

# Out-of-Pocket Protection Plan

This is a Hospital Confinement Protection Insurance Policy  
Underwritten by ManhattanLife Assurance Company of America  
and Family Life Insurance Company  
Administrative Office: 10777 Northwest Freeway, Houston, TX 77092  
Toll Free Telephone: 800-669-9030

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## Alabama

### Policy Form C-GAPJ15-AL

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider. Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any controlled substance unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Alaska

### Policy Form C-GAPJ15-AK

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider. Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You written notice at least 45 days before the effective date of the cancellation, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of a narcotic unless administered on the advice of a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, or parakiting; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Arizona

### Policy Form C-GAPJ15-AZ

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-months period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. driving any taxi for wage, compensation, or profit; m. operating, learning to operate, or serving as a crew member of any aircraft; n. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; o. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, p. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Arkansas

### Policy Form C-GAPJ15-AR

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any controlled substance unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## California

### Policy Form C-GAPJ15-CA

**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.



**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice, diagnosis, care or treatment was received or recommended within the 12-months period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 65; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse or Domestic Partner will become the named Policyholder provided Your Spouse or Domestic Partner is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any controlled substance unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces; d. 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; e. Dental treatment or dental surgery performed solely for cosmetic purposes. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Surgery performed solely for cosmetic purposes. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, or parakiting; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any professional competitive athletic contest for which any type of compensation or remuneration is received.

## Florida

### Policy Form F-GAPJ15-FL

**Right to Examine Policy for 10 Days** - If You are not satisfied for any reason, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date all policies the same as this one are non-renewed in the state in which this Policy was issued or the state in which You presently reside. We will give You at least 180 days advance written notice, as required by state law, of the non-renewal of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any controlled substance unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared (except for acts of terrorism against the general population) or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. the Insured's voluntary commission of or attempt to commit a felony, or to which a contributing cause was the Insured's being engaged in an illegal occupation; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; k. being incarcerated in a penal institution or government detention facility; l. driving any taxi for wage, compensation, or profit; m. operating, learning to operate, or serving as a crew member of any aircraft; n. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, or parakiting; o. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, p. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Georgia

### Policy Form C-GAPJ15-GA

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums and fees will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - We This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You 60 days advance written notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being legally intoxicated as defined by the state of occurrence, or under the influence of any controlled substance unless administered on the advice of a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily

functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. conditions specifically excluded by amendment or endorsement; j. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; k. being incarcerated in a penal institution or government detention facility; l. driving any taxi for wage, compensation, or profit; m. operating, learning to operate, or serving as a crew member of any aircraft; n. engaging in organized hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; o. riding in or driving any motor-driven vehicle in an organized race, stunt show, or speed test; or, p. officiating, coaching, practicing for, or participating in any organized semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Hawaii

### Policy Form C-GAPJ15-HI

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider. Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse or Your Reciprocal Beneficiary will become the named Policyholder provided Your spouse or Your Reciprocal Beneficiary is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any controlled substance unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Illinois

### Policy Form C-GAPJ15-IL

**Right to Examine Policy for 10 Days** - If, for any reason, You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider. Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You 90 days advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse or civil union partner will become the named Policyholder provided Your spouse or civil union partner is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting from events or loss related to or resulting from any of the following: a. being legally intoxicated as defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred, or being under the influence of any drug unless prescribed by a physician, or being under the influence of any over-the-counter drug unless administered in accordance to the manufacturer's instructions; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection (except infections which result from an accidental injury or infections which result from an accidental, involuntary or unintentional ingestion of a contaminated substance), tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection (except infections which result from an accidental injury or infections which result from an accidental, involuntary or unintentional ingestion of a contaminated substance), tumors, or disease; or, (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; or, n. operating, learning to operate, or serving as a crew member of any aircraft.

## Iowa

### Policy Form C-GAPJ15-IA

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider. Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.



Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any controlled substance unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Indiana

### Policy Form C-GAPJ15-IN

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any controlled substance unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental

abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Kentucky

### Policy Form C-GAPJ15-KY

**Right to Examine Policy for 10 Days** - 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.

**Pre-Existing Conditions Limitation** - Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any controlled substance unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Louisiana

### Policy Form C-GAPJ15-LA

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy does not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You 60 days advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any controlled substance unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Maryland

### Policy Form C-GAPJ15-MD

**Right to Examine Policy for 10 Days** - If You are not satisfied for any reason, You must notify Us in writing and return the Policy to Us or Our agent within 10 days after it has been delivered to You. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy does not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The nearest Policy Anniversary date on or after Your 69th birthday; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a policy with the same policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. attempted suicide while sane or insane or any intentional act by the Insured to purposely cause self-destruction or self-inflicted injury to him-/herself; b. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; c. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; d. care that is primarily for rest, convalescence, or rehabilitation; e. treatment of Mental/Nervous Disorders without demonstrable organic disease; f. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; g. any Pre-Existing Conditions as defined in this Policy; h. conditions specifically excluded by amendment or endorsement; i. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; j. driving any taxi for wage, compensation, or profit; k. operating, learning to operate, or serving as a crew member of any aircraft; l. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, or parakiting; m. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, n. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Maine

### Policy Form C-GAPJ15-ME

**Right to Examine Policy for 10 Days** - If You are not satisfied for any reason, return the Policy to Us or Our agent within 10 days after it was delivered to You. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - We This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any controlled substance unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create



a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Michigan

### Policy Form C-GAPJ15-MI

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; b. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; c. 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; d. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; e. care that is primarily for rest, convalescence, or rehabilitation; f. treatment of Mental or Nervous Disorders without demonstrable organic disease; g. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; h. any Pre-Existing Conditions as defined in this Policy; i. conditions specifically excluded by amendment or endorsement; j. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; k. being incarcerated in a penal institution or government detention facility; l. driving any taxi for wage, compensation, or profit; m. operating, learning to operate, or serving as a crew member of any aircraft; n. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; o. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, p. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Minnesota

### Policy Form C-GAPJ15-MN

**Right to Examine Policy for 10 Days** - If You are not satisfied for any reason, You may return the Policy to Us by giving Us or Our agent written notice of cancellation of the Policy any time before midnight on the 10th day (or 30 days if it is a replacement policy) following the date You receive this Policy, and You may give notice personally or by mail. If by mail, the notice or return of the Policy is effective upon being postmarked, properly addressed, and postage prepaid. All premiums will be refunded within 10 days after notice of cancelation and the returned Policy is received by Us or Our agent, and Your coverage will be void, as if it was never issued, from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Cancellation by You** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 3. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; or, 4. The date You die.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. loss sustained or contracted in consequence of the Insured being under the influence of any narcotic, unless prescribed by a physician; b. any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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 Covered Person being engaged in an illegal occupation; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Missouri

### Policy Form C-GAPJ15-MO

**Right to Examine Policy for 10 Days** - If, for any reason, You are not satisfied, return the Policy to Us or Our agent within 10 days after delivery. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-months period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid. See the "Cancellation" provision below. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; b. attempted suicide while sane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. driving any taxi for wage, compensation, or profit; m. operating, learning to operate, or serving as a crew member of any aircraft; n. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; o. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, p. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Mississippi

### Policy Form C-GAPJ15-MS

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any controlled substance unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; or, (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Montana

### Policy Form C-GAPJ15-MT

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after delivered to You. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider. Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any controlled substance unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Nebraska

### Policy Form C-GAPJ15-NE

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider. Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.



Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, or parakiting; p. riding in or driving any motor-driven vehicle in an organized race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Nevada

### Policy Form C-GAPJ15-NV

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 6 months beginning on the date that person becomes an Insured on this Policy or Rider.

By Pre-Existing Conditions, We mean those conditions for which medical advice, diagnosis, care, or treatment was received or recommended within the 6-months period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse/domestic partner will become the named Policyholder provided Your spouse/domestic partner is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any controlled substance unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## New Mexico

### Policy Form C-GAPJ15-NM

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 6 months beginning on the date that person becomes an Insured on this Policy or Rider. Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You 90 days advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any controlled substance unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## North Carolina

### Policy Form C-GAPJ15-NC

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - We This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider. However, for any Insured over 65 years of age at the time this Policy is issued, Pre-Existing Conditions are only those conditions specifically eliminated by rider. Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You Sufficient Notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any controlled substance unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared, and acts of terrorism occurring outside the country for which the Policy is issued, or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement signed by the Insured; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## North Dakota

### Policy Form C-GAPJ15-ND

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy

lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; or, 5. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any controlled substance unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; or, (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, or parakiting; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Ohio

### Policy Form C-GAPJ15-OH

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by delivered or mailed notice to Us, effective upon receipt or on such later date as may be specified in such notice. In the event of cancellation, We will return promptly the unearned portion of any premium paid. The earned premium shall be computed by the use of the short-rate table last filed with the state official having supervision of insurance in the state where You resided when this Policy was issued. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination** - This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. the end of the month You attain age 65; 2. the date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 3. the date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provisions section; 4. the date all policies the same as this one are non-renewed in the state in which this Policy was issued or the state in which You presently reside; 5. the date We terminate or nonrenew all individual market hospital indemnity insurance policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice of termination, and such notice will have an effective date of termination, as required by state law, of the termination of Your coverage; or, 6. the date You move to a state where We do not provide insurance under a policy with the same policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any



of the following: a. being intoxicated or under the influence of any controlled substance unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Oklahoma

### Policy Form C-GAPJ15-OK

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date. If We do not return any premium or moneys paid within 30 days from the date of cancellation, We will pay interest on the proceeds.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider. Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being under the influence of any narcotic unless administered on the advice of a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or act of war (whether declared or undeclared) while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve, or working in an area of war whether voluntarily or as required by an employer; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; or, (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; or, l. being incarcerated in a penal institution or government detention facility.

## Pennsylvania

### Policy Form C-GAPJ15-PA

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended from their Health Care Practitioner within a 12 month period preceding the Policy Effective Date of the coverage of the insured person.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 3. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; or, The date You die. 4. Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; b. suicide or intentionally self-inflicted injuries by the Insured to him-/herself; c. act of war whether declared or undeclared; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental/Nervous Disorders and Substance Abuse; h. any Pre-Existing Conditions as defined in this Policy, subject to the Time Limit on Certain Defenses provision; i. conditions specifically excluded by amendment or endorsement; j. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; k. being incarcerated in a penal institution or government detention facility; l. driving any taxi for wage, compensation, or profit; m. operating, learning to operate, or serving as a crew member of any aircraft; n. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; o. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, p. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which the insured is receiving compensation or that such activity(s) qualify as the insured's occupation.

## South Carolina

### Policy Form C-GAPJ15

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - We This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any controlled substance unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## South Dakota

### Policy Form C-GAPJ15-SD

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider. Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; b. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; c. the Insured's commission of a felony at the time of loss; d. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; e. care that is primarily for rest, convalescence, or rehabilitation; f. treatment of Mental or Nervous Disorders without demonstrable organic disease; g. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; h. conditions specifically excluded by amendment or endorsement; i. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily

functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; j. being incarcerated in a penal institution or government detention facility; k. driving any taxi for wage, compensation, or profit; l. operating, learning to operate, or serving as a crew member of any aircraft; m. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; n. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, o. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Tennessee

### Policy Form C-GAPJ15-TN

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-months period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. Any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. conditions specifically excluded by amendment or endorsement; j. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; k. being incarcerated in a penal institution or government detention facility; l. driving any taxi for wage, compensation, or profit; m. operating, learning to operate, or serving as a crew member of any aircraft; n. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; o. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, p. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Texas

### Policy Form C-GAPJ15-TX

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.



**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any controlled substance unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. care that is primarily for rest, convalescence, or rehabilitation; f. treatment of Mental or Nervous Disorders without demonstrable organic disease; and, g. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure.

## Utah

### Policy Form C-GAPJ15-UT

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after it was delivered to You. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the month to which the Covered Dependent ceases to be an eligible dependent if premiums have been paid.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting from events or loss related to or resulting from any of the following: a. receiving injuries caused directly while under the influence of a controlled substance or while intoxicated as defined by the laws in the jurisdiction in which the loss or cause of loss was incurred, unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional

act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. losses related directly to the Insured's voluntary commission of or attempt to commit a felony, or to which a contributing cause was the Insured voluntarily being engaged in an illegal occupation; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Washington

### Policy Form C-GAPJ15-WA

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Condition Limitations** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; b. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; c. 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; d. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; e. care that is primarily for rest, convalescence, or rehabilitation; f. treatment of Mental or Nervous Disorders without demonstrable organic disease; g. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; h. any Pre-Existing Conditions as defined in this Policy; i. conditions specifically excluded by amendment or endorsement; j. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; k. being incarcerated in a penal institution or government detention facility; l. driving any taxi for wage, compensation, or profit; m. operating, learning to operate, or serving as a crew member of any aircraft; n. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test for which any type of compensation or remuneration is received; or, o. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## West Virginia

### Policy Form C-GAPJ15-WV

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Condition Limitations** - We This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any narcotic unless administered on the advice of the Insured's physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Wisconsin

### Policy Form C-GAPJ15-WI

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Condition Limitations** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You 60 days written advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Limitations and Exclusions** - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. being intoxicated or under the influence of any controlled substance unless prescribed by a physician; b. attempted suicide while sane or insane or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve; d. 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; e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

## Wyoming

### Policy Form C-GAPJ15-WY

**Right to Examine Policy for 10 Days** - If You are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69; 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. The date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

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abnormalities, trauma, infection, tumors, or disease; f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. any Pre-Existing Conditions as defined in this Policy; j. conditions specifically excluded by amendment or endorsement; k. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. being incarcerated in a penal institution or government detention facility; m. driving any taxi for wage, compensation, or profit; n. operating, learning to operate, or serving as a crew member of any aircraft; o. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

