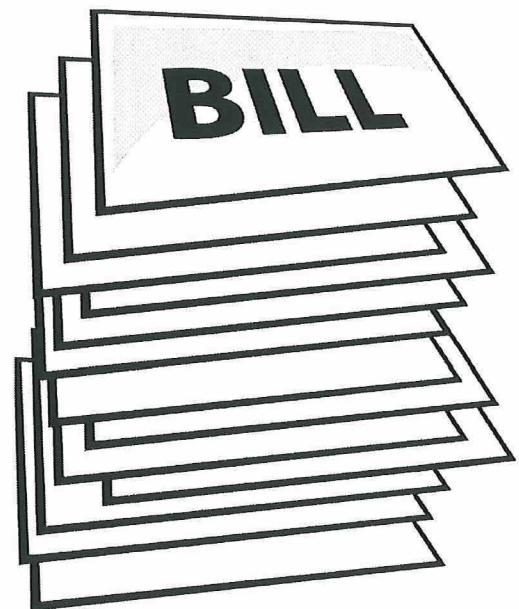
Who will help you pay your bills if you get sick or injured? **COME FIND OUT TOMORROW!**

Each year, millions of Americans suffer a disabling injury or are diagnosed with a critical illness.

The good news is that more people are recovering. However, many of the costs of care and treatment must be paid out of their own pocket in addition to all the normal everyday expenses of life.

Stop by tomorrow to learn about the supplemental health policies we offer to help you prepare for the unexpected. Plan to spend about 10 minutes and RECEIVE A FREE GIFT JUST FOR LISTENING!

There's no obligation. Feel free to bring a friend.



TIME: 9AM-3PM
DATE: 05-01-2020
LOCATION: Rm B

NOTE: If you're unable to meet and would like more information, please contact:

NAME, PHONE NUMBER: Michael Hogan (937) 207-0171

The return of premium (ROP) or cash value (CV) (in MO, "cash return") benefit is subject to state and product availability. The benefit has an additional charge and may pay minus claims or regardless of claims based on the policy selected. The policy must remain in force until the end of the ROP/CV period for the benefit to be paid. Products are issued by Washington National Insurance Company (Home Office: Carmel, IN).

LIMITED-BENEFIT POLICIES. These products have limitations and exclusions. For costs and complete details of coverage, contact your agent.

174854/17-0204, Expires 2/28/2020

¿Quién lo ayudará a pagar sus cuentas si se enferma o se lesiona?

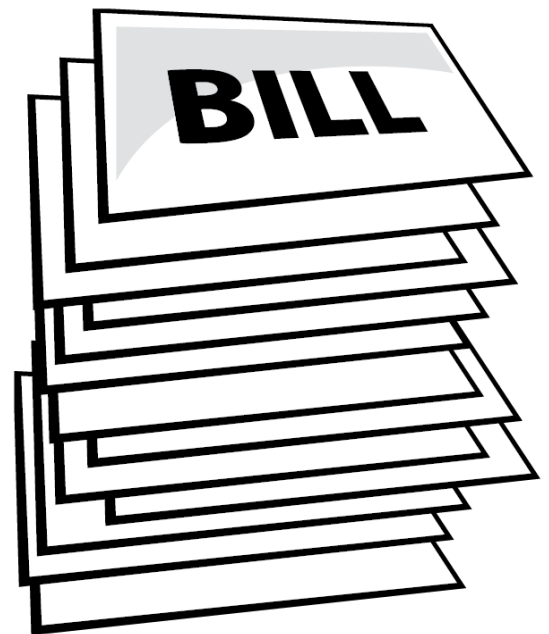
¡VENGA A DESCUBRIRLO MAÑANA!

Cada año, millones de estadounidenses sufren una lesión incapacitante o son diagnosticados con una enfermedad grave.

La buena noticia es que más gente se está recuperando. Sin embargo, muchos de los costos relacionados con la atención y el tratamiento deben pagarse de su propio bolsillo, además de todos los gastos diarios y normales de la vida.

Visítenos mañana para conocer las pólizas de salud complementarias que ofrecemos para ayudarle a prepararse para lo inesperado. Pase, deténgase unos 10 minutos y ¡RECIBA UN REGALO GRATIS SOLO POR ESCUCHAR!

No es obligatorio. Siéntase libre de traer a un amigo.



HORA:

FECHA:

LUGAR:

NOTA: Si no puede asistir y desea obtener más información, comuníquese con:

NOMBRE, NÚMERO DE TELÉFONO:

El beneficio de devolución de primas (Return of Premium, ROP) o valor en efectivo (Cash Value, CV) (en MO, "devolución en efectivo") está sujeto a disponibilidad en el estado y del producto. El beneficio tiene un costo adicional y puede pagar menos las reclamaciones realizadas o independientemente de las reclamaciones, según la póliza seleccionada. La póliza debe permanecer en vigor hasta el final del período ROP/CV para que el beneficio se pague. Productos emitidos por Washington National Insurance Company (oficina central: Carmel, IN).

PÓLIZAS DE BENEFICIOS LIMITADOS. Estos productos tienen limitaciones y exclusiones. Para obtener más información sobre los costos y detalles completos de la cobertura, comuníquese con su agente.

Enrollment Implementation Schedule

SUPPLEMENTAL HEALTH BENEFITS ENROLLMENT – PALM BEACH COUNTY EFFECTIVE DATE - 05/01/2020

PRE-PLANNING

Initial Planning Discussion <i>Review enrollment process, timeline & communications</i>	Week of 3/9/2020
Finalize Timeline & Communications	Week of 3/9/2020
Location List & Census Data Provided to PMAUSA & Washington National	Week of 3/9/2020 <ul style="list-style-type: none"> ♦ Used to develop Master Enrollment Schedule ♦ Prepare for 05/01/2020
Payroll Administration Discussion	Week of 3/9/2020 <ul style="list-style-type: none"> ♦ HR Benefits Coordinator ♦ Payroll Contact ♦ Confirm details laid out in the RFP

COMMUNICATION PROCESS

Initial Management Announcement	Week of 3/9/2020 <ul style="list-style-type: none"> ♦ Distribution: Dept. Heads receive initial communication on benefit offering and the Group Meeting Schedule
Email to Dept. Heads & Contact Directly by our team	Week of 3/16/2020 <ul style="list-style-type: none"> • Michael Hogan will directly contact & meet Department Heads after an initial introduction email from the County.
Initial Location Management Contact	Week of 3/16/2020 <ul style="list-style-type: none"> ♦ Phone call and/or on-site visit ♦ Discuss group meetings and establish non-disruptive times to be available to follow up with interested staff. All interested staff will be instructed to only use non-work time to answer specific questions they may have and enroll.
Posters Displayed At Enrollment Sites	Delivered approximately 1 week prior to scheduled locations <ul style="list-style-type: none"> ♦ Posted in Break Rooms or appropriate locations, at management discretion

Employee Announcement Distributed Method(s) to be determined	Distribution in advance of on-site enrollment at each location ♦ Via email or hard copy (Provided by PMAUSA)
SUPPLEMENTAL HEALTH BENEFITS ENROLLMENT Tentative Implementation Schedule	
ON - SITE ENROLLMENT	
Employee Small Group Meetings By department or as the County wishes	Start date Week of: 3/16/2020 End date: 03/27/2020 • These are completed by Michael Hogan. At these meetings employees will be able to express interest for individual appointments, ask questions, and learn how to enroll.
Employee On-Site Meetings <i>Individual 1x1 meetings Approximate 10-15 min. duration. Completed during employee break/lunch/off- clock availability.</i>	Start date: 3/23/2020 End date: 04/20/2020 ♦ Scheduled following small group meetings that their department employees attended. ♦ If department employees cannot attend a group meeting, this will be a substitute for their absence. ♦ Multiple representatives will be available to ensure appropriate staffing. ♦ Location Schedule to be developed with Management & Dept. Heads ♦ Interested EE's have the opportunity to meet with representatives
Coverage Effective date(s)	05/01/2020 Supp Health Benefits payable 30 days after Effective Date. (Except for Accident Plans- paid first day of coverage effective date)

PAYROLL ADMINISTRATION	
Signed Payroll Deduction Authorizations or Deduction Report Delivered	Date Due: <u>TBD based on payroll frequencies the group requests</u> ♦ Deliver to: <u>As the group requests</u> ♦ Out of Office Alternate: <u>As the group requests</u>
Initial Payroll Deduction	1 st pay during month of: May
Initial Remittance Due	Initial Payment due END OF MAY 2020 ♦ Remittance frequency to be determined ♦ Checks payable to Washington National Insurance Company, paper or electronic submission.

POST - ENROLLMENT



Representing Washington National
Insurance Company

Policy Delivery	Approximately 30 days after application sign date.
Post Enrollment Survey	<ul style="list-style-type: none">♦ Emailed to employees after enrollment for completion♦ Compilation of results
Enrollment Project Debriefing <i>Delivery of Enrollment Results</i>	Final Debrief Upon Completion <ul style="list-style-type: none">♦ Periodically throughout the project♦ Survey results will be shared with the County after enrollment.