

# Aflac.

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IAPMO

4755 E PHILADELPHIA ST  
ONTARIO CA 91761-2810



**Thank you for choosing Continental American Life Insurance  
Company**

**1.800.433.3036**

**[www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.com)**

Your Group Policy Number is:

CTR0012054486

Product:

Critical Illness

Your Policy is Effective :

08/01/2023

Your State of Issue is:

California



MPMAIL

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# Managing your claim experience has never been easier

Aflac prides itself on its commitment to provide superior products and services to its certificate holders, including fast claims payment. Most claims are paid in just four business days (company year end statistics 2014).

## Enroll in Claims Direct Deposit

Speed up your benefit payment with Claims Direct Deposit. Enroll now to have your funds directly deposited into a checking or savings account. To enroll:

- Go to [http://aflacgroupinsurance.com/customer\\_service/file\\_claims.aspx](http://aflacgroupinsurance.com/customer_service/file_claims.aspx) and click **Direct Deposit**.
- Follow the instructions to complete registration. You can update your direct deposit election anytime.

## To submit your claim via fax or mail:

**Fax:** 1.866.849.2970

**Mail:** Aflac Group | Attn: Claims Dept. | P.O. Box 427 | Columbia, SC 29202

Thank you for your business.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York.



October 25, 2023

IAPMO  
4755 E PHILADELPHIA ST  
ONTARIO CA 91761-2810

**Re: Your IAPMO Group Critical Illness Coverage  
Policy No.: CTR0012054486**

**Welcome to the Aflac family!**

Thank you so much for adding Aflac coverage in your employee benefits offering. We take commitments to our accounts very seriously and promise to be there when you and your employees need us. Enclosed, you'll find:

A Master Policy packet for the Aflac group plan you've chosen to make available to your employees. Each packet includes:

- A master policy, which indicates your group coverage effective date and other coverage details,
- A copy of your master application, and
- A copy of your employees' coverage certificate. **(We'll let employees know they can request copies of their certificates from you, so please be sure to make the coverage documents available. Of course, employees are also welcome to call us directly to request copies of their certificates.)**

If you have any questions about your group plan or your employees' coverage, please reach out to your account manager, or give us a call at 1.866.319.8089 Monday through Friday, from 9 a.m. to 7 p.m. Eastern time.

Again, welcome to the Aflac family!

MPCOVLET\_A

Continental American Insurance Company • Columbia, South Carolina • 1.800.433.3036 toll-free



Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in New York, group coverage is underwritten by American Family Life Assurance Company of New York (22 Corporate Woods Boulevard, Suite 2, Albany, New York 12211), and customer service is administered by CAIC.

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Coverage underwritten by  
**CONTINENTAL AMERICAN LIFE INSURANCE COMPANY**

Columbia, South Carolina  
800.433.3036

Please contact the California Department of Insurance if you have an issue that can not be solved with Continental American Life Insurance Company.

California Department of Insurance  
Consumer Communications Bureau  
300 South Spring Street, South Tower  
Los Angeles, CA 90013

Consumer Hotline  
1-800-927-Help (4357) or 1-213-897-8921

TDD Number  
1- 800-482-4TDD (4833)

Internet Web Site  
[www.insurance.ca.gov](http://www.insurance.ca.gov)

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Coverage underwritten by  
**CONTINENTAL AMERICAN LIFE INSURANCE COMPANY**

Columbia, South Carolina  
800.433.3036

**NOTICE OF PROTECTION PROVIDED BY CALIFORNIA LIFE AND HEALTH INSURANCE  
GUARANTEE ASSOCIATION**

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association ("the Association"). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers' care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage. Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations or the rights or obligations of the Association.

**COVERAGE**

• **Persons Covered**

Generally, an individual is covered by the Association if the insurer was a member of the Association *and* the individual lives in California at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

• **Amounts of Coverage**

The basic coverage protections provided by the Association are as follows.

• **Life Insurance, Annuities and Structured Settlement Annuities**

For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

• Life Insurance

80% of death benefits but not to exceed \$300,000

80% of cash surrender or withdrawal values but not to exceed \$100,000

• Annuities and Structured Settlement Annuities

80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed \$250,000

The maximum amount of protection provided by the Association to an individual, for *all* life insurance, annuities and structured settlement annuities is \$300,000, regardless of the number of policies or contracts covering the individual.

• **Health Insurance**

The maximum amount of protection provided by the Association to an individual, as of July 1, 2016, is \$546,741. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer. Changes to this amount will be posted on the Association's website [www.califega.org](http://www.califega.org).



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## COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society
- If the person is provided coverage by the guaranty association of another state
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual
- Employer and association plans, to the extent they are self-funded or uninsured
- A policy or contract providing any health care benefits under Medicare Part C or Part D
- An annuity issued by an organization that is only licensed to issue charitable gift annuities
- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as certain investment elements of a variable life insurance policy or a variable annuity contract
- Any policy of reinsurance unless an assumption certificate was issued
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1067.02(b)(2)(C)

## NOTICES

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at [www.califega.org](http://www.califega.org), or contact either of the following:

California Life and Health Insurance  
Guarantee Association  
P.O. Box 16860  
Beverly Hills, CA 90209-3319  
(323) 782-0182

California Department of Insurance  
Consumer Communications Bureau  
300 South Spring Street  
Los Angeles, CA 90013  
(800) 927-4357

**Insurance companies and agents are not allowed by California law to use the existence of the Association or its coverage to solicit, induce or encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and California law, then California law will control.**





Coverage underwritten by  
**CONTINENTAL AMERICAN LIFE INSURANCE COMPANY**  
 Columbia, South Carolina  
 800.433.3036

Please call the toll-free number above with any questions about this coverage.

**Continuation of Coverage Endorsement**

This Endorsement is part of the Policy and Certificate to which it is attached. This Endorsement is subject to all the definitions, terms, and other provisions of the Policy and Certificate to which it is attached, unless those terms are inconsistent with this Endorsement.

**EFFECTIVE DATE**

If issued at the same time as the Certificate, this Endorsement becomes effective when the Certificate becomes effective. If issued after the Certificate, this Endorsement will have a later Effective Date.

***The following provisions are added after the Portability Privilege provision in your Certificate:***  
**CONTINUATION OF COVERAGE**

If the Group Policy is terminated by the Policyholder and is not replaced with another group policy you may apply to continue the coverage you had on the Group Policy termination date. This includes any in-force Spouse or Dependent Child coverage. The Group Policy will be continued as if the Group Policy is in force for those who have applied to continue their coverage under this provision. The members will continue to have coverage, with their Certificates remaining in force.

The Company will apply the same benefits and plan provisions as shown in your Certificate on the date you are eligible to continue coverage under this provision. Your continued coverage is subject to all of the provisions, exclusions and limitations of the Group Policy.

To keep your Certificate in force, you must:

- Apply to the Company in writing under this Continuation of Coverage provision within 31 days after the date your Certificate would terminate, **and**
- Pay the required premium no later than 31 days after the date the Certificate would terminate and on each premium due date thereafter to the Company at our Customer Service Center in Columbus, Georgia.

**PREMIUMS**

Initial premium rates will be based on the rates in effect at the time you apply to continue your coverage. Premium rates can be changed by the Company at any time upon 31 days written notice to you. Any such change will be applied to all Certificates in your class and will not be based on your or your Spouse and Dependent Children's health or other individual factors.

You may decrease, but not increase, the amount of your coverage, and the amount of your Spouse's coverage, if any.

**TERMINATION**

Your continued coverage, including any in-force Spouse or Dependent Child coverage, will end:

- 31 days after the date you fail to pay any required premium.



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- When coverage is terminated by the Company. We will provide you a 31-day advance written notice of any termination.
- On the date you die (unless your Spouse elects to become the Primary Insured under the Successor Insured provision, if applicable).

Once continued coverage is cancelled it cannot be reinstated. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was active.

**CONTRACT**

This Endorsement is part of the Certificate. It will terminate when:

- The Certificate terminates, or
- Premiums are no longer paid for this Endorsement.

Signed for the Company at its Home Office,



Virgil R. Miller, President



J. Matthew Loudermilk, Secretary



Coverage underwritten by  
**CONTINENTAL AMERICAN LIFE INSURANCE COMPANY**  
Columbia, South Carolina  
800.433.3036

**IMPORTANT NOTICE**

**This is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law.**

**THE FOLLOWING CONDITIONS ARE NOT CONSIDERED "CRITICAL ILLNESS" UNDER THIS POLICY:**

**PRE-MALIGNANT CONDITIONS, CONDITIONS WITH MALIGNANT POTENTIAL, OR THOSE PROSTATIC CANCERS THAT ARE HISTOLOGICALLY DESCRIBED AS TNM CLASSIFICATION TX OR T0 OR T1A OR T1B. ALL OTHER PROSTATIC CANCERS ARE COVERED.**

**Any disease or injury involving the cardiovascular system other than heart attack as defined herein.**

**Cardiac arrest not caused by a myocardial infarction.**

**Balloon angioplasty, laser relief, stints or other non-surgical procedures used to correct narrowing or blockage of coronary arteries.**

**Head injury, transient ischemic attack or cerebrovascular insufficiency.**

**Renal failure caused by a traumatic event, including surgical traumas.**

**An insured person will not receive any benefits under this critical illness coverage for any of the above named conditions**

**Please note only the diseases, illnesses and conditions defined in this Policy are covered. Refer to Section III – Definitions for the definition of Critical Illness.**

**CANCER IS PAYABLE AT DIFFERENT BENEFIT AMOUNTS BASED ON THE TYPE OF CANCER: INTERNAL OR INVASIVE CANCER, NON-INVASIVE CANCER, AND REDUCED BENEFIT SKIN CANCERS. SEE EXAMPLE BELOW. REFER TO THE POLICY SCHEDULE FOR BENEFITS PAYABLE**

**A diagnosis of Non-Invasive Cancer or Metastatic Cancer provides a reduced benefit under this Group Critical Illness Insurance Policy. Benefits payable for Non-Invasive Cancer and Metastatic Cancer will be payable at 25.00%. Please see the Insured's Benefit Schedule for specific dollar amounts.**

**Example - If an Insured had a tumor removed from any organ (such as breast or prostate) and that tumor had not spread (Non-Invasive Cancer), the benefit payable would be 25.00% of the Face Amount listed on the Certificate Schedule.**

**Example – If an Insured had a tumor that had spread (metastasized) to other tissue (such as lymph nodes), the benefit payable would be 25.00% of the Face Amount listed on the Certificate Schedule.**

**California law prohibits an HIV test from being required or used by health insurance companies as a condition for obtaining health insurance coverage.**



*Continental American Life Insurance Company (CALC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage.*

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Coverage underwritten by  
**CONTINENTAL AMERICAN LIFE INSURANCE COMPANY**  
Columbia, South Carolina  
800.433.3036

Please call the toll-free number above with any questions about this coverage.

**Group Critical Illness Insurance Policy**

**This limited Group Critical Illness Insurance Policy provides supplemental benefits only. It does not constitute comprehensive health insurance coverage and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.**

**This Group Critical Illness Insurance Policy provides benefits for the Critical Illnesses listed in the Policy Schedule.**

**Please read it carefully.**

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY. PLEASE READ YOUR POLICY CAREFULLY.**

**This is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law.**

The Policyholder as shown on the Policy Schedule applied for coverage under this Group Critical Illness Insurance Policy. This Group Critical Illness Insurance Policy is issued by Continental American Life Insurance Company (the "Company," "CAIC," "we," "us," or "our"). Based on the Master Application and the timely payment of premiums, the Company agrees to pay the benefits provided on the following pages.

You will notice that certain words and phrases (including some medical terms and the names of Group Critical Illness Insurance Policy documents) in this document are capitalized. The capitalized words refer to terms with very specific definitions as they apply to this insurance Group Critical Illness Insurance Policy.

This Group Critical Illness Insurance Policy is a legal contract between the Company and the Policyholder. All material printed by the Company on the following pages is part of the Group Critical Illness Insurance Policy. This Group Critical Illness Insurance Policy is delivered in and governed by the laws of the jurisdiction shown on the Policy Schedule.

In witness whereof, the Company executes this Group Critical Illness Insurance Policy at its home office in Columbia, South Carolina, on the Effective Date.

Signed for the Company at its Home Office,

Virgil R. Miller, President

J. Matthew Loudermilk, Secretary

**Group Critical Illness Insurance  
Non-Participating**

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## SECTION I – ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION

### PRIMARY INSURED

#### **Eligibility**

An Employee is eligible to be covered under this Group Critical Illness Insurance Policy if they are Actively at Work for their Employer and included in the class that is eligible for coverage, as shown on the Master Application.

**Insureds** are defined as those who might be eligible for coverage under this Group Critical Illness Insurance Policy in the following categories:

- **Employee Coverage** – We insure the Employee and any Dependent Children. The Employee is the **Primary Insured** under this Group Critical Illness Insurance Policy.
- **Employee and Spouse Coverage** – We insure the Employee, Spouse, and any Dependent Children.

Employees should refer to *Type of Coverage* in their Certificate Schedule to determine who is covered under the Certificate.

Details for adding Insureds to Group Critical Illness Insurance Policy coverage are outlined in the Dependent Coverage – Effective Date provision.

#### **Effective Date**

The Group Critical Illness Insurance Policy's Effective Date is shown on the Policy Schedule. This Group Critical Illness Insurance Policy becomes effective on the Policy Effective Date at 12:01 a.m., as determined by the Policyholder's address.

An eligible Employee must enroll in this Group Critical Illness Insurance Policy and agree to pay the required premiums for coverage to become effective. An Employee must enroll within 31 days of the date they first become eligible for coverage. *The first premium must have been paid for coverage to become effective.*

We may require evidence of insurability if the amount of coverage applied for exceeds the guaranteed-issue amount, if any, or if we do not receive the Application within 31 days after the Employee was first eligible for coverage. Evidence of insurability may also be required based on an agreement between the Policyholder and us.

The Employee's Effective Date is the date their insurance takes effect. After we receive and approve the Application, that date is either:

- The date shown on the Certificate Schedule if the Employee is Actively at Work on that date, or
- The date the Employee returns to an Actively-at-Work status if they were not Actively at Work on the date shown on the Certificate Schedule.

#### **Termination of an Employee's Insurance**

An Employee's insurance will terminate on whichever occurs first:

- The date the Company terminates the Group Critical Illness Insurance Policy.
- The 31<sup>st</sup> day after the premium due date (the last day of the Grace Period), if the premium has not been paid.
- The date the Employee no longer belongs to an eligible class.

If an Insured's coverage terminates, we will provide benefits for valid claims that arose while the Insured's coverage was active.

## DEPENDENT COVERAGE

### **Eligibility**

Dependents may be eligible for coverage under this Group Critical Illness Insurance Policy. **Employees should refer to the Type of Coverage on their Certificate Schedule to determine Dependent eligibility.** A **Dependent** is the Spouse of an Employee or the Dependent Child of an Employee (details included in the **Definitions** section). An eligible Spouse must not currently be disabled or unable to work and be at least 18 years of age.

### **Effective Date**

The Effective Date for a Spouse is:

- The date shown on the Certificate Schedule if that Spouse is not confined to a hospital and is eligible for coverage on that date, or
- The first day of the month following the date the Spouse is no longer confined to a hospital (if that Spouse was confined to a hospital on the Certificate Schedule date) and is eligible for coverage on that date.

A Spouse may be added to the Group Critical Illness Insurance Policy after the Employee's Effective Date within 31 days after a Life Event or during an approved enrollment period. To be added, the Employee must complete an Application to add their Spouse to the Group Critical Illness Insurance Policy. The Company will assign the Effective Date for a Spouse's coverage after approving the application. For Spouse coverage to become effective, the Spouse must be included in the premium payment.

The Effective Date for a Dependent Child is:

- The Employee Effective Date, or
- The moment of birth for a newborn child, the date the petition is filed for adoption for adopted children, or the date of the Employee's marriage for step-children.

### **Termination of Dependent Insurance**

Dependent Coverage will terminate on the earliest of the following:

- When the Certificate terminates,
- On the premium due date following the date we receive the Employee's written request to terminate Dependent coverage,
- When premiums are no longer paid for Dependent coverage (subject to the Grace Period),
- For Spouse coverage, when the Insured no longer meets the definition of Spouse because of annulment, divorce, or other reason, or
- For Dependent Child coverage, when the Child no longer qualifies as a Dependent because they reach age 26 or other reason. (Dependent Children who reach age 26 will have coverage continued until the last day of the month in which they turn age 26.)

### **Group Critical Illness Insurance Policy Termination**

The **Company** has the right to cancel the Group Critical Illness Insurance Policy on any premium due date for the following reasons:

- The premium is not paid before the end of the Grace Period,
- The number of participating Employees is less than the number mutually agreed upon by the Company and the Policyholder in the signed Master Application,
- The Policyholder fails to perform any of the obligations that relate to this Policy or that are required by applicable law,
- The Policyholder no longer offers coverage to a particular class of Employees,
- The Policyholder no longer serves a class of Employees who reside in a particular geographical area, or
- The Policyholder does not provide timely information that is reasonably required.

The **Policyholder** has the right to cancel the Group Critical Illness Insurance Policy on any premium due date.

- To do this, the Policyholder must give the Company at least 31 days' written notice.
- The Group Critical Illness Insurance Policy will end on the date in the written notice or the date the Company receives the notice, whichever is later.



All outstanding premiums are due upon Group Critical Illness Insurance Policy termination. If the Company receives premium payments after the Group Critical Illness Insurance Policy terminates, this will not reinstate the Group Critical Illness Insurance Policy.

**The Policyholder has the sole responsibility of notifying Certificateholders in writing of the Group Critical Illness Insurance Policy's termination as soon as reasonably possible.** If the Group Critical Illness Insurance Policy terminates, it—and all Certificates and Riders issued under the Group Critical Illness Insurance Policy—will terminate on the specified termination date. The termination occurs as of 12:01 a.m. at the Policyholder's address.

### **Portability Privilege**

When an Employee is no longer a member of an eligible class and their coverage would otherwise end, they may elect to continue their coverage under this Group Critical Illness Insurance Policy. The Employee may continue the coverage they had on the date their Certificate would otherwise terminate, including any in-force Spouse or Dependent Child coverage, without any additional underwriting requirements.

To keep their coverage in force, the Employee must:

- Notify the Company in writing within 31 days after the date their coverage would otherwise terminate. They may notify us by sending written notice to P.O. Box 84078, Columbus, GA 31993-9102 or by calling the Customer Service number at 800.433.3036, and
- Pay the required premium directly to the Company no later than 31 days after the date their coverage would otherwise terminate and on each premium due date thereafter.

Ported coverage will end on the earliest of the following dates:

- 31 days after the premium due date (the last day of the Grace Period), if the premium has not been paid, or
- The date the Group Critical Illness Insurance Policy is terminated.

If the Employee qualifies for this Portability Privilege, then the Company will apply the same Benefits and Group Critical Illness Insurance Policy Provisions as shown in their previously-issued Certificate. Notification of any changes in the Group Critical Illness Insurance Policy will be provided directly by the Company.

## **SECTION II – PREMIUM PROVISIONS**

### **Premium Payments**

**Premiums should be paid to the Company at P.O. Box 84069, Columbus, Georgia, 31908-4069.** The first premiums are due on this Group Critical Illness Insurance Policy's Effective Date. After that, premiums are due on the first day of each month that the Group Critical Illness Insurance Policy remains in effect.

Payment of any premium will not keep the Group Critical Illness Insurance Policy in force beyond the due date of the next premium, except as set forth in the Grace Period provision.

### **Premium Changes**

Unless we have agreed in writing not to increase premiums, the premium may change:

- On the Group Policy Anniversary Date based on renewal underwriting. (The Group Policy Anniversary Date is shown on the Policy Schedule and falls on the same date each year thereafter.)
- Whenever the terms or conditions of the Group Critical Illness Insurance Policy are modified. The new premium rates will apply only to premiums due on or after the rate change takes effect.

We will provide the Policyholder a 31-day advance written notice of any change to a premium.

Premiums on the Group Policy Anniversary Date are determined by the Attained Age of each Employee. The Attained Age rates are shown in the Schedule of Premiums.



### **Grace Period**

This Group Critical Illness Insurance Policy has a 31-day Grace Period. If a premium is not paid on or before its due date, the premium may be paid during the next 31 days. During the Grace Period, the Group Critical Illness Insurance Policy will stay in force, unless the Policyholder has given the Company written notice of its intention to discontinue the Group Critical Illness Insurance Policy. If the Group Critical Illness Insurance Policy is discontinued, the Group Critical Illness Insurance Policy's termination date will be the latest date for which premium has been paid.

### **SECTION III - DEFINITIONS**

When the terms below are used in this Group Critical Illness Insurance Policy, the following definitions apply:

**Actively at Work (Active Work)** refers to an Employee's ability to perform their employment duties for a full workday. The Employee may perform these activities either at their employer's regular place of business or at a location where they are required to travel to perform the regular duties of their employment.

**Acute Coronary Syndrome** is an obstruction of the coronary arteries that occurs as a result of Myocardial Infarction with or without ST elevation. This is determined by an electrocardiogram (ECG). Acute Coronary Syndrome includes unstable angina but does not include stable angina.

**Arteriosclerosis** means a disease of the arteries characterized by plaque deposits on the arteries' inner walls, resulting in their abnormal thickening and loss of elasticity.

**Arteriovenous Malformation** means a congenital disease of the blood vessels in the brain, brain stem, or spinal cord that is characterized by a complex, tangled web of abnormal arteries and veins and may be connected by one or more fistulas.

**Atherosclerosis** means a disease in which plaque builds up inside a person's arteries.

**Attained Age** means the Employee's age on their Certificate Effective Date and on each Group Policy Anniversary Date thereafter.

**Bone Marrow Transplant (Stem Cell Transplant)** means a procedure to replace damaged or destroyed bone marrow with healthy bone marrow stem cells. For a benefit to be payable, a Bone Marrow Transplant (Stem Cell Transplant) must be caused by at least one of the following diseases:

- Aplastic anemia
- Congenital neutropenia
- Severe immunodeficiency syndromes
- Sickle cell anemia
- Thalassemia
- Fanconi anemia
- Leukemia
- Lymphoma
- Multiple myeloma

The Bone Marrow Transplant (Stem Cell Transplant) benefit is not payable if the Transplant results from a covered Critical Illness for which a benefit has been paid under this Group Critical Illness Insurance Policy.

**Brain Aneurysm** is a weak area in the wall of a blood vessel of the brain that causes the blood vessel to bulge, balloon out, or rupture.

**Cancer (internal or invasive)** is a disease that meets either of the following definitions:

- A malignant tumor characterized by:
  - o The uncontrolled growth and spread of malignant cells, and
  - o The invasion of distant tissue (that is, Cancer that has metastasized), or
- A disease meeting the diagnostic criteria of malignancy.



Leukemia, lymphoma, and Hodgkin's disease are included in the definition of Cancer (internal or invasive).

Also included are:

- Melanoma that is Clark's Level III or higher **or** Breslow depth equal to or greater than 0.77mm,
- Myelodysplastic syndrome - RCMD (refractory cytopenia with multilineage dysplasia),
- Myelodysplastic syndrome - RAEB (refractory anemia with excess blasts),
- Myelodysplastic syndrome - RAEB-T (refractory anemia with excess blasts in transformation), or
- Myelodysplastic syndrome - CMML (chronic myelomonocytic leukemia).

The following are **not** considered internal or invasive Cancers:

- Superficial cervical cancer
- Superficial bladder tumors
- Pre-malignant tumors or polyps
- Early breast cancer requiring lumpectomy without radiation or chemotherapy
- Early prostate (Stage A) cancer
- Non-Invasive Cancer (as defined below)
- Reduced Benefit Skin Cancers (as defined below)
- Melanoma that is Diagnosed as
  - o Clark's Level I or II,
  - o Breslow depth less than 0.77mm, **or**
  - o Stage 1A melanomas under TNM Staging

**Cervical Cancer Screening** means conventional Pap test, a human papillomavirus screening test that is approved by the federal Food and Drug Administration, or any other cervical cancer screening test approved by the federal Food and Drug Administration.

**Clark's Level** is a measurement of the thickness of a melanoma in relation to the layers of the skin. The Clark's Level uses a scale of I to V (1-5) to describe which layers of the skin are involved. Example – Clark Level I would only involve the first layer of skin.

**Melanoma in Situ** means melanoma cells that occur only on the outer layer of the skin (the epidermis), where there is no invasion of the deeper layer (the dermis).

**Non-Invasive Cancer** is a Cancer that is confined to the site of origin (in situ) without having invaded neighboring tissue.

For the purposes of this Group Critical Illness Insurance Policy, a Non-Invasive Cancer is:

- Cancer in one organ, such as prostate or indolent cancer (this does not include Cancer that has spread throughout the organ, such as breast cancer, which would be considered an invasive Cancer)
- Myelodysplastic Syndrome - RA (refractory anemia)
- Myelodysplastic Syndrome - RARS (refractory anemia with ring sideroblasts)

Premalignant conditions or conditions with malignant potential, other than those specifically named above, are **not** considered Non-Invasive Cancer.

Reduced Benefit Skin Cancers, as defined in this Group Critical Illness Insurance Policy, is **not** considered Non-Invasive Cancer and therefore is not payable under the Non-Invasive Cancer benefit.

**Reduced Benefit Skin Cancers** is a Cancer that forms in the tissues of the skin.

The following are considered Reduced Benefit Skin Cancers:

- Basal cell carcinoma
- Squamous cell carcinoma of the skin
- Melanoma in Situ – that is, melanoma cells that occur only on the outer layer of the skin (the epidermis), where there is no invasion of the deeper layer (the dermis)
- Melanoma that is Diagnosed as:
  - Clark's Level I or II,
  - Breslow depth less than 0.77mm, or
  - Stage 1A melanomas under TNM Staging

These conditions are not payable under the Cancer (internal or invasive) or Non-Invasive Cancer benefits.

**Cancer, Non-Invasive Cancer, Metastatic Cancer or Reduced Benefit Skin Cancers** must be Diagnosed in one of two ways:

1. **Pathological Diagnosis** is a Diagnosis based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This Diagnosis must be made by a Doctor/Qualified Medical Professional.
2. **Clinical Diagnosis** is based only on the study of symptoms. The Company will accept a Clinical Diagnosis only if:
  - Diagnosis is consistent with professional medical standards, and
  - Medical evidence exists to support the Diagnosis.

**Cardiomyopathy** means a disease with measurable deterioration of the function of the myocardium, and is typically characterized by breathlessness and swelling of the legs.

**Chronic Kidney Disease** means a disease characterized by the gradual loss in renal function over time due to diabetes mellitus, Hypertension, glomerulonephritis, polycystic kidney disease, autoimmune disease, or genetic disease.

**Claimant** means a person who is authorized to make a claim under the Certificate.

**Complete Remission** is evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the Cancer.

**Coronary Artery Bypass Surgery** means open heart surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts and where such narrowing or blockage is attributed to Coronary Artery Disease or Acute Coronary Syndrome. This excludes any non-surgical procedure, such as, but not limited to, balloon angioplasty, laser relief, or stents.

**Coronary Artery Disease** occurs when the coronary arteries become damaged due to acute coronary occlusion, coronary atherosclerosis, aneurysm and/or dissection of the coronary arteries, or coronary atherosclerosis due to lipid rich plaque.

**Critical Illness** is a disease or a sickness as defined in the Group Critical Illness Insurance Policy that first manifests while your coverage is in force.

Any loss due to Critical Illness must begin while your coverage is in force. Critical Illness includes only the following, provided such Critical Illness meets all applicable definitions contained in the Group Critical Illness Insurance Policy and, where indicated, is caused by an underlying condition:

- Bone Marrow Transplant (Stem Cell Transplant)
- Cancer (internal or invasive)
- Coronary Artery Bypass Surgery
- Heart Attack (Myocardial Infarction)
- Kidney Failure (End-Stage Renal Failure)
- Limited Benefit Coma
- Limited Benefit Loss of Sight
- Limited Benefit Loss of Speech
- Limited Benefit Loss of Hearing
- Limited Benefit Major Organ Transplant
- Limited Benefit Paralysis



- Non-Invasive Cancer
- Stroke
- Sudden Cardiac Arrest
- Type I Diabetes
- Type II Diabetes
- Metastatic Cancer

**Date of Diagnosis** is defined as follows:

- **Bone Marrow Transplant (Stem Cell Transplant):** The date the surgery occurs.
- **Cancer:** The day tissue specimens, blood samples, or titer(s) are taken (Diagnosis of Cancer and/or Non-Invasive Cancer is based on such specimens).
- **Coronary Artery Bypass Surgery:** The date the surgery occurs.
- **Heart Attack (Myocardial Infarction):** The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the Heart Attack (Myocardial Infarction) definition.
- **Kidney Failure (End-Stage Renal Failure):** The date a Doctor/Qualified Medical Professional recommends that an Insured begin renal dialysis.
- **Limited Benefit Coma:** The first day of the period for which a Doctor/Qualified Medical Professional confirms a Coma that is due to one of the underlying diseases and that has lasted for at least seven consecutive days.
- **Limited Benefit Loss of Sight:** The date the loss due to one of the underlying diseases is objectively determined by a Doctor/Qualified Medical Professional to be total and irreversible.
- **Limited Benefit Loss of Speech:** The date the loss due to one of the underlying diseases is objectively determined by a Doctor/Qualified Medical Professional to be total and irreversible.
- **Limited Benefit Loss of Hearing:** The date the loss due to one of the underlying diseases is objectively determined by a Doctor/Qualified Medical Professional to be total and irreversible.
- **Limited Benefit Major Organ Transplant:** The date the surgery occurs.
- **Metastatic Cancer:** The date a Doctor/Qualified Medical Professional determines Cancer has metastasized to other parts of the body from the original site.
- **Limited Benefit Paralysis:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured with Paralysis due to one of the underlying diseases as specified in this Group Critical Illness Insurance Policy, where such Diagnosis is based on clinical and/or laboratory findings as supported by the Insured's medical records.
- **Non-Invasive Cancer:** The day tissue specimens, blood samples, or titer(s) are taken (Diagnosis of Cancer and/or Non-Invasive Cancer is based on such specimens).
- **Reduced Benefit Skin Cancers:** The date the skin biopsy samples are taken for microscopic examination.
- **Stroke:** The date the Stroke occurs (based on documented neurological deficits and neuroimaging studies).
- **Sudden Cardiac Arrest:** The date the pumping action of the heart fails (based on the Sudden Cardiac Arrest definition).
- **Type I Diabetes:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Type I Diabetes based on clinical and/or laboratory findings as supported by medical records.
- **Type II Diabetes:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Type II Diabetes based on clinical and/or laboratory findings as supported by medical records.

**Dependent Children** are an Employee's or an Employee's Spouse's natural children, step-children (including existing children of new domestic partners), foster children, children subject to legal guardianship, legally adopted children, or Children Placed for Adoption, who are younger than age 26. However, we will continue coverage for Dependent Children insured under the Group Critical Illness Insurance Policy after the age of 26 if they are incapable of self-sustaining employment due to mental or physical handicap, and are chiefly dependent on a parent for support and maintenance. The Employee or the Employee's Spouse must furnish proof of this incapacity and dependency to the Company within 31 days following the Dependent Child's 26th birthday.

The insurance on any Dependent Child will terminate on the last day of the month in which the Dependent Child turns age 26; it is the Employee's responsibility to notify us in writing when coverage on a Dependent Child terminates. Termination will be without prejudice to any claim originating prior to the date of termination. Our acceptance of any applicable premium after such date will be considered as premium for only the remaining persons who qualify as Insureds under this Group Critical Illness Insurance Policy. When coverage on all Dependent Children terminates, the Employee must notify the

Company, in writing, and elect whether to continue this Group Critical Illness Insurance Policy on an Employee or Employee and Spouse Coverage basis. After such notice, we will arrange for the payment of the appropriate premium due, including returning any unearned premium, if applicable.

