

Aon's 2005 Annual Report

[Redacted]

**Aon's Certificate of Insurance
for Liability
and E&O**

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
01/30/2007

PRODUCER

Serial # 8057

AON RISK SERVICES, INC. OF ILLINOIS
1000 N. MILWAUKEE AVENUE
GLENVIEW, IL 60025

PHONE - 1-866-283-7122

FAX - 847-953-5390

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A CONTINENTAL CASUALTY COMPANY

INSURED

AON CORPORATION AND
AON CONSULTING
200 E. RANDOLPH ST.
CHICAGO, IL 60601

COMPANY B

COMPANY C

COMPANY D

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	GL2088599563	06/01/2006	06/01/2007	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 1,000,000 MED EXP (Any one person) \$ 10,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
AON CONSULTING, 55 EAST 52ND STREET, 31ST FLOOR, NY, NY 10055

CERTIFICATE HOLDER

COMMONWEALTH OF PENNSYLVANIA
1209 STRAWBERRY SQUARE
HARRISBURG, PA 17120

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Aon Risk Services, Inc. of Illinois

ACORD 25 (1/95)

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ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
01/30/2007

PRODUCER
Serial # 08743

AON RISK SERVICES, INC. OF ILLINOIS
1000 N. MILWAUKEE AVENUE
GLENVIEW, IL 60025

PHONE - 1-866-283-7122 FAX - 847-953-5390

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COMPANIES AFFORDING COVERAGE

COMPANY A AMERICAN INTERNATIONAL SPECIALTY LINES INSURANCE COMPANY

COMPANY B

COMPANY C

COMPANY D

INSURED

AON CORPORATION AND
AON CONSULTING
200 E. RANDOLPH ST.
CHICAGO, IL 60601

COVERAGES
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	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS \$ OTH-ER \$ EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
A	OTHER ERRORS & OMISSIONS	4762432 SEE ATTACHED ADDENDUM	4/17/2003	4/17/2007	EACH CLAIM: \$3,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
AON CONSULTING, 55 EAST 52ND STREET, 31ST FLOOR, NY, NY 10055

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COMMONWEALTH OF PENNSYLVANIA
1209 STRAWBERRY SQUARE
HARRISBURG, PA 17120

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AUTHORIZED REPRESENTATIVE OF AON RISK SERVICES, INC. OF IL
Aon Risk Services, Inc. of Illinois

E&O Coverage

Insurer: American International Specialty Lines Insurance Company

Policy number: 4762432

Policy term: 4/17/2003 to 4/17/2007

(a) This certificate of insurance contains a summary of the policy coverage and does not include all terms, conditions and exclusions of the policy. The policy contains the full and complete agreement with regard to coverage. In the event of any inconsistency between this certificate of insurance and the policy, the policy language shall control.

(b) This policy is subject to commutation by the insured if the insured receives a written notification from its independent auditors or the United States Securities and Exchange Commission that as a result of published changes in accounting rules applicable to the insured and comprising United States generally accepted accounting principles, all or substantially all of the premium paid under the policy can not be expensed and all or substantially all of the recoveries under the policy can not be recognized as offsets to expenses incurred by the insured. In the event of commutation, the insurer will have no liability whatsoever under the policy to the insured or any other claimant regardless of the date of occurrence of a claim or event giving rise to a claim.

(c) The insured has a retention on each and every claim under the policy. The retention has a minimum amount of \$500,000 on each and every claim and may increase based upon the amount of the loss.

(d) The insured has the right to cancel the policy within 10 days of the policy effective date.

(e) This is a claims made and reported policy of indemnity.

(f) After an aggregate \$103,500,000 in claims have been paid under the policy, no additional claims will be paid by the policy. However, the Insured, in its sole discretion, may specify an amount less than \$103,500,000 on any certificate of insurance.

(g) The limits of liability may be reduced in the event of non-payment of premium.

Sample Policies
(Cancer Insurance,
Whole Life, Accident,
Universal Life,
Auto and Home)



Workplace Division

AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6688
(904) 992-1776

A Stock Company

RATES ARE SUBJECT TO CHANGE

We pay covered expenses incurred for treatment of cancer and specified diseases as defined in this policy. All payments are subject to the terms of this policy. This policy is issued in consideration of the application and payment of the premium. A copy of the application is attached to this policy and made a part of it.

This policy is effective from 12:01 a.m. Standard Time in the state you reside in on the effective date. It expires at 12:01 a.m. on the end of the grace period unless you pay the next renewal premium.

NOTICE OF THIRTY (30) DAY RIGHT TO EXAMINE POLICY

You may, within 30 days after receipt of this policy, return it to us or to our agent. Upon such return of the policy it will be void as of the effective date; any premium paid will be refunded.

RENEWABILITY

This policy remains in effect when premiums are paid as they are due or during the grace period. Renewal premiums will be at the premium rates in effect on the renewal date. We can change the premium rates on premiums becoming due after the first premium. However, we can only change the rate on this policy by making the rate change for all policies in a class. We cannot place any restrictive riders or cancel or refuse to renew this policy if it is maintained continuously in force. If rates change on all like policies in your class, we will mail notice of this change. This notice is mailed at least 45 days before the change. It is mailed to the address shown on our records. No change in premiums is effective unless this notice is mailed.

Signed for AMERICAN HERITAGE LIFE INSURANCE COMPANY at its Home Office on the effective date.

ABCDEFGHI

ABCDEFGHI I

Secretary

President

Countersigned by: _____
Licensed Resident Agent (where required by state law)

THIS IS A LIMITED POLICY – READ IT CAREFULLY

LIMITED BENEFIT HEALTH COVERAGE

THIS IS A LIMITED BENEFIT SPECIFIED DISEASE POLICY WHICH ONLY PROVIDES BENEFITS FOR LOSS DUE TO CANCER AND SPECIFIED DISEASES AS DEFINED IN SECTION I.

IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION.

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE SUBJECT TO THE COMPANY'S RIGHT TO CHANGE PREMIUMS ON A CLASS BASIS.

NON-PARTICIPATING

CANCER AND SPECIFIED DISEASE EXPENSE POLICY

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SECTION I - DEFINITIONS

The following terms are defined as used in this policy:

Ambulatory Surgical Center. A licensed surgical center consisting of: an operating room; facilities for the administration of general anesthesia; and a post surgery recovery room that the patient is admitted to and discharged from within the same working day.

Cancer. The disease manifested by the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells in any part of the body. This includes: Hodgkin's Disease; leukemia; lymphoma; carcinoma; sarcoma; or malignant tumor. It does not include other conditions which may be considered precancerous, such as: leukoplakia; actinic keratosis; carcinoid; hyperplasia; polycythemia; nonmalignant melanoma; moles; or similar diseases or lesions.

Chemotherapist. One who is licensed to administer chemotherapy or immunotherapy and who is certified by either the American Board of Internal Medicine, Radiology, or Hematology.

Class. Any group of persons insured individually under this policy who have a common bond, such as age, sex, occupation, premium payment method or geographical area.

Common Carrier. Only the following: commercial airlines; passenger trains; or intercity buslines. It does not include taxis, intracity buslines or private charter planes.

Continuous Hospital Confinement. One continuous confinement or two or more hospital confinements not separated by more than 30 days. If there are more than 30 days between confinements, they are considered separate confinements.

Covered Person. Any of the following:

1. any eligible family member named in the application (including the insured) and acceptable for coverage by us; or
2. any eligible family member added to this policy by endorsement after the effective date; or
3. a newborn child (see Section III).

Date of Diagnosis. The earliest of the date of: tentative diagnosis; clinical diagnosis; or the day the tissue specimen, culture(s) and/or titer(s) are taken, upon which the positive or tentative diagnosis of cancer or specified disease is made.

Effective Date. The policy date shown on page 3. This date is assigned by the home office in accordance with our policy dating rules in effect at the time this policy is issued.

Extended Care Facility. A licensed nursing facility under the direction of a physician which provides continuous skilled nursing service under the supervision of a graduate registered nurse (R.N.) and maintains daily medical records on each patient. It does not include any institution, or part thereof, used primarily as a place for the aged, drug addicts, alcoholics, or rest.

Family Policy. Coverage that includes any covered person as defined above.

Freestanding Hospice Care Center. A center which is not a hospital, or a wing or section of a hospital, providing 24 hour a day care for the terminally ill under the medical direction of a physician.

Hospital. An institution operated pursuant to law which is licensed or approved as a hospital by the responsible state agency and is primarily engaged in providing medical care and treatment of sick or injured persons on an inpatient basis, for which a charge is made and provides 24 hour nursing services by or under the supervision of registered graduate professional nurses (R.N.'s):

Hospital does not include:

1. any institution which is mainly a rest home, nursing home, convalescent home, or home for the aged; or
2. any institution which is mainly for the care and treatment of alcoholics or drug addicts, or mental or nervous disorders.

Individual Policy. Coverage that includes only the insured as defined below.

Insured. The person accepted for coverage by us who has completed and signed the application, is an employee or member of the association through which this coverage was solicited, and whose name appears on the Policy Specifications (page 3).

Nurse. Any one of the following:

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

Oncologist. A legally licensed Doctor of Medicine certified to practice in the field of Oncology.

SECTION I - DEFINITIONS (CON'T)

Pathologist. A legally licensed Doctor of Medicine certified by the American Board of Pathology to practice Pathological Anatomy.

Physician. Any person, other than the insured, duly licensed as a physician, acting within the scope of that license, to treat the injury or sickness for which claim is made.

Positive Diagnosis (of cancer). A diagnosis by a licensed doctor of medicine certified by the American Board of Pathology to practice Pathological Anatomy, or an Osteopathic Pathologist. Diagnosis is based on a microscopic examination of fixed tissue, or preparations from the hemic system (except for skin cancer). We accept clinical diagnosis of cancer as evidence that cancer existed in a covered person when a pathological diagnosis cannot be made, provided medical evidence substantially documents the diagnosis and the covered person received definitive treatment for the cancer.

Positive Diagnosis (of a specified disease). A diagnosis by a qualified physician based on generally accepted diagnostic procedures and criteria.

Radiologist. One who is licensed to administer X-ray therapy, radium therapy, or radio-active isotopes therapy and is certified by the American Board of Radiology.

Renewal Date. The date premiums are paid and the day the next premium (renewal premium) is due.

Specified Disease - Only any one of the following:

- | | |
|--|--------------------------------------|
| (1) Muscular Dystrophy | (12) Undulant fever |
| (2) Poliomyelitis | (13) Sickle Cell Anemia |
| (3) Multiple Sclerosis | (14) Rocky Mountain
Spotted Fever |
| (4) Encephalitis | (15) Smallpox |
| (5) Rabies | (16) Addison's Disease |
| (6) Tetanus | (17) Hansen's Disease |
| (7) Tuberculosis | (18) Tularemia |
| (8) Osteomyelitis | (19) Bubonic Plague |
| (9) Diphtheria | (20) Typhoid Fever |
| (10) Scarlet Fever | |
| (11) Epidemic
Cerebrospinal
Meningitis | |

Tentative Diagnosis. A tentative diagnosis is established based upon dated medical records which indicate a diagnosis of a probable or possible cancer or specified disease.

Usual and Customary. The normal, reasonable charge for a service, an apparatus, etc., