USAble

CancerCare Elite Product Manual

Includes:

Brochure
Field Reference Manual
Specimen Policy
Forms

GIS
GROUP INSURANCE SERVICES

CancerCare Elite

PROTECT YOUR FAMILY. PROTECT YOURSELF.

USAble Life

You'll Choose Us For Life

CE-OC-2 (5-03)

CancerCare Elite provides EXTRA PROTECTIO

READ YOUR POLICY CAREFULLY — This outline of coverage provides a very brief description of the important features
control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance c
This is a limited benefit policy and is designed to provide coverage ONLY when certain losses occur as a resu
and may be limited by EXCEPTIONS AND LIMITATIONS. Coverage is not provided for basic hospital,

Outline of Coverage — Cancer and Specified Disease Policy —

OPTIONS AVAILABLE FOR BENEFITS

	❑ PLAN I	❑ PLAN II	❑ PLAN III
INPATIENT HOSPITAL CONFINEMENT	Pays $100 per day for first 60 days, $200 for each subsequent day.	Pays $250 per day for first 60 days, $500 for each subsequent day.	Pays $300 per day for first 60 days, $600 for each subsequent day.
	Successive periods of confinement are considered to be the same period of confinement unless separated by more than 30 days. Beginning on the first day of confinement, benefits double for covered children.		
INPATIENT OR OUTPATIENT RADIATION, CHEMOTHERAPY, AND BLOOD AND PLASMA	**$5,000** maximum per calendar year	**$10,000** maximum per calendar year	**$15,000** maximum per calendar year
	Radiation, Radioactive Isotopes Therapy and Physician Administered Chemotherapy Pays charges up to 100% of the calendar year maximum selected. Self-Administered Chemotherapy, Anti-Nausea/Comfort or Relief and Malignant Growth Prevention Substances Pays charges up to 10% of the calendar year maximum selected. Blood and Blood Plasma Pays charges up to the calendar year maximum selected.		
INPATIENT OR OUTPATIENT SURGERY & ANESTHESIA	**$1,000** maximum per calendar year	**$2,000** maximum per calendar year	**$4,000** maximum per calendar year
	Pays for surgery, including skin cancer, as detailed in the surgical schedule up to selected amount. Anesthesia pays 30% of the amount payable under the surgical benefit.		

ADDITIONAL BENEFITS

AT HOME RECOVERY BENEFIT

To assist you with house cleaning, yard work, and home maintenance expenses, we will pay a monthly indemnity benefit of $100 following a hospital confinement for cancer lasting at least 3 days. This benefit is payable for a maximum of 3 months for each hospital confinement, up to a lifetime maximum of 6 months per insured.

SPECIFIED DISEASE BENEFIT

Pays $250 per day when an insured person is confined to a hospital for any of the specified diseases listed. This benefit is limited to a lifetime maximum of 100 days per insured.

- Addison's Disease
- Brucellosis
- Budd-Chiari Syndrome
- Cystic Fibrosis
- Diphtheria
- Encephalitis
- Histoplasmosis
- Legionnaires' Disease
- Lou Gehrig's Disease
- Malaria
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Osteomyelitis
- Poliomyelitis
- Q Fever
- Rabies
- Reye's Syndrome
- Rheumatic Fever
- Rocky Mountain Spotted Fever
- Scarlet Fever
- Sickle Cell Anemia
- Spinal Meningitis
- Systemic Lupus Erythematosus
- Tay-Sachs Disease
- Tetanus
- Toxic Shock Syndrome
- Trichinosis
- Tuberculosis
- Tularemia
- Typhoid Fever
- Whooping Cough

WAIVER OF PREMIUM BENEFIT

Premiums are waived when the primary insured is disabled for more than 60 days from internal cancer, if disability begins before age 60.

ON when you need it most!

s of your policy. This is not the insurance contract, and only the actual policy provisions will ompany. It is, therefore, important that you READ YOUR POLICY CAREFULLY!
ult of cancer or a specified disease. Coverage is provided for the benefits outlined basic medical-surgical, major medical or comprehensive medical expenses.

CEP (3-03) — Limited Benefit Health Insurance

- PHYSICIAN VISITS — Pays charges up to $75 per day for in-hospital visits.
- PRIVATE DUTY NURSING SERVICES — Pays charges up to $200 per day; limited to number of days of hospital confinement.
- HOME HEALTH CARE SERVICES — Pays charges up to $200 per day when prescribed by the attending physician. Lifetime maximum benefit of 50 days per insured.
- PROSTHESIS — Pays charges up to $3,000 per calendar year.
- AMBULANCE — Pays charges for ambulance services to and from the hospital per confinement. Maximum of $500 per confinement for air ambulance benefits.
- FAMILY LODGING & TRANSPORTATION — Pays charges up to $100 per day for up to 90 days per confinement for motel/hotel expenses for an adult member of the immediate family to be near an insured confined in a non-local hospital due to cancer. Also pays incurred charges for one round-trip coach fare on a common carrier per confinement. This benefit is payable only when treatment is not available within a 50 mile radius of the insured's residence.
- PATIENT TRANSPORTATION — Pays charges incurred for round trip coach fare on a common carrier or pays $.50 per mile for personal automobile expense when non-local treatment is prescribed by the attending physician as medically necessary and requires hospital confinement.
- POSITIVE DIAGNOSIS TEST — Pays a one-time benefit of up to $500 for lab or diagnostic tests involved with the positive diagnosis of cancer.
- ANNUAL PHYSICAL — Pays charges up to $200 per calendar year for annual physicals after the positive diagnosis of internal cancer. $1,000 lifetime maximum per insured.
- SECOND SURGICAL OPINION — Pays charges up to $200 for a second surgical opinion.
- NATIONAL CANCER INSTITUTE (NCI) CONSULTATION — Pays charges up to $500, once per insured, for evaluation and/or consultation at an NCI-sponsored cancer center and $250 for transportation to the NCI cancer center, if more than 50 miles from insured's residence, as the result of receiving prior diagnosis of internal cancer. This benefit is payable only once per insured.
- NEW OR EXPERIMENTAL TREATMENT — Pays charges up to $5,000 calendar year for experimental treatment endorsed by the American Cancer Society (ACS) or the NCI. Treatment must be received in the U.S. or its territories.
- EXTENDED CARE FACILITY — Pays charges up to $200 per day for confinement beginning within 14 days of a hospital confinement. Limited to the number of days of prior hospital confinement.
- HOSPICE CARE — Pays charges up to $100 per day for a terminally ill insured. Lifetime maximum of 180 days.
- GOVERNMENT OR CHARITY HOSPITAL — Pays $300 per day, in lieu of all other benefits provided in the policy.
- INPATIENT DRUGS & MEDICINES — Pays charges up to $25 per day for prescribed drugs and medicines while an inpatient during a hospital confinement. $500 maximum per calendar year per insured.
- MEDICAL SUPPLIES & EQUIPMENT — Pays charges as an inpatient for the following: braces, crutches and wheelchairs or other similar durable medical or surgical equipment deemed necessary by the attending physician. When prescribed as an outpatient, we will pay 80% of the incurred charges. $1,000 maximum per calendar year per insured.
- CHILD'S PRIVATE TUTORING — Pays charges up to $25 per day for private tutoring services when a child is confined to a hospital for treatment of cancer.
- ALOPECIA — Pays charges up to $200 for a wig or hairpiece for hair loss as a result of chemotherapy or radiation treatment. Benefit payable not more than once every three years.
- PHYSICAL, SPEECH, HEARING & OCCUPATIONAL THERAPY — Pays charges up to $30 per therapy session. $400 maximum per calendar year.
- BONE MARROW TRANSPLANT — Pays charges up to $10,000 for a bone marrow transplant during a covered hospital confinement for the treatment of cancer. Pays charges up to $5,000 if the transplant is performed on an outpatient basis. For expenses incurred by the donor as a result of the transplantation procedure, pays the greater of the following: (a) $1,000 or (b) the amount of any remaining benefits available under the policy after benefits have been paid for the insured. The benefit is not payable for the same procedure as the stem cell transplantation benefit. Lifetime maximum of $10,000 per insured.
- STEM CELL TRANSPLANT — Pays charges up to $2,500 for a peripheral stem cell transplantation for the treatment of cancer. The benefit is payable once per insured. The benefit is not payable for the same procedure as the bone marrow transplantation benefit. Lifetime maximum of $2,500 per insured.
- WELLNESS BENEFIT — Pays $75 per calendar year per insured (coverage must be effective for 90 days) for any of the following cancer screening tests:
  - Mammography
  - Thermography
  - Colonoscopy
  - Hemocult Stool Analysis
  - PSA (blood test for prostate cancer)
  - CA125 (blood test for ovarian cancer)
  - CEA (blood test for colon cancer)
  - Any diagnostic procedure which can lead to the positive diagnosis of cancer.
  - Pap Smear
  - Flexible Sigmoidoscopy
  - Chest X-Ray

When cancer premiums are included in a Section 125 Cafeteria Plan, wellness benefits are payable for tests 30 days after the effective date of any insured person.

ELECTIVE BENEFITS

❑ CANCER DIAGNOSIS BENEFIT RIDER

Elective Rider: Pays amount selected below for the first diagnosis of internal cancer. Insured family members qualify for 100% of the primary insured's benefit amount.

❑ $1,000
❑ $2,000
❑ $3,000
❑ $4,000
❑ $5,000

❑ HOSPITAL INTENSIVE CARE BENEFIT RIDER
(Not available in Tennessee or Idaho.)

Elective Rider: Pays daily benefit selected below for confinement in a Coronary Care or Intensive Care Unit from the first day of confinement due to an accidental injury and from the second day of confinement due to sickness. Pays double benefit when confinement is a result of an accidental bodily injury which occurred when the covered person was the operator of or a passenger in, or struck by an automobile, bus, truck, motorcycle, train, or airplane. Hospital Intensive Care Rider benefits are reduced 50% for confinement beginning after age 70.

❑ $200 ❑ $400 ❑ $600

❑ CANCER DISABILITY BENEFIT RIDER

Elective Rider: Pays the monthly disability income benefit selected below for one year for disability due to internal cancer. Family coverage may be selected if the spouse is actively at work at least 20 hours per week. Children are not eligible for coverage. This rider terminates at age 65.

❑ $250 ❑ $500

BENEFITS ARE PAID DIRECTLY TO YOU.

RENEWABILITY AND CONTINUATION

This policy and riders are guaranteed renewable during your lifetime. The Company may change the premium rate, but only if the rate is changed for all policies and purchased riders in your state.

This policy will not be issued to anyone 65 years of age or over on the initial effective date. If you purchase the policy and/or riders prior to your 65th birthday, you may continue coverage after age 65 as long as you continue to timely pay the premium by the due date or during the 31 days that follow.

Covered dependents who no longer meet eligibility requirements may convert to a comparable individual policy without evidence of insurability. An insured spouse's coverage will terminate at the time of divorce. However, an insured spouse's coverage can be converted upon divorce or your death.

EXCEPTIONS AND LIMITATIONS

This policy, except for the Intensive Care Rider, pays ONLY for the loss resulting from cancer or specified diseases, as defined in the policy. IT DOES NOT COVER:

1. Any disease or sickness;
2. Injuries;
3. Hospital confinement or expense that begins while a person is not insured under this policy;
4. Outpatient benefits for the same day hospital confinement benefits are paid;
5. Treatments which are not accepted or approved by the American Medical Association as an effective treatment for cancer;
6. Drugs or substances which are not approved by the Federal Drug Administration for use in the treatment of cancer;
7. Benefits will not be paid for pre-existing conditions during the first two (2) years this policy is in force. A pre-existing condition means a cancer or specified disease which is first diagnosed within five (5) years prior to the effective date of coverage for each insured person. Conditions, which are fully disclosed to us on the application and not excluded or limited by us in the policy, are not considered pre-existing condition.

COVERAGE EFFECTIVE DATE

Effective date means the date shown on the Policy Schedule page for all persons accepted for coverage at the time of issue, provided the application has been accepted and approved by us; the policy is issued; and the first premium has been paid; or the date shown by endorsement for all persons added to coverage after the policy has been issued. The effective date is assigned by the Company in accordance with our policy dating rules in effect at the time your policy is issued. The coverage provided by the policy will not be effective unless there has been no change since the date of the application and the effective date of the policy in the health of any proposed insured person listed on the application.

USAble Life will mail your policy and purchased riders to you. If you do not receive your policy, please call our Customer Service Department at 1-800-370-5856.

USAble Life

You'll Choose Us For Life

USAble Corporate Center

320 W. Capitol Avenue • Little Rock, Arkansas 72201 • (800) 648-0271 • (501) 375-7200 • FAX (501) 378-3333 • www.usablelife.com

A Rating and Analysis from the A.M. Best Rating Company represents an independent opinion from the leading provider of insurer ratings of a company's financial strength and ability to meet its obligations to policyholders. Upon completion of evaluations, A.M. Best assigns the following Best's Ratings: A++ and A+ (Superior); A and A- (Excellent); B++ and B+ (Very Good); B and B- (Fair); C++ and C+ (Marginal); C and C- (Weak); D (Poor); E (Under Regulatory Supervision); F (In Liquidation); S (Rating Suspended).

Based on this analysis, USAble Life is rated "A-" (Excellent).

Standard & Poor's Insurer Financial Strength Ratings provide powerful decision-making tools for anyone interested in buying insurance. Standard & Poor's ratings are prospective evaluations of an insurer's financial security to its policyholders. Standard & Poor's Insurer Financial Strength Ratings range from "AAA" to "CC". An insurer rated "BBB" and higher ("A", "AA", "AAA") is regarded as having financial security characteristics that outweigh any vulnerabilities and is highly likely to have the ability to meet financial commitments. An insurer rated "BB" or lower is in the "vulnerable" range and is regarded as having vulnerable characteristics that may outweigh its strengths. "BB" indicates the least degree of vulnerability within the range. "CC" the highest degree of vulnerability.

Based on this analysis, USAble Life is rated "A" (Strong).

FIELD REFERENCE MANUAL

CANCERCARE ELITE

TENNESSEE

USAble Life

You'll Choose Us For Life

CEP-FRM-TN (3-05)

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CANCERCARE ELITE
FIELD REFERENCE MANUAL

GENERAL INFORMATION

The purpose of this booklet is to provide you with easy to understand information for USAble Life's CancerCare Elite Policy. CancerCare Elite was developed after many month's of research and customer input. The policy can be issued with several options to meet your customer's needs. If, after studying this booklet and our sales brochure, you have questions please contact us.

CANCER COVERAGE

CancerCare Policies are designed to provide, to persons insured, coverage for specific benefits ONLY when certain losses occur as a result of cancer. CancerCare is a limited benefit policy. It is not intended to replace an applicant's medical insurance. However, it has proven to be an invaluable source of additional funds to cover expenses when an insured has a claim for cancer covered by CancerCare.

EMPLOYEE GROUPS ONLY

CancerCare Elite is priced to sell to employees and their family members who qualify and is not sold outside of the employer's group. No direct sales will be approved. Also, the employee must be the primary insured and cannot apply for coverage on family members only. (Employee may apply if uninsurable) (See pg. 10)

BENEFIT DESCRIPTION

CancerCare Elite is a Limited Benefit Cancer Policy available in three option packages under the Plan names of:

PLAN 1 PLAN 2 PLAN 3

The choice of three plans provides different levels of coverage on hospital confinement, radiation/chemotherapy/blood transfusions. All other benefits are the same under the CancerCare Elite Plan.

AVAILABLE COVERAGE

There are three choices of coverage available to the applicant:

APPLICANT	APPLICANT & CHILDREN	APPLICANT, SPOUSE & CHILDREN

ISSUE AGES

Proposed Insured – 18 to 64
Eligible Spouse – up to 64
Children – 0 to 24

If the policy is issued prior to the applicant's 65th birthday, the coverage will be continued after age 65 as long as the premium is paid by the due date or during the 31 days that follow.

BENEFITS PROVIDED

HOSPITAL CONFINEMENT

PLAN I
Pays $100 per day for first 60 days, $200 for each subsequent day.

PLAN II
Pays $250 per day for first 60 days, $500 for each subsequent day.

PLAN III
Pays $300 per day for first 60 days, $600 for each subsequent day.

Successive periods of confinement are considered to be the same period of confinement unless separated by more than 30 days. Double benefits are payable for covered children.

RADIATION, CHEMOTHERAPY, AND BLOOD & PLASMA

PLAN I
$5,000 maximum per calendar year

PLAN II
$10,000 maximum per calendar year

PLAN III
$15,000 maximum per calendar year

Radiation, Radioactive Isotopes Therapy and Physician Administered Chemotherapy

Pays charges up to 100% of the calendar year maximum selected.

Self-Administered Chemotherapy, Anti-Nausea/Comfort or Relief and Malignant Growth Prevention Substances.

Pays charges up to 10% of the calendar year maximum selected.

Blood and Blood Plasma

Pays charges up to the calendar year maximum selected.

SURGERY & ANESTHESIA

PLAN I
$1,000 maximum per operation (1 unit of coverage)

PLAN II
$2,000 maximum per operation (2 units of coverage)

PLAN III
$4,000 maximum per operation (4 units of coverage)

Pays for surgery as detailed in the surgical schedule up to the selected amount. Anesthesia pays 30% of the amount payable under the surgical benefit.

PHYSICIAN VISITS

Pays charges up to $75 for one visit per day for in-hospital visits.

PRIVATE DUTY NURSING SERVICES

Pays charges up to $200 per day; limited to number of days of hospital confinement.

HOME HEALTH CARE SERVICES

Pays charges up to $200 per day when prescribed by the attending physician. Lifetime maximum benefit of 50 days per insured.

PROSTHESIS

Pays charges up to $3,000 per calendar year.

AMBULANCE

Pays charges incurred for ambulance services to and from the hospital per confinement. Maximum of $500 per confinement for air ambulance benefits.

FAMILY LODGING & TRANSPORTATION

Pays charges up to $100 per day for up to 90 days per confinement for motel/hotel expenses for an adult member of the immediate family to be near an insured confined in a non-local hospital due to cancer. Also pays incurred charges for one round-trip coach fare on a common carrier per confinement. This benefit is payable only when treatment is not available within a 50 mile radius of the insured's residence.

PATIENT TRANSPORTATION

Pays charges incurred for round trip coach fare on a common carrier or pays $.50 per mile for personal automobile expense when non-local treatment is prescribed by the attending physician as medically necessary and requires hospital confinement.

POSITIVE DIAGNOSIS TEST

Pays a one-time benefit of up to $500 for lab or diagnostic tests involved with the positive diagnosis of cancer within 90 days of such test.

ANNUAL PHYSICAL

Pays charges up to $200 per calendar year for annual physicals after the positive diagnosis of internal cancer. $1,000 lifetime maximum per insured.

SECOND SURGICAL OPINION

Pays charges up to $200 for a second surgical opinion.

NATIONAL CANCER INSTITUTE (NCI) CONSULTATION

Pays charges up to $500, once per insured, for evaluation and/or consultation at an NCI-sponsored cancer center and $250 for transportation to the NCI cancer center, if more than 50 miles from insured's residence, as the result of receiving prior diagnosis of internal cancer. This benefit is payable only once per insured.

NEW OR EXPERIMENTAL TREATMENT

Pays charges up to $5,000 calendar year for experimental treatment endorsed by the American Cancer Society (ACS) or the NCI. Treatment must be received in the U.S. or its territories.

EXTENDED CARE FACILITY

Pays charges up to $200 per day for confinement beginning within 14 days of a hospital confinement. Limited to the number of days of prior hospital confinement.

HOSPICE CARE

Pays charges up to $100 per day for a terminally ill insured. Lifetime maximum of 180 days of benefits.

GOVERNMENT OR CHARITY HOSPITAL

Pays $300 per day, in lieu of all other benefits provided in the policy.

INPATIENT DRUGS & MEDICINES

Pays charges up to $25 per day for prescribed drugs and medicines while an inpatient during a hospital confinement. $500 maximum per calendar year per insured.

MEDICAL SUPPLIES & EQUIPMENT

Pays charges as an inpatient for the following: braces, crutches and wheelchairs or other similar durable medical or surgical equipment deemed necessary by the attending physician. When prescribed as an outpatient, we will pay 80% of the incurred charges. $1,000 maximum per calendar year per insured.

CHILD'S PRIVATE TUTORING

Pays charges up to $25 per day for private tutoring services when a child is confined to a hospital for treatment of cancer.

ALOPECIA

Pays charges up to $200 for a wig or hairpiece for hair loss as a result of chemotherapy or radiation treatment. Benefit payable not more than once every three years.

PHYSICAL, SPEECH, HEARING & OCCUPATIONAL THERAPY

Pays charges up to $30 per therapy session. $400 maximum per calendar year.

BONE MARROW TRANSPLANT

(1) Inpatient: Charges incurred not to exceed $10,000. Outpatient: Charges incurred not to exceed $5,000. (2) Paid to donor: The amount of any remaining benefits payable under the policy or $1,000, whichever is greater. Lifetime maximum: $10,000 per person.

STEM CELL TRANSPLANT

Pays charges up to $2,500 for a peripheral stem cell transplantation for the treatment of cancer. The benefit is payable once per insured. The benefit is not payable for the same procedure as the bone marrow transplantation benefit. Lifetime maximum of $2,500 per insured.

WELLNESS BENEFIT

Pays charges incurred not to exceed $75 per insured person per calendar year (coverage must be effective for 90 days) for any of the following cancer screening tests:

Mammography, Pap Smear, Thermography, Flexible,Sigmoidoscopy, Colonoscopy, Chest X-Ray, Hemocult Stool Analysis, PSA (blood test for prostate cancer), CA125 (blood test for ovarian cancer), CEA (blood test for colon cancer), Any diagnostic procedure which can lead to the positive diagnosis of cancer.

When cancer premiums are included in a Section 125 Cafeteria Plan, wellness benefits are payable for tests 30 days after the effective date of any insured person.

AT HOME RECOVERY BENEFIT

To assist with house cleaning, yard work, and home maintenance expenses, we will pay a monthly indemnity benefit of $100 following a hospital confinement for cancer lasting at least 3 days. This benefit is payable for a maximum of 3 months for each hospital confinement, up to a lifetime maximum of 6 months per insured.

SPECIFIED DISEASE BENEFIT

Pays $250 per day when an insured person is confined to a hospital for any of the specified diseases listed. This benefit is limited to a lifetime maximum of 100 days per insured.

Addison's Disease
Brucellosis
Budd-Chiari Syndrome
Cystic Fibrosis
Diphtheria
Encephalitis
Histoplasmosis
Legionnaires' Disease
Lou Gehrig's Disease
Malaria
Multiple Sclerosis
Muscular Dystrophy
Myasthenia Gravis
Osteomyelitis
Poliomyelitis
Q Fever
Rabies
Reye's Syndrome
Rheumatic Fever
Rocky Mountain Spotted Fever
Scarlet Fever
Sickle Cell Anemia
Spinal Meningitis
Systemic Lupus Erythematosus
Tay-Sachs Disease
Tetanus
Toxic Shock Syndrome
Trichinosis
Tuberculosis
Tularemia
Typhoid Fever
Whooping Cough

WAIVER OF PREMIUM BENEFIT

Premiums are waived when the primary insured is disabled for more than 60 days from internal cancer, if disability begins before age 60.

ELECTIVE BENEFITS

CANCER DIAGNOSIS BENEFIT RIDER

Available in Coverage amounts of: *$1,000, $2,000, $3,000, $4,000, or $5,000*

Pays the first time the insured is diagnosed as having internal cancer. Insured family members qualify for 100% of the benefit amount if they are diagnosed with internal cancer.

CANCER DISABILITY BENEFIT RIDER

Available Options*: $250 Monthly or $500 Monthly*

Pays the monthly benefit amount elected for one year if insured becomes totally disabled due to internal cancer diagnosed after the effective date. Applicant may choose to cover his/her spouse if he or she actively works at least 20 hours per week for pay or profit. This rider will terminate when insured reaches age 65. Maximum benefit of one calendar year per covered person. (This benefit is only available for the primary insured and spouse).

EXCEPTIONS AND LIMITATIONS

This policy pays ONLY for the loss resulting from cancer, as defined in the policy.

IT DOES NOT COVER:

1. Any disease or sickness;
2. Injuries;
3. Hospital confinement or expense that begins while a person is not insured under this policy;
4. Outpatient benefits for the same day hospital confinement benefits are paid;
5. Treatments which are not accepted or approved by the American Medical Association as an effective treatment for cancer or a specified disease;
6. Drugs or substances which are not approved by the Federal Drug Administration for use in the treatment of cancer or a specified disease;
7. Benefits will not be paid for pre-existing conditions during the first two (2) years this policy is in force. A pre-existing condition means a cancer or specified disease which is first diagnosed within five (5) years prior to the effective date of coverage for each insured person. Conditions, which are fully disclosed to us on the application and not excluded or limited by us in the policy, are not considered pre-existing condition.

RENEWABILITY PROVISION

The policy and riders are guaranteed renewable during the insured's lifetime. The company may change the established premium rate, but only if the rate is changed for all like policies and riders in the same state.

DEATH OF INSURED / CONVERSION PROVISION

A spouse may continue coverage under this policy upon the death of the Insured. The spouse will be substituted as insured and rates will be adjusted accordingly. Children who reach the age when coverage terminates may convert their coverage to a like policy. Contact USAble Life Customer Service Department (1-800-370-5856).

SUPPLIES

The form numbers referenced in this manual are shown without the version date. Forms are updated frequently as conditions change or as the form is improved. When that happens a new date is assigned to the form number. Please refer to your supply order form to order the most current and appropriate version of each form for your state. Go to www.usablelife.com to download forms.

APPLICATION

The application base form number is CEP-APP See Attachment #6 for form CEP-APP

BROCHURE

The brochure form number is CE-OC-2.

UNDERWRITING RULES FOR PREVIOUS CANCERS

USAble Life will consider applicants with histories of cancer for CancerCare coverage under the following conditions:

SKIN CANCER

- Basal Cell may be considered after one (1) year subject to a physician's report.
- Squamous Cell may be considered after five years, subject to a physician's report.
- Malignant Melanoma (Stage I and II) will be considered if applicant has had no recurrence and has been treatment and symptom free for 10 years.
- Malignant Melanoma (Stage III or IV) is uninsurable.

CANCER OF THE FEMALE GENERATIVE ORGANS

Cancer of the female generative organs diagnosed as "Carcinoma-in-situ" may be considered after three years, subject to a physician's report.

ALL OTHER CANCERS

May be considered after ten years, subject to a Physician's Statement. Many cancers will not be approved; however, many will be approved and the Physicians Statement will be key to the approval process. We will not be able to approve these via telephone. Many times the Physicians Statement must be reviewed by our Medical Director.

The Physician's Statement, Form CSD-APS: The form listed below may be used or we will accept a copy of the doctor's records which answers questions as listed on the form. It will be the applicant's responsibility to pay for any charges for Medical information.

NOTE: This form is also referred to as Requirements for Consideration of Previous Cancer Histories, CSD-APS

NOTE: If you have given form "Requirements for Consideration of Previous Cancer Histories, CSD-APS to the applicant please make a note to that effect on the application.

See Attachment #1 for a copy of form CSD-APS

ELIMINATION RIDERS

If a spouse or dependent can not be approved for CancerCare coverage an Elimination Rider should be signed so USAble Life will be able to issue a policy which would cover the applicant and other insurable spouse/dependents. Please submit applications with the correct elimination rider to avoid delays in issuing the policy.

The following are guidelines for securing an Elimination Rider. Follow this guideline when it appears that the condition is not insurable as outlined above:

1. CANCER & SPECIFIED DISEASE ELIMINATION RIDER

This rider is used as follows:

A. NON-MELANOMA SKIN CANCER: To eliminate coverage for "non-melanoma" skin cancer for persons who have had basal cell carcinoma, squamous cell carcinoma or non-melanoma type skin cancers and have not been approved for coverage. These applicants can be covered for other benefits under the policy, but if they have had non-melanoma skin cancer we will not pay for any loss resulting from skin cancer.

B. ALL OTHER CANCERS: Any applicant who has had cancer but wants the contract for other family members and/or for the Specified Diseases covered by the contract should be listed here. They will not be covered for cancer.

Note: If the employee/applicant who is applying for coverage has had cancer and will not be covered, the employee may still have the coverage issued for all other insurable family members. The employee would be covered for the 32 specified diseases if insurable. The employee would be eliminated for Cancer and the Cancer and Specified Disease Elimination Rider should be signed. The full family premium rate would be charged.

C. SPECIFIED DISEASES: If an applicant or proposed insured has had any of the covered diseases listed on the application but still wants all of the other coverages provided by the contract, including cancer coverage, this section must be completed listing the disease which is to be excluded. If an applicant has been eliminated for a specified disease the elimination rider will never be removed.

Note: If any applicant has had Rheumatic Fever that person must also be excluded from the Hospital Intensive Care Rider.

See Attachment #2 for a copy of form CSD-ELIM.

2. CANCER DIAGNOSIS ELIMINATION RIDER

- If an applicant is applying for the **CANCER DIAGNOSIS BENEFIT RIDER** (See page 6) and the applicant or family member has been diagnosed or treated by a member of the Medical Profession for internal cancer, the diagnosed person will not qualify for the Cancer Diagnosis Benefit Rider and the applicant will be required to sign the Cancer Diagnosis Elimination Rider, Form CSEL-FOB-ELIMRdr.

  See Attachment #3 for a copy of form CSEL-FOB-ELIMRdr

REPLACEMENT COVERAGE: OTHER COMPANIES

Care should always be taken before replacing the Applicant's existing Cancer coverage. The new CancerCare policy should be an improvement over existing coverage in most or all of the critical coverage areas.

URGENT NOTE: Please advise your applicant that he/she should not cancel existing coverage until the USAble Life coverage has been approved. USAble Life does not want you to be placed in the position of having an applicant's existing coverage terminated if he is uninsurable with us.

REPLACEMENT COVERAGE: USABLE LIFE POLICY

USAble Life has been flexible in offering to replace an existing USAble Life policy with one of our more recent contracts. We will replace an existing CancerCare policy on an applicant while observing the following guidelines:

- The applicant and dependents must be eligible to apply for the replacement coverage based upon current Underwriting approval.
- An application will be taken for the current CancerCare Elite policy.
- USAble Life will not replace an existing policy if there has been an internal cancer or specified illness claim. We will consider a replacement if a minor skin cancer claim has been paid.
- The existing Cancer policy may be replaced even if it is currently on a direct billing basis. It will not be necessary for a Sales Rep. to sign the application.
- No replacement can be processed unless the applicant knows that coverage amounts may be different. A Replacement Form entitled: "Notice to Applicant Regarding Replacement of CancerCare Policy", must be signed by the applicant. This form is used for any Cancer Policy replacement and may be downloaded from the USAble Life website, www.usablelife.com. The applicant will have 30 days to examine the replacement policy. If for any reason during that period the applicant decides to keep their original policy we will reinstate it and process the replacement policy as "Not Taken."

The original policy must be returned with the application for the replacement policy to be issued. A lost Policy form must be signed if the original policy can not be found.

However, please try to secure the old policy as it is not in our best interest to have an insured with two policies where one is no longer in force.

See Attachment #4 for copy of form CSD-REP.

If approved, the new policy will be mailed directly to the applicant.

Please contact our Medical Underwriting or Customer Service Departments with questions.

REQUEST FOR CHANGE

When you are enrolling an existing group you will encounter many employees who currently have USAble Life CancerCare coverage. Changes to existing Cancer coverage can be quickly handled by completing a Request For Change Form.

See Attachment #5 for a copy of form IND-CHG.

Use the **Request for Change** form for the following changes:

- Name Change
- Address Change
- Deletions
- Continuation of Coverage for Handicapped Dependents
- Cancellation of Rider
- Request for Duplicate Policy

The following activities by a current policyholder would require a **Cancer Application and Change Form:**

- Adding additional riders (may only be added to Elite Policies)
- Adding family members

Submit the form to USAble Life Acquisition Services, along with other applications.

See Attachment #6 for a copy of form CEP-APP.

SUBMISSION OF BUSINESS

As a new agent submitting business to USAble Life, our aim is to help simplify the process of submitting business. Listed below are general guidelines used to submit business by the various lines of products for new groups and existing or re-enrolling groups.

GENERAL GUIDELINES

1. Product approval by state - Individual Products, verify that products being written have been approved in the state where the employee resides.

2. Producer/Agent Appointments – Writing Producer or Agent must be licensed and appointed by USAble Life in the state where the applications are solicited and written. State regulations vary, so be sure to check with the USAble Life Licensing Coordinator before authorizing a non-appointed agent or producer to solicit or write applications.

3. Incomplete applications – Be sure to complete all application questions. Incomplete applications will be returned to the writing representative, agency or producer as they delay processing and issue time.

Complete a Business Transmittal form and submit with all applications. Approximately 13 applications may be submitted with each form.

See Attachment #7 for sample business transmittal form AFFBUSTR

CLAIMS

Claims for CancerCare Elite are paid promptly from USAble Life's Home Office. A claim instruction sheet and a claim form may be requested from the Customer Service Department or downloaded from the USAble Life website, www.usablelife.com. Wellness claims are paid with a minimum amount of documentation. Copies of "Instructions for Filing Claims" together with a claim form are attached.

WELLNESS CLAIM

A claim form is not necessary; however there is certain information needed to process the wellness benefit.

Required information:

- Name of Claimant
- Name of Insured
- Social Security Number of Claimant
- Social Security Number of Insured
- Itemized Bills for Covered Tests
- Insured's Current Mailing Address
- It is helpful for the Insured to provide their policy number.

Most wellness benefits provide a maximum payment per calendar year, based on the Schedule of Benefits, for the covered diagnostic tests listed below:

- Mammography
- Flexible Sigmoidoscopy
- Chest X-ray
- Hemocult Stool Analysis
- Pap Smear
- Colonoscopy
- Thermography
- PSA (Blood Test for Prostate Cancer)
- CA125 (Blood Test for Ovarian Cancer)
- CEA (Blood Test for Colon Cancer)
- Any cancer screening test endorsed by the American Cancer Society.
- Any cancer screening test endorsed by the National Cancer Institute.

This benefit is available without diagnosis of cancer.

CANCER AND/OR SPECIFIED DISEASE CLAIM

- See instruction numbers 1, 2 and 3 on the front of the claim form.
- The Employee should complete the Insured's Statement and the Authorization to Obtain Information sections only.
- The Physician should complete the Attending Physician's Statement.
- Itemized bills and a copy of the pathology report diagnosing cancer should accompany the completed claim form.
- When submitting bills for an ongoing claim, a new claim form is not necessary, but the following information must be submitted along with the bills:
    1. Name of Claimant
    2. Name of Insured
    3. Social Security Number of Claimant
    4. Social Security Number of Insured
    5. Current Mailing Address

See Attachments #8 and 9 for a copy of the forms.

HOME OFFICE CONTACT INFORMATION

Hopefully, this guide will answer most of your questions. If you have other questions or need further assistance, the following USAble Life Home Office Departments may be of service:

Agent Service Center: 1-866-666-0300
Call for state specific forms.

Medical Underwriting: 1-800-648-0271
Call for questions concerning the use of Elimination Riders and Medical Forms.

SPECIFIED DISEASE DEFINITIONS

The following information was obtained from The Merck Manual of Diagnosis and Therapy, Sixteenth Edition, 1992.

Addison's Disease - primary or chronic adrenocortical insufficiency; an insidious, usually progressive disease resulting from adrenocortical hypofunction.

Brucellosis – An infectious disease characterized by an acute febrile stage with few or no localizing signs and a chronic stage with relapse of fever, weakness, sweats, and vague aches and pains.

Budd-Chiari Syndrome - a rare disorder resulting from obstruction to the hepatic venous outflow, usually thrombosis of major hepatic veins. There is no obvious etiology and thrombosis of the hepatic vein may develop in patients with polycythemia vera, myeloproliferative diseases, or sickle cell disease.

Cystic Fibrosis - an inherited disease of the exocrine glands, primarily affecting the GI and respiratory systems, and usually characterized by the triad of chronic obstructive pulmonary disease, exocrine pancreatic insufficiency, and abnormally high sweat electrolytes.

Diphtheria - an acute contagious disease caused by corynebacterium diphtheria, characterized by the formation of a fibrinous pseudomembrane, usually on the respiratory mucosa, and by myocardial and neural tissue damage secondary to an exotoxin.

Encephalitis - an acute inflammatory disease of the brain due to direct viral invasion or hypersensitivity initiated by a virus or other foreign protein.

Histoplasmosis - an infectious disease caused by histoplasma capsulatum, characterized by a primary pulmonary lesion and occasional hematogenous dissemination, with ulcerations of the oropharynx and GI tract, hepatomegaly, splenomegaly, lymphadenopathy, and adrenal necrosis. The disseminated form is the defining disease for AIDS. The highest incidence of hypersensitivity is in the Ohio and Mississippi river valleys.

Legionnaries' Disease - investigation of acute febrile respiratory illness among members of the American Legion in Philadelphia in 1976 led to discovery of a bacterium now called Legionella pneumophila. Legionnaire's Disease accounts for 1 to 8% of all pneumonias about 4% of the lethal nosocomial pneumonias.

Lou Gehrig's Disease - amyotrophic lateral sclerosis (ALS); a motor neuron disease of unknown cause characterized by progressive degeneration of corticospinal tracts and/or anterior horn cells and/or bulbar motor nuclei.

Malaria - a protozoan infection characterized by paroxysms of chills, fever, and sweating, and by anemia, splenomegaly, and a chronic relapsing course.

Multiple sclerosis - a slowly progressive central nervous system disease characterized by disseminated patches of demyelination in the brain and spinal cord, resulting in multiple and varied neurologic symptoms and signs, usually with remissions and exacerbations.

Muscular dystrophy - a group of inherited, progressive muscle disorders of unknown cause.

Myasthenia Gravis - a disease characterized by episodic muscle weakness, chiefly in muscles innervated by cranial nerves, and characteristically improved by cholinesterase-inhibiting drugs.

Osteomyelitis - an infection of bone, usually caused by bacteria, but sometimes by fungi.

Poliomyelitis - an acute viral infection with a wide range of manifestations, including nonspecific minor illness, aseptic meningitis, and flaccid weakness of various muscle groups.

Q Fever - Quintan fever; a rare louse-borne febrile disease observed mainly in military populations during World Wars I and 11.

Rabies - an acute infectious disease of mammals, especially carnivores, characterized by central nervous system irritation followed by paralysis and death.

Reye's Syndrome - the syndrome of acute encephalopathy and fatty infiltration of the viscera that tents to follow some acute viral infection. The cause is unknown but viral agents, salicylates, and intrinsic metabolic defects have been implicated.

Rheumatic Fever - an acute inflammatory complication of Group A streptococcal infections, characterized by arthritis, chorea, or carditis appearing alone or in combination, with residual heart disease as possible sequela of the carditis.

Rocky Mountain Spotted Fever - an acute febrile disease caused by Rickettsia rickettsii and transmitted by ixodid ticks.

Scarlet Fever - associated with Group A streptococcal strains that produce an erythrogenic toxin, leading to a diffuse pink cutaneous flush. The disease is uncommon today probably because antibiotic therapy prevents progression in individuals or mass epidemics.

Sickle Cell Anemia – A chronic hemolytic anemia occurring almost exclusively in blacks and characterized by sickle-shaped RBC’s due to homozygous inheritance of Hb S.

Spinal meningitis - inflammation of the meninges of the spinal cord.

Systemic Lupus Erythematosus - an inflammatory connective tissue disorder of unknown etiology occurring predominately in young women.

Tay-Sachs Disease - a severe, inheritable disease characterized by very early onset, progressive retardation in development, paralysis, dementia, blindness and death by age 3 or 4 years. This recessive disorder is common in families of Eastern European Jewish origin.

Tetanus - an acute infectious disease characterized by intermittent tonic spasms of voluntary muscles.

Toxic Shock Syndrome - a syndrome characterized by high fever, diarrhea, confusion, and skin rash that may rapidly progress to severe and intractable shock.

Trichinosis - a parasitic disease caused by Trichenella spiralis, characterized initially by GI symptoms, and later by periorbital edema, muscle pains and fever.

Tuberculosis - a chronic recurrent infection most common in the lungs, but any organ may be affected.

Tularemia - an acute infectious disease, usually characterized by a primary local ulcerative lesion, regional lymphadenopathy, profound systemic symptoms, a typhoidlike febrile illness.

Typhoid Fever - a systemic infectious disease caused by S. typhi and characterized by fever, prostration, abdominal pain, and a rose colored rash.

Whooping Cough - pertussis; an acute highly communicable bacterial disease, characterized by a paroxysmal or spasmodic cough that usually ends in a prolonged inspiration (the whoop.)

SURGICAL SCHEDULE

The schedule shown below is for one unit of coverage. Each unit of coverage is subject to a maximum Surgical Benefit of $1,000 per operation. See the Schedule of Benefits in a policy for the number of units of coverage in force. This table is for training purposes only. See policy for coverage:

SURGICAL & ANESTHESIA BENEFIT SCHEDULE

SURGICAL PROCEDURE	Maximum Surgical Benefit	Maximum Anesthesia Benefit
ABDOMEN		
Abdominal paracentesis	$32	$10
Excision of intra-abdominal or retroperitoneal tumor	$320	$96
Staging celiotomy (Hodgkin's or lymphoma)	$400	$120
AMPUTATIONS		
Arm		
Upper	$200	$60
Upper with shoulder	$508	$152
Lower	$240	$72
Leg		
Upper at hip	$720	$216
Lower	$270	$81
BIOPSY		
Any area of body. Not payable for skin lesions.	$30	$9
BLADDER		
Cystotomy for excision of bladder tumor	$280	$84
Cystectomy, complete; with bilateral pelvic lymphadenectomy	$720	$216
Cystectomy, complete; with ureteroileal conduit	$912	$274
Pelvic exenteration, complete for vesical malignancy	$1,000	$300
Cystourethroscopy	$280	$84
BONE		
Radical resection of sternum for tumor	$740	$222
Innominate bone (total)	$800	$240
BRAIN		
Crainectomy for tumor of skull	$660	$198
Excision of brain tumor, supratentorial	$900	$270
Excision of brain tumor, infratentorial or posterior fossa	$900	$270
Excision of brain tumor, cerebellopontine angle tumor	$932	$280
Excision of brain tumor, midline tumor at base of skull	$932	$280
Excision of craniopharyngioma	$1,000	$300
Hypophysectomy, intracranial approach	$860	$258

SURGICAL & ANESTHESIA BENEFIT SCHEDULE

SURGICAL PROCEDURE	Maximum Surgical Benefit	Maximum Anesthesia Benefit
Stereotactic procedures	$480	$144
BREAST		
Excision of malignant tumor	$109	$33
Mastectomy, partial	$160	$48
Mastectomy, simple, complete	$216	$65
Mastectomy, radical including pectoral muscles	$360	$108
Mastectomy, modified radical, excluding pectoralis major muscle	$320	$96
Excision of chest wall tumor involving ribs with reconstruction	$528	$158
Reconstruction following mastectomy	$504	$151
Stereotactic procedures	$130	$39
CHEST		
Bronchoscopy	$101	$30
Thoracentesis for biopsy	$32	$10
Pneumonectomy, total	$520	$156
Lobectomy, total or segmental	$480	$144
Excision of mediastinal tumor	$440	$132
EAR		
Excision of external ear, partial	$120	$36
Radical excision, external auditory canal lesion with a neck dissection	$440	$132
Excision aural glomus tumor; transcanal	$400	$120
Excision aural glomus tumor; transmastoid	$480	$144
Extended (extratemporal)	$600	$180
ENDOSCOPY		
All procedures	$102	$31
ESOPHAGUS		
Excision, local lesion with primary repair,		
Cervical approach	$300	$90
Thoracic approach	$390	$117
Wide excision malignant lesion of cervical esophagus with neck dissection	$708	$212
Esophagectomy (at upper two-thirds level) with vagotomy	$960	$288
Esophagogastrectomy (lower third) and vagotomy	$780	$234
GALLBLADDER		
Excision	$300	$90
HEART		
Resection external cardiac tumor	$600	$180
Excision intracardiac tumor, resection with bypass	$900	$270

SURGICAL & ANESTHESIA BENEFIT SCHEDULE

SURGICAL PROCEDURE	Maximum Surgical Benefit	Maximum Anesthesia Benefit
INTESTINES		
Colectomy, partial; with anastomosis	$400	$120
With coloproctostomy	$440	$132
Colectomy, total, abdominal, with ileostomy or ileoproctostomy	$500	$150
With rectal mucosectomy, ileoanal anastomosis	$780	$234
With proctectomy	$640	$192
Small intestine, enteroscopy beyond second portion of duodenum	$120	$36
Proctectomy, complete, combined abdominoperineal	$520	$156
Proctosigmoidscopy with biopsy	$30	$9
Colonoscopy, fiberoptic, beyond splenic flexure; with biopsy	$132	$40
KIDNEY		
Nephrectomy, radical, with regional lymphadenectomy	$546	$164
Partial	$440	$132
LIVER		
Hepatectomy, partial lobectomy	$428	$128
LYMPHATIC SYSTEM		
Cervical lymphadenectomy (complete)	$460	$138
MOUTH		
Excision of lip; transverse wedge excision with primary closure	$200	$60
Hemiglossectomy	$336	$101
Glossectomy,		
Partial with unilateral radical neck dissection	$600	$180
Total, with unilateral radical neck dissection	$680	$204
With resection, floor of mouth, mandibular resection	$820	$246
Resection, palate	$212	$64
OVARY		
Excision	$428	$128
PANCREAS		
Pancreatectomy with pancreaticoduodenostomy	$800	$240
PAROTID		
Excision of tumor, lateral lobe, without nerve dissection	$164	$49
Total, with unilateral radical neck dissection	$620	$186
PELVIS		
Radical resection for tumor	$480	$144
PENIS		
Amputation, partial	$200	$60
Complete	$240	$72
Radical with bilateral inguinofemoral lymphadenectomy	$480	$144

SURGICAL & ANESTHESIA BENEFIT SCHEDULE

SURGICAL PROCEDURE	Maximum Surgical Benefit	Maximum Anesthesia Benefit
PROSTATE		
Transurethral resection of prostate	$332	$100
Prostatectomy, retropubic radical	$680	$204
SINUS		
Maxillectomy with orbital extenteration	$728	$218
SKIN		
Excision or destruction of malignant lesion	$31	$9
SPINE		
Resection tumor, radical, soft tissue of flank or back	$340	$102
Partial resection of vertebral component for cervical tumor	$240	$72
Laminectomy for excision of intraspinal neoplasm	$608	$182
Extradural, cervical approach	$736	$221
Intradural, intramedullary, thoracic approach	$880	$264
STOMACH		
Local excision of tumor	$308	$92
Total gastrectomy including intestinal anastomosis	$560	$168
Hemigastrectomy with vagotomy	$650	$195
TESTIS		
Orchiectomy, radical, for tumor, inguinal approach	$200	$60
With abdominal exploration	$228	$68
THROAT		
Laryngectomy, total, without radical neck dissection	$540	$162
With radical neck dissection	$800	$240
Pharyngolaryngectomy with radical neck dissection	$700	$210
Laryngoscopy, direct, operative	$128	$38
THYROID		
Thyroidectomy for malignancy	$520	$156
With radical neck dissection	$640	$192
UTERUS		
Colposcopy	$45	$14
Dilation and curettage	$110	$33
Radical abdominal hysterectomy	$760	$228
Total hysterectomy, with or without removal of tubes	$390	$117
URINARY		
Ureterectomy, with bladder cuff (independent procedure)	$360	$108
Total, ectopic ureter; combination abdominal, vaginal and/or perineal approach	$420	$126
VEIN		
Insertion of central venous catheter	$88	$26
Repositioning	$30	$9

SURGICAL & ANESTHESIA BENEFIT SCHEDULE

SURGICAL PROCEDURE	Maximum Surgical Benefit	Maximum Anesthesia Benefit
VULVA		
Vulvectomy, complete	$312	$94
Radical	$400	$120
With inguinofemoral, iliac and pelvic lymphadenectomy	$620	$186

ATTACHMENTS

#1 Requirement for Consideration of Previous Cancer Histories, CSD-APS
#2 Cancer Elimination Rider, CSD-ELIM
#3 Cancer Diagnosis Elimination Rider, CSEL-FOB-ELIMRdr
#4 Notice to Applicant Regarding Replacement of USAble Cancer Prod. CSD-REP
#5 Request for Change and Duplicate Policy Request, IND-CHG
#6 CancerCare Application, CEP-APP
#7 Business Transmittal Form, AFFBUSTR
#8 CancerCare Instructions for Filing Claims, CL-INST-CSD
#9 CancerCare Claim Form, CL-CSD

Forms that may be required are dependent upon the questions answered on the application. For the most up-to-date version of the above forms, go to "Download Forms" on the USAble Life website **www.usablelife.com**.

TENNESSEE STATE SPECIFIC NOTES

These notes are being added to reference specific changes to benefits and underwriting that were required in order to be in compliance with Tennessee state laws.

These notes are also intended to assist you during multi-state enrollments

- The Hospital Intensive Care Benefit cannot be included as a rider to a cancer policy. In TN, we can only offer this benefit through a stand-alone policy.

- Issue Age limit for dependent children – Age 0 – 24 *(Standard is 0-23)*

- TN does not require completion of a Replacement form for takeovers from other carriers.

USAble Life

320 W. Capitol • P.O. Box 1650 • Little Rock, AR 72203-1650
(501) 375-7200 • (800) 648-0271

Caution: This is a limited policy. Read it carefully with the outline of coverage.

Policy Number: 000011111117
Primary Insured: TESTCE TENNESSEE
Effective Date: JULY 01, 2003

We agree, subject to all policy provisions, to pay the benefits of this policy and to provide the owner with all other rights of this policy.

The premium you paid and the application you completed place this policy in force as of the effective date. The effective date is shown in the Policy Schedule. A copy of your application is attached.

PART A IMPORTANT PLEASE READ

Your application is a part of this policy. PLEASE READ the copy of your application that is attached to this policy. Your policy was issued on the basis that all information in the application is correct and complete. If not, your policy may not be valid. If anything in your application is not correct, you should write to us within 30 days of the date you received this policy and let us know. Incorrect information could result in the denial of a claim or termination of this policy.

PART B 30-DAY RIGHT TO EXAMINE AND CANCEL POLICY

It is important to us that you are satisfied with this policy and that it meets your insurance needs. If you are not satisfied, you may cancel this policy by delivering or mailing a written notice or sending a telegram to USAble Life at the above address and by returning the policy before midnight of the 30th day after the date you receive the policy. Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. We must return all payments made for this policy within ten days after we receive notice of cancellation and the returned policy.

This policy is a legal contract between you and us. **PLEASE READ THIS POLICY CAREFULLY**.

Signed for us at our Home Office on the effective date.

Mark Langston
Assistant Secretary

James B. Hayne
President

LIMITED BENEFIT
THIS IS A CANCER AND SPECIFIED DISEASE ONLY POLICY.
It Does Not Pay Benefits For Loss From Any Other Cause.
GUARANTEED RENEWABLE FOR LIFE

TABLE OF CONTENTS

ADDITIONAL BENEFITS

Any additional benefits provided by rider(s) listed on Page 3 are fully described in the riders that immediately precede the copy of your application.

POLICY SCHEDULE

This page shows specific information about this policy and is referred to throughout this policy.

Type of Coverage: Full Family

Policy or Rider:	Number of Units or Amount of Coverage:	Monthly Premiums:
Cancer & Specified Disease Policy		$8.24
Hospital Confinement Rider	$100	$3.00
Surgery & Anesthesia Rider	1 Unit(s)	$1.50
Radiation, Chemo, Blood & Plasma Rider	$5,000 Cal.Yr.Max.	$8.80
Specified Disease Benefit Rider	$250 Per Day	$4.00
Cancer Diagnosis Benefit Rider	$1,000	$1.70
Cancer Disability - 1 Year Ind & Spouse	$250 / Month	$2.36

Premium Schedule	Annual	Semiannual	Quarterly	Monthly
Total Premiums	$399.12	$199.56	$99.78	$33.26

Premium Frequency Selected By You: MONTHLY

The monthly premium is available only through a salary deduction plan of your employer or by bank draft.

Policy Number: 000011111117
Primary Insured: TESTCE TENNESSEE
Effective Date: JULY 01, 2003

SCHEDULE OF BENEFITS

BENEFIT NAME	BENEFIT AMOUNT
Policy Benefits:	
A. Physician's Visits	Charges incurred not to exceed $75 per visit. Limited to 1 visit per day.
B. Private Duty Nursing Service	Charges incurred not to exceed $200 per day. Limited to number of days of hospital confinement.
C. Home Health Care Services	Charges incurred not to exceed $200 per day. Lifetime maximum of 50 days of benefits.
D. Prosthesis	Charges incurred not to exceed $3,000 per calendar year.
E. Ambulance	Charges incurred. Air ambulance is subject to a maximum of $500 per confinement.
F. Family Lodging and Transportation	Charges incurred by an adult member of the immediate family not to exceed $100 per day for lodging (for up to 90 days per confinement). Charges incurred for one round-trip coach fare per confinement.
G. Patient Transportation	Charges incurred by the insured person for round-trip coach fare, or $.50 per mile.
H. Positive Diagnosis Test	Charges incurred not to exceed $500 lifetime maximum.
I. Annual Physical	Charges incurred not to exceed $200 per calendar year. $1,000 lifetime maximum.
J. Second Surgical Opinion	Charges incurred not to exceed $200.
K. National Cancer Institute Evaluation & Consultation Benefit	Charges incurred not to exceed $500. Transportation benefit of $250. Payable once per person.
L. New or Experimental Treatment	Charges incurred not to exceed $5,000 per calendar year.
M. Extended Care Facility	Charges incurred not to exceed $200 per day. Limited to number of days of prior hospital confinement.
N. Hospice Care	Charges incurred not to exceed $100 per day. Lifetime maximum of 180 days of benefits.
O. Government or Charity Hospital	Pays $300 per day in lieu of all other benefits.
P. Inpatient Drugs and Medicines	Charges incurred not to exceed $25 per day, limited to $500 per calendar year.
Q. Medical Supplies	100% of charges incurred when incurred on an inpatient basis. 80% of charges incurred when incurred on an outpatient basis. Limited to $1,000 per calendar year.
R. Child's Private Tutoring	Charges incurred not to exceed $25 per day.

BENEFIT NAME	BENEFIT AMOUNT
S. Alopecia	Charges incurred not to exceed $200, limited to once every three years.
T. Physical, Speech, Hearing and Occupational Therapy	Charges incurred not to exceed $30 per session, limited to $400 per calendar year.
U. Bone Marrow Transplantation	(1) Inpatient: Charges incurred not to exceed $10,000. Outpatient: Charges incurred not to exceed $5,000. (2) Indemnity Benefit of $1,000 paid to donor. Lifetime maximum: $10,000 per person.
V. Stem Cell Transplantation	Charges incurred not to exceed $2,500. Lifetime maximum: $2,500 per person.
W. Waiver of Premium	Pays policy premium when primary insured becomes totally disabled due to internal cancer.
X. At Home Recovery	Charges incurred not to exceed $100 per month for a maximum of three months. Lifetime maximum of six months per insured person.
Y. Wellness Benefit	Charges incurred not to exceed $75 per insured person, per calendar year.
Rider Benefits:	
1. Hospital Confinement	Pays $100 per day for the first 60 days, $200 per day thereafter. Pays double for dependent children.
2. Radiation, Chemotherapy, Blood & Plasma	Part A: Charges incurred not to exceed a $5,000 calendar year maximum. Part B: Charges incurred not to exceed a $500 calendar year maximum. Part C: Charges incurred not to exceed a $5,000 calendar year maximum.
3. Surgery and Anesthesia	Charges incurred not to exceed $1,000 (see Surgical and Anesthesia Benefit Schedule). One units of coverage.
4. Specified Disease Benefit	Charges incurred not to exceed $250 per day. Lifetime maximum of 100 days per person.
5. Cancer Disability	Pays a monthly benefit of $250 for a benefit period of 1 year.
6. Cancer Diagnosis	Pays $1,000 for diagnosis of internal cancer.

PART C RENEWAL AGREEMENT

We will renew your policy when you timely pay the premium. It must be paid on or before the date it is due or during the 31 days that follow. Your policy stays in force during this time.

You may cancel this policy at any time. The cancellation will be effective on the first day of the policy month following the date we receive your written cancellation notice, or on a later date if you so specify. Upon cancellation, we shall promptly return any unearned premium.

PART D PREMIUM CHANGE

We may change the premium for this policy. We can only change the premium if we change it for all policies of this form number and premium classification in your state, which are then in force. We will not change the premium more than once in a 12 month period.

We will notify you in writing of any change in premium 31 days or more before the change is effective. Notice will be mailed to you at the address shown on our records. Please notify us of any change in address.

PART E DEFINITIONS

When we use the following words, this is what we mean:

"Calendar Year" means the period of time that begins on January 1 and ends on December 31, of the same year.

"Cancer" means a disease which is identified by the presence of one or more malignant neoplasms, and is characterized by the abnormal growth of malignant cells in any part of the body, which have the capacity to invade tissues and metastasize to and colonize distant sites. Cancer also includes leukemia, lymphoma and Hodgkin's disease.

It does not include, for example, other conditions which are benign, premalignant, or which have malignant potential but are not malignant, such as leukoplakia, carcinoid, hyperplasia, polycythemia, nonmalignant melanoma, moles, warts, benign keratoses, or similar diseases or lesions.

"Charges Incurred" means charges the insured person is legally required to pay.

"Common Carrier" means a commercial airline or passenger train.

"Confined" or "Confinement" means care as a resident bed patient because of a covered cancer or specified disease. It must be for at least 12 hours in the same facility. A physician must recommend and supervise the confinement. Successive periods of confinement will be considered to be the same period unless they are separated by more than 30 days. Confinement does not mean care as an outpatient or in an emergency room.

"Date of Diagnosis" means the day on which the tissue or hemic (blood) system specimen or titer(s) is taken on which the diagnosis of cancer or specified disease is based.

"Diagnosis of cancer" means the finding of cancer by a physician certified by the American Board of Pathology or the American Board of Osteopathic Pathology to practice pathological anatomy. Diagnosis shall be based on microscopic examination of fixed tissue, or preparations from the hemic (blood) system either during life or postmortem.

We accept clinical diagnosis of cancer as evidence that cancer exists in an insured person only when a pathological diagnosis cannot be made or would be detrimental to the health of the insured person, provided medical evidence substantially documents the diagnosis and treatment for cancer was received.

"Diagnosis of a specified disease" means a diagnosis by a qualified physician based on generally accepted diagnostic procedures and criteria.

"Effective Date" means the date shown on the Policy Schedule for all insured persons accepted for coverage at the time of issue provided the application has been accepted and approved by us, the policy is issued and the full first premium has been paid; or the date shown by endorsement for all insured persons added to coverage after the policy has been issued. The effective date is assigned by us in accordance with our policy dating rules in effect at the time this policy is issued. The coverage provided by this policy will not be effective unless there has been no change since the date of the application and the effective date of the policy in the health of any proposed insured person listed on the application.

"Extended Care Facility" means a licensed nursing facility which: (1) operates under the direction of a physician; (2) provides continuous skilled or intermediate care under the supervision of a graduate registered nurse; (3) maintains daily medical records of each patient; and (4) is licensed by the state in which it is located.

"He" or "His" The use of the male pronoun also includes the female.

"Home Office" means the principal office of USAble Life in Little Rock, Arkansas.

"Hospice" means a free-standing facility which is staffed and equipped to: (a) provide care for persons who are terminally ill and do not require the full services of a hospital or skilled nursing facility; (b) offer medical services under the direction of a physician and a 24 hour professional nursing staff; (c) provide, directly or by arrangement, social, psychological or spiritual services; and (d) is licensed, certified or registered if such is required by the state in which the facility is located.

"Hospital" means a primary care institution operated pursuant to law which is licensed or approved as a hospital by the responsible state agency. It must have organized facilities on its premises to provide first level treatment of sick and injured persons on an inpatient basis for which a charge is made. Organized facilities include emergency services, admission services, clinical laboratory, diagnostic X-ray and surgical services. Treatment facilities for emergency, medical and surgical services must be provided within the institution. The institution must provide 24 hour nursing services by or under the supervision of a licensed graduate registered nurse on duty or call, and be supervised by a staff of one or more physicians. It must maintain on its premises the patient's written history and medical records.

Not included in the term hospital is an institution or part of an institution which is licensed or used principally: (a) for the treatment or care of drug addicts or alcoholics; or (b) as a clinic, continued or

extended care hospital or rehabilitation facility, convalescent home, rest home, skilled nursing facility or home for the aged; or (c) as a stand-alone psychiatric facility.

"Immediate Family" means anyone related to an insured person in the following manner: spouse, daughter, son, step-child, father, mother, step-parent, sister, brother, step-sister, step-brother, grandchild, grandparent, father-in-law, mother-in-law, or spouses of any of these.

"Insured Person(s)" means you or any person(s) insured under this policy.

There are three types of coverage under this policy:

(1) "Individual" coverage;
(2) "One-Parent Family" coverage; or
(3) "Full Family" coverage.

If this policy is issued as an "Individual" policy, the word "Applicant" as shown on the application shall mean that we insure only you.

If this policy is issued as a "One-Parent Family" policy, the words "Applicant and Children" as shown on the application shall mean that we insure you and all your dependent children who are eligible for coverage as stated in the Dependent provisions of this policy.

If this policy is issued as a "Full Family" policy, the words "Applicant, Spouse and Children" as shown on the application shall mean that we insure you, your spouse and all dependent children (of yours or your spouse) who are eligible for coverage as stated in the Dependent provisions of this policy.

"Internal Cancer" means any type of cancer except skin cancer.

"Loss" means expenses and/or costs incurred as a result of cancer or a specified disease, which are the basis for a valid claim for indemnity under the terms and provisions of this policy.

"Non-local" means a one-way trip in excess of 50 map miles from your residence to the facility in which any insured person is to be admitted.

"Nurse" means any of the following who is not a member of an insured person's immediate family:

(1) licensed practical nurse (L.P.N.);
(2) licensed vocational nurse (L.V.N.); or
(3) graduate registered nurse (R.N.)

"Pathologist" means a physician, other than an insured person or an immediate family member, who is licensed to practice medicine and is also licensed to practice pathologic anatomy by the American Board of Pathology or the American Board of Osteopathic Pathology.

"Period of Confinement" means a period of time which begins on the first day the insured person is confined in a hospital. Successive periods of confinement will be considered to be the same period of confinement unless they are separated by more than 30 days.

"Physician" means a person who is providing services within the scope of his license, and is either: (a) licensed to practice medicine and prescribe and administer drugs or to perform surgery; or is (b) legally qualified and licensed as a medical practitioner and is required to be recognized, according to

the insurance statutes or the insurance regulations of the governing jurisdiction. Such person must not be an immediate family member of any insured person. Practitioners of homeopathic, naturopathic and related medicines are not considered eligible physicians under this policy.

"Policy" means this document, any riders, endorsements, supplements, or amendments to it, and the application.

"Pre-existing Condition" means a cancer or specified disease which is first diagnosed within five years prior to the effective date of coverage for each insured person. Conditions which are fully disclosed to us on the application and not excluded or limited by us in the policy are not considered pre-existing conditions.

"Primary Insured" means the person named on the Policy Schedule on page 3.

"Renewal Date" means the date your next premium payment is due.

"Specified Disease" means any of those diseases which are included in the Specified Disease Benefit Rider, which is attached to this policy if purchased.

"We" or "Us" means USAble Life.

"You" or "Your" means the person named as the primary insured on the Policy Schedule on page 3. You are insured for the benefits of the policy as of the effective date.

PART F EXCEPTIONS AND LIMITATIONS

PRE-EXISTING CONDITIONS--LIMITATIONS FOR CERTAIN CONDITIONS:

The benefits of this policy will not be payable for loss caused by pre-existing conditions during the first two years this policy is in force. After this two year period, however, loss due to such pre-existing conditions will be payable unless specifically excluded from coverage. This two year period is measured from the effective date of coverage for each insured person.

EXCEPTIONS--WHAT WE WILL NOT PAY FOR:

This policy pays ONLY for loss resulting from cancer or specified diseases, as defined in this policy. It DOES NOT cover:

(1) any other disease or sickness;
(2) injuries;
(3) hospital confinement or expense that begins while a person is not insured under this policy;
(4) outpatient benefits for the same day hospitalization benefits are paid;
(5) treatments which are not accepted or approved by the American Medical Association as an effective treatment for cancer or a specified disease; or
(6) drugs or substances which are not approved by the Federal Drug Administration for use in the treatment of cancer or a specified disease.

PART G BENEFITS

The benefits of this policy are payable for loss that begins while this policy is in force. The loss must result from cancer or specified disease, as defined in this policy. All benefits are subject to the terms of this policy.

Benefits will be payable from the first day of hospital confinement or other covered care, even if a diagnosis of cancer or specified disease is not made until a later date. However, this provision will not cause benefits to be paid for covered care or hospitalization beginning more than 120 days before diagnosis or for losses beginning before the effective date of the insured person's coverage.

We will pay the following benefits for the necessary treatment of cancer only.

A. PHYSICIAN'S VISITS: If an insured person requires the services of a physician, other than a surgeon, while confined in a hospital, we will pay the charges incurred not to exceed the amount shown in the Schedule of Benefits for one physician's visit per day.

B. PRIVATE DUTY NURSING SERVICE: We will pay the charges incurred not to exceed the amount shown in the Schedule of Benefits for private duty nursing and attendance of a nurse, other than a member of an insured person's immediate family, during a hospital confinement. Such care must be required and authorized by your attending physician and provided by a licensed graduate registered nurse (R.N.) or licensed practical nurse (L.P.N.). The maximum number of days of care payable will be equal to the number of days of hospital confinement.

C. HOME HEALTH CARE SERVICES: We will pay the charges incurred not to exceed the amount shown in the Schedule of Benefits for services provided at home by a licensed home health care agency. Such care must be prescribed by the attending physician and cannot be provided by a member of an insured person's immediate family. This benefit is subject to a lifetime maximum of 50 days of benefits per insured person.

D. PROSTHESIS: We will pay the charges incurred not to exceed the amount shown in the Schedule of Benefits for each prosthetic device including, if applicable, the surgical implantation thereof. The prosthesis must be needed to restore body contour or functional use.

E. AMBULANCE BENEFIT: We will pay the charges incurred per trip to transport an insured person to the hospital for confinement as an inpatient. We will also pay the charges incurred per trip for the trip home from the hospital upon discharge. The ambulance service must be performed by a licensed ambulance service. Air ambulance charges are subject to a maximum per confinement as shown in the Schedule of Benefits.

F. FAMILY LODGING AND TRANSPORTATION: For an adult member of the immediate family to be near an insured person confined in a non-local hospital due to cancer, we will pay the following:

(1) the charges incurred not to exceed the amount shown in the Schedule of Benefits for a single room in a motel, hotel, or other accommodations acceptable to us. This benefit is limited to 90 days per confinement; and
(2) the charges incurred for one round-trip coach fare on a common carrier. This benefit is payable once for each period of continuous confinement.

(3) If the family member is also a bone marrow donor, this benefit will be reduced by the amount payable to the donor under the Bone Marrow Transplantation Benefit.

G. PATIENT TRANSPORTATION BENEFIT: For non-local cancer treatment prescribed by the attending physician as medically necessary, which is not available locally, and which will require hospital confinement, we will pay:

(1) the charges incurred for round trip coach fare on a common carrier to the nearest hospital that provides the prescribed treatment; or
(2) the amount shown in the Schedule of Benefits for personal automobile expense.

This benefit will not be paid for (a) visits to the insured person requiring treatment; or (b) periodic checkups. This benefit is payable once for each period of continuous confinement.

H. POSITIVE DIAGNOSIS TEST: We will pay the charges incurred not to exceed the amount shown in the Schedule of Benefits for diagnostic tests that lead to a positive diagnosis of cancer within 90 days of such tests. This benefit is payable once per insured person.

I. ANNUAL PHYSICAL: After an insured person has received a positive diagnosis of internal cancer, we will pay the charges incurred not to exceed the amount shown in the Schedule of Benefits for an annual physical examination including diagnostic tests. This benefit is subject to a lifetime maximum per insured person as shown in the Schedule of Benefits.

J. SECOND SURGICAL OPINION BENEFIT: We will pay the charges incurred not to exceed the amount shown in the Schedule of Benefits for a second surgical opinion. Second surgical opinion means an evaluation of the need for cancer surgery by a second physician.

K. NATIONAL CANCER INSTITUTE (NCI) EVALUATION & CONSULTATION BENEFIT: We will pay the charges incurred not to exceed the amount shown in the Schedule of Benefits when an insured person seeks evaluation and/or consultation at an NCI-sponsored cancer center as the result of receiving a prior diagnosis of internal cancer. The purpose of the evaluation and/or consultation must be to determine the appropriate course of cancer treatment.

This benefit is not payable on the same day the Second Surgical Opinion Benefit is payable. This benefit is payable once per insured person.

We will also pay the amount shown in the Schedule of Benefits for transportation when the NCI-sponsored cancer center is in excess of 50 miles one way from the insured person's residence. Mileage will be measured as map miles from the insured person's residence to the NCI center.

This benefit is not payable on the same day the Patient Transportation Benefit is payable. This benefit is payable once per insured person.

L. NEW OR EXPERIMENTAL TREATMENT: We will pay the charges incurred not to exceed the amount shown in the Schedule of Benefits for new or experimental cancer treatment endorsed by either the American Cancer Society or the National Cancer Institute if:

(1) such treatment is judged necessary by the attending physician; and
(2) no other treatment will produce results which, in the opinion of the attending physician, can be expected to diminish the effects of cancer on the life of an insured person.

Treatment must be received in the United States or its territories.

M. EXTENDED CARE FACILITY: We will pay the charges incurred not to exceed the amount shown in the Schedule of Benefits for each day an insured person is confined in an extended care facility. Such confinement must:

(1) be at the recommendation of the attending physician; and
(2) begin within 14 days of a hospital confinement.

Extended Care Facility benefits will be limited to the number of days of the prior hospital confinement.

N. HOSPICE CARE: We will pay the charges incurred not to exceed the amount shown in the Schedule of Benefits for each day of confinement in a hospice care center if the insured person has been diagnosed as terminally ill due to cancer and the attending physician has approved such confinement. This benefit is subject to a lifetime maximum of 180 days of benefits per insured person.

O. GOVERNMENT OR CHARITY HOSPITAL: If any insured person is necessarily confined in:

(1) a hospital operated by or for the United States Government (including the Veteran's Administration); or
(2) a hospital that does not charge for the services it provides (charity),

we will pay the amount shown in the Schedule of Benefits. This benefit is in lieu of all other benefits provided in this policy.

P. INPATIENT DRUGS AND MEDICINES: We will pay the charges incurred not to exceed the amount shown in the Schedule of Benefits for the hospital charges for prescribed drugs and medicines taken during hospital confinement, other than drugs covered under the Radiation, Chemotherapy, Blood & Plasma Benefit Rider. This benefit is limited to the amount shown in the Schedule of Benefits per insured person per calendar year.

Q. MEDICAL SUPPLIES: We will pay the charges incurred on an inpatient basis for any of the following: braces, crutches, and wheelchairs or other similar durable medical or surgical equipment deemed necessary by the attending physician. If such charges are incurred on an outpatient basis, we will pay 80% of the charges incurred. This benefit is limited to the amount shown in the Schedule of Benefits per insured person per calendar year.

R. CHILD'S PRIVATE TUTORING: We will pay the charges incurred not to exceed the amount shown in the Schedule of Benefits for the services of a tutor, who is not a member of the insured child's immediate family, when an insured child under the age of 18 is confined to a hospital.

S. ALOPECIA: We will pay the charges incurred not to exceed the amount shown in the Schedule of Benefits for a wig or hairpiece if an insured person suffers hair loss as a result of radiation or chemotherapy treatment. This benefit is payable not more than once every three years.

T. PHYSICAL, SPEECH, HEARING, AND OCCUPATIONAL THERAPY: We will pay the charges incurred not to exceed the amount shown in the Schedule of Benefits for therapy sessions necessary as the result of cancer for:

(1) physical therapy treatments given by a licensed Physical Therapist;
(2) speech therapy given by a licensed Speech Pathologist/Therapist;
(3) hearing therapy treatments given by a licensed Hearing Therapist;
(4) occupational therapy treatments given by a licensed Occupational Therapist.

This benefit is limited to the amount shown in the Schedule of Benefits per insured person per calendar year.

U. BONE MARROW TRANSPLANTATION BENEFIT: If an insured person undergoes a bone marrow transplant:

(1) We will pay the charges incurred by the insured person not to exceed the amount shown in the Schedule of Benefits.
(2) For expenses incurred as a result of the transplantation procedure, we will pay the donor the greater of the following: (a) an indemnity benefit in the amount shown in the Schedule of Benefits, or (b) the amount of any remaining benefits available under this policy after benefits have been paid for the insured person.

This benefit is not payable for the same procedure for which the Stem Cell Transplantation Benefit is payable. This benefit is payable once per insured person.

V. STEM CELL TRANSPLANTATION BENEFIT: If an insured person undergoes a peripheral stem cell transplant, we will pay the charges incurred not to exceed the amount shown in the Schedule of Benefits.

This benefit is not payable for the same procedure for which the Bone Marrow Transplantation Benefit is payable. This benefit is payable once per insured person.

W. WAIVER OF PREMIUM: If, while this policy is in force, the primary insured becomes totally disabled due to internal cancer first diagnosed after the effective date and remains so for more than 60 days, we will pay premiums due after such 60 days for as long as the primary insured remains totally disabled. Total disability must begin before the policy anniversary following the primary insured's attainment of age 60. The term "totally disabled" means that you are (a) unable to work at any job for which you are qualified by education, training or experience; and (b) under the regular care of a physician.

This benefit applies only to the primary insured. This benefit includes the premium for any riders attached to the policy. The primary insured will no longer be eligible for Waiver of Premium on the date he ceases to be totally disabled, and premium payments must be resumed in order to keep the policy in force.

X. AT HOME RECOVERY BENEFIT: After a hospital confinement lasting at least three days, we will pay a monthly indemnity benefit of the amount shown in the Schedule of Benefits for a maximum of three months. This benefit is subject to a lifetime maximum of six months per insured person.

Y. WELLNESS BENEFIT: We will pay charges incurred not to exceed the amount shown in the Schedule of Benefits per insured person for the following diagnostic tests. This benefit is available without diagnosis of cancer. However, this benefit is not payable until 90 days following the effective date.

Covered tests are:

Mammography	Colonoscopy
Flexible Sigmoidoscopy	Thermography
Chest X-Ray	PSA (Blood Test for Prostate Cancer)
Hemocult Stool Analysis	CA125 (Blood Test for Ovarian Cancer)
Pap Smear	CEA (Blood Test for Colon Cancer)

Any diagnostic procedure which can lead to the positive diagnosis of cancer

PART H DEPENDENT PROVISIONS

ELIGIBLE DEPENDENTS:

IF THIS IS AN "INDIVIDUAL" PLAN THE FOLLOWING APPLIES: If this is an individual plan, it means that we insure only you. However, your dependents may become eligible for coverage. Dependents eligible for coverage include: (1) your spouse, if not legally separated from you; (2) your unmarried natural or step children under the age of 24 who are primarily dependent upon you for support and maintenance; and (3) newborn children, adopted children and children placed for adoption.

Eligible dependents not insured on the Policy Date may become covered persons, subject to acceptance by us of your written application and the payment of any required premium.

Newborn Children including adopted children and children placed for adoption (Individual Plan only): While this policy is in force as an "Individual" plan, any newborn child of yours will be covered immediately from the moment of birth, and any newly adopted child or child placed for adoption will be covered from the moment of placement, for as long as the later of these dates: (1) 90 days from the moment of birth or placement; or (2) the next renewal date following birth or placement.

In order for coverage to continue beyond such date, we must receive: (1) written notice of the birth of the newborn child, adoption, or the placement for adoption; and (2) the required premium within 31 days of our notifying you of the amount.

Please include the child's name and date of birth, date of adoption, or date placed for adoption with your notice. This notice must be received by us before the later of these dates: (1) 90 days from the date of birth, adoption, or placement for adoption; or (2) the next renewal date following birth, adoption or adoption placement.

If the required notice is not received by us during this period, a newborn child, newly adopted child or child placed for adoption may be covered after this date only if the following conditions are met: (1) your written application for coverage is approved by us; and (2) the payment of any required premium is made. Additional premium, if any, will begin on the first renewal date following the date of birth, adoption, or adoption placement.

Coverage for such newborn child will be the same as we provide for you. We will not pay benefits for well baby care (routine hospital and nursing care) following birth.

IF THIS IS A "FAMILY" PLAN THE FOLLOWING APPLIES: If this is a "Full Family" policy, it means that we insure you, your spouse if not legally separated from you, and all dependent children (of yours or your spouse) listed on the application. If this is a "One-Parent Family" policy it means that we insure you and all your dependent children listed on the application. The term "Dependent children" includes your unmarried natural or step children and legal wards under age 24 who are primarily dependent upon you for support and maintenance.

Any family member specifically excluded from coverage by endorsement to this policy is not included in the family definition. Any person who becomes a family member after the effective date of this policy must be added by endorsement (except newborn children who are automatically covered from the moment of birth, and newly adopted children including children placed for adoption who are automatically covered from the moment of placement). Persons added as family members by endorsement will be subject to the pre-existing conditions provision. It is not necessary to notify us of a child's birth, adoption, or placement for adoption and no additional premium will be required for coverage of newborn children, adopted children, children placed for adoption, or children added as family members by endorsement. Additional premium is required when a spouse is added to a "one-parent" family policy.

TERMINATION OF COVERAGE: Coverage for dependent persons may terminate as explained in the following paragraphs. Coverage for each dependent child will terminate on the renewal date following the earlier of: (a) his or her 24th birthday; (b) marriage; or (c) his or her termination of dependency upon you for support and maintenance.

If we accept a premium applicable to any such dependent after his or her 24th birthday, or termination of dependency, or after receiving notice of his or her marriage, coverage for such dependent will continue until the end of the period for which premium has been accepted.

If a child reaches the termination date stated above and continues to be both: (a) incapable of self-sustaining employment by reason of mental incapacity or physical handicap; and (b) primarily dependent upon you for support and maintenance, and you notify us about this, coverage for such child will continue while the policy is in force and so long as such disability continues and the applicable premium is paid. We will continue to charge any appropriate premium for that child as long as he/she qualifies as a handicapped dependent.

Coverage for a spouse, if an insured person, will terminate on the first renewal date following the date a court enters a final decree of dissolution of marriage (divorce).

CONVERSION PRIVILEGE: In the event an insured person applies not more than 31 days after the date coverage terminates under this provision and pays the required premium, we will issue, without proof of insurability, a policy then available and which is most comparable to this policy. The new policy will be one with benefits not exceeding those provided for such insured person under this policy and excluding any conditions not covered by this policy. This provision also applies to dependent children in the event of your death. If such insured person fails to convert, all benefits shall cease as of the last day for which premiums have been collected.

CONTINUATION OF COVERAGE: If you die while your spouse is an insured person under this policy, we agree thereafter to renew this policy each term with your spouse as the new primary insured as long as such spouse lives and pays the required premium before the end of the grace period.

PART I HOW TO FILE A CLAIM

NOTICE OF CLAIM: Written notice of claim must be given to us within 30 days after loss covered by this policy occurs. If notice is not given within that time, it must be given as soon as it is reasonably possible. Notice must be given to us at our Home Office in Little Rock, Arkansas. It should include your name, the name of the insured person diagnosed with cancer or a specified disease, and the policy number as shown in the Policy Schedule.

CLAIM FORMS: We will send a claim form for filing proof of loss after we receive the notice of claim. If these forms are not sent to you within 15 days, you will meet the proof of loss requirement by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

PROOF OF LOSS: Written proof of loss must be given to us within 90 days after such loss. If it was not reasonably possible to give written proof in such time, we will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless you were legally incapacitated.

PROOF OF TOTAL DISABILITY FOR WAIVER OF PREMIUM: We will provide forms which you must use when giving us proof of total disability. You must give us proof no later than 12 months after the date you become totally disabled. We may at any time require proof that total disability continues. You must give us proof within 60 days after our request. After you have been totally disabled for more than two years from the date of onset of total disability, we will not request proof more than once a year. We may require you to be examined, at our expense, by a physician of our choice.

PART J TIME OF PAYMENT OF CLAIMS

Benefits for any loss covered by this policy will be paid as soon as we receive proper written proof.

PART K PAYMENT OF CLAIMS

All benefits will be paid to you. Any benefits unpaid at your death, may be paid, at our discretion, to one of the following classes of survivors: (1) your spouse; (2) your surviving children in equal shares; (3) your mother and/or father; (4) your brother and/or sister; or (5) your estate. At our option, an amount up to the maximum allowable by the state laws of the insured person's state of residence may be paid to any person who incurred funeral or other expenses related to the last illness or death of the insured person.

PART L GENERAL INFORMATION

ENTIRE CONTRACT AND CHANGES: This policy is a legal contract between you and us. The entire contract consists of the policy, which includes the application, and any attached papers. No change in this policy will be effective until approved by one of our officers. This approval must be noted on or attached to this policy. No agent has authority to change this policy or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After two years from the date an insured person becomes covered under this policy, we cannot use misstatements, except fraudulent misstatements, in your application to void coverage or deny a claim for loss that occurs after the two year period.

No claim for loss incurred after two years from the date an insured person becomes covered under this policy shall be reduced or denied on the grounds that a disease or physical condition not excluded from coverage by name or specific description existed prior to the effective date of such insured person's coverage.

The above provisions also apply to any riders, supplements, endorsements, or amendments attached to this policy. In applying them, the words "rider," "supplement," "endorsement," or "amendment" will be used for the word "policy."

LEGAL ACTIONS: You cannot bring a legal action to recover under your policy for at least 60 days after you have given us written proof of loss. You cannot start such an action more than three years after the date proof of loss is required.

GRACE PERIOD: A grace period will apply to payment of premiums (except the initial premium). This grace period means that if you pay your premiums within 31 days after they are due, your policy remains continuously in force. If you do not, your policy is terminated as of the date the premiums were payable.

MISSTATEMENT OF AGE: This policy is only available for issue at ages 64 and below. If the age of an insured person has been misstated in the application and if, based on the correct age, we would not have issued the policy, then we will refund premium and no benefits will be payable.

EXTENSION OF BENEFITS: Termination of insurance for an insured person will not affect a claim for continuous loss that began while coverage was in force on that person, as long as such person is totally disabled. For the purposes of this provision, total disability means the complete incapacity of the insured person as the result of the covered sickness or injury:

(1) to engage in any occupation for pay or profit for which he is or may become reasonably qualified by training, education, experience, age, and physical and mental capacity; or
(2) if not employed, to engage in the normal activities of a person of the same age and sex who is free of any physical or mental disease or disorder; and
(3) which requires the regular care of a physician.

REINSTATEMENT: If any renewal premium is not paid within the time allowed for payment and we accept a premium without requiring an application for reinstatement, that payment shall reinstate this policy. If we require an application, this policy will be reinstated when we approve it. If we do not approve the application, this policy will be reinstated on the 45th day after the date of the application unless we notify you in writing of its disapproval. The reinstated policy only covers loss due to cancer or specified disease that begins more than ten days after the date of reinstatement.

In all other respects you and we have the same rights under this policy as we both had before it lapsed, unless special conditions are added to this policy in connection with the reinstatement. Any premium accepted in connection with this provision will be used for a period for which payment has not been made, but not to any period more than 60 days before the date of reinstatement.

OTHER INSURANCE WITH US: If you are covered under more than one cancer and/or specified disease policy with us, only one policy, chosen by you, will be effective (this includes coverage for any insured person). We will refund all premiums paid for all other policies from the date of duplication less any benefits paid under these policies from such date.

PHYSICAL EXAMINATION AND AUTOPSY: We, at our own expense, have the right to have an insured person examined by a physician of our choice when and as often as is reasonable during the handling of a claim and to do an autopsy where it is not forbidden by law.

UNPAID PREMIUM: We may deduct any unpaid premium then due from the payment of a claim under this policy.

REFUND OF PREMIUM: On the death of the insured person, proceeds payable hereunder shall include the amount of unearned premium paid beyond the end of the policy month in which death occurred. Payment shall be made in one lump sum no later than 30 days after proof of the insured person's death has been furnished us.

NON-PARTICIPATING: This policy is non-participating. Its premiums do not include a charge for participation in surplus.

TERM OF COVERAGE: Coverage starts on the effective date at 12:01 a.m., standard time where you live. It ends at 12:01 a.m. on the same standard time on the renewal date, subject to the grace period. This policy may be renewed only as stated under Part C Renewal Agreement. Each time this policy is renewed, the new term begins when the old term ends.

CHARTER AND BY-LAWS: No provisions of our charter or by-laws not included in this policy shall void this policy or be used in defense of any legal proceedings with regard to it.

CONFORMITY WITH STATE STATUTES: The provisions of this policy conform with the law of the state in which you reside on the policy effective date. If any do not, they are hereby amended so that they do conform.

POLICY SCHEDULE: The Policy Schedule and information it contains is a part of the policy.

INSURANCE FRAUD: Warning — Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information may be guilty of insurance fraud and prosecuted. USAble Life may terminate this policy if the insured has filed a fraudulent claim or statement with us.

IMPORTANT NOTICE

To comply with Tennessee Insurance Rule 0780-1-57, the following information is provided to assist you in answering any questions you might have. Our Policyholder Service Office is:

USAble Life
320 W. Capitol, Suite 700
P. O. Box 1650
Little Rock, AR 72203-1650
Phone (501) 375-7200 or (800) 648-0271

We appreciate the opportunity to serve your insurance needs.

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650

HOSPITAL CONFINEMENT BENEFIT RIDER

USAble Life of (herein called we, our or us) has issued this rider as part of the policy to which it is attached.

The premium you paid in advance and the application you completed has put this rider in force as of the rider date. A copy of your application is attached. This rider is a part of the policy. All provisions of the policy not in conflict with the provisions of this rider apply to this rider.

RIDER DATE (same as the Effective Date of the policy if no date shown):

RIDER PREMIUM (included in the policy premium if no amount shown): $_____

BENEFIT

HOSPITAL CONFINEMENT: We will pay the amount shown in the Schedule of Benefits for hospital confinement for the treatment of cancer, as defined in the policy. These benefits will be doubled for confinement of covered dependent children. Successive periods of confinement will be considered to be the same period of confinement unless they are separated by more than 30 days. Benefits are payable only for days when the insured person is charged for a day of confinement.

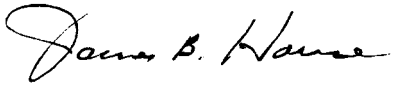
Exclusions: This benefit does not pay for confinements in extended care or skilled nursing facilities.

TERMINATION

This benefit will automatically terminate with the policy or with the failure to pay premiums associated with this rider.

Signed for us at our Home Office on the Rider Date.

USAble Life



President

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650

SURGERY AND ANESTHESIA BENEFIT RIDER

USAble Life (herein called we, our or us) has issued this rider as part of the policy to which it is attached.

The premium you paid in advance and the application you completed has put this rider in force as of the rider date. A copy of your application is attached. This rider is a part of the policy. All provisions of the policy not in conflict with the provisions of this rider apply to this rider.

RIDER DATE (same as the Effective Date of the policy if no date shown):

RIDER PREMIUM (included in the policy premium if no amount shown): $_____

BENEFITS

We will pay you benefits for charges incurred for a surgical procedure and for anesthesia that was administered during the surgical procedure, in or out of a hospital, as shown in the following Surgical & Anesthesia Benefit Schedule, not to exceed the amount shown in the Schedule of Benefits, when surgery is due to cancer, as defined in the policy. For operations not listed, we will pay you an amount comparable to the amount shown in the following schedule for the operation most nearly similar in severity and gravity.

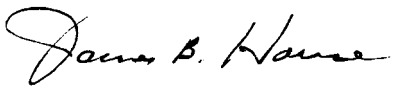
Surgical procedures performed through the same incision or in the same body opening will be considered one operation. We will pay the amount shown in the Surgical & Anesthesia Benefit Schedule for the one procedure with the largest benefit. **The schedule starting on the next page is for one unit of coverage.** Each unit of coverage is subject to a maximum surgical benefit of $1,000 per operation. See the Schedule of Benefits for the number of units of coverage you have in force.

TERMINATION

This benefit will automatically terminate with the policy or with the failure to pay premiums associated with this rider.

Signed for us at our Home Office on the Rider Date.

USAble Life



President

SURGICAL & ANESTHESIA BENEFIT SCHEDULE

SURGICAL PROCEDURE	Maximum Surgical Benefit	Maximum Anesthesia Benefit
ABDOMEN		
Abdominal paracentesis	$32	$10
Excision of intra-abdominal or retroperitoneal tumor	$320	$96
Staging celiotomy (Hodgkin's or lymphoma)	$400	$120
AMPUTATIONS		
Arm		
Upper	$200	$60
Upper with shoulder	$508	$152
Lower	$240	$72
Leg		
Upper at hip	$720	$216
Lower	$270	$81
BIOPSY		
Any area of body. Not payable for skin lesions.	$30	$9
BLADDER		
Cystotomy for excision of bladder tumor	$280	$84
Cystectomy, complete; with bilateral pelvic lymphadenectomy	$720	$216
Cystectomy, complete; with ureteroileal conduit	$912	$274
Pelvic exenteration, complete for vesical malignancy	$1,000	$300
Cystourethroscopy	$280	$84
BONE		
Radical resection of sternum for tumor	$740	$222
Innominate bone (total)	$800	$240
BRAIN		
Crainectomy for tumor of skull	$660	$198
Excision of brain tumor, supratentorial	$900	$270
Excision of brain tumor, infratentorial or posterior fossa	$900	$270
Excision of brain tumor, cerebellopontine angle tumor	$932	$280
Excision of brain tumor, midline tumor at base of skull	$932	$280
Excision of craniopharyngioma	$1,000	$300
Hypophysectomy, intracranial approach	$860	$258
Stereotactic procedures	$480	$144
BREAST		
Excision of malignant tumor	$109	$33
Mastectomy, partial	$160	$48
Mastectomy, simple, complete	$216	$65

SURGICAL & ANESTHESIA BENEFIT SCHEDULE

SURGICAL PROCEDURE	Maximum Surgical Benefit	Maximum Anesthesia Benefit
BREAST		
Mastectomy, radical including pectoral muscles	$360	$108
Mastectomy, modified radical, excluding pectoralis major muscle	$320	$96
Excision of chest wall tumor involving ribs with reconstruction	$528	$158
Reconstruction following mastectomy	$504	$151
Stereotactic procedures	$130	$39
CHEST		
Bronchoscopy	$101	$30
Thoracentesis for biopsy	$32	$10
Pneumonectomy, total	$520	$156
Lobectomy, total or segmental	$480	$144
Excision of mediastinal tumor	$440	$132
EAR		
Excision of external ear, partial	$120	$36
Radical excision, external auditory canal lesion with a neck dissection	$440	$132
Excision aural glomus tumor; transcanal	$400	$120
Excision aural glomus tumor; transmastoid	$480	$144
Extended (extratemporal)	$600	$180
ENDOSCOPY		
All procedures	$102	$31
ESOPHAGUS		
Excision, local lesion with primary repair; cervical approach	$300	$90
Thoracic approach	$390	$117
Wide excision malignant lesion of cervical esophagus with neck dissection	$708	$212
Esophagectomy (at upper two-thirds level) with vagotomy	$960	$288
Esophagogastrectomy (lower third) and vagotomy	$780	$234
GALLBLADDER		
Excision	$300	$90
HEART		
Resection external cardiac tumor	$600	$180
Excision intracardiac tumor, resection with bypass	$900	$270
INTESTINES		
Colectomy, partial; with anastomosis	$400	$120
With coloproctostomy	$440	$132

SURGICAL & ANESTHESIA BENEFIT SCHEDULE

SURGICAL PROCEDURE	Maximum Surgical Benefit	Maximum Anesthesia Benefit
INTESTINES		
Colectomy, total, abdominal, with ileostomy or ileoproctostomy	$500	$150
With rectal mucosectomy, ileoanal anastomosis	$780	$234
With proctectomy	$640	$192
Small intestine, enteroscopy beyond second portion of duodenum	$120	$36
Proctectomy, complete, combined abdominoperineal	$520	$156
Proctosigmoidscopy with biopsy	$30	$9
Colonoscopy, fiberoptic, beyond splenic flexure; with biopsy	$132	$40
KIDNEY		
Nephrectomy, radical, with regional lymphadenectomy	$546	$164
Partial	$440	$132
LIVER		
Hepatectomy, partial lobectomy	$428	$128
LYMPHATIC SYSTEM		
Cervical lymphadenectomy (complete)	$460	$138
MOUTH		
Excision of lip; transverse wedge excision with primary closure	$200	$60
Hemiglossectomy	$336	$101
Glossectomy, partial with unilateral radical neck dissection	$600	$180
Total, with unilateral radical neck dissection	$680	$204
With resection, floor of mouth, mandibular resection	$820	$246
Resection, palate	$212	$64
OVARY		
Excision	$428	$128
PANCREAS		
Pancreatectomy with pancreaticoduodenostomy	$800	$240
PAROTID		
Excision of tumor, lateral lobe, without nerve dissection	$164	$49
Total, with unilateral radical neck dissection	$620	$186
PELVIS		
Radical resection for tumor	$480	$144

SURGICAL & ANESTHESIA BENEFIT SCHEDULE

SURGICAL PROCEDURE	Maximum Surgical Benefit	Maximum Anesthesia Benefit
PENIS		
Amputation, partial	$200	$60
Complete	$240	$72
Radical with bilateral inguinofemoral lymphadenectomy	$480	$144
PROSTATE		
Transurethral resection of prostate	$332	$100
Prostatectomy, retropubic radical	$680	$204
SINUS		
Maxillectomy with orbital extenteration	$728	$218
SKIN		
Excision or destruction of malignant lesion	$31	$9
SPINE		
Resection tumor, radical, soft tissue of flank or back	$340	$102
Partial resection of vertebral component for cervical tumor	$240	$72
Laminectomy for excision of intraspinal neoplasm	$608	$182
Extradural, cervical approach	$736	$221
Intradural, intramedullary, thoracic approach	$880	$264
STOMACH		
Local excision of tumor	$308	$92
Total gastrectomy including intestinal anastomosis	$560	$168
Hemigastrectomy with vagotomy	$650	$195
TESTIS		
Orchiectomy, radical, for tumor, inguinal approach	$200	$60
With abdominal exploration	$228	$68
THROAT		
Laryngectomy, total, without radical neck dissection	$540	$162
With radical neck dissection	$800	$240
Pharyngolaryngectomy with radical neck dissection	$700	$210
Laryngoscopy, direct, operative	$128	$38
THYROID		
Thyroidectomy for malignancy	$520	$156
With radical neck dissection	$640	$192

SURGICAL & ANESTHESIA BENEFIT SCHEDULE

SURGICAL PROCEDURE	Maximum Surgical Benefit	Maximum Anesthesia Benefit
UTERUS		
Colposcopy	$45	$14
Dilation and curettage	$110	$33
Radical abdominal hysterectomy	$760	$228
Total hysterectomy, with or without removal of tubes	$390	$117
URINARY		
Ureterectomy, with bladder cuff (independent procedure)	$360	$108
Total, ectopic ureter; combination abdominal, vaginal and/or perineal approach	$420	$126
VEIN		
Insertion of central venous catheter	$88	$26
Repositioning	$30	$9
VULVA		
Vulvectomy, complete	$312	$94
Radical	$400	$120
With inguinofemoral, iliac and pelvic lymphadenectomy	$620	$186

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650

RADIATION, CHEMOTHERAPY, BLOOD & PLASMA BENEFIT RIDER

USAble Life (herein called we, our or us) has issued this rider as part of the policy to which it is attached.

The premium you paid in advance and the application you completed has put this rider in force as of the rider date. A copy of your application is attached. This rider is a part of the policy. All provisions of the policy not in conflict with the provisions of this rider apply to this rider.

RIDER DATE (same as the Effective Date of the policy if no date shown):

RIDER PREMIUM (included in the policy premium if no amount shown): $_____

BENEFITS

PART A RADIATION, RADIOACTIVE ISOTOPES THERAPY, and PHYSICIAN-ADMINISTERED CHEMOTHERAPY

We will pay the charges incurred not to exceed the amount shown in the Schedule of Benefits for Part A expenses which include the following treatment techniques, provided they are used for the purpose of destruction of cancerous tissue:

(1) teleradiology, using either natural or artificially propagated radiation;
(2) interstitial or intracavity application of radium or radioisotopes in sealed sources;
(3) application of radium or radioisotopic plaques or molds;
(4) administration internally, interstitially or intracavitarially of radium or radioisotopes in non-sealed sources;
(5) brachytherapy;
(6) cytotoxic substances/immunotherapy administered by a physician and which are approved by the United States Food and Drug Administration for the purpose of killing or destroying cancer cells, or which destroy cancer cells by immune phenomena.

We will not pay for:

(1) physical examinations or checkups;
(2) laboratory tests or diagnostic x-rays;
(3) medication;
(4) treatment consultation related to radiation or radio-active isotopes therapy;
(5) clinical treatment planning (external and internal sources);
(6) treatment management;
(7) medical radiation physics, dosimetry, treatment devices, and/or special services;
(8) hyperthermia; or
(9) stereotactic or laser surgery (see Surgery and Anesthesia Benefit Rider).

PART B SELF-ADMINISTERED CHEMOTHERAPY, ANTI-NAUSEA, COMFORT or RELIEF SUBSTANCES, and MALIGNANT GROWTH PREVENTION

We will pay the charges incurred for self-administered chemotherapy; anti-nausea, comfort, or relief substances; and malignant growth prevention as described below not to exceed the amount shown in the Schedule of Benefits for Part B expenses:

Cytotoxic Substances/Immunotherapy – Self-Administered or Taken By Insured Person. Chemical substances that are administered or taken by the insured person and which are approved by the United States Food and Drug Administration for the purpose of killing or destroying cancer, or which exhibit a destruction of cells by immune phenomena.

Anti-Nausea, Comfort, or Relief Substances. Medications prescribed by a physician in conjunction with the insured person's receiving radiation or chemotherapy treatments for the side effects or complications of such treatments:

(1) anti-nausea preparations;
(2) antibiotics;
(3) anti-anemia preparations;
(4) stimulants of white blood cells;
(5) immunosuppressive preparations prescribed following bone marrow or other major organ transplant.

Malignant Growth Prevention. Hormonal preparations prescribed by a physician for the purpose of preventing growth or recurrence of malignant cells. These preparations are payable only if the insured person has been diagnosed with internal cancer.

PART C BLOOD AND BLOOD PLASMA

We will pay the charges incurred not to exceed the amount shown in the Schedule of Benefits for the following Part C expenses when needed for the treatment of cancer:

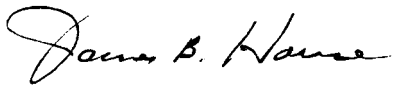
(1) transfusions of whole blood and blood products which are limited to red blood cells, platelets, fresh frozen plasma, cryoprecipitate and leukocytes including the processing, typing, and cross-matching of the blood or blood products;
(2) the administration of blood and blood plasma;
(3) the expense incurred for blood donors;
(4) leukapheresis;
(5) platelet pheresis; and
(6) procurement costs.

TERMINATION

This benefit will automatically terminate with the policy or with the failure to pay premiums associated with this rider.

Signed for us at our Home Office on the Rider Date.

USAble Life



President

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650

SPECIFIED DISEASE BENEFIT RIDER

USAble Life (herein called we, our or us) has issued this rider as part of the policy to which it is attached.

The premium you paid in advance and the application you completed has put this rider in force as of the rider date. A copy of your application is attached. This rider is a part of the policy. All provisions of the policy not in conflict with the provisions of this rider apply to this rider.

RIDER DATE (same as the Effective Date of the policy if no date shown):

RIDER PREMIUM (included in the policy premium if no amount shown): $_____

DAILY BENEFIT (on Policy Schedule if no amount shown): $_____

BENEFITS

SPECIFIED DISEASE BENEFIT: We will pay the amount shown in the Schedule of Benefits for each period of hospital confinement of an insured person for treatment of a specified disease as defined in this rider. This benefit covers charges made by the hospital for: room and board; services of regular hospital attendants, including nurses; laboratory tests; and hospital supplies and equipment used in the treatment of a specified disease. This benefit is subject to a lifetime maximum of 100 days of benefits per insured person.

"Specified Disease" means any of the following:

Addison's Disease
Brucellosis
Budd-Chiari Syndrome
Cystic Fibrosis
Diphtheria
Encephalitis
Histoplasmosis
Legionnaires' Disease
Lou Gehrig's Disease
Malaria
Multiple Sclerosis
Muscular Dystrophy
Myasthenia Gravis
Osteomyelitis
Poliomyelitis
Q Fever
Rabies
Reye's Syndrome
Rheumatic Fever
Rocky Mountain Spotted Fever
Scarlet Fever
Sickle Cell Anemia
Spinal Meningitis
Systemic Lupus Erythematosus
Tay-Sachs Disease
Tetanus
Toxic Shock Syndrome
Trichinosis
Tuberculosis
Tularemia
Typhoid Fever
Whooping Cough

EXCEPTIONS AND LIMITATIONS

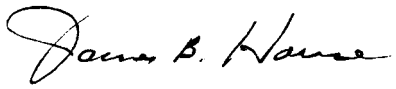
This benefit will be paid only when the specified disease is acquired naturally. Further, this benefit will not be paid when the specified disease is caused by medical or surgical treatment, including immunization.

TERMINATION

This benefit will automatically terminate with the policy or with the failure to pay premiums associated with this rider.

Signed for us at our Home Office on the Rider Date.

USAble Life



President

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650

CANCER DIAGNOSIS BENEFIT RIDER

USAble Life (herein called we, our or us) has issued this rider as part of the policy to which it is attached.

The premium you paid in advance and the application you completed has put this rider in force as of the rider date. A copy of your application is attached. This rider is a part of the policy. All provisions of the policy not in conflict with the provisions of this rider apply to this rider.

RIDER DATE (same as the Effective Date of the policy if no date shown):

RIDER PREMIUM (included in the policy premium if no amount shown): $_____

BENEFIT AMOUNT (on Policy Schedule if no amount shown): $_____

BENEFITS

CANCER DIAGNOSIS BENEFIT: The first time an insured person has been diagnosed as having internal cancer, we will pay you the amount shown on the Policy Schedule.

EXCEPTIONS AND LIMITATIONS

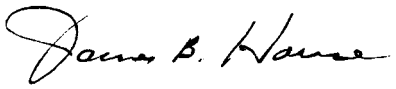
PRE-EXISTING CONDITIONS LIMITATION: When this rider is added to an existing policy, any loss which results from a pre-existing condition is not covered if the loss begins within two years after the insured person's effective date under this rider. A pre-existing condition means any condition for which an insured person was treated or diagnosed by a doctor within five years prior to his effective date under this rider. Conditions which are fully disclosed on the application and not excluded or limited by us in the policy are not considered pre-existing conditions.

TERMINATION

This benefit will automatically terminate with the policy or with the failure to pay premiums associated with this rider.

Signed for us at our Home Office on the Rider Date.

USAble Life



President

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650

CANCER DISABILITY BENEFIT RIDER

USAble Life (herein called we, our or us) has issued this rider as part of the policy to which it is attached.

The premium you paid in advance and the application you completed has put this rider in force as of the rider date. A copy of your application is attached. This rider is a part of the policy. All provisions of the policy not in conflict with the provisions of this rider apply to this rider.

RIDER DATE (same as the Effective Date of the policy if no date shown):

RIDER PREMIUM (included in the policy premium if no amount shown): $_____

BENEFITS

CANCER DISABILITY: If, while this rider is in force, the primary insured or covered eligible spouse becomes totally disabled due to internal cancer first diagnosed after the rider date, we will pay you a monthly benefit as shown in the Schedule of Benefits.

The term "eligible spouse" means that to be eligible for coverage under this benefit the spouse must be actively working at least 20 hours per week for pay or profit immediately preceding becoming totally disabled.

The term "totally disabled" means that the insured person is (a) unable to work at any job for which he or she is qualified by education, training, or experience; and (b) under the care of a physician for the treatment of cancer.

This benefit does NOT cover dependent children.

EXCEPTIONS AND LIMITATIONS

PRE-EXISTING CONDITIONS LIMITATION: When this rider is added to an existing policy, any loss which results from a pre-existing condition is not covered if the loss begins within two years after the insured person's effective date under this rider. A pre-existing condition means any condition for which an insured person was treated or diagnosed by a doctor within five years prior to his effective date under this rider. Conditions which are fully disclosed on the application and not excluded or limited by us in the policy are not considered pre-existing conditions.

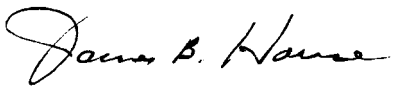
TERMINATION

This benefit will terminate on the earliest of the following dates:

(1) on the date the primary insured reaches age 65; or
(2) on the date the policy terminates; or
(3) on the date the insured person fails to pay premiums associated with this rider.

Signed for us at our Home Office on the Rider Date.

USAble Life



President

Attachment #1

USAble Life

PO Box 1650
Little Rock, AR 72203-1650

Requirements for Consideration of Previous Cancer Histories

Applicants with histories of cancer may be considered for Cancer and Specified Disease coverage based on the following:

☐ **Skin Cancer** ***Basal Cell*** may be considered after one year subject to a physician's report.
Squamous Cell may be considered after five years, subject to a physician's report.
Malignant Melanoma (Stage I and II) We will be able to consider Stage I and II Melanomas that have had no recurrence and the applicant has been treatment and symptom free for at least 10 years.
Malignant Melanoma (Stage III or IV) cannot be issued.

☐ **Cancer of the female generative organs diagnosed as "Carcinoma-in-Situ"** may be considered after three years, subject to a physician's report.

☐ **All other cancers** may be considered after ten years, subject to a physician's report.

The individual should have his/her doctor complete the information below.

This statement should be forwarded to Attention: Medical Underwriting USAble Life's Home Office — P. O. Box 1650, Little Rock, AR 72203-1650. In the event that the doctor has a charge for the review of the records and completion of the report, it is the applicant's responsibility to pay these charges.

As stated previously, the application is subject to underwriting by the Home Office. In the event the application is not approved, all premiums paid will be refunded.

_____
Name of Applicant

(To be completed by the Physician)

Physician's Statement

I have reviewed the medical records of _____

Nature/Stage of Cancer _____

Date of Diagnosis _____

Objective Findings (Please attach pathological reports) _____

_____

Treatment given _____

Any recurrence or treatment _____

_____ _____
Date Attending Physician

Attachment #2

USAble Life

P.O. Box 1650 · Little Rock, AR 72203-1650

CANCER AND SPECIFIED DISEASE ELIMINATION RIDER

RIDER EFFECTIVE DATE (same as Policy Date if no date shown): _____

In consideration of the issuance or reinstatement of the Policy to which this Rider is attached, it is hereby understood and agreed that the person named in the Application Form as having a cancer or specified disease prior to the date the Application Form was signed, is excluded from coverage as indicated below:

(Check the box where applicable)

☐ **A. NON-MELANOMA SKIN CANCER**

We will not be liable under the Policy or any riders attached to it for any loss resulting from skin cancer affecting _____. Coverage for anyone excluded under this section is limited to loss resulting from any cancer other than skin cancer.

☐ **B. ALL OTHER CANCERS**

We will not be liable under the Policy or any riders attached to it for any loss resulting from cancer (including skin cancer) affecting _____, who is completely excluded from cancer coverage.

☐ **C. SPECIFIED DISEASES**

We will not be liable under the Policy or any riders attached to it for any loss resulting from _____ (named Specified Disease) affecting _____, who is excluded from coverage for the named Specified Disease.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the policy other than as stated above.

Accepted by: **USAble Life**

James B. Hance

President

_____

Signature of Applicant

Attachent #3

USAble Life

PO Box 1650 • Little Rock, AR 72203-1650

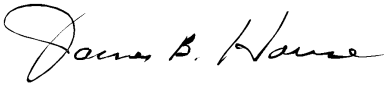
CANCER DIAGNOSIS ELIMINATION RIDER

RIDER EFFECTIVE DATE (same as Policy Date if no date shown):_____

In consideration of the issuance or reinstatement of the Policy to which this Rider is attached, it is hereby understood and agreed that we shall not be liable for any loss for Cancer Diagnosis Benefits for _____ resulting from a positive diagnosis of internal cancer.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the policy other than as stated above.

USABLE LIFE



President

Accepted by: _____
Signature of Applicant

Attachment #4

USAble Life

NOTICE TO APPLICANT REGARDING REPLACEMENT OF USABLE LIFE CANCER POLICIES

According to your application, you intend to terminate your existing USAble Life cancer insurance policy and replace it with new coverage to be issued by USAble Life. For your own information and protection, you should be aware of certain factors, which may affect the insurance protection available to you under the replacement policy.

(1) You must qualify medically for the new coverage. USAble Life will medically underwrite the new coverage except for health conditions which began after the date of your current policy. The "Pre-Existing Conditions – Limitations for Certain Conditions" clause of your current policy and the replacement policy, will be based upon each insured person's effective date under your current policy, not your replacement policy.

(2) The replacement cancer coverage listed on your cancer application is available with several options. Coverages for USAble Life policies are listed in the policy under "Benefits" and on any attached riders. Your replacement policy, if approved and issued, will also have a page entitled "Schedule of Benefits." The benefits in the replacement policy may pay a greater amount for services performed than your present policy. Many of the benefits are the same. Some benefits are less in the replacement policy.

NOTE: The replacement policy has a different Surgical Schedule. The Radiation & Chemotherapy benefit has been revised to include blood transfusion and the blood transfusion benefit is less while the Radiation & Chemotherapy benefit may be more or less, depending upon the benefit chosen. Check your coverage carefully to be sure you approve of the change.

(3) If you decide to apply for replacement coverage and the coverage is issued you will have 30 days from the date the policy is delivered to you to decide if you wish to keep the policy. We suggest that you study all of the benefits in your present policy and compare them to the replacement policy. If you have questions call our Customer Service Department at 1-800-370-5856. If you decide not to keep the replacement policy within the 30-day period, return the policy to our Home Office and your present policy will be reinstated. Please act quickly to make your decision during the 30-day review period, as a change cannot be made after 30 days.

(4) Please be certain to truthfully and completely answer all questions on the application concerning your medical/health history. Failure to include all material medical information on an application may cause the Company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

I have read and understand the above statements. This "Notice to Applicant" was delivered to me on:

_____
(Date)

_____
(Applicant's Signature)

_____
(Sales Representative's Signature)

USAble Life

P.O. Box 1650
Little Rock, Arkansas 72203-1650
Telephone (501) 375-7200

REQUEST FOR CHANGE AND DUPLICATE POLICY REQUEST

Attachment #5

Name of Policyholder: _____ Policy Number: _____

Social Security #: _____ Group #: _____

Current Address: _____ City: _____ State: _____ Zip: _____

If payment is made through Payroll Deduction,
please enter Employer or Group Name: _____

Please make the following changes to my Policy:

☐ **NAME CHANGE**

Name Shown on Policy _____
Change Name To _____
Reason _____
Effective Date of Name Change _____

☐ **ADDRESS CHANGE**

New Address _____
_____
Phone _____

☐ **DELETIONS**

Person to be Deleted _____ Relationship _____
Birthdate of Person to be Deleted _____ Effective Date of Deletion _____
New Policyholder's Full Name _____ Reason for deletion: ☐ Death ☐ Marriage ☐ No longer dependent
Social Security # _____ Birthdate of New Policyholder _____
Type of Coverage now desired ☐ Individual ☐ Family ☐ Applicant & Children
New Monthly Premium $ _____

☐ **CONTINUATION OF COVERAGE FOR HANDICAPPED DEPENDENTS**

I am advising you that the following dependent is incapable of self support by reason of mental or physical handicap as defined in the policy and is eligible for continuation of coverage:

Full Name **Date of Birth** **Relationship**

_____

☐ **CANCELLATION OF RIDER**

I hereby request that the following Rider(s) attached to the policy referenced above be cancelled effective _____:

_____ _____
_____ _____

☐ **REQUEST FOR DUPLICATE POLICY**

I hereby declare that the Policy referenced above has been lost or destroyed, and I have no knowledge of its whereabouts. I request issuance of a duplicate policy. I understand there is a $20 charge associated with producing a duplicate policy.

☐ Check/money order enclosed (Make payable to USAble Life)

☐ Charge to my Visa/Mastercard (circle one)
Acct # _____ Exp. Date_____

_____ _____ _____
Date **City** **State**

_____ _____
Witness to Signature **Insured's Signature**

USAble Life

P.O. Box 1650
Little Rock, Arkansas 72203

Please Print Using Dark Ink

CANCER APPLICATION & CHANGE FORM

Office Use Only	
Policy Number	
Effective Date	
Group Number	
Dept./Loc	

☐ New Business ☐ Change Form ☐ Replace USAble Policy No. _____ ❑ Policy Lost ❑ Policy Attached

SECTION 1 - APPLICANT INFORMATION

Name (First, MI, Last)	For Name Change, Give Prior Last Name			Social Security #
Home Address	City	State	Zip	County
Name of Employer	Date Employed Full-Time	Occupation		
Date of Birth	Birth State or Country	Sex	Work Phone	Home Phone

SECTION 2 – SPOUSE & CHILDREN INFORMATION

Person Proposed for Insurance Show first, middle, last name	Relationship	Date of birth mo.	day	yr.	Birth State or Country	Marital Status	Age	Sex
a.								
b.								
c.								
d.								
e.								

SECTION 3 – PLAN SELECTION ■ New Applicant ■ Application for Change

I hereby apply for the following coverage: ☐ Applicant ☐ Applicant & Children ☐ Applicant, Spouse & Children

CEP Policy

☐ Plan I – ($100 Hosp. Confinement, $5,000 Radiation/Chemo/Blood, $1,000 Surgical/Anesthesia, and Specified Disease Benefit)

☐ Plan II - ($250 Hosp. Confinement, $10,000 Radiation/Chemo/Blood, $2,000 Surgical/Anesthesia, and Specified Disease Benefit)

☐ Plan III - ($300 Hosp. Confinement, $15,000 Radiation/Chemo/Blood, $4,000 Surgical/Anesthesia, and Specified Disease Benefit)

Add Delete Elective Rider(s):

☐ ☐ $_____ Cancer Diagnosis Rider

☐ ☐ $_____ Hospital Intensive Care Rider (Not available in TN)

☐ ☐ $_____ Monthly Disability Rider: Spouse Coverage ☐ Yes ☐ No

Total Monthly Premium: $ _____

1. REPLACEMENT: Is this insurance to replace or change other insurance? ☐ Yes ☐ No If "Yes", give details including name of company. _____

2. OUTLINE: Have you received the Outline of Coverage (in those states where required by law)? ☐ Yes ☐ No (check one)

In signing below, I (a) represent that the statements and answers given on all pages of this application are true, complete, and correctly recorded; (b) state that I have read and understand the "Important Note" on page 2 of this application; (c) authorize any physician, medical practitioner, hospital, clinic, or other medically related facility, insurance or reinsurance company, or Medical Information Bureau, Inc. having information on me or any member of my family (only those who have applied for coverage on this application) regarding our mental and physical health, other insurance coverage, hazardous activities, character, general reputation, finances, and vocation to give to USAble Life, its reinsurers, or its legal representative any and all such information to use for underwriting insurance; (d) authorize all said sources, except MIB, to give such records or knowledge to any agency employed by the company to collect and transmit such information in order to facilitate its rapid submission; (e) agree that this authorization shall be valid for two (2) years from the application date; (f) agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me or my representative upon request; (g) acknowledge receipt of written notification describing the use of the Medical Information Bureau as required by the Fair Credit Reporting Act; and (h) acknowledge receipt of the Information Practices Notice and the Insurance Fraud Warning. I have read and understand the above statements and agreements. In applying for insurance, I authorize my employer to make the necessary payroll deductions to pay for my insurance. I state no person to be insured is covered by any Title XIX program – Medicaid or any similar name *(Not applicable to residents of AZ, MO, OR, or SC)*. I understand failure to disclose a proposed insured person's true health condition may void this policy.

Be sure to complete the Medical Information on page 2/reverse side.

Signed at: _____ (City and State) Date of Application _____ (Month, Day, Year)

Date Received Home Office

X _____ Agent's Signature

X _____ Applicant's Signature

Name (First, MI, Last)	Social Security #	Employer

CANCER MONTHLY PREMIUM(S)

	Individual	1 Parent Family	Full Family
Policy Benefits:			
Plan I	$13.80	$17.00	$25.54
Plan II	19.70	24.10	36.52
Plan III	23.60	29.00	43.28
Hospital Intensive Care Rider: (Not available in TN)			
$200	$2.00	$2.40	$3.66
$400	4.00	4.80	7.32
$600	6.00	7.20	10.98

	Individual	1 Parent Family	Full Family
Cancer Diagnosis Rider:			
$1,000	$0.90	$1.10	$1.70
$2,000	1.80	2.20	3.40
$3,000	2.70	3.30	5.10
$4,000	3.60	4.40	6.80
$5,000	4.50	5.50	8.50
Monthly Disability Rider for 1 year:			
$250	$1.30	$1.30	$2.36
$500	2.60	2.60	4.72

SECTION 4 – MEDICAL INFORMATION

1. Has any person to be insured ever been diagnosed or treated by a member of the medical profession for: cancer or any malignancy which includes carcinoma, sarcoma, Hodgkins Disease, leukemia, lymphoma, or malignant tumor? If "Yes," list person(s), and condition(s): Yes ☐ No ☐

   Person(s)_____ Condition(s)_____

2. Has any person to be insured ever been diagnosed or treated by a member of the medical profession for: Addison's Disease, Brucellosis, Budd-Chiari Syndrome, Cystic Fibrosis, Diphtheria, Encephalitis, Histoplasmosis, Legionnaires' Disease, Lou Gehrig's Disease, Malaria, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Osteomyelitis, Poliomyelitis, Q-Fever, Rabies, Reye's Syndrome, Rheumatic Fever, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Spinal Meningitis, Systemic Lupus Erythematosus, Tay-Sachs Disease, Tetanus, Toxic Shock Syndrome, Trichinosis, Tuberculosis, Tularemia, Typhoid Fever, Whooping Cough? If "Yes," list person(s), and condition(s): Yes ☐ No ☐

   Person(s)_____ Condition(s)_____

3. Has any person to be insured ever been diagnosed or treated by a member of the medical profession for: Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or the Human Immunodeficiency Virus (HIV)? If "Yes," list person(s), and condition(s): Yes ☐ No ☐

   Person(s)_____ Condition(s)_____

The person(s) named above in questions 1, 2, or 3 may be excluded in part or in total from coverage by an Elimination Rider to be signed by the applicant prior to policy issuance.

4. Name, address, and phone number of your personal physician(s):

   _____

   _____

Answer the questions below if applying for the Hospital Intensive Care Rider.

5. Has any person to be insured ever been diagnosed or treated by a member of the medical profession for: a heart condition, heart trouble, a heart attack, any abnormality of the heart (including artery disease), or a stroke? If "Yes," list person(s), and condition(s): Yes ☐ No ☐

   Person(s)_____ Condition(s)_____

6. Has any person to be insured ever been diagnosed or treated by a member of the medical profession for hypertension (high blood pressure)? If "Yes," list person(s), medications taken, and medication dosage and last two blood pressure readings. Yes ☐ No ☐

   Person(s)_____ Medication, Dosage, Readings with Dates _____

   _____

The person(s) named in questions 5 or 6 may be excluded in part or in total from coverage for any intensive care confinement resulting from any disorder of the heart and limited to three days in connection with any other intensive care confinement. The person(s) named above may be excluded in part or in total from coverage by an Elimination rider to be signed by the applicant prior to policy/rider issuance.

IMPORTANT NOTE: The entire contract will consist of this application and the insurance issued in response to it. THE INSURANCE WILL NOT BE EFFECTIVE ON THE PROPOSED INSURED UNLESS: (1) The policy is delivered to the Owner; (2) The first modal premium is paid; (3) There has been no change since the date of this application and the effective date of the policy in the health of the Proposed Insured as stated in this application; and (4) To satisfy premium deduction requirements of my employer and dating requirements of our Section 125 Plan, if applicable, I understand that my policy will be dated and become effective on the first day of the month following the Section 125 Plan effective date (anniversary date for resolicitation) or on the first day of the month following underwriting approval, whichever is later. There is no coverage until the effective date of the policy.

INSURANCE FRAUD WARNING. Any person who knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.

USAble Life

P.O. Box 1650
Little Rock, AR 72203

NOTICE FOR PROPOSED INSURED

Notice of Insurance Information Practices
In the course of properly underwriting and administering your insurance coverage, we will rely heavily on information provided by you. We may also seek information from others, such as medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to collect information and submit an investigative consumer report to us. You have the right to request to be interviewed in connection with the preparation of that report. You may receive a copy of the report upon request.

You have the right to be told about, and to see and copy if you wish, items of personal information about you which appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

THE ABOVE IS A GENERAL DESCRIPTION OF OUR INFORMATION PRACTICES. IF YOU WOULD LIKE TO RECEIVE A MORE DETAILED EXPLANATION OF THOSE PRACTICES, PLEASE SEND YOUR REQUEST TO THE CHIEF UNDERWRITER, P.O. Box 1650, Little Rock, AR 72203

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

Federal Fair Credit Reporting Act Notice
In connection with your application for insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted. This inquiry includes information as to your character and general reputation. If an investigative consumer report is prepared in connection with your application, you may receive a copy of that report upon written request to the Company.

Medical Information Bureau Disclosure Notice
Information regarding your insurability will be treated as confidential. USAble Life or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau (MIB), a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is: Post Office Box 105, Essex Station, Boston, Massachusetts 02112.

USAble Life or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

USAble Life

BUSINESS TRANSMITTAL FORM

Attachment #7

ENROLLMENT COMPLETE: (All Apps Submitted) [ ] Yes [ ] No

PRODUCTION DAYS: _____ **DATE SUBMITTED** _____

GROUP NAME _____ **ELIGIBLE EMPLOYEES** _____ **NUMBER ENROLLED** _____

	Yes	No
AFFILIATE AGENCY _____	☐	☐
AFFILIATE AGENCY REPRESENTATIVE _____	☐	☐
BCBS REFERRING REPRESENTATIVE _____	☐	☐
BCBS MANAGER _____	☐	☐
BROKER _____	☐	☐

MAIL POLICIES TO

☐ Employee's Home
☐ Employer
☐ Representative/Agency
☐ Other _____

VGTL, VIP, VLTD COMMISSION SPLIT (IF APPLICABLE) **REP NAME** _____ **COMMISSION %** _____

PERCENTAGE OF COMMISSION SHOULD ADD UP TO 100% **REP NAME** _____ **COMMISSION %** _____

GROUP INFORMATION: School/Business Name _____

Address _____ **List any subsidiaries to be billed with this group:**

Contact Person _____

Section 125 Anniversary Date _____

Phone _____ **Group Billing Number** _____

TYPE OF BUSINESS:

☐ New Group ☐ Resolicitation ☐ New Product Sold to Existing Group ☐ Mail-In ☐ New Employee

COMMENTS: _____

PRINT OR TYPE NAMES

Product Type	Name First	MI	Last	Date	Effective Date	Monthly Premium	Upgrade Change

REPRESENTATIVE SIGNATURE _____

TOTAL APPLICATIONS SUBMITTED _____ **TOTAL MONTHLY PREMIUM** _____

Attachment #8

USAble Life

CANCERCARE
INSTRUCTIONS FOR FILING CLAIMS

Dear Policyholder:

Thank you for choosing USAble Life to provide your protection against the increasing costs of cancer treatment. We have included these instructions to assist you in the event you need to file a claim. You can obtain claim forms from our website at www.usablelife.com or contact a Personal Account Representative at the phone number listed below. **Please remember claims must be received within 90 days of diagnosis of cancer, ICU/CCU admission, or date of mammogram or diagnostic tests.**

CANCER OR SPECIFIED DISEASE CLAIMS, CL-CSD or CLW-CSD

1. Complete and sign the Insured's Statement on the Cancer and Specified Disease Benefits claim form.
2. Answer **ALL** questions, or state "not applicable". Incomplete forms will be returned.
3. Have your physician complete the Attending Physician's Statement. Be sure **ALL** questions are answered and the form is signed.
4. Attach itemized bills for all treatment. We are sorry, but we cannot accept billing summaries or Explanations of Benefits from other insurance claims.

HOSPITAL CORONARY/INTENSIVE CARE CONFINEMENT BENEFITS - *Rider Only*

1. Complete and sign the Insured's Statement on the Coronary Care or Intensive Care claim form CL-HIP/ICU-CCU or CLW-HIP/ICU-CCU. Answer **ALL** questions or state "not applicable". Incomplete forms will be returned.
2. Have your physician complete the Attending Physician's Statement. Be sure **ALL** questions are answered and the form is signed.
3. Attach itemized hospital bill. We are sorry but we cannot accept billing summaries or Explanations of Benefits from other insurance claims.

Note: This form should be completed only for ICU/CCU confinement from an accident or non-cancer or specified disease. ICU/CCU confinement for cancer and specified disease claims should be filed on Form CL-CSD or CLW-CSD.

WELLNESS BENEFITS

1. Please mail us an ITEMIZED bill for the covered test or service. Payment will be mailed to the address on the bill. Please make sure this address is correct. (Do not rely on your physician or hospital to file your claim.) You can also obtain instructions on how to file wellness claims on our website.

2. You do NOT need a claim form to collect reimbursement for these benefits BUT the following information must be submitted:
   - Insured's Name and Social Security Number
   - Policy Number (very important)
   - Patient's Name, Date of Birth, and Social Security Number
   - Date of Service
   - Current mailing address

   You may write the above on the itemized bill for submission.

3. Incomplete claims cannot be processed and will be returned to you.

Mail Claim Forms and Bills To:
Claim Department
USAble Life
P.O. Box 1650
Little Rock, AR 72203-1650

For Questions or Assistance Contact:
Personal Account Representative
USAble Life
(501) 378-5856
1-800-370-5856
8:00 a.m. - 4:30 p.m. Central Time

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

Attachment #9

USAble Life

Attention: Claims Department
P.O. Box 1650
Little Rock, Arkansas 72203-1650
Telephone (501) 378-5856

For H.O. Use Only
Eff _____
PTD _____
Plan Code _____
Issue Age _____

Statement of Claim
Cancer and Specified Diseases

Instructions:
1. **Please make sure all questions on Insured's statement are completed in full.**
2. **Authorization must be signed and currently dated.**
3. **Physician Statement on page 2 must be completed.**

INSURED'S STATEMENT

Insured Name (Last, First)	Policy Number (Very Important)		
Home Address (City, State, Zip)	Telephone Numbers Home Work		
Patient Name (Last, First)	Patient's SSN	Date of Birth	Relation to Insured

Describe symptoms: _____

Date of first treatment: _____

Name and address of first doctor seen: _____

Names and addresses of all doctors and hospitals consulted for **this** condition (Use separate sheet if necessary):

Physician	Address, City, State and ZIP

Have you ever had this or similar condition before? ☐ Yes ☐ No

If yes, give particulars: Date: _____

Describe: _____

Names and addresses of all doctors seen for any condition in the past five years (Use separate sheet if necessary):

Physician	Address, City, State and Zip	Condition

Authorization to Obtain Information

I hereby authorize any physician or practitioner of the healing arts who has examined or treated me, and all hospitals, clinics or medically related facilities, insurance companies, health maintenance organizations, Medical Information Bureau, government entity (federal, state or local) or other organization, institution or person, that has any information, records or knowledge of me or my health, past or present, to furnish such information to USAble Life (or its representatives) and to permit them to examine and copy such information. I understand that USAble Life may disclose the information to the Medical Information Bureau, or reinsurers, or agents, employees and others who have a legitimate business interest in obtaining the information in connection with underwriting or claims processing with the company.

A copy of this authorization, or the original, shall be valid for the duration of the claim from the date signed. I acknowledge that I have a right to a copy of this authorization upon request.

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

Date: _____ **Signature of Patient:** _____
(Parent/Guardian if Minor)

Please have your Attending Physician complete page 2 and attach itemized copies of your bills.

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

ATTENDING PHYSICIAN'S STATEMENT

Please answer all questions and attach itemized bill for all services to date.

Diagnosis and concurrent conditions (Include ICD Code)

Date symptoms first appeared	Date patient first consulted you

If hospitalized, date _____

☐ Inpatient ☐ Outpatient

Hospital Name _____

City, State _____

Have you treated this patient for other conditions? ☐ Yes ☐ No

If yes, give dates and describe _____

_____

_____

Has patient ever had same or similar condition?

☐ No ☐ Yes, Date _____

Was patient referred to you? ☐ Yes ☐ No

If yes, name and address of referring doctor _____

_____

Physician's Signature	Provider Tax ID #	Date
Physician's Name		Degree
Address		Telephone ( )
City	State	Zip