

# Advantage Series Hospital Indemnity

This is a Hospital Confinement Protection Insurance Policy  
Underwritten by ManhattanLife Assurance Company of America

Administrative Office: 10777 Northwest Freeway, Houston, TX 77092 Toll Free Telephone: 800-669-9030

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## Alabama

### Policy Form M-8019-AL

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-60]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-60]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Alaska

### Policy Form M-8019-AK

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

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[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [45-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [45-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least 45 days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Arizona

### Policy Form M-8019-AZ

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

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[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services

or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

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**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Arkansas

### Policy Form M-8019-AR

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]

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- [hospital confinement of a newborn following birth except as a result of Illness or Injury; or
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No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## California

### Policy Form M-8019-CA

**Right to Return** - Any Within thirty (30) days after receipt of this Policy, the Policyholder has the right to return the Policy for any reason. If returned, the Policy is void. Any premiums or policy fee paid for this Policy will be refunded. The Policy may be returned to the Company or the agent who sold it by mail or other delivery method.

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

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[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

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**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

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Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy at any time. Written notice must be given to Us choosing effective upon receipt or at a specified later date.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Colorado

### Policy Form M-8019-CO

**Limitations/Exclusions (What is Not Covered and Pre-Existing Conditions)** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

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This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Connecticut Policy Form M-8019-CT

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-12] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by his physician for the insured; • alcohol Intoxication; • [treatment of alcoholism;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a felony; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; - [hospital confinement of a newborn following birth except as a result of Illness or Injury; or - routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## District of Columbia Policy Form M-8019-DC

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony, or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder may cancel this policy at any time by written notice delivered to the insured or mailed to his last address as shown by the records of the insurer, stating when, not less than 5 days thereafter, such cancellation shall be effective. We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Delaware

### Policy Form M-8019-DE

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services



or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; - [hospital confinement of a newborn following birth except as a result of Illness or Injury; or - routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Florida

### Policy Form M-8019-FL

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000].]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: ~to restore a normal bodily function; ~to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or ~for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least 45 days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy at any time. However, advanced written notice must be given to Us. The Grace Period provision of this policy still applies.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least 45 days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

In the event of cancellation, We will return promptly the unearned portion of any premium paid.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Georgia

### Policy Form M-8019-GA

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least 60 days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Hawaii

### Policy Form M-8019-HI

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000].]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Idaho

### Policy Form M-8019-ID

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-6] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage with no more than 63-day lapse in coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least 45 days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Illinois

### Policy Form M-8019-IL

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, , occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in a felonious occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by



a Doctor;] • treatment of drug Intoxication [Intoxication means that which is defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred. , except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, illegal occupation with felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Indiana

### Policy Form M-8019-IN

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-12] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Iowa

### Policy Form M-8019-IA

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Kansas

### Policy Form M-8019-KS

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • services or injuries or diseases related to your job to the extent you are covered or are required to be covered by the Workers' Compensation law. If you enter into a settlement giving up your right to recover future medical benefits under a Workers' Compensation law, the policy will not pay those medical benefits that would have been payable in absence of that settlement; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Kentucky

### Policy Form M-8019-KY

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Louisiana

### Policy Form M-8019-LA

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]



[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from:

- intentionally self-inflicted Injury;
- suicide or any attempted suicide, while sane or insane;
- [mental or emotional disorders without demonstrable organic disease;]
- taking part in an illegal occupation;
- [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;]
- treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor;
- alcohol Intoxication;
- [treatment of alcoholism, or treatment for the use of alcohol;]
- rest cures;
- dental services or treatments unless needed due to Injury;
- routine eye examinations, eye glasses or the fitting thereof;
- hearing aids or the fitting thereof;
- Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable;
- war, declared or undeclared;
- taking part in a riot, felony or insurrection;
- parachute jumping or sky diving;
- travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers;
- military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.);
- hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance;
- cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy;
- [hospital confinement of a newborn following birth except as a result of Illness or Injury; or
- routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on:

- any Policy Renewal Date; or
- any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least 60 days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Maine

### Policy Form M-8019-LE

**Preexisting Condition Limitation** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within six (6) months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from:

- intentionally self-inflicted Injury while sane;
- suicide or any attempted suicide, while sane;
- mental or emotional disorders without demonstrable organic disease;
- taking part in an illegal occupation;
- treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;
- treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor;
- alcohol Intoxication;
- treatment of alcoholism, or treatment for the use of alcohol;
- rest cures;
- dental services or treatments unless needed due to Injury;
- routine eye examinations, eye glasses or the fitting thereof;
- hearing aids or the fitting thereof;
- Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable;
- war, declared or undeclared;
- taking part in a riot, felony or insurrection;
- parachute jumping or sky diving;
- travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers;
- military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.);
- hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted

for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

**Policy Termination Conditions** - [If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least 31 days' notice before this Policy is to end. Unless We do not receive payment for the required premium, or if there is a failure to meet continued underwriting standards, We will not cancel this Policy prior to the first anniversary date of the effective date of the Policy.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim or expense that takes place or starts prior to the date of termination.

An expense will be considered incurred on the date the medical care is received.

We will not terminate the Policy prior to the first anniversary of the effective date of the Policy unless we do not receive payment for the required premium, or the failure to meet underwriting standards.

## Maryland

### Policy Form M-8019-MD

**Benefit Conditions, Limitations and Exclusions** - Any may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to, or resulting from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [No benefits of this Policy will be paid for loss that takes place outside of the United States. • Newborn hospitalization when the mother is required to remain hospitalized after childbirth for medical reasons, unless the mother requests that the newborn remain in the hospital

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [45-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged. Any modification that results in a reduction of coverage will require the policyholder's signed acceptance.

**Policy Termination** - We may cancel this Policy on any Premium due date after this Policy has been in force for one year. [However, if We have given a Rate Guarantee, We will not cancel this Policy prior to the end of such Rate Guarantee period.] We will give the Policyholder at least 45 days notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Massachusetts

### Policy Form M-8019-MA

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • on any Policy Renewal Date; or • on any Premium due date. • if less than 75% (or eight thousand [Employees] principally employed in the Commonwealth) of the persons eligible for coverage on a Contributory Basis are insured.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period. Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Michigan Policy Form M-8019-MI

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • [mental or emotional disorders without demonstrable organic disease;] • commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • being intoxicated while in operation of a vehicle as intoxication defined by the laws of the state in which the incident occurred • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

**ILLEGAL OCCUPATION OR CRIMINAL ACTIVITY:** The insurer is not liable for any loss to which a contributing cause was the insured's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation or other willful criminal activity. As used in this section: (a) "Willful criminal activity" includes, but is not limited to, any of the following: (i) Operating a vehicle while intoxicated in violation of section 625 of the Michigan vehicle code, 1949 PA 300, MCL 257.625, or similar law in a jurisdiction outside of this state. (ii) Operating a methamphetamine laboratory. As used in this subdivision, "methamphetamine laboratory" means that term as defined in section 1 of 2006 PA 255, MCL 333.26371. (b) "Willful criminal activity" does not include a civil infraction or other activity that does not rise to the level of a misdemeanor or felony."

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.



## Minnesota

### Policy Form M-8019-MN

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Mississippi

### Policy Form M-8019-MS

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [12] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from:

- intentionally self-inflicted Injury;
- suicide or any attempted suicide, while sane or insane;
- [mental or emotional disorders without demonstrable organic disease;]
- taking part in an illegal occupation;
- [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;]
- treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor;
- alcohol Intoxication;
- [treatment of alcoholism, or treatment for the use of alcohol;]
- rest cures;
- dental services or treatments unless needed due to Injury;
- routine eye examinations, eye glasses or the fitting thereof;
- hearing aids or the fitting thereof;
- Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable;
- war, declared or undeclared;
- taking part in a riot, felony or insurrection;
- parachute jumping or sky diving;
- travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers;
- military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.);
- hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance;
- cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy;
- [hospital confinement of a newborn following birth except as a result of Illness or Injury; or
- routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on:

- any Policy Renewal Date; or
- any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Missouri

### Policy Form M-8019-MO

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-12] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered:

- by Replaced Coverage; and
- by this Policy on the Date of Policy.

1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from:

- intentionally self-inflicted Injury while sane;
- suicide or any attempted suicide, while sane;
- mental or emotional disorders without demonstrable organic disease;
- taking part in an illegal occupation;
- treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;
- treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor;
- alcohol Intoxication;
- treatment of alcoholism, or treatment for the use of alcohol;
- rest cures;
- dental services or treatments unless needed due to Injury;
- routine eye examinations, eye glasses or the fitting thereof;
- hearing aids or the fitting thereof;
- Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable;
- war, declared or undeclared;
- taking part in a riot, felony or insurrection;
- parachute jumping or sky diving;
- travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers;
- military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.);
- hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the

absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

**Policy Termination Conditions** - [If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [31] days' notice before this Policy is to end. Unless We do not receive payment for the required premium, or if there is a failure to meet continued underwriting standards, We will not cancel this Policy prior to the first anniversary date of the effective date of the Policy.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim or expense that takes place or starts prior to the date of termination.

An expense will be considered incurred on the date the medical care is received.

We will not terminate the Policy prior to the first anniversary of the effective date of the Policy unless we do not receive payment for the required premium, or the failure to meet underwriting standards.

## Montana

### Policy Form M-8019-MT

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication while driving a motor vehicle; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least 45 days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Nebraska

### Policy Form M-8019-NE

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • War, or act of war, declared or undeclared while serving in the military forces or any auxiliary unit attached thereto; • taking part in a felony or insurrection; • committing or attempting to commit a felony • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.



A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Nevada

### Policy Form M-8019-NV

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least 60 days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least 60 days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## New Hampshire

### Policy Form M-8019-NH

**Free Look Provision** - This policy may at any time within 30 days after the receipt by the policyholder be returned by delivering it or mailing it to Us or the agent through whom it was purchased immediately upon such delivery or mailing, the policy will be deemed void from the beginning, and any premium paid on it will be refunded.

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will be covered after the first 6 months that the policy is in effect. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-60]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-60]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000].]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • Preexisting conditions or diseases other than congenital anomalies of a covered dependent child; • Mental or emotional disorders and substance use disorders; • War or act of war (whether declared or undeclared); • participation in a felony, riot or insurrection; service in the armed forces or units auxiliary to it; • Suicide, sane or insane, attempted suicide, or intentionally self-inflicted injury; • Professional sports; • Incarceration, with respect to disability income protection policies; and • The voluntary consumption of drugs that are not prescribed by the insured's physician or used in the manner intended or felonious driving while intoxicated by alcoholic substances; • Aviation, except as a fare-paying passenger; • Cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child that has resulted in a functional defect;

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least 30 days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## New Jersey

### Policy Form M-8019 NJ Rev. 3/19

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins during the first [0-24] months after the Covered Person's Effective Date of Insurance for conditions that were in existence no more than a two-year period prior to the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease]; •

taking part in an illegal occupation; • commission of or attempt to commit a felony; • a consequence of the covered person's intoxication or being under the influence of any narcotic unless administered or consumed on the advice of a physician; • rest cures; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: ~ to restore a normal bodily function; ~ to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or ~ for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## New York

### Policy Form M-8019-NY

**30 Day Right To Examine Policy** - If You do not like this Policy for any reason, You may return it to Us within 30 days after receipt. We will return any premium that has been paid and the Policy will be void as if it had never been issued.

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-12] months after the Covered Person's Effective Date of Insurance under age 65, and [0-6] months after the Covered Person's Effective Date of Insurance age 65 and older. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time Insured under both policies, then We will pay the greater of: (a) this Policy's benefit; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 2. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • suicide, attempted suicide or intentionally self-inflicted injury • loss to which a contributing cause was the Insured's being engaged in an illegal occupation; • dental care or treatment, except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly; • the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician. • eyeglasses, hearing aids, and examination for the prescription or fitting thereof; • benefits provided under Medicare or other governmental program (except Medicaid), any state or Federal workers' compensation, employers' liability or occupational disease law; • war or act of war (whether declared or undeclared); • loss to which contributing cause was the Covered Person's commission of or attempt to commit a felony, riot or insurrection; • aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; • service in the Armed Forces or units auxiliary thereto; • treatment provided in a government Hospital; • cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect; or • while the Insured is outside the United States, its possessions or the countries of Canada and Mexico

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45 - 90] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## North Carolina

### Policy Form M-8019-NC

**Renewal Condition** - You have the right to renew this Policy until the earlier of either when You become insured under Medicare, or the end of the month that You turn 70, if You pay the correct premium when due or within the Grace Period. We retain the right to change the premium rates on this Policy. See the paragraph titled, "Change in Premium Rate."

**Thirty Day Right To Examine This Policy** - If, for any reason, You decide not to keep this Policy, return it to Us within 30 days after You receive it. You may return it to Our Administrative Office or to the agent who sold it to You. We will treat the Policy as if it had never been issued. We will refund any premium paid.

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-12] months after the Covered Person's Effective Date of Insurance. Pregnancy before the effective date is considered a Pre-existing Condition. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the 30-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The 30 day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments, except for treatments of the conditions of the jaw (temporomandibular joint), unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • war or act of war, except acts of terrorism, while the Covered Person is insured; • taking part in an active riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or worker's compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.



**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least 45 days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

We will give the Policyholder at least 45 days' notice before this Policy is to end.

This Policy has an initial Rate Guarantee period of 12 months. We will not change Premiums except at the end of this Rate Guarantee period and not more frequently than every 6 months thereafter based on at least 12 months of experience.

We will provide the Policyholder with at least 45 days advance notice of any Premium rate change.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## North Dakota

### Policy Form M-8019-ND

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-12] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]

No benefits of this Policy will be paid for loss that is contributed to: • intentionally self-inflicted Injury while sane; • suicide or any attempted suicide, while sane; • taking part in an illegal occupation; • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • treatment of alcoholism, or treatment for the use of alcohol; • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 12:01 a.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

**Policy Termination Conditions** - [If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [31] days' notice before this Policy is to end. Unless We do not receive payment for the required premium, or if there is a failure to meet continued underwriting standards, We will not cancel this Policy prior to the first anniversary date of the effective date of the Policy.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim or expense that takes place or starts prior to the date of termination.

An expense will be considered incurred on the date the medical care is received.

We will not terminate the Policy prior to the first anniversary of the effective date of the Policy unless we do not receive payment for the required premium, or the failure to meet underwriting standards.

## Ohio

### Policy Form M-8019-OH

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy;

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 12:01 a.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

**Policy Termination Conditions** - [If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [31] days' notice before this Policy is to end. Unless We do not receive payment for the required premium, or if there is a failure to meet continued underwriting standards, We will not cancel this Policy prior to the first anniversary date of the effective date of the Policy.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim or expense that takes place or starts prior to the date of termination.

An expense will be considered incurred on the date the medical care is received.

We will not terminate the Policy prior to the first anniversary of the effective date of the Policy unless we do not receive payment for the required premium, or the failure to meet underwriting standards.

## Oklahoma

### Policy Form M-8019-OK

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • War, or act of war, declared or undeclared while serving in the military forces or any auxiliary unit attached thereto; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Pennsylvania

### Policy Form M-8019-PA

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the Covered Person has received medical advice or treatment within 90 days immediately prior to becoming covered under the group contract. Pre-existing conditions are covered after the individual has been insured for more than 12 months under the group contract.

[Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's

pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from:

- intentionally self-inflicted Injury;
- suicide or any attempted suicide, while sane or insane;
- [mental or emotional disorders without demonstrable organic disease;]
- taking part in an illegal occupation;
- [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;]
- treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor;
- alcohol Intoxication;
- [treatment of alcoholism, or treatment for the use of alcohol;]
- rest cures;
- dental services or treatments unless needed due to Injury;
- routine eye examinations, eye glasses or the fitting thereof;
- hearing aids or the fitting thereof;
- Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable;
- war, declared or undeclared;
- taking part in a riot, felony or insurrection;
- parachute jumping or sky diving;
- travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers;
- military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.);
- hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance;
- cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy;
- [hospital confinement of a newborn following birth except as a result of Illness or Injury; or
- routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on:

- any Policy Renewal Date; or
- any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## **South Carolina**

### **Policy Form M-8019-SC**

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]



No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## South Dakota

### Policy Form M-8019-SD

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will be covered after 12 months of the effective date of the policy. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are paid • war, declared or undeclared; • taking part in a riot, felony or insurrection; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery

means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums. Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Tennessee

### Policy Form M-8019-TN

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-12] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [0-30]-day period after a Covered Person's Effective Date of Insurance is not covered.] [The [0-30]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [31] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [30-180] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Texas

### Policy Form M-8019-TX

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States. We will pay for any emergency services received outside the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45-180] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Utah

### Policy Form M-8019-UT

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [12] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • illegal activity is the direct cause of alcohol Intoxication or alcoholism; • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • treatment of sickness or injury when a contributing cause of the condition was the Covered Person's voluntary attempt to commit or participation in or commission of a felony, or as a consequence of the Covered Person being under the influence of any illegal or non-prescribed controlled substance while committing a felony; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.



**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. This exclusion or limitation shall not apply to loss incurred or disability commencing after the earlier of (i) the end of a continuous period of twelve months commencing on or after the effective date of the person's coverage during which the person receives no medical advice or treatment in connection with the disease or physical condition, or (ii) the end of the two-year period commencing on the effective date of the person's coverage.

[Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; -to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Additional Exclusions and Limitations** - All additional exclusions or limitations applicable under the policy for any disease or physical condition of a person, not otherwise excluded from the person's coverage by name or specific description effective on the date of the person's loss, which existed prior to the effective date of the person's coverage under the policy.

Any such exclusion or limitation may only apply to a disease or physical condition for which medical advice or treatment was received by the person during the twelve months prior to the effective date of the person's coverage. The exclusion or limitation shall not apply to loss incurred or disability commencing after the earlier of (i) the end of a continuous period of twelve months commencing on or after the effective date of the person's coverage during which the person receives no medical advice or treatment in connection with the disease or physical condition, or (ii) the end of the two-year period commencing on the effective date of the person's coverage.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45-180] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Vermont

### Policy Form M-8019-VT

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within 12 (twelve) months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • taking part in an illegal occupation; • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a felony; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## West Virginia

### Policy Form M-8019-WV

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-12] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from:

- intentionally self-inflicted Injury;
- suicide or any attempted suicide, while sane or insane;
- [mental or emotional disorders without demonstrable organic disease;]
- taking part in an illegal occupation;
- [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;]
- treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor;
- alcohol Intoxication;
- [treatment of alcoholism, or treatment for the use of alcohol;]
- rest cures;
- dental services or treatments unless needed due to Injury;
- routine eye examinations, eye glasses or the fitting thereof;
- hearing aids or the fitting thereof;
- Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable;
- war, declared or undeclared;
- taking part in a riot, felony or insurrection;
- parachute jumping or sky diving;
- travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers;
- military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.);
- hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance;
- cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy;
- [hospital confinement of a newborn following birth except as a result of Illness or Injury; or
- routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on:

- any Policy Renewal Date; or
- any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Wisconsin

### Policy Form M-8019-WI

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from:

- intentionally self-inflicted Injury;
- suicide or any attempted suicide, while sane or insane;
- [mental or emotional disorders without demonstrable organic disease;]
- taking part in an illegal occupation;
- [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;]
- treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor;
- alcohol Intoxication;
- [treatment of alcoholism, or treatment for the use of alcohol;]
- rest cures;
- dental services or treatments unless needed due to Injury;
- routine eye examinations, eye glasses or the fitting thereof;
- hzxundeclared;
- taking part in a riot, felony or insurrection;
- parachute jumping or sky diving;
- travel in or on any kind of aircraft, unless as a fare paying passenger on a

commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.

**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least 60 days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

## Wyoming

### Policy Form M-8019-WY

**Benefit Conditions, Limitations and Exclusions** - Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-24] months after the Covered Person's Effective Date of Insurance. [Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered: • by Replaced Coverage; and • by this Policy on the Date of Policy. 1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the benefits of this Policy. 2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Coverage's pre-existing condition exclusion giving credit for all time insured under both policies, then We will pay the lesser of: (a) this Policy's benefit without applying the Pre-Existing Condition Exclusion; or (b) the benefit of the Replaced Coverage. Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy. 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Coverage, no benefit will be paid.]

[When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one benefit. The benefit paid will be the larger. If the benefits are equal, the Insured may choose the benefit to be paid.]

[A Clinical or Pathological Diagnosis of Invasive Cancer during the [30-90]-day period after a Covered Person's Effective Date of Insurance is not Covered.] [The [30-90]-day period is reduced by one day for each day that a Replaced Policy was in force.]

[When We pay a benefit for Chronic Kidney Disease, the benefit payment for End-Stage Renal Failure is reduced by [\$100-\$10,000.]

No benefits of this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • [mental or emotional disorders without demonstrable organic disease;] • taking part in an illegal occupation; • [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Doctor;] • treatment of drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Doctor; • alcohol Intoxication; • [treatment of alcoholism, or treatment for the use of alcohol;] • rest cures; • dental services or treatments unless needed due to Injury; • routine eye examinations, eye glasses or the fitting thereof; • hearing aids or the fitting thereof; • Illness or Injury if Workers' Compensation or Employer's Liability benefits are payable; • war, declared or undeclared; • taking part in a riot, felony or insurrection; • parachute jumping or sky diving; • travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers; • military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.); • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance; • cosmetic care, except when the care is due to Medically Necessary Reconstructive Plastic Surgery. Medically Necessary Reconstructive Plastic Surgery means surgery: - to restore a normal bodily function; - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or - for breast reconstruction following mastectomy; • [hospital confinement of a newborn following birth except as a result of Illness or Injury; or • routine well-baby care.

No benefits of this Policy will be paid for loss that takes place outside of the United States.



**Policyholder Renewal** - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date. This is subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Date of Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

**Policy Amendment** - With Our consent, the Policyholder may amend Policy terms to add, modify or delete benefits or other terms.

On any Policy Renewal Date, We may amend this Policy to add, modify or delete benefits or other terms. We will give the Policyholder at least [30-180] days advance written notice of any such change.

Deletion or reduction of a benefit is without prejudice to any loss that took place or started prior to the date of the change.

A change in or deletion of benefits may change the Premiums charged.

**Policy Termination** - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30-365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; or • any Premium due date.

[If We have given a Rate Guarantee, We will not cancel this Policy except at the end of such Rate Guarantee period.] We will give the Policyholder at least [45] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

