OUTLINE OF COVERAGE
FOR CERTIFICATE OF INSURANCE FOR
GROUP CRITICAL ILLNESS INSURANCE POLICY

Applicable to Certificate Form C21101KY

Read Your Certificate Carefully — This outline of coverage provides a very brief description of the important features of your certificate. This is not the insurance contract and only the actual certificate provisions will control. The certificate itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

THIS IS NOT A MEDICARE SUPPLEMENT CERTIFICATE. If you are eligible for Medicare, review the 'Guide to Health Insurance for People With Medicare' available from the company.

BENEFITS

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

- The Date of Diagnosis is after the Waiting Period,
- The Date of Diagnosis is while his coverage is in force, and
- The Certificate does not exclude the illness or condition by name or by specific description.

If an Initial Diagnosis claim is for a Diagnosis of Cancer, the Insured:

- Must be Treatment-Free From Cancer for at least 12 months before the Diagnosis Date; and
- Must be in Complete Remission prior to the date of a subsequent Diagnosis as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the Cancer.

If the date of a Critical Illness Diagnosis occurs during the Waiting Period, the Employee may return the Certificate for a full premium refund.

If the Certificate Schedule shows a Reduced Face Amount Date, your Face Amount will change to the Reduced Face Amount on that date. Benefits will be based on the Face Amount in effect on the Critical Illness Date of Diagnosis.
**Additional Diagnosis**
Once benefits have been paid for a Critical Illness, the Company will pay benefits for each different Critical Illness when:

- The Date of Diagnosis for the new Critical Illness is separated from the prior, different Critical Illness by at least six consecutive months, and
- The new Critical Illness is not caused or contributed to by a Critical Illness for which benefits have been paid.

If an Additional Diagnosis claim is for a Diagnosis of Cancer, the Insured:

- Must be Treatment-Free From Cancer for at least 12 months before the Diagnosis Date; and
- Must be in Complete Remission prior to the date of a subsequent Diagnosis as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the Cancer.

**Reoccurrence**
Once benefits have been paid for a Critical Illness, benefits are payable for that same Critical Illness when:

- The Date of Diagnosis for the Reoccurrence of that Critical Illness is separated from the prior occurrence of that Critical Illness by at least 12 consecutive months, and
- The Critical Illness is not caused or contributed to by a Critical Illness for which benefits have been paid.

If a Reoccurrence claim is for a Diagnosis of Cancer, the Insured:

- Must be Treatment-Free From Cancer for at least 12 months before the Diagnosis Date; and
- Must be in Complete Remission prior to the date of a subsequent Diagnosis as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the Cancer.

**Partial Benefits**
Partial Benefits are payable if the Date of Diagnosis is after the Waiting Period, and the Date of Diagnosis is while the Insured’s coverage is in force, and the Certificate does not exclude the illness or condition by name or by specific description.

- **Non-Invasive Cancer**
- **Coronary Artery Bypass Surgery**

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

- **Skin Cancer Benefit**
- **Transient Ischemic Attack (TIA)**
- **Health Screening Benefit**
- **Accident Benefit**
- **Waiver of Premium Benefit**
Limitations and Exclusions
This Plan contains a 30-day Waiting Period. This means that we will not pay benefits for an Insured who has been Diagnosed or had a Health Screening Test performed before his coverage has been in force 30 days from the Effective Date.

If a Critical Illness is first Diagnosed during the Waiting Period, we will only pay benefits for a subsequent Diagnosis of the same Critical Illness after the Waiting Period has ended.

The Employee may elect to void the Certificate and receive a full premium refund if a Critical Illness is Diagnosed during the Waiting Period.

Cancer Diagnosis Limitation
Benefits are payable for Cancer and/or Non-Invasive Cancer as long as the Insured:
- Is Treatment-Free From Cancer for at least 12 months before the Diagnosis Date; and
- Is in Complete Remission prior to the date of a subsequent Diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the Cancer.

Pre-Existing Conditions Limitation
Pre-existing Condition is a sickness or physical condition that existed within the 3; 6; 12-month period before the Insured’s Effective Date. A medical professional must have advised, Diagnosed, or treated the Insured for the condition to be considered Pre-Existing.

We will not pay benefits for any Critical Illness resulting from or affected by a Pre-existing Condition if the Critical Illness was Diagnosed within the 3; 6; 12-month period after the Insured’s Effective Date.

Exclusions
We will not pay for loss due to any of the following:
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured
- Suicide – committing or attempting to commit suicide, while sane or insane
- Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job
- Participation in Aggressive Conflict of any kind, including:
  - War (declared or undeclared) or military conflicts
  - Insurrection or riot
  - Civil commotion or civil state of belligerence
- Illegal substance abuse, which includes the following:
  - Abuse of legally-obtained prescription medication
  - Illegal use of non-prescription drugs

Premium Provisions

Premium Payments
Premiums for this Plan should be paid to the Company at its Home Office in Columbia, South Carolina. The first premiums are due on this Plan’s Effective Date. After that, premiums are due on the first day of each month that the Plan remains in effect.

Payment of any premium will not keep the Plan in force beyond the due date of the next premium, except as set forth in the Grace Period provision.
**Premium Changes**
The Plan’s first Anniversary Date appears on the Policy Schedule. Subsequent anniversaries will be the same date each following year.

Unless we have agreed in writing not to increase premiums, the premium may change:
- On the Policy Anniversary Date based on renewal underwriting.
- Whenever the terms or conditions of the Plan are modified. The new premium rates will apply only to premiums due on or after the rate change takes effect.

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

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

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

The outline is a summary of the Certificate for which the Insured applied or was issued. The Insured should consult the Certificate to determine governing contractual provisions.