**Children Placed for Adoption** are Children for whom the Employee has entered a decree of adoption or for whom the Employee has initiated adoption proceedings. A decree of adoption must be entered within one year from the date proceedings were initiated, unless extended by order of the court. The Employee must continue to have custody pursuant to the decree of the court.

**Diagnosis (Diagnosed)** refers to the definitive and certain identification of an illness or disease that:

- Is made by a Doctor/Qualified Medical Professional and
- Is based on clinical or laboratory investigations, as supported by the Insured's medical records.

The illness must meet the requirements outlined in this Group Critical Illness Insurance Policy for the particular Critical Illness being Diagnosed.

**Doctor/Qualified Medical Professional** is a person who is duly qualified as a practitioner of the healing arts acting within the scope of their license, and:

- Is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or
- Is a duly qualified medical practitioner according to the laws and regulations in the state in which Treatment is made.

A Doctor/Qualified Medical Professional does not include the Insured or any of the Insured's Family Members.

For the purposes of this definition, **Family Member** includes the Employee's Spouse as well as the following members of the Employee's immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother

This includes step-Family Members and Family-Members-in-law.

**Employee** is a person who meets eligibility requirements under **Section I – Eligibility, Effective Date, and Termination** and who is covered under this Group Critical Illness Insurance Policy. The Employee is the Primary Insured under this Group Critical Illness Insurance Policy.

**Heart Attack (Myocardial Infarction)** is the death of a portion of the heart muscle (myocardium) caused by a blockage of one or more coronary arteries due to Coronary Artery Disease or Acute Coronary Syndrome.

Heart Attack (Myocardial Infarction) does not include:

- Any other disease or injury involving the cardiovascular system.
- Cardiac Arrest not caused by a Heart Attack (Myocardial Infarction).

Diagnosis of a Heart Attack (Myocardial Infarction) must include the following:

- New and serial electrocardiographic (ECG) findings consistent with Heart Attack (Myocardial Infarction), and
- Elevation of cardiac enzymes above generally accepted laboratory levels of normal. (In the case of creatine phosphokinase (CPK) a CPK-MB measurement must be used.)

Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

**Hypertension** means a disease that is characterized by elevated blood pressure in the arteries with a systolic reading of at least 140 mmHg and a diastolic reading of at least 90 mmHg.

**Kidney Failure (End-Stage Renal Failure)** means end-stage renal failure caused by End-Stage Renal Disease, which results in the chronic, irreversible failure of both kidneys to function.



Kidney Failure (End-Stage Renal Failure) is covered only under the following conditions:

- A Doctor/Qualified Medical Professional advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to treat the Kidney Failure (End-Stage Renal Failure); or
- The Kidney Failure (End-Stage Renal Failure) results in kidney transplantation.

**Life Event** means an event that qualifies an Employee to make changes to benefits at times other than their enrollment period. Events qualifying as Life Events are established solely by the Policyholder.

**Limited Benefit Coma** means a state of continuous, profound unconsciousness, lasting at least seven consecutive days, and characterized by the absence of:

- Spontaneous eye movements,
- Response to painful stimuli, and
- Vocalization.

Limited Benefit Coma does not include a medically-induced coma.

To be considered a Critical Illness, the Coma must be caused by one of the following diseases:

- **Brain Aneurysm**, which is an excessive, localized enlargement of an artery in the brain caused by a weakening of the artery wall, usually due to a defect in the vessel at birth or resulting from high blood pressure.
- **Diabetes**, which is a metabolic disease characterized by the inadequate secretion or utilization of insulin, by excessive urine production, by excessive amounts of sugar in the blood or urine, and by thirst, hunger, and loss of weight.
- **Encephalitis**, which is a disease characterized by inflammation of the brain, usually caused by a direct viral infection or a hypersensitive reaction to a virus or foreign protein.
- **Epilepsy**, which is a neurological disease characterized by sudden, recurring attacks of motor, sensory, or psychic malfunction with or without loss of consciousness or convulsive seizures.
- **Hyperglycemia**, which is a disease where an excessive amount of glucose circulates in the blood plasma.
- **Hypoglycemia**, which is a disease where blood glucose concentrations fall below the necessary level to support the body's need for energy and stability throughout its cells.
- **Meningitis**, which is a disease caused by viral or bacterial infection and characterized by inflammation of the meninges.

**Limited Benefit Loss of Sight** means the total and irreversible loss of all sight in both eyes.

To be considered a Critical Illness, Loss of Sight must be caused by one of the following diseases:

- **Retinal Disease**, which is a disease that affects the retina of the eye;
- **Optic Nerve Disease**, which is a disease that affects the optic nerve of the eye; or
- **Hypoxia**, which is a disease characterized by a deficiency in the amount of oxygen reaching the tissues of the eyes.

**Limited Benefit Loss of Speech** means the total and permanent loss of the ability to speak.

To be considered a Critical Illness, Loss of Speech must be caused by one of the following diseases:

- **Alzheimer's Disease**, which is a progressive mental deterioration due to generalized degeneration of the brain; or
- **Arteriovenous Malformation**, which is a congenital disease of blood vessels in the brain, brain stem, or spinal cord that is characterized by a complex, tangled web of abnormal arteries and veins connected by one or more fistulas.

**Limited Benefit Loss of Hearing** means the total and irreversible loss of hearing in both ears. Loss of Hearing does not include hearing loss that can be corrected by the use of a hearing aid or device.

To be considered a Critical Illness, Loss of Hearing must be caused by one of the following diseases:

- **Alport Syndrome**, which is an inherited disease of the kidney caused by a genetic mutation and can be characterized by hearing loss;

- **Autoimmune Inner Ear Disease**, which is an inflammatory condition of the inner ear occurring when the body's immune system attacks cells in the inner ear that are mistaken for bacteria or a virus;
- **Chicken Pox**, which is an acute contagious disease that is caused by the varicella-zoster virus and is characterized by skin eruptions, slight fever, and malaise;
- **Diabetes**, which is a metabolic disease characterized by the inadequate secretion or utilization of insulin, by excessive urine production, by excessive amounts of sugar in the blood or urine, and by thirst, hunger, and loss of weight;
- **Goldenhar Syndrome**, which is rare congenital disease that causes abnormalities in the face and head and can cause hearing loss;
- **Meniere's Disease**, which is a disorder of the inner ear that causes spontaneous episodes of vertigo, hearing loss, ear ringing, and a feeling of fullness or pressure in the ear;
- **Meningitis**, which is a disease characterized by inflammation of the meninges caused by viral or bacterial infection; or
- **Mumps**, which is an infectious disease caused by paramyxovirus, and characterized by inflammatory swelling of the parotid and/or other salivary glands.

**Limited Benefit Major Organ Transplant** means undergoing surgery as a recipient of a covered transplant of a human heart, lung, liver, kidney, or pancreas. A transplant must be caused by one or more of the following diseases:

- Bronchiectasis, which is a lung disease state defined by localized, irreversible dilation of the bronchial tree caused by destruction of the muscle and elastic tissue.
- Cardiomyopathy, which is a heart disease characterized by the measurable deterioration of the function of the heart muscle, where the heart muscle becomes enlarged, thick, or rigid.
- Cirrhosis, which is a liver disease characterized by replacement of liver tissue by fibrosis, scar tissue, and regenerative nodules, leading to loss of liver function.
- Chronic obstructive pulmonary disease, which is a lung disease characterized by persistently poor airflow as a result of breakdown of lung tissue and dysfunction of the small airways.
- Congenital Heart Disease, which is heart disease characterized by abnormalities in cardiovascular structures that occur before birth.
- Coronary Artery Disease
- Cystic fibrosis, which is a hereditary disease of the exocrine glands affecting the pancreas, respiratory system, and sweat glands. It is characterized by the production of abnormally viscous mucus by the affected glands.
- Hepatitis, which is a disease caused by the hepatitis A, B, or C virus and is characterized by the inflammation of the liver.
- Interstitial lung disease, which is a lung disease that affects the interstitium of the lungs.
- Lymphangiomyomatosis, which is a lung disease characterized by an indolent, progressive growth of smooth muscles cells throughout the lungs, pulmonary blood vessels, lymphatics, and pleurae.
- Polycystic liver disease, which is characterized by multiple variable-sized cysts lined by cuboidal epithelium.
- Pulmonary fibrosis, which is a lung disease where the lung tissue becomes thickened, stiff, and scarred due to chronic inflammation.
- Pulmonary hypertension, which is a disease characterized by increased pressure in the pulmonary artery and results in the thickening of the pulmonary arteries and the narrowing of these blood vessels, which causes the right side of the heart to become enlarged.
- Sarcoidosis, which is a disease characterized by the growth of granulomatous lesions that appear in the body.
- Valvular heart disease, which is a disease of the heart valves.

A Major Organ Transplant benefit is not payable if the Major Organ Transplant results from a covered Critical Illness for which a benefit has been paid.

**Limited Benefit Paralysis or Paralyzed** means the permanent, total, and irreversible loss of muscle function to the whole of at least two limbs.

To be considered a Critical Illness, Paralysis must be caused by one or more of the following diseases:

- **Amyotrophic Lateral Sclerosis**, which is a progressive degeneration of the motor neurons of the central nervous system, leading to wasting of the muscles and paralysis;



- **Cerebral Palsy**, which is a disorder of movement, muscle tone, or posture that is caused by injury or abnormal development in the immature brain. Cerebral Palsy can be characterized by stiffness and movement difficulties, or by involuntary and uncontrolled movements;
- **Parkinson's disease**, which is a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement; or
- **Poliomyelitis**, which is an acute infectious disease caused by the poliovirus and characterized by fever, motor paralysis, and atrophy of skeletal muscles. This often results in permanent disability and deformity, and is marked by inflammation of nerve cells in the anterior gray matter in each lateral half of the spinal cord.

The Diagnosis of Paralysis must be supported by neurological evidence.

**Malignant Hypertension** is blood pressure that is so high that it actually causes damage to organs, particularly in the nervous system, the cardiovascular system, and/or the kidneys. One type of such damage is called papilledema, a condition in which the optic nerve leading to the eye becomes dangerously swollen, threatening vision.

**Metastatic Cancer** means a Cancer (internal or invasive) that has spread from the part of the body where it was first formed to other parts of the body. This occurs when cancer cells break away from the original tumor, travel through the blood or lymph system, and form new tumors in other organs or tissues of the body. When this occurs, the new metastatic tumor is the same type of Cancer as the original tumor even though located in a different area of the body.

**Spouse** is the Employee's legal wife or husband, including a legally-recognized same-sex Spouse, or a person of either gender who is in a legally recognized and registered domestic partnership (as defined in California Family Code 297), civil union, reciprocal beneficiary relationship, or similar relationship with the Employee, who is listed on the Employee's Application.

**Stroke** means apoplexy due to rupture or acute occlusion of a cerebral artery. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. Stroke must be either:

- **Ischemic**: Due to advanced Arteriosclerosis or Arteriosclerosis of the arteries of the neck or brain, or vascular embolism, or
- **Hemorrhagic**: Due to uncontrolled Hypertension, Malignant Hypertension, Brain Aneurysm, or Arteriovenous Malformation.

The Stroke must be positively Diagnosed by a Doctor/Qualified Medical Professional based upon documented neurological deficits and confirmatory neuroimaging studies.

Stroke does not include:

- Transient Ischemic Attacks (TIAs). TIAs are covered under the Transient Ischemic Attack Critical Illness.
- Head injury
- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Stroke will be covered only if the Insured submits evidence of the neurological damage by providing:

- Computed Axial Tomography (CAT scan) images, or
- Magnetic Resonance Imaging (MRI).

**Sudden Cardiac Arrest** is the sudden, unexpected loss of heart function in which the heart, abruptly and without warning, stops working as a result of an internal electrical system heart malfunction due to Coronary Artery Disease, Cardiomyopathy, or Hypertension.

Sudden Cardiac Arrest is not a Heart Attack (Myocardial Infarction). A Sudden Cardiac Arrest benefit is not payable if the Sudden Cardiac Arrest is caused by or contributed to by a Heart Attack (Myocardial Infarction).



**Transient Ischemic Attack (TIA)** occurs when blood flow to part of the brain is temporarily blocked or reduced. For a benefit to be payable, the TIA must be caused by one or more of the following diseases:

- Advanced Arteriosclerosis
- Arteriosclerosis of the arteries of the neck or brain
- Vascular embolism
- Hypertension
- Malignant Hypertension
- Brain Aneurysm
- Arteriovenous Malformation.

The TIA must be positively Diagnosed by a Doctor/Qualified Medical Professional based upon documented neurological deficits and confirmatory neuroimaging studies.

**Treatment** or **Medical Treatment** is the consultation, care, or services provided by a Doctor/Qualified Medical Professional. This includes receiving any diagnostic measures and taking prescribed drugs and medicines.

**Treatment-Free From Cancer** refers to the period of time in which the Insured is not taking prescribed drugs and medicines for treatment of Cancer, or undergoing definitive therapy for Cancer. Treatment does not include Maintenance Drug Therapy or routine follow-up visits to verify whether Cancer or Non-Invasive Cancer has returned.

**Type I Diabetes** means a form of diabetes mellitus causing total insulin deficiency of an Insured along with continuous dependence on exogenous insulin in order to maintain life. Type I Diabetes excludes Gestational Diabetes and Prediabetes.

**Type II Diabetes** means a form of diabetes mellitus causing inadequate production or utilization of insulin. Type II Diabetes excludes Gestational Diabetes and Prediabetes.



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## **SECTION IV - BENEFIT PROVISIONS**

The benefit amounts payable under this section are shown in the Policy Schedule. The Company will pay benefits for a Critical Illness in the order the events occur.

### **Critical Illness Benefit**

#### **Initial Diagnosis Benefit**

We will pay the Critical Illness benefit when an Insured is Diagnosed with one of the Critical Illnesses shown in the Benefit Schedule, and when such Diagnosis is caused by an underlying disease as identified herein. We will pay this benefit if:

- The initial Date of Diagnosis is while the Insured's coverage is in force, and
- The Certificate does not exclude the illness or condition by name or by specific description.

Benefits will be based on the Face Amount in effect on the Critical Illness Date of Diagnosis.

#### **Additional Diagnosis Benefit**

Once benefits have been paid for a Critical Illness, the Company will pay benefits for each different Critical Illness when the Date of Diagnosis for the new Critical Illness is separated from the prior, different Critical Illness by at least 6 consecutive months and the new Critical Illness is not caused or contributed by a Critical Illness for which benefits have been paid.

#### **Reoccurrence Benefit**

Once benefits have been paid for a Critical Illness, benefits are payable for that same Critical Illness when the Date of Diagnosis for the Reoccurrence of that Critical Illness is separated from the prior occurrence of that Critical Illness by at least 6 consecutive months and the Critical Illness is not caused or contributed by a Critical Illness for which benefits have been paid.

#### **Non-Invasive Cancer Benefit**

We will pay the amount shown in the Policy Schedule for the Diagnosis of a Non-Invasive Cancer. This benefit is payable in addition to all other applicable benefits.

#### **Metastatic Cancer Benefit**

We will pay the amount shown in the Policy Schedule for the Diagnosis of a Metastatic Cancer.

#### **Additional Benefits**

Additional Benefits are payable if the Date of Diagnosis is while the Insured's coverage is in force, and the Certificate does not exclude the illness or condition by name or by specific description.

#### **Reduced Benefit Skin Cancers Benefit**

We will pay the amount shown in the Policy Schedule for the Diagnosis of Reduced Benefit Skin Cancers. This benefit is payable 1 per calendar year.

#### **Health Screening Benefit**

We will pay the amount shown in the Policy Schedule for Health Screening Tests performed while an Insured's coverage is in force. This benefit is payable 1 per calendar year, per Insured up to the maximum shown on the Certificate Schedule. Benefits are payable for Covered Dependent Children at 50.00% of the Employee benefit amount.

This benefit is only payable for Health Screening Tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

Health Screening Tests include, but are not limited to, the following:

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Non-diagnostic vascular screening
- DNA stool analysis
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Cervical Cancer Screening
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Spiral CT screening for lung cancer
- Stress test on a bicycle or treadmill
- Thermography
- HIV test performed via nucleic acid test (NAT)
- HPV test performed via Pap smear
- Biopsies
- Genetic Screening Test performed in a medical facility
- Human Coronavirus test
- Dental Exams
- Vision Exams
- Immunizations
- Mental Health Screening
- All generally medically accepted cancer screening tests

### **Type II Diabetes Benefit**

We will pay the amount shown in the Certificate Schedule for the initial Diagnosis of Type II Diabetes.

### **Waiver of Premium Benefit**

If an Employee becomes Totally Disabled as defined in this Group Critical Illness Insurance Policy due to a covered Critical Illness, we will waive premiums for the Employee and any currently covered Dependents (this includes any Riders that are in force).

**Total Disability or Totally Disabled** means the Employee is:

- Not working at any job for pay or benefits,
- Under the care of a Doctor/Qualified Medical Professional for the Treatment of a covered Critical Illness, and
- **Unable to Work**, which means either:
  - During the first 365 days of Total Disability, the Employee is unable to work at the occupation the Employee was performing when their Total Disability began; or
  - After the first 365 days of Total Disability, the Employee is unable to work at any gainful occupation for which the Employee is suited by education, training, or experience.

After 90 days of Total Disability, all Group Critical Illness Insurance Policy premiums will be waived if:

- The Employee's Total Disability began before the age of 65;
- The Employee's Total Disability has continued without interruption for at least 90 days, during which time the Employee and/or the Policyholder have paid premiums; and
- The Employee provides proof of Total Disability at least once every 12 months.

Pending our approval of a claim for the Waiver of Premium Benefit, premiums should be paid as they are due. Premiums that were paid for the first 90 days of Total Disability will be refunded after the claim for this benefit is approved.

Waiver of Premium will continue until the earliest of the following:

- The premium due date following the Employee's 65<sup>th</sup> birthday,
- The date the Company has waived premiums for a total of 24 months of Total Disability,
- The date the Employee refuses to provide proof of continuing Total Disability,
- The date the Employee's Total Disability ends, or
- The date coverage ends according to the Termination provisions in **Section I – Eligibility, Effective Date, and Termination.**

If the Employee is still eligible for coverage when they return to Active Work, coverage for any Insured may be continued if premium payments are resumed.



## SECTION V – EXCLUSIONS

### Exclusions

We will not pay for loss due to any of the following:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured
- **Suicide** – committing or attempting to commit suicide, while sane or insane
- **Illegal Occupation** – committing or attempting to commit a felony, or being engaged in an illegal occupation
- **Participation in:**
  - o **War** (declared or undeclared) or military conflicts
  - o **Insurrection or riot**
- **Intoxicants and controlled substances** - loss sustained or contracted in consequence of the Insured's being intoxicated or under the influence of any controlled substance unless administered on the advice of a Doctor/Qualified Medical Professional
- An error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure

## SECTION VI – GENERAL PROVISIONS

### **Entire Contract Changes**

This policy (the application of the Employer and the individual applications, if any, of the Employees ) constitute the entire contract between the parties, and any statement made by the Employer or by any Employee shall, in the absence of fraud, be deemed a representation and not a warranty. No such statement shall (avoid the insurance or reduce the benefits under this policy or) be used in defense to a claim hereunder unless it is contained in a written application.

No change in this policy shall be valid unless approved by our executive officer and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this policy or waive any of its provisions.

### **Time Limit on Certain Defenses**

After three years from the date of issue of this policy, no misstatement of the Policyholder, except a fraudulent misstatement, made in his application shall be used to void the policy; and after three years from the effective date of the coverage with respect to which any claim is made no misstatement of any Insured eligible for coverage under the Group Critical Illness Insurance Policy, except a fraudulent misstatement, made in an application under the Group Critical Illness Insurance Policy shall be used to deny a claim for loss incurred or disability commencing after expiration of such three years.

No claim for loss incurred or disability commencing after three years from the effective date of the insurance coverage with respect to which the claim is made shall be reduced or denied on the ground that a disease or physical condition, not excluded from coverage by name or specific description effective on the date of loss, had existed prior to the effective date of the coverage with respect to which the claim is made.

### **Grace Period**

A grace period of 31-days will be granted for the payment of premiums accruing after the first premium, during which grace period the policy shall continue in force, but the Employer shall be liable to the insurer for the payment of the premium accruing for the period the policy continues in force.

### **Notice of Claim**

Written notice of claim must be given to us within 20 days after the occurrence of commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Claimant to us at

**P.O. Box 84075, Columbus, GA 31993-9103**

or to any authorized agent of the insurer, with information sufficient to identify the Employee, shall be deemed notice to us.

### **Claim Forms**

The Company, upon receipt of a written notice of claim, will furnish to the Claimant such forms as are usually furnished by it for filing proof of loss. If such forms are not furnished within 15 days after the giving of such notice, the Claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

### **Proof of Loss**

Written proof of loss must be furnished to us, in case of claim for loss for which this policy provides any periodic payment contingent upon continuing loss, within 90 days after the termination of the period for which we are liable, and in case of claim for any other loss, within 90 days after the date of such loss. Failure to furnish such proof with the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the Claimant, later than one year from the time proof is otherwise required.



### **Time of Payment of Claims**

Indemnities payable under this policy for any loss other than loss for which this policy provides periodic payments will be paid to the Employee's as they accrue immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnity for loss for which this policy provides periodic payment will be paid to the Employee monthly and any balance remaining unpaid upon the termination of the period of liability will be paid immediately upon receipt of due written proof.

### **Payment of Claims**

We will pay all benefits to the Employee unless otherwise assigned. For any benefits that remain unpaid at the time of death, we will pay those benefits in the following order:

- To any approved assignee,
- To the Employee's beneficiary,
- To the Employee's surviving Spouse,
- To the Employee's estate.

### **Physical Examination and Autopsy**

The Company at its own expense shall have the right and opportunity to examine the person of any individual whose injury or sickness is the basis of claim when and as often as it may reasonably require during the pendency of claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.

### **Legal Action**

No action at law or in equity shall be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

### **Changing of Beneficiary**

The right to change of beneficiary is reserved to the insured Employee, and the consent of the beneficiary or beneficiaries shall not be requisite to any change in beneficiary.

### **Misstatement of Age**

If the age of any individual covered under this policy has been misstated, the amount payable shall be such as the premium paid for the coverage of such individual would have purchased at the correct age.

### **Unpaid Premium**

When a claim is paid, we may deduct any premium due and unpaid from the claim payment.

### **Conformity with State Statutes**

Any Group Critical Illness Insurance Policy provision that conflicts with that state's statutes is amended to conform to the minimum requirements of those statutes.

### **Successor Insured**

If an Employee dies while covered under their Certificate and their Spouse is also insured under this Group Critical Illness Insurance Policy at the time of their death, then their surviving Spouse may elect to become the Primary Insured at the current Spouse Face Amount. This would include continuation of any Dependent Child coverage that is in force at that time.

To become the Primary Insured and keep coverage in force, the surviving Spouse must:

- Notify the Company in writing within 31 days after the date of the Employee's death; and
- Pay the required premium to the Company no later than 31 days after the date of the Employee's death, and on each premium due date thereafter.

If the Certificate does not cover a surviving Spouse, the Certificate will terminate on the next premium due date following the Employee's death.

### **Claim Review**

If a claim is denied, the Employee will be given written notice of:

- The reason for the denial,
- The Group Critical Illness Insurance Policy provision that supports the denial, and
- The Employee's right to ask for a review of the claim.

### **Appeals Procedure**

Before filing any lawsuit-and no later than 60 days after notice of denial of a claim-the Employee, the Claimant, or an authorized representative of either must appeal any denial of benefits under the Group Critical Illness Insurance Policy by sending a written request for review of the denial to our Home Office.

### **Clerical Error**

Clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of a clerical error, the Company will make a premium adjustment.

### **Individual Certificates**

The Company will give the Policyholder a Certificate for each Employee. The Certificate will set forth:

- The coverage,
- To whom benefits will be paid, and
- The rights and privileges under the Group Critical Illness Insurance Policy.

### **California Department of Insurance Contact Information**

Please contact the California Department of Insurance if you have an issue that cannot be solved with Continental American Life Insurance Company.

California Department of Insurance  
Consumer Communications Bureau  
300 South Spring Street, South Tower  
Los Angeles, CA 90013

Consumer Hotline  
1-800-927-Help (4357)  
or  
1-213-897-8921  
TDD Number  
1-800-482-4TDD (4833)

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## SECTION VII – INCORPORATION OF RIDER PROVISIONS

The attached listed Certificate Riders are made a part of this Group Critical Illness Insurance Policy.

**Rider Name**

Progressive Disease Rider  
Specified Disease Rider

**Form Number**

C22303CA  
C22306CA



**POLICY SCHEDULE**

**Group Policyholder:** IAPMO  
**Group Policy Number:** CTR0012054486  
**Group Policy Effective Date:** August 1, 2023  
**Group Policy Anniversary Date:** August 1, 2024  
**Jurisdiction:** California  
**Face Amount:** See Certificates  
**Spouse Amount:** See Certificates  
**Covered Dependent Children:** 50.00% of applicable Face Amount

**Benefit Percentages:**

Bone Marrow Transplant (Stem Cell Transplant)	100.00% of applicable Face Amount
Cancer (internal or invasive)	100.00% of applicable Face Amount
Limited Benefit Coma	100.00% of applicable Face Amount
Coronary Artery Bypass Surgery	100.00% of applicable Face Amount
Heart Attack (Myocardial Infarction)	100.00% of applicable Face Amount
Kidney Failure (End-Stage Renal Failure)	100.00% of applicable Face Amount
Limited Benefit Loss of Sight	100.00% of applicable Face Amount
Limited Benefit Loss of Speech	100.00% of applicable Face Amount
Limited Benefit Loss of Hearing	100.00% of applicable Face Amount
Limited Benefit Major Organ Transplant	100.00% of applicable Face Amount
Limited Benefit Paralysis	100.00% of applicable Face Amount
Stroke	100.00% of applicable Face Amount
Sudden Cardiac Arrest	100.00% of applicable Face Amount
Type I Diabetes	100.00% of applicable Face Amount
Metastatic Cancer	25.00% of applicable Face Amount
Non-Invasive Cancer	25.00% of applicable Face Amount

**Maximum Payable for Additional Diagnosis Benefit:** 1 per 6 months  
**Maximum Payable for Reoccurrence Benefit:** 1 per 6 months

**Additional Benefits:**

**Health Screening Benefit Amount:** \$50.00 per Insured  
**Maximum per Insured:** 1 per Calendar Year  
**Health Screening Benefit for Covered Dependent Children:** 50.00% of Health Screening Benefit Amount  
**Maximum:** 1 per Calendar Year  
**Reduced Benefit Skin Cancers:** \$1,000.00  
**Reduced Benefit Skin Cancers for Covered Dependent Children:** 50.00% of Reduced Benefit Skin Cancers Benefit Amount  
**Maximum per Covered Person:** 1 per Calendar Year  
**Type II Diabetes:** \$1,000.00  
**Type II Diabetes for Covered Dependent Children:** 50.00% of Type II Diabetes Benefit Amount  
**Waiver of Premium:** Yes

This Group Critical Illness Insurance Policy is delivered in and governed by the laws of the jurisdiction shown above.

This Group Critical Illness Insurance Policy is age-banded. That means Employees' rates may increase on the Group Policy Anniversary Date. Premiums at the Policy Anniversary Date are determined by the Employee's Attained Age rate, as shown in the Policy Schedule of Premiums.



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## **BENEFIT SCHEDULE**

### **Critical Illness Benefits**

The applicable benefit amount is payable for the following Critical Illnesses, provided such Critical Illness meets all applicable definitions contained in the Group Critical Illness Insurance Policy and is caused by an underlying disease as set forth herein:

- Bone Marrow Transplant (Stem Cell Transplant)
- Cancer (internal or invasive)
- Limited Benefit Coma
- Coronary Artery Bypass Surgery
- Heart Attack (Myocardial Infarction)
- Kidney Failure (End-Stage Renal Failure)
- Limited Benefit Loss of Sight
- Limited Benefit Loss of Speech
- Limited Benefit Loss of Hearing
- Limited Benefit Major Organ Transplant
- Non-Invasive Cancer
- Limited Benefit Paralysis
- Stroke
- Sudden Cardiac Arrest
- Type I Diabetes
- Metastatic Cancer

### **Additional Benefits**

Health Screening Benefit  
Reduced Benefit Skin Cancers Benefit  
Type II Diabetes Benefit  
Waiver of Premium Benefit

# Schedule of Premiums

## IAPMO - Monthly

### Uni Tobacco-Employee

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18 - 25	2.44	4.89	7.33	9.77	12.22	14.66
26 - 30	3.40	6.79	10.19	13.58	16.98	20.37
31 - 35	4.34	8.69	13.03	17.37	21.72	26.06
36 - 40	5.59	11.18	16.76	22.35	27.94	33.53
41 - 45	7.18	14.36	21.54	28.72	35.90	43.08
46 - 50	9.24	18.48	27.72	36.95	46.19	55.43
51 - 55	13.97	27.95	41.92	55.90	69.87	83.84
56 - 60	16.65	33.31	49.96	66.61	83.26	99.92
61 - 65	26.37	52.74	79.11	105.48	131.85	158.22
66 +	41.35	82.71	124.06	165.42	206.77	248.12

### Uni Tobacco-Spouse

Issue Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
18 - 25	2.44	3.66	4.89	6.11	7.33
26 - 30	3.40	5.09	6.79	8.49	10.19
31 - 35	4.34	6.52	8.69	10.86	13.03
36 - 40	5.59	8.38	11.18	13.97	16.76
41 - 45	7.18	10.77	14.36	17.95	21.54
46 - 50	9.24	13.86	18.48	23.10	27.72
51 - 55	13.97	20.96	27.95	34.93	41.92
56 - 60	16.65	24.98	33.31	41.63	49.96
61 - 65	26.37	39.55	52.74	65.92	79.11
66 +	41.35	62.03	82.71	103.38	124.06

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Coverage underwritten by  
**CONTINENTAL AMERICAN LIFE INSURANCE COMPANY**  
Columbia, South Carolina  
800.433.3036

Please call the toll-free number above with any questions about this coverage.

**Progressive Disease Rider  
To Certificate of Insurance for Group Critical Illness**

This Rider is part of the Certificate to which it is attached. We have issued this Rider because:

- You paid the additional premium for this Rider, and
- We have accepted your Application.

This Rider is subject to all the definitions, exclusions, terms, and other provisions of the Certificate to which it is attached, unless those terms are inconsistent with this Rider.

The benefits are available to those Insureds designated in the Certificate Schedule. Diagnosis must occur while this Rider is in force.

**EFFECTIVE DATE**

If issued at the same time as the Certificate, this Rider becomes effective when the Certificate becomes effective. If issued after the Certificate, this Rider will have a later Effective Date.

**DEFINITIONS**

When the terms below are used in this Rider, the following definitions apply (other applicable terms and definitions are included in the **Definitions** section of your Certificate):

**Date of Diagnosis** is defined as follows:

- **Advanced Alzheimer's Disease:** The date a Doctor/Qualified Medical Professional Diagnoses the Insured incapacitated due to Alzheimer's disease.
- **Advanced Parkinson's Disease:** The date a Doctor/Qualified Medical Professional Diagnoses the Insured incapacitated due to Parkinson's disease.
- **Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease):** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having ALS and where such Diagnosis is supported by medical records.
- **Chronic Obstructive Pulmonary Disease (COPD):** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having COPD based on clinical and/or laboratory findings as supported by medical records.
- **Crohn's Disease:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Crohn's Disease based on clinical and/or laboratory findings as supported by medical records.
- **Sustained Multiple Sclerosis:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Multiple Sclerosis and where such Diagnosis is supported by medical records.

**Advanced Alzheimer's Disease** means Alzheimer's Disease that causes the Insured to be incapacitated. Alzheimer's Disease is a progressive degenerative disease of the brain that is Diagnosed by a psychiatrist or neurologist as Alzheimer's Disease. To be incapacitated due to Alzheimer's Disease, the Insured must:

Exhibit the loss of intellectual capacity involving impairment of memory and judgment, resulting in a significant reduction in mental and social functioning.

**Advanced Parkinson's Disease** means Parkinson's Disease that causes the Insured to be incapacitated. Parkinson's Disease is a brain disorder that is Diagnosed by a psychiatrist or neurologist as Parkinson's Disease. To be incapacitated due to Parkinson's Disease, the Insured must:

- Exhibit at least two of the following clinical manifestations:
  - a. Muscle rigidity
  - b. Tremor
  - c. Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses).

**Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)** means a chronic, progressive motor neuron disease occurring when nerve cells in the brain and spinal cord that control voluntary movement degenerate, causing muscle weakness and atrophy, eventually leading to paralysis.

**Chronic Obstructive Pulmonary Disease (COPD)** means a lung disease characterized by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible.

**Crohn's Disease** means a chronic inflammatory bowel disease that affects the lining of the digestive tract.

**Sustained Multiple Sclerosis** means a chronic degenerative disease of the central nervous system in which gradual destruction of myelin occurs in the brain or spinal cord or both, interfering with the nerve pathways. Sustained Multiple Sclerosis results in one of the following symptoms for at least 90 consecutive days:

- Muscular weakness,
- Loss of coordination,
- Speech disturbances, or
- Visual disturbances.

#### **BENEFIT PROVISIONS**

We will pay the Benefit shown on the Rider Schedule if an Insured is Diagnosed with one of the diseases that is listed in the Rider Schedule if the Date of Diagnosis is while this Rider is in force.

The Progressive Disease benefit is payable only once per disease.

For any subsequent Progressive Disease to be covered, the Date of Diagnosis of the subsequent Progressive Disease must be 6 months or more after the date the Insured first qualified for any previously paid Progressive Disease Benefit.

#### **CONTRACT**

This Rider is part of the Critical Illness Certificate. It will terminate when:

- That Certificate terminates, or
- Premiums are no longer paid for this Rider.

This Rider is subject to all of the terms of the Critical Illness Certificate to which it is attached unless those terms are inconsistent with this Rider.

Signed for the Company at its Home Office,



Virgil R. Miller, President



J. Matthew Loudermilk, Secretary



**BENEFITS**

<b>Advanced Alzheimer's Disease</b>	25.00% of applicable Face Amount
<b>Advanced Parkinson's Disease</b>	25.00% of applicable Face Amount
<b>Amyotrophic Lateral Sclerosis (ALS)</b>	100.00% of applicable Face Amount
<b>Chronic Obstructive Pulmonary Disease (COPD)</b>	25.00% of applicable Face Amount
<b>Crohn's Disease</b>	25.00% of applicable Face Amount
<b>Sustained Multiple Sclerosis</b>	100.00% of applicable Face Amount
<b>Maximum per Insured, per lifetime</b>	<b>1 time, per Progressive Disease</b>



Coverage underwritten by  
**CONTINENTAL AMERICAN LIFE INSURANCE COMPANY**  
 Columbia, South Carolina  
 800.433.3036

Please call the toll-free number above with any questions about this coverage.

**Specified Disease Rider  
 To Certificate of Insurance for Group Critical Illness**

This Rider is part of the Certificate to which it is attached. We have issued this Rider because:

- You paid the additional premium for this Rider, and
- We have accepted your Application.

This Rider is subject to all the definitions, exclusions, terms, and other provisions of the Certificate to which it is attached, unless those terms are inconsistent with this Rider.

The benefits are available to those Insureds designated in the Certificate Schedule. Diagnosis must occur while this Rider is in force.

**EFFECTIVE DATE**

If issued at the same time as the Certificate, this Rider becomes effective when the Certificate becomes effective. If issued after the Certificate, this Rider will have a later Effective Date.

**DEFINITIONS**

When the terms below are used in this Rider, the following definitions apply (other applicable terms and definitions are included in the **Definitions** section of your Certificate):

**Date of Diagnosis** is defined for each Specified Disease as follows and must be supported by medical records

- **Adrenal Hypofunction (Addison's Disease):** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Adrenal Hypofunction.
- **Cerebrospinal Meningitis:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Cerebrospinal Meningitis.
- **Diphtheria:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Diphtheria based on clinical and/or laboratory findings.
- **Encephalitis:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Encephalitis.
- **Human Coronavirus:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Human Coronavirus based on laboratory findings as supported by viral testing or a blood test.
- **Huntington's Chorea:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Huntington's Chorea based on clinical findings.
- **Legionnaire's Disease:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Legionnaire's Disease by finding *Legionella* bacteria in a clinical specimen taken from the Insured.
- **Lyme Disease:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Lyme Disease.
- **Malaria:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Malaria.
- **Muscular Dystrophy:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Muscular Dystrophy.
- **Myasthenia Gravis:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Myasthenia Gravis.
- **Necrotizing Fasciitis:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Necrotizing Fasciitis.



- **Osteomyelitis:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Osteomyelitis.
- **Poliomyelitis:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Poliomyelitis.
- **Rabies:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Rabies.
- **Sickle Cell Anemia:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Sickle Cell Anemia.
- **Systemic Lupus:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Systemic Lupus.
- **Systemic Sclerosis (Scleroderma):** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Systemic Sclerosis.
- **Tetanus:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Tetanus by finding Clostridium tetani bacteria in a clinical specimen taken from the Insured.
- **Tuberculosis:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Tuberculosis by finding Mycobacterium tuberculosis bacteria in a clinical specimen taken from the Insured.

**Adrenal Hypofunction (Addison's Disease)** means a disease occurring when the body's adrenal glands do not produce sufficient steroid hormones.

Adrenal Hypofunction does not include secondary and tertiary adrenal insufficiency.

**Cerebrospinal Meningitis** means a disease resulting in the inflammation of the meninges of both the brain and spinal cord caused by infection from viruses, bacteria, or other microorganisms or from Cancer.

**COVID-19** means a viral respiratory disease caused by the SARS-CoV-2 virus.

**Diphtheria** means an infectious disease caused by the bacterium *Corynebacterium diphtheriae* and characterized by the production of a systemic toxin and the formation of a false membrane lining of the mucous membrane of the throat and other respiratory passages, causing difficulty in breathing, high fever, and/or weakness.

Diphtheria can be Diagnosed either through laboratory tests that confirm Diphtheria through a culture obtained from the infected area or through clinical observation of visible symptoms.

**Encephalitis** means an inflammation of the brain, usually caused by a direct viral infection or a hyper-sensitivity reaction to a virus or foreign protein.

**Human Coronavirus** means a severe type of virus having a lipid envelope studded with club-shaped spike proteins that infects humans, leading to an upper respiratory infection or Pneumonia, and spread through the air by coughing, sneezing, close personal contact, or touching a contaminated object or surface. Human Coronavirus is limited to Coronavirus Disease 19 (COVID-19), Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS).

**Huntington's Chorea** means a hereditary disease characterized by gradual loss of brain function and voluntary movement due to degenerative changes in the cerebral cortex and basal ganglia.

**Legionnaire's Disease** means an infectious lung disease caused by species of the aerobic bacteria belonging to the genus *Legionella*.

**Lyme Disease** means an inflammatory disease caused by bacteria that are transmitted by ticks that is characterized initially by a rash, headache, fever, and chills, and later by possible arthritis and neurological and cardiac disorders.

**Malaria** means an infectious disease characterized by cycles of chills, fever, and sweating, caused by the bite of an anopheles mosquito infected with a protozoan of the genus *Plasmodium*.

**MERS** means a viral respiratory illness caused by a coronavirus



**Muscular Dystrophy** means a genetic disease that causes progressive weakness and degeneration in the musculoskeletal system and where such muscles are replaced by scar tissue and fat. Muscular Dystrophy is characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissues.

**Myasthenia Gravis** means a disease characterized by progressive weakness and exhaustibility of voluntary muscles without atrophy or sensory disturbance and caused by an autoimmune attack on acetylcholine receptors at the neuromuscular junction.

**Necrotizing Fasciitis** means a severe soft tissue infection by bacteria that is marked by edema and necrosis of subcutaneous tissues with involvement of adjacent fascia and by painful red swollen skin over the affected areas.

**Osteomyelitis** means an infectious inflammatory disease of the bone that typically results from a bacterial infection and may result in the death of bone tissue.

**Poliomyelitis (Polio)** means an acute infectious disease caused by the poliovirus and characterized by fever, motor paralysis, and atrophy of skeletal muscles. It often results in permanent disability and deformity, and marked by inflammation of nerve cells in the anterior gray matter in each lateral half of the spinal cord.

**Rabies** means an acute viral disease of the nervous system caused by a rhabdovirus, which is usually transmitted through the bite of a rabid animal. It is typically characterized by increased salivation, abnormal behavior, and eventual paralysis.

**SARS** means a viral respiratory illness caused by a coronavirus.

**Sickle Cell Anemia** means a hereditary disease caused by a genetic blood disorder. It is characterized by red blood cells that assume an abnormal, rigid, sickle shape due to a mutation on the hemoglobin gene.

**Systemic Lupus** means an autoimmune disease where the body's immune system attacks healthy tissue, leading to long-term inflammation. This disease is primarily characterized by joint pain and swelling.

**Systemic Sclerosis (Scleroderma)** means a progressive autoimmune disease characterized by the hardening and tightening of the skin and connective tissues.

**Tetanus** means a disease marked by rigidity and spasms of the voluntary muscles, caused by the bacterium *Clostridium tetani*.

**Tuberculosis** means an infectious disease caused by *Mycobacterium tuberculosis* bacteria. It is characterized by the growth of nodules in the bodily tissues, as well as by fever, cough, difficulty breathing, caseation, pleural effusions, and fibrosis.

## BENEFIT PROVISIONS

**Tier I – Specified Disease Benefit:** We will pay the Benefit shown on the Rider Schedule if an Insured is Diagnosed with one of the Tier I Specified Diseases listed below, and if the Date of Diagnosis is while this Rider is in force:

- Adrenal Hypofunction
- Cerebrospinal Meningitis
- Diphtheria
- Encephalitis
- Huntington's Chorea
- Legionnaire's Disease
- Lyme Disease
- Malaria
- Muscular Dystrophy
- Myasthenia Gravis
- Necrotizing Fasciitis
- Osteomyelitis



- Poliomyelitis
- Rabies
- Sickle Cell Anemia
- Systemic Lupus
- Systemic Sclerosis (Scleroderma)
- Tetanus
- Tuberculosis

For any subsequent Tier I Specified Disease to be covered, the Date of Diagnosis of the subsequent Tier I Specified Disease must be 6 Months or more after the date the Insured first qualified for any previously paid Tier I Specified Disease Benefit.

**Tier II – Specified Disease Hospitalization Benefit:** We will pay the Benefit shown on the Rider Schedule if an Insured is Diagnosed with one of the Tier II Specified Diseases listed below. Furthermore, the Date of Diagnosis must be while this Rider is in force.

In order to receive a Tier II Specified Disease Hospitalization Benefit the Insured must be as a direct result of a Tier II Specified Disease. In addition, the Insured must be receiving Treatment for the Tier II Specified Disease for the minimum number of days shown in the Rider Schedule. Only the highest eligible benefit amount shown on the Rider Schedule will be payable under these benefits. In the event a lower benefit amount was previously paid under these benefits for any period of Hospital confinement and that confinement is extended or the Insured is moved to an Intensive Care Unit triggering a higher payment, the difference between the previous paid benefit amount and the new benefit amount will be provided:

- Human Coronavirus
  - o Covid-19
  - o SARS
  - o MERS

**Please note that for any subsequent Tier I or Tier II Specified Disease to be covered, the Date of Diagnosis of the subsequent Tier I or Tier II Specified Disease must be 6 Months or more after the date the Insured last qualified for any previously paid Tier I or Tier II Specified Disease Benefit, as applicable.**

**Please note that any Tier II Specified Disease Benefit requires a Diagnosis resulting in either a as a direct result of the Tier II Specified Disease in order for the benefit to be payable.**

This benefit is limited to the maximum shown in the Rider Schedule.

**CONTRACT**

This Rider is part of the Critical Illness Certificate. It will terminate when:

- That Certificate terminates, or
- Premiums are no longer paid for this Rider.

This Rider is subject to all of the terms of the Critical Illness Certificate to which it is attached unless those terms are inconsistent with this Rider.

Signed for the Company at its Home Office,



Virgil R. Miller, President



J. Matthew Loudermilk, Secretary

**Benefits****Tier I Specified Disease Benefit:**

<b>Adrenal Hypofunction (Addison's Disease)</b>	25.00% of applicable Face Amount
<b>Cerebrospinal Meningitis</b>	25.00% of applicable Face Amount
<b>Diphtheria</b>	25.00% of applicable Face Amount
<b>Encephalitis</b>	25.00% of applicable Face Amount
<b>Huntington's Chorea</b>	25.00% of applicable Face Amount
<b>Legionnaire's Disease</b>	25.00% of applicable Face Amount
<b>Lyme Disease</b>	25.00% of applicable Face Amount
<b>Malaria</b>	25.00% of applicable Face Amount
<b>Muscular Dystrophy</b>	25.00% of applicable Face Amount
<b>Myasthenia Gravis</b>	25.00% of applicable Face Amount
<b>Necrotizing Fasciitis</b>	25.00% of applicable Face Amount
<b>Osteomyelitis</b>	25.00% of applicable Face Amount
<b>Poliomyelitis (Polio)</b>	25.00% of applicable Face Amount
<b>Rabies</b>	25.00% of applicable Face Amount
<b>Sickle Cell Anemia</b>	25.00% of applicable Face Amount
<b>Systemic Lupus</b>	25.00% of applicable Face Amount
<b>Systemic Sclerosis (Scleroderma)</b>	25.00% of applicable Face Amount
<b>Tetanus</b>	25.00% of applicable Face Amount
<b>Tuberculosis</b>	25.00% of applicable Face Amount

**Tier II Specified Disease Hospitalization Benefit:**

<b>Human Coronavirus</b>	10.00% of applicable Face Amount
Maximum per Insured per Lifetime	1 time





Coverage underwritten by  
**CONTINENTAL AMERICAN LIFE INSURANCE COMPANY**  
Columbia, South Carolina  
800.433.3036

**IMPORTANT NOTICE**

This is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law.

**THE FOLLOWING CONDITIONS ARE NOT CONSIDERED "CRITICAL ILLNESS" UNDER THIS CERTIFICATE:**

**PRE-MALIGNANT CONDITIONS, CONDITIONS WITH MALIGNANT POTENTIAL, OR THOSE PROSTATIC CANCERS THAT ARE HISTOLOGICALLY DESCRIBED AS TNM CLASSIFICATION TX OR T0 OR T1A OR T1B. ALL OTHER PROSTATIC CANCERS ARE COVERED.**

Any disease or injury involving the cardiovascular system other than heart attack as defined herein.

Cardiac arrest not caused by a myocardial infarction.

Balloon angioplasty, laser relief, stints or other non-surgical procedures used to correct narrowing or blockage of coronary arteries.

Head injury, transient ischemic attack or cerebrovascular insufficiency.

Renal failure caused by a traumatic event, including surgical traumas.

An insured person will not receive any benefits under this critical illness coverage for any of the above named conditions

Please note only the diseases, illnesses and conditions defined in this Certificate are covered. Refer to Section III – Definitions for the definition of Critical Illness.

**CANCER IS PAYABLE AT DIFFERENT BENEFIT AMOUNTS BASED ON THE TYPE OF CANCER: INTERNAL OR INVASIVE CANCER, NON-INVASIVE CANCER, AND REDUCED BENEFIT SKIN CANCERS. SEE EXAMPLE BELOW. REFER TO THE CERTIFICATE**

**SCHEDULE FOR BENEFITS PAYABLE**

A diagnosis of Non-Invasive Cancer or Metastatic Cancer provides a reduced benefit under this Group Critical Illness Insurance Policy. Benefits payable for Non-Invasive Cancer and Metastatic Cancer will be payable at 25.00%. Please see the Insured's Benefit Schedule for specific dollar amounts.

**Example - If an Insured had a tumor removed from any organ (such as breast or prostate) and that tumor had not spread (Non-Invasive Cancer), the benefit payable would be 25.00% of the Face Amount listed on the Certificate Schedule.**

**Example – If an Insured had a tumor that had spread (metastasized) to other tissue (such as lymph nodes), the benefit payable would be 25.00% of the Face Amount listed on the Certificate Schedule.**

California law prohibits an HIV test from being required or used by health insurance companies as a condition for obtaining health insurance coverage.

*Continental American Life Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage.*



Coverage underwritten by  
**CONTINENTAL AMERICAN LIFE INSURANCE COMPANY**  
Columbia, South Carolina  
800.433.3036

Please call the toll-free number above with any questions about this coverage.

**Certificate of Insurance For  
Group Critical Illness Insurance Policy**

**This limited Group Critical Illness Insurance Policy provides supplemental benefits only. It does not constitute comprehensive health insurance coverage and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.**

**This Group Critical Illness Insurance Policy provides benefits for the Critical Illnesses listed in the Benefit Schedule.**

**Please read it carefully.**

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY. PLEASE READ YOUR POLICY CAREFULLY.**

**This is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law.**

**Your Employer** (the "Policyholder") applied for coverage under this Group Critical Illness Insurance Policy. This Group Critical Illness Insurance Policy is issued by Continental American Life Insurance Company (the "Company," "CALC," "we," "us," or "our"). For the purposes of this Group Critical Illness Insurance Policy, "you" (including "your" and "yours") refers to you. Based on the application process and the timely payment of premiums, the Company agrees to pay the benefits provided on the following pages.

You will notice that certain words and phrases (including some medical terms and the names of Group Critical Illness Insurance Policy documents) in this document are capitalized. The capitalized words refer to terms with very specific definitions as they apply to this insurance Group Critical Illness Insurance Policy.

We certify that you are insured under the Group Critical Illness Policy. The Group Critical Illness Insurance Policy was issued to the Policyholder. This coverage provides benefits for loss resulting from Critical Illness. The Certificate is subject to the Definitions, Exclusions, and other provisions of the Group Critical Illness Insurance Policy.

Certain provisions of the Group Critical Illness Insurance Policy are summarized in this Certificate. All provisions of the Group Critical Illness Insurance Policy, whether contained in your Certificate or not, apply to the insurance referred to by the Certificate.

This Certificate, when it becomes effective, automatically replaces any Certificate or Certificates previously issued to you under the Group Critical Illness Insurance Policy.



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## SECTION I – ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION

### PRIMARY INSURED

#### **Eligibility**

You are eligible to be covered under this Group Critical Illness Insurance Policy if you are Actively at Work for your Employer and included in the class that is eligible for coverage, as shown on the Master Application.

**Insureds** are defined as those who might be eligible for coverage under this Group Critical Illness Insurance Policy in the following categories:

- **Employee Coverage** – We insure the Employee and any Dependent Children. The Employee is the **Primary Insured** under this Group Critical Illness Insurance Policy.
- **Employee and Spouse Coverage** – We insure the Employee, Spouse, and any Dependent Children.

You should refer to *Type of Coverage* in your Certificate Schedule to determine who is covered under this Certificate.

Details for adding Insureds to Group Critical Illness Insurance Policy coverage are outlined in the Dependent Coverage – Effective Date provision.

#### **Effective Date**

Your Employee Effective Date is shown on the Certificate Schedule.

Your Employee Effective Date is the date your insurance takes effect. After we receive and approve the Application, that date is either:

- The date shown on the Certificate Schedule if you are Actively at Work on that date, or
- The date you return to an Actively-at-Work status if you were not Actively at Work on the date shown on the Certificate Schedule.

#### **Termination of Your Insurance**

Your insurance will terminate on whichever occurs first:

- The date the Company terminates the Group Critical Illness Insurance Policy.
- The 31<sup>st</sup> day after the premium due date (the last day of the Grace Period), if the premium has not been paid.
- The date you no longer belong to an eligible class.

If an Insured's coverage terminates, we will provide benefits for valid claims that arose while their coverage was active.



## DEPENDENT COVERAGE

### **Eligibility**

Dependents may be eligible for coverage under this Group Critical Illness Insurance Policy. **You should refer to the Type of Coverage on the Certificate Schedule to determine Dependent eligibility.** A **Dependent** is your Spouse or your Dependent Child (details included in the **Definitions** section). An eligible Spouse must not currently be disabled or unable to work and be at least 18 years of age.

### **Effective Date**

The Effective Date for a Spouse is:

- The date shown on the Certificate Schedule if that Spouse is not confined to a hospital and is eligible for coverage on that date, or
- The first day of the month following the date the Spouse is no longer confined to a hospital (if that Spouse was confined to a hospital on the Certificate Schedule date) and is eligible for coverage on that date.

A Spouse may be added to the Group Critical Illness Insurance Policy after the Employee's Effective Date within 31 days after a Life Event or during an approved enrollment period. To be added, the Employee must complete an Application to add their Spouse to the Group Critical Illness Insurance Policy. The Company will assign the Effective Date for a Spouse's coverage after approving the application. For Spouse coverage to become effective, the Spouse must be included in the premium payment.

The Effective Date for a Dependent Child is:

- The Employee Effective Date, or
- The moment of birth for a newborn child, the date the petition is filed for adoption for adopted children, or the date of the Employee's marriage for step-children.

A day begins at 12:01 a.m. standard time at the Employee's, Spouse's, or Dependent Child's place of residence.

### **Termination of Dependent Insurance**

Dependent Coverage will terminate on the earliest of the following:

- When the Certificate terminates,
- On the premium due date following the date we receive your written request to terminate Dependent coverage,
- When premiums are no longer paid for Dependent coverage (subject to the Grace Period),
- For Spouse coverage, when the Insured no longer meets the definition of Spouse because of annulment, divorce, or other reason, or
- For Dependent Child coverage, when the Child no longer qualifies as a Dependent because they reach age 26 or other reason. (Dependent Children who reach age 26 will have coverage continued until the last day of the month in which they turn age 26.)

### **Group Critical Illness Insurance Policy Termination**

The **Company** has the right to cancel the Group Critical Illness Insurance Policy on any premium due date for the following reasons:

- The premium is not paid before the end of the Grace Period,
- The number of participating Employees is less than the number mutually agreed upon by the Company and the Policyholder in the signed Master Application,
- The Policyholder fails to perform any of the obligations that relate to this Policy or that are required by applicable law,
- The Policyholder no longer offers coverage to a particular class of Employees,
- The Policyholder no longer serves a class of Employees who reside in a particular geographical area, or
- The Policyholder does not provide timely information that is reasonably required.

The **Policyholder** has the right to cancel the Group Critical Illness Insurance Policy on any premium due date.

- To do this, the Policyholder must give the Company at least 31 days' written notice.
- The Group Critical Illness Insurance Policy will end on the date in the written notice or the date the Company receives the notice, whichever is later.



All outstanding premiums are due upon Group Critical Illness Insurance Policy termination. If the Company receives premium payments after the Group Critical Illness Insurance Policy terminates, this will not reinstate the Group Critical Illness Insurance Policy.

**The Policyholder has the sole responsibility of notifying Certificateholders in writing of the Group Critical Illness Insurance Policy's termination as soon as reasonably possible.** If the Group Critical Illness Insurance Policy terminates, it—and all Certificates and Riders issued under the Group Critical Illness Insurance Policy—will terminate on the specified termination date. The termination occurs as of 12:01 a.m. at the Policyholder's address.

### **Portability Privilege**

When you are no longer a member of an eligible class and your coverage would otherwise end, you may elect to continue your coverage under this Group Critical Illness Insurance Policy. You may continue the coverage you had on the date your Certificate would otherwise terminate, including any in-force Spouse or Dependent Child coverage, without any additional underwriting requirements.

To keep your coverage in force, you must:

- Notify the Company in writing within 31 days after the date your coverage would otherwise terminate. You may notify us by sending written notice to P.O. Box 84078, Columbus, GA 31993-9102 or by calling the Customer Service number at 800.433.3036, and
- Pay the required premium directly to the Company no later than 31 days after the date your coverage would otherwise terminate and on each premium due date thereafter.

Ported coverage will end on the earliest of the following dates:

- 31 days after the premium due date (the last day of the Grace Period), if the premium has not been paid, or
- The date the Group Critical Illness Insurance Policy is terminated.

If you qualify for this Portability Privilege, then the Company will apply the same Benefits and Group Critical Illness Insurance Policy Provisions as shown in your previously-issued Certificate. Notification of any changes in the Group Critical Illness Insurance Policy will be provided directly by the Company.

## **SECTION II – PREMIUM PROVISIONS**

### **Premium Payments**

**Premiums should be paid to the Company at P.O. Box 84069, Columbus, Georgia, 31908-4069.** The first premiums are due on this Group Critical Illness Insurance Policy's Effective Date. After that, premiums are due on the first day of each month that the Group Critical Illness Insurance Policy remains in effect.

Payment of any premium will not keep the Group Critical Illness Insurance Policy in force beyond the due date of the next premium, except as set forth in the Grace Period provision.

### **Premium Changes**

Unless we have agreed in writing not to increase premiums, the premium may change:

- On the Group Policy Anniversary Date based on renewal underwriting. (The Group Policy Anniversary Date is shown on the Policy Schedule and falls on the same date each year thereafter.)
- Whenever the terms or conditions of the Group Critical Illness Insurance Policy are modified. The new premium rates will apply only to premiums due on or after the rate change takes effect.

We will provide the Policyholder a 31-day advance written notice of any change to a premium.

Premiums on the Group Policy Anniversary Date are determined by your Attained Age. The Attained Age rates are shown in the Schedule of Premiums.



### **Grace Period**

This Group Critical Illness Insurance Policy has a 31-day Grace Period. If a premium is not paid on or before its due date, the premium may be paid during the next 31 days. During the Grace Period, the Group Critical Illness Insurance Policy will stay in force, unless the Policyholder has given the Company written notice of its intention to discontinue the Group Critical Illness Insurance Policy. If the Group Critical Illness Insurance Policy is discontinued, the Group Critical Illness Insurance Policy's termination date will be the latest date for which premium has been paid.

### **SECTION III - DEFINITIONS**

When the terms below are used in this Group Critical Illness Insurance Policy, the following definitions apply:

**Actively at Work (Active Work)** refers to your ability to perform your employment duties for a full workday. You may perform these activities either at your employer's regular place of business or at a location where you are required to travel to perform the regular duties of your employment.

**Acute Coronary Syndrome** is an obstruction of the coronary arteries that occurs as a result of Myocardial Infarction with or without ST elevation. This is determined by an electrocardiogram (ECG). Acute Coronary Syndrome includes unstable angina but does not include stable angina.

**Arteriosclerosis** means a disease of the arteries characterized by plaque deposits on the arteries' inner walls, resulting in their abnormal thickening and loss of elasticity.

**Arteriovenous Malformation** means a congenital disease of the blood vessels in the brain, brain stem, or spinal cord that is characterized by a complex, tangled web of abnormal arteries and veins and may be connected by one or more fistulas.

**Atherosclerosis** means a disease in which plaque builds up inside a person's arteries.

**Attained Age** means your age on your Certificate Effective Date and on each Group Policy Anniversary Date thereafter.

**Bone Marrow Transplant (Stem Cell Transplant)** means a procedure to replace damaged or destroyed bone marrow with healthy bone marrow stem cells. For a benefit to be payable, a Bone Marrow Transplant (Stem Cell Transplant) must be caused by at least one of the following diseases:

- Aplastic anemia
- Congenital neutropenia
- Severe immunodeficiency syndromes
- Sickle cell anemia
- Thalassemia
- Fanconi anemia
- Leukemia
- Lymphoma
- Multiple myeloma

The Bone Marrow Transplant (Stem Cell Transplant) benefit is not payable if the Transplant results from a covered Critical Illness for which a benefit has been paid under this Group Critical Illness Insurance Policy.

**Brain Aneurysm** is a weak area in the wall of a blood vessel of the brain that causes the blood vessel to bulge, balloon out, or rupture.

**Cancer (internal or invasive)** is a disease that meets either of the following definitions:

- A malignant tumor characterized by:
  - The uncontrolled growth and spread of malignant cells, and
  - The invasion of distant tissue (that is, Cancer has metastasized), or
- A disease meeting the diagnostic criteria of malignancy.

Leukemia, lymphoma, and Hodgkin's disease are included in the definition of Cancer (internal or invasive).

Also included are:

- Melanoma that is Clark's Level III or higher **or** Breslow depth equal to or greater than 0.77mm,
- Myelodysplastic syndrome - RCMD (refractory cytopenia with multilineage dysplasia),
- Myelodysplastic syndrome - RAEB (refractory anemia with excess blasts),
- Myelodysplastic syndrome - RAEB-T (refractory anemia with excess blasts in transformation), or
- Myelodysplastic syndrome - CMML (chronic myelomonocytic leukemia).

The following are **not** considered internal or invasive Cancers:

- Superficial cervical cancer
- Superficial bladder tumors
- Pre-malignant tumors or polyps
- Early breast cancer requiring lumpectomy without radiation or chemotherapy
- Early prostate (Stage A) cancer
- Non-Invasive Cancer (as defined below)
- Reduced Benefit Skin Cancers (as defined below)
- Melanoma that is Diagnosed as
  - Clark's Level I or II,
  - Breslow depth less than 0.77mm, **or**
  - Stage 1A melanomas under TNM Staging

**Cervical Cancer Screening** means conventional Pap test, a human papillomavirus screening test that is approved by the federal Food and Drug Administration, or any other cervical cancer screening test approved by the federal Food and Drug Administration.

**Clark's Level** is a measurement of the thickness of a melanoma in relation to the layers of the skin. The Clark's Level uses a scale of I to V (1-5) to describe which layers of the skin are involved. Example – Clark Level I would only involve the first layer of skin.

**Melanoma in Situ** means melanoma cells that occur only on the outer layer of the skin (the epidermis), where there is no invasion of the deeper layer (the dermis).

**Non-Invasive Cancer** is a Cancer that is confined to the site of origin (in situ) without having invaded neighboring tissue.

For the purposes of this Group Critical Illness Insurance Policy, a Non-Invasive Cancer is:

- Cancer in one organ, such as prostate or indolent cancer (this does not include Cancer that has spread throughout the organ, such as breast cancer, which would be considered an invasive Cancer)
- Myelodysplastic Syndrome - RA (refractory anemia)
- Myelodysplastic Syndrome - RARS (refractory anemia with ring sideroblasts)

Premalignant conditions or conditions with malignant potential, other than those specifically named above, are **not** considered Non-Invasive Cancer.

Reduced Benefit Skin Cancers, as defined in this Group Critical Illness Insurance Policy, is **not** considered Non-Invasive Cancer and is therefore not payable under the Non-Invasive Cancer benefit.

**Reduced Benefit Skin Cancers** is a Cancer that forms in the tissues of the skin.

The following are considered Reduced Benefit Skin Cancers:

- Basal cell carcinoma
- Squamous cell carcinoma of the skin
- Melanoma in Situ – that is, melanoma cells that occur only on the outer layer of the skin (the epidermis), where there is no invasion of the deeper layer (the dermis)
- Melanoma that is Diagnosed as
  - Clark's Level I or II,
  - Breslow depth less than 0.77mm, **or**



- o Stage 1A melanomas under TNM Staging  
These conditions are not payable under the Cancer (internal or invasive) or Non-Invasive Cancer benefits.

**Cancer, Non-Invasive Cancer, Metastatic Cancer or Reduced Benefit Skin Cancers** must be Diagnosed in one of two ways:

1. **Pathological Diagnosis** is a Diagnosis based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This Diagnosis must be made by a Doctor/Qualified Medical Professional.
2. **Clinical Diagnosis** is based only on the study of symptoms. The Company will accept a Clinical Diagnosis only if:
  - Diagnosis is consistent with professional medical standards, and
  - Medical evidence exists to support the Diagnosis.

**Cardiomyopathy** means a disease with measurable deterioration of the function of the myocardium, and is typically characterized by breathlessness and swelling of the legs.

**Chronic Kidney Disease** means a disease characterized by the gradual loss in renal function over time due to diabetes mellitus, Hypertension, glomerulonephritis, polycystic kidney disease, autoimmune disease, or genetic disease.

**Claimant** means a person who is authorized to make a claim under the Certificate.

**Complete Remission** is evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the Cancer.

**Coronary Artery Bypass Surgery** means open heart surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts and where such narrowing or blockage is attributed to Coronary Artery Disease or Acute Coronary Syndrome. This excludes any non-surgical procedure, such as, but not limited to, balloon angioplasty, laser relief, or stents.

**Coronary Artery Disease** occurs when the coronary arteries become damaged due to acute coronary occlusion, coronary atherosclerosis, aneurysm and/or dissection of the coronary arteries, or coronary atherosclerosis due to lipid rich plaque.

**Critical Illness** is a disease or a sickness as defined in the Group Critical Illness Insurance Policy that first manifests while your coverage is in force.

Any loss due to Critical Illness must begin while your coverage is in force. Critical Illness includes only the following, provided such Critical Illness meets all applicable definitions contained in the Group Critical Illness Insurance Policy and, where indicated, is caused by an underlying condition:

- Bone Marrow Transplant (Stem Cell Transplant)
- Cancer (internal or invasive)
- Coronary Artery Bypass Surgery
- Heart Attack (Myocardial Infarction)
- Kidney Failure (End-Stage Renal Failure)
- Limited Benefit Coma
- Limited Benefit Loss of Sight
- Limited Benefit Loss of Speech
- Limited Benefit Loss of Hearing
- Limited Benefit Major Organ Transplant
- Limited Benefit Paralysis
- Non-Invasive Cancer
- Stroke
- Sudden Cardiac Arrest
- Type I Diabetes
- Type II Diabetes
- Metastatic Cancer

**Date of Diagnosis** is defined as follows:

- **Bone Marrow Transplant (Stem Cell Transplant):** The date the surgery occurs.
- **Cancer:** The day tissue specimens, blood samples, or titer(s) are taken (Diagnosis of Cancer and/or Non-Invasive Cancer is based on such specimens).
- **Coronary Artery Bypass Surgery:** The date the surgery occurs.
- **Heart Attack (Myocardial Infarction):** The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the Heart Attack (Myocardial Infarction) definition.
- **Kidney Failure (End-Stage Renal Failure):** The date a Doctor/Qualified Medical Professional recommends that an Insured begin renal dialysis.
- **Limited Benefit Coma:** The first day of the period for which a Doctor/Qualified Medical Professional confirms a Coma that is due to one of the underlying diseases and that has lasted for at least seven consecutive days.
- **Limited Benefit Loss of Sight:** The date the loss due to one of the underlying diseases is objectively determined by a Doctor/Qualified Medical Professional to be total and irreversible.
- **Limited Benefit Loss of Speech:** The date the loss due to one of the underlying diseases is objectively determined by a Doctor/Qualified Medical Professional to be total and irreversible.
- **Limited Benefit Loss of Hearing:** The date the loss due to one of the underlying diseases is objectively determined by a Doctor/Qualified Medical Professional to be total and irreversible.
- **Limited Benefit Major Organ Transplant:** The date the surgery occurs.
- **Limited Benefit Paralysis:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured with Paralysis due to one of the underlying diseases as specified in this Group Critical Illness Insurance Policy, where such Diagnosis is based on clinical and/or laboratory findings as supported by the Insured's medical records.
- **Metastatic Cancer:** The date a Doctor/Qualified Medical Professional determines Cancer has metastasized to other parts of the body from the original site.
- **Non-Invasive Cancer:** The day tissue specimens, blood samples, or titer(s) are taken (Diagnosis of Cancer and/or Non-Invasive Cancer is based on such specimens).
- **Reduced Benefit Skin Cancers:** The date the skin biopsy samples are taken for microscopic examination.
- **Stroke:** The date the Stroke occurs (based on documented neurological deficits and neuroimaging studies).
- **Sudden Cardiac Arrest:** The date the pumping action of the heart fails (based on the Sudden Cardiac Arrest definition).
- **Type I Diabetes:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Type I Diabetes based on clinical and/or laboratory findings as supported by medical records.
- **Type II Diabetes:** The date a Doctor/Qualified Medical Professional Diagnoses an Insured as having Type II Diabetes based on clinical and/or laboratory findings as supported by medical records.

**Dependent Children** are your or your Spouse's natural children, step-children (including existing children of new domestic partners), foster children, children subject to legal guardianship, legally adopted children, or Children Placed for Adoption, who are younger than age 26. However, we will continue coverage for Dependent Children insured under the Group Critical Illness Insurance Policy after the age of 26 if they are incapable of self-sustaining employment due to mental or physical handicap, and are chiefly dependent on a parent for support and maintenance. You or your Spouse must furnish proof of this incapacity and dependency to the Company within 31 days following the Dependent Child's 26th birthday.

The insurance on any Dependent Child will terminate on the last day of the month in which the Dependent Child turns age 26; it is your responsibility to notify us in writing when coverage on a Dependent Child terminates. Termination will be without prejudice to any claim originating prior to the date of termination. Our acceptance of any applicable premium after such date will be considered as premium for only the remaining persons who qualify as Insureds under this Group Critical Illness Insurance Policy. When coverage on all Dependent Children terminates, you must notify the Company, in writing, and elect whether to continue this Group Critical Illness Insurance Policy on an Employee or Employee and Spouse Coverage basis. After such notice, we will arrange for the payment of the appropriate premium due, including returning any unearned premium, if applicable.

**Children Placed for Adoption** are Children for whom you have entered a decree of adoption or for whom you have initiated adoption proceedings. A decree of adoption must be entered within one



year from the date proceedings were initiated, unless extended by order of the court. You must continue to have custody pursuant to the decree of the court.

**Diagnosis (Diagnosed)** refers to the definitive and certain identification of an illness or disease that:

- Is made by a Doctor/Qualified Medical Professional and
- Is based on clinical or laboratory investigations, as supported by your medical records.

The illness must meet the requirements outlined in this Group Critical Illness Insurance Policy for the particular Critical Illness being Diagnosed.

**Doctor/Qualified Medical Professional** is a person who is duly qualified as a practitioner of the healing arts acting within the scope of their license, and:

- Is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or
- Is a duly qualified medical practitioner according to the laws and regulations in the state in which Treatment is made.

A Doctor/Qualified Medical Professional **does not** include you or any of your Family Members.

For the purposes of this definition, **Family Member** includes your Spouse as well as the following members of your immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother

This includes step-Family Members and Family-Members-in-law.

**Employee** is a person who meets eligibility requirements under **Section I -- Eligibility, Effective Date, and Termination**, and who is covered under this Group Critical Illness Insurance Policy. The Employee is the Primary Insured under this Group Critical Illness Insurance Policy.

**Heart Attack (Myocardial Infarction)** is the death of a portion of the heart muscle (myocardium) caused by a blockage of one or more coronary arteries due to Coronary Artery Disease or Acute Coronary Syndrome.

Heart Attack (Myocardial Infarction) does not include:

- Any other disease or injury involving the cardiovascular system.
- Cardiac Arrest not caused by a Heart Attack (Myocardial Infarction).

Diagnosis of a Heart Attack (Myocardial Infarction) must include the following:

- New and serial electrocardiographic (ECG) findings consistent with Heart Attack (Myocardial Infarction), and
- Elevation of cardiac enzymes above generally accepted laboratory levels of normal. (In the case of creatine phosphokinase (CPK) a CPK-MB measurement must be used.)

Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

**Hypertension** means a disease that is characterized by elevated blood pressure in the arteries with a systolic reading of at least 140 mmHg and a diastolic reading of at least 90 mmHg.

**Kidney Failure (End-Stage Renal Failure)** means end-stage renal failure caused by End-Stage Renal Disease, which results in the chronic, irreversible failure of both kidneys to function.

Kidney Failure (End-Stage Renal Failure) is covered only under the following conditions:

- A Doctor/Qualified Medical Professional advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to treat the Kidney Failure (End-Stage Renal Failure); or
- The Kidney Failure (End-Stage Renal Failure) results in kidney transplantation.

**Life Event** means an event that qualifies an Employee to make changes to benefits at times other than their enrollment period. Events qualifying as Life Events are established solely by the Policyholder.

**Limited Benefit Coma** means a state of continuous, profound unconsciousness, lasting at least seven consecutive days, and characterized by the absence of:

- Spontaneous eye movements,
- Response to painful stimuli, and
- Vocalization.

Limited Benefit Coma does not include a medically-induced coma.

To be considered a Critical Illness, the Coma must be caused by one of the following diseases:

- **Brain Aneurysm**, which is an excessive, localized enlargement of an artery in the brain caused by a weakening of the artery wall, usually due to a defect in the vessel at birth or resulting from high blood pressure.
- **Diabetes**, which is a metabolic disease characterized by the inadequate secretion or utilization of insulin, by excessive urine production, by excessive amounts of sugar in the blood or urine, and by thirst, hunger, and loss of weight.
- **Encephalitis**, which is a disease characterized by inflammation of the brain, usually caused by a direct viral infection or a hypersensitive reaction to a virus or foreign protein.
- **Epilepsy**, which is a neurological disease characterized by sudden, recurring attacks of motor, sensory, or psychic malfunction with or without loss of consciousness or convulsive seizures.
- **Hyperglycemia**, which is a disease where an excessive amount of glucose circulates in the blood plasma.
- **Hypoglycemia**, which is a disease where blood glucose concentrations fall below the necessary level to support the body's need for energy and stability throughout its cells.
- **Meningitis**, which is a disease caused by viral or bacterial infection and characterized by inflammation of the meninges.

**Limited Benefit Loss of Sight** means the total and irreversible loss of all sight in both eyes.

To be considered a Critical Illness, Loss of Sight must be caused by one of the following diseases:

- **Retinal Disease**, which is a disease that affects the retina of the eye;
- **Optic Nerve Disease**, which is a disease that affects the optic nerve of the eye; or
- **Hypoxia**, which is a disease characterized by a deficiency in the amount of oxygen reaching the tissues of the eyes.

**Limited Benefit Loss of Speech** means the total and permanent loss of the ability to speak.

To be considered a Critical Illness, Loss of Speech must be caused by one of the following diseases:

- **Alzheimer's Disease**, which is a progressive mental deterioration due to generalized degeneration of the brain; or
- **Arteriovenous Malformation**, which is a congenital disease of blood vessels in the brain, brain stem, or spinal cord that is characterized by a complex, tangled web of abnormal arteries and veins connected by one or more fistulas.

**Limited Benefit Loss of Hearing** means the total and irreversible loss of hearing in both ears. Loss of Hearing does not include hearing loss that can be corrected by the use of a hearing aid or device.

To be considered a Critical Illness, Loss of Hearing must be caused by one of the following diseases:

- **Alport Syndrome**, which is an inherited disease of the kidney caused by a genetic mutation and can be characterized by hearing loss;
- **Autoimmune Inner Ear Disease**, which is an inflammatory condition of the inner ear occurring when the body's immune system attacks cells in the inner ear that are mistaken for bacteria or a virus;
- **Chicken Pox**, which is an acute contagious disease that is caused by the varicella-zoster virus and is characterized by skin eruptions, slight fever, and malaise;
- **Diabetes**, which is a metabolic disease characterized by the inadequate secretion or utilization of insulin, by excessive urine production, by excessive amounts of sugar in the blood or urine, and by thirst, hunger, and loss of weight;
- **Goldenhar Syndrome**, which is rare congenital disease that causes abnormalities in the face and head and can cause hearing loss;



- **Meniere's Disease**, which is a disorder of the inner ear that causes spontaneous episodes of vertigo, hearing loss, ear ringing, and a feeling of fullness or pressure in the ear;
- **Meningitis**, which is a disease characterized by inflammation of the meninges caused by viral or bacterial infection; or
- **Mumps**, which is an infectious disease caused by paramyxovirus, and characterized by inflammatory swelling of the parotid and/or other salivary glands.

**Limited Benefit Major Organ Transplant** means undergoing surgery as a recipient of a covered transplant of a human heart, lung, liver, kidney, or pancreas. A transplant must be caused by one or more of the following diseases:

- Bronchiectasis, which is a lung disease state defined by localized, irreversible dilation of the bronchial tree caused by destruction of the muscle and elastic tissue.
- Cardiomyopathy, which is a heart disease characterized by the measurable deterioration of the function of the heart muscle, where the heart muscle becomes enlarged, thick, or rigid.
- Cirrhosis, which is a liver disease characterized by replacement of liver tissue by fibrosis, scar tissue, and regenerative nodules, leading to loss of liver function.
- Chronic obstructive pulmonary disease, which is a lung disease characterized by persistently poor airflow as a result of breakdown of lung tissue and dysfunction of the small airways.
- Congenital Heart Disease, which is heart disease characterized by abnormalities in cardiovascular structures that occur before birth.
- Coronary Artery Disease
- Cystic fibrosis, which is a hereditary disease of the exocrine glands affecting the pancreas, respiratory system, and sweat glands. It is characterized by the production of abnormally viscous mucus by the affected glands.
- Hepatitis, which is a disease caused by the hepatitis A, B, or C virus and is characterized by the inflammation of the liver.
- Interstitial lung disease, which is a lung disease that affects the interstitium of the lungs.
- Lymphangioleiomyomatosis, which is a lung disease characterized by an indolent, progressive growth of smooth muscles cells throughout the lungs, pulmonary blood vessels, lymphatics, and pleurae.
- Polycystic liver disease, which is characterized by multiple variable-sized cysts lined by cuboidal epithelium.
- Pulmonary fibrosis, which is a lung disease where the lung tissue becomes thickened, stiff, and scarred due to chronic inflammation.
- Pulmonary hypertension, which is a disease characterized by increased pressure in the pulmonary artery and results in the thickening of the pulmonary arteries and the narrowing of these blood vessels, which causes the right side of the heart to become enlarged.
- Sarcoidosis, which is a disease characterized by the growth of granulomatous lesions that appear in the body.
- Valvular heart disease, which is a disease of the heart valves.

A Major Organ Transplant benefit is not payable if the Major Organ Transplant results from a covered Critical Illness for which a benefit has been paid.

**Limited Benefit Paralysis or Paralyzed** means the permanent, total, and irreversible loss of muscle function to the whole of at least two limbs.

To be considered a Critical Illness, Paralysis must be caused by one or more of the following diseases:

- **Amyotrophic Lateral Sclerosis**, which is a progressive degeneration of the motor neurons of the central nervous system, leading to wasting of the muscles and paralysis;
- **Cerebral Palsy**, which is a disorder of movement, muscle tone, or posture that is caused by injury or abnormal development in the immature brain. Cerebral Palsy can be characterized by stiffness and movement difficulties, or by involuntary and uncontrolled movements;
- **Parkinson's disease**, which is a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement; or
- **Polio**, which is an acute infectious disease caused by the poliovirus and characterized by fever, motor paralysis, and atrophy of skeletal muscles. This often results in permanent disability and deformity, and is marked by inflammation of nerve cells in the anterior gray matter in each lateral half of the spinal cord.

The Diagnosis of Paralysis must be supported by neurological evidence.



**Malignant Hypertension** is blood pressure that is so high that it actually causes damage to organs, particularly in the nervous system, the cardiovascular system, and/or the kidneys. One type of such damage is called papilledema, a condition in which the optic nerve leading to the eye becomes dangerously swollen, threatening vision.

**Metastatic Cancer** means a Cancer (internal or invasive) that has spread from the part of the body where it was first formed to other parts of the body. This occurs when cancer cells break away from the original tumor, travel through the blood or lymph system, and form new tumors in other organs or tissues of the body. When this occurs, the new metastatic tumor is the same type of Cancer as the original tumor even though located in a different area of the body.

**Spouse** is your legal wife or husband, including a legally-recognized same-sex Spouse, or a person of either gender who is in a legally recognized and registered domestic partnership (as defined in California Family Code 297), civil union, reciprocal beneficiary relationship, or similar relationship with you, who is listed on your Application.

**Stroke** means apoplexy due to rupture or acute occlusion of a cerebral artery. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. Stroke must be either:

- **Ischemic:** Due to advanced Arteriosclerosis or Arteriosclerosis of the arteries of the neck or brain, or vascular embolism, or
- **Hemorrhagic:** Due to uncontrolled Hypertension, Malignant Hypertension, Brain Aneurysm, or Arteriovenous Malformation.

The Stroke must be positively Diagnosed by a Doctor/Qualified Medical Professional based upon documented neurological deficits and confirmatory neuroimaging studies.

Stroke does not include:

- Transient Ischemic Attacks (TIAs). TIAs are covered under the Transient Ischemic Attack Critical Illness.
- Head injury
- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Stroke will be covered only if the Insured submits evidence of the neurological damage by providing:

- Computed Axial Tomography (CAT scan) images, or
- Magnetic Resonance Imaging (MRI).

**Sudden Cardiac Arrest** is the sudden, unexpected loss of heart function in which the heart, abruptly and without warning, stops working as a result of an internal electrical system heart malfunction due to Coronary Artery Disease, Cardiomyopathy, or Hypertension.

Sudden Cardiac Arrest is not a Heart Attack (Myocardial Infarction). A Sudden Cardiac Arrest benefit is not payable if the Sudden Cardiac Arrest is caused by or contributed to by a Heart Attack (Myocardial Infarction).

**Transient Ischemic Attack (TIA)** occurs when blood flow to part of the brain is temporarily blocked or reduced. For a benefit to be payable, the TIA must be caused by one or more of the following diseases:

- Advanced Arteriosclerosis
- Arteriosclerosis of the arteries of the neck or brain
- Vascular embolism
- Hypertension
- Malignant Hypertension
- Brain Aneurysm
- Arteriovenous Malformation.

The TIA must be positively Diagnosed by a Doctor/Qualified Medical Professional based upon documented neurological deficits and confirmatory neuroimaging studies.



**Treatment** or **Medical Treatment** is the consultation, care, or services provided by a Doctor/Qualified Medical Professional. This includes receiving any diagnostic measures and taking prescribed drugs and medicines.

**Treatment-Free From Cancer** refers to the period of time in which you are not taking prescribed drugs and medicines for treatment of Cancer, or undergoing definitive therapy for Cancer. Treatment does not include Maintenance Drug Therapy or routine follow-up visits to verify whether Cancer or Non-Invasive Cancer has returned.

**Type I Diabetes** means a form of diabetes mellitus causing total insulin deficiency of an Insured along with continuous dependence on exogenous insulin in order to maintain life. Type I Diabetes excludes Gestational Diabetes and Prediabetes.

**Type II Diabetes** means a form of diabetes mellitus causing inadequate production or utilization of insulin. Type II Diabetes excludes Gestational Diabetes and Prediabetes.

## SECTION IV - BENEFIT PROVISIONS

The benefit amounts payable under this section are shown in the Certificate Schedule. The Company will pay benefits for a Critical Illness in the order the events occur.

### Critical Illness Benefit

#### Initial Diagnosis Benefit

We will pay the Critical Illness benefit when an Insured is Diagnosed with one of the Critical Illnesses shown in the Benefit Schedule, and when such Diagnosis is caused by an underlying disease as identified herein. We will pay this benefit if:

- The initial Date of Diagnosis is while the Insured's coverage is in force, and
- The Certificate does not exclude the illness or condition by name or by specific description.

Benefits will be based on the Face Amount in effect on the Critical Illness Date of Diagnosis.

#### Additional Diagnosis Benefit

Once benefits have been paid for a Critical Illness, the Company will pay benefits for each different Critical Illness when the Date of Diagnosis for the new Critical Illness is separated from the prior, different Critical Illness by at least 6 consecutive months and the new Critical Illness is not caused or contributed by a Critical Illness for which benefits have been paid.

#### Reoccurrence Benefit

Once benefits have been paid for a Critical Illness, benefits are payable for that same Critical Illness when the Date of Diagnosis for the Reoccurrence of that Critical Illness is separated from the prior occurrence of that Critical Illness by at least 6 consecutive months and the Critical Illness is not caused or contributed by a Critical Illness for which benefits have been paid.

#### Non-Invasive Cancer Benefit

We will pay the amount shown in the Certificate Schedule for the Diagnosis of a Non-Invasive Cancer. This benefit is payable in addition to all other applicable benefits.

#### Metastatic Cancer Benefit

We will pay the amount shown in the Policy Schedule for the Diagnosis of a Metastatic Cancer.

#### Additional Benefits

Additional Benefits are payable if the Date of Diagnosis is while the Insured's coverage is in force, and the Certificate does not exclude the illness or condition by name or by specific description.

#### Reduced Benefit Skin Cancers Benefit

We will pay the amount shown in the Certificate Schedule for the Diagnosis of Reduced Benefit Skin Cancers. This benefit is payable 1 per calendar year.

#### Health Screening Benefit

We will pay the amount shown in the Certificate Schedule for Health Screening Tests performed while an Insured's coverage is in force. This benefit is payable 1 per calendar year, per Insured up to the maximum shown on the Certificate Schedule. Benefits are payable for Covered Dependent Children at 50.00% of the Employee benefit amount.

This benefit is only payable for Health Screening Tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

Health Screening Tests include, but are not limited to, the following:



- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Non-diagnostic vascular screening
- DNA stool analysis
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Cervical Cancer Screening
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Spiral CT screening for lung cancer
- Stress test on a bicycle or treadmill
- Thermography
- HIV test performed via nucleic acid test (NAT)
- HPV test performed via Pap smear
- Biopsies
- Genetic Screening Test performed in a medical facility
- Human Coronavirus test
- Dental Exams
- Vision Exams
- Immunizations
- Mental Health Screening
- All generally medically accepted cancer screening tests

### **Type II Diabetes Benefit**

We will pay the amount shown in the Certificate Schedule for the initial Diagnosis of Type II Diabetes.

### **Waiver of Premium Benefit**

If you become Totally Disabled as defined in this Group Critical Illness Insurance Policy due to a covered Critical Illness, we will waive premiums for you and any currently covered Dependents (this includes any Riders that are in force).

**Total Disability** or **Totally Disabled** means you are:

- Not working at any job for pay or benefits,
- Under the care of a Doctor/Qualified Medical Professional for the Treatment of a covered Critical Illness, and
- **Unable to Work**, which means either:
  - o During the first 365 days of Total Disability, you are unable to work at the occupation you were performing when your Total Disability began; or
  - o After the first 365 days of Total Disability, you are unable to work at any gainful occupation for which you are suited by education, training, or experience.

After 90 days of Total Disability, all Group Critical Illness Insurance Policy premiums will be waived if:

- Your Total Disability began before your age of 65;
- Your Total Disability has continued without interruption for at least 90 days, during which time you and/or the Policyholder have paid premiums; and
- You provide proof of Total Disability at least once every 12 months.

Pending our approval of a claim for the Waiver of Premium Benefit, premiums should be paid as they are due. Premiums that were paid for the first 90 days of Total Disability will be refunded after your claim for this benefit is approved.

Waiver of Premium will continue until the earliest of the following:

- The premium due date following your 65<sup>th</sup> birthday,
- The date the Company has waived premiums for a total of 24 months of Total Disability,
- The date you refuse to provide proof of continuing Total Disability,
- The date your Total Disability ends, or
- The date coverage ends according to the Termination provisions in **Section I – Eligibility, Effective Date, and Termination.**

If you are still eligible for coverage when you return to Active Work, coverage for any Insured may be continued if premium payments are resumed.

## SECTION V – EXCLUSIONS

### Exclusions

We will not pay for loss due to any of the following:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured
- **Suicide** – committing or attempting to commit suicide, while sane or insane
- **Illegal Occupation** – committing or attempting to commit a felony, or being engaged in an illegal occupation
- **Participation in:**
  - **War** (declared or undeclared) or military conflicts
  - **Insurrection or riot**
- **Intoxicants and controlled substances** - loss sustained or contracted in consequence of the Insured's being intoxicated or under the influence of any controlled substance unless administered on the advice of a Doctor/Qualified Medical Professional
- An error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure



## **SECTION VI – GENERAL PROVISIONS**

### **Entire Contract Changes**

This policy (the application of the Employer and the individual applications, if any, of the Employees ) constitute the entire contract between the parties, and any statement made by the Employer or by any Employee shall, in the absence of fraud, be deemed a representation and not a warranty. No such statement shall (avoid the insurance or reduce the benefits under this policy or) be used in defense to a claim hereunder unless it is contained in a written application.

No change in this policy shall be valid unless approved by our executive officer and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this policy or waive any of its provisions.

### **Time Limit on Certain Defenses**

After three years from the date of issue of this Group Critical Illness Insurance Policy, no misstatement of the Policyholder, except a fraudulent misstatement, made in his application shall be used to void the policy; and after three years from the effective date of the coverage with respect to which any claim is made no misstatement of any Insured eligible for coverage under the Group Critical Illness Insurance Policy, except a fraudulent misstatement, made in an application under the Group Critical Illness Insurance Policy shall be used to deny a claim for loss incurred or disability commencing after expiration of such three years.

No claim for loss incurred or disability commencing after three years from the effective date of the insurance coverage with respect to which the claim is made shall be reduced or denied on the ground that a disease or physical condition, not excluded from coverage by name or specific description effective on the date of loss, had existed prior to the effective date of the coverage with respect to which the claim is made.

### **Grace Period**

A grace period of 31-days will be granted for the payment of premiums accruing after the first premium, during which grace period the policy shall continue in force, but the Employer shall be liable to the insurer for the payment of the premium accruing for the period the policy continues in force.

### **Notice of Claim**

Written notice of claim must be given to us within 20 days after the occurrence of commencement of any loss covered by the Group Critical Illness Insurance Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Claimant to us at

**P.O. Box 84075, Columbus, GA 31993-9103**

or to any of our authorized agents, with information sufficient to identify you, shall be deemed notice to us.

### **Claim Forms**

The Company, upon receipt of a written notice of claim, will furnish to the Claimant such forms as are usually furnished by it for filing proof of loss. If such forms are not furnished within 15 days after the giving of such notice, the Claimant shall be deemed to have complied with the requirements of this Group Critical Illness Insurance Policy as to proof of loss upon submitting, within the time fixed for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

### **Proof of Loss**

Written proof of loss must be furnished to us, in case of claim for loss for which this Group Critical Illness Insurance Policy provides any periodic payment contingent upon continuing loss, within 90 days after the termination of the period for which we are liable, and in case of claim for any other loss, within 90 days after the date of such loss. Failure to furnish such proof with the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the Claimant, later than one year from the time proof is otherwise required.

**Time of Payment of Claims**

Indemnities payable under this Group Critical Illness Insurance Policy for any loss other than loss for which this Group Critical Illness Insurance Policy provides periodic payments will be paid to you as they accrue immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnity for loss for which this Group Critical Illness Insurance Policy provides periodic payment will be paid to you monthly and any balance remaining unpaid upon the termination of the period of liability will be paid immediately upon receipt of due written proof.

**Payment of Claims**

We will pay all benefits to you unless otherwise assigned. For any benefits that remain unpaid at the time of death, we will pay those benefits in the following order:

- To any approved assignee,
- To your beneficiary,
- To your surviving Spouse,
- To your estate.

**Physical Examination and Autopsy**

The Company at its own expense shall have the right and opportunity to examine the person of any individual whose injury or sickness is the basis of claim when and as often as it may reasonably require during the pendency of claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.

**Legal Action**

No action at law or in equity shall be brought to recover on this Group Critical Illness Insurance Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Certificate. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

**Changing of Beneficiary**

The right to change of beneficiary is reserved to you, and the consent of the beneficiary or beneficiaries shall not be requisite to any change in beneficiary.

**Misstatement of Age**

If the age of any individual covered under this Group Critical Illness Insurance Policy has been misstated, the amount payable shall be such as the premium paid for the coverage of such individual would have purchased at the correct age.

**Unpaid Premium**

When a claim is paid, we may deduct any premium due and unpaid from the claim payment.

**Conformity with State Statutes**

Any Group Critical Illness Insurance Policy provision that conflicts with that state's statutes is amended to conform to the minimum requirements of those statutes.

**Successor Insured**

If you die while covered under this Certificate and your Spouse is also insured under this Group Critical Illness Insurance Policy at the time of your death, then your surviving Spouse may elect to become the Primary Insured at the current Spouse Face Amount. This would include continuation of any Dependent Child coverage that is in force at that time.

To become the Primary Insured and keep coverage in force, your surviving Spouse must:

- Notify the Company in writing within 31 days after the date of your death; and
- Pay the required premium to the Company no later than 31 days after the date of your death, and on each premium due date thereafter.

If the Certificate does not cover a surviving Spouse, the Certificate will terminate on the next premium due date following your death.



**Claim Review**

If a claim is denied, you will be given written notice of:

- The reason for the denial,
- The Group Critical Illness Insurance Policy provision that supports the denial, and
- Your right to ask for a review of the claim.

**Appeals Procedure**

Before filing any lawsuit-and no later than 60 days after notice of denial of a claim-you, the Claimant, or an authorized representative of either must appeal any denial of benefits under the Group Critical Illness Insurance Policy by sending a written request for review of the denial to our Home Office.

**Clerical Error**

Clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of a clerical error, the Company will make a premium adjustment.

**Individual Certificates**

The Company will give the Policyholder a Certificate for each Employee. The Certificate will set forth:

- The coverage,
- To whom benefits will be paid, and
- The rights and privileges under the Group Critical Illness Insurance Policy.

**California Department of Insurance Contact Information**

Please contact the California Department of Insurance if you have an issue that cannot be solved with Continental American Life Insurance Company.

California Department of Insurance  
Consumer Communications Bureau  
300 South Spring Street, South Tower  
Los Angeles, CA 90013

Consumer Hotline  
1-800-927-Help (4357)  
or  
1-213-897-8921  
TDD Number  
1-800-482-4TDD (4833)



## **BENEFITS SCHEDULE**

### **Critical Illness Benefits**

The applicable benefit amount is payable for the following Critical Illnesses, provided such Critical Illness meets all applicable definitions contained in the Group Critical Illness Insurance Policy and is caused by an underlying disease as set forth herein:

- Bone Marrow Transplant (Stem Cell Transplant)
- Cancer (internal or invasive)
- Limited Benefit Coma
- Coronary Artery Bypass Surgery
- Heart Attack (Myocardial Infarction)
- Kidney Failure (End-Stage Renal Failure)
- Limited Benefit Loss of Sight
- Limited Benefit Loss of Speech
- Limited Benefit Loss of Hearing
- Limited Benefit Major Organ Transplant
- Non-Invasive Cancer
- Limited Benefit Paralysis
- Stroke
- Sudden Cardiac Arrest
- Type I Diabetes
- Metastatic Cancer

### **Additional Benefits**

Health Screening Benefit  
Reduced Benefit Skin Cancers Benefit  
Type II Diabetes Benefit  
Waiver of Premium Benefit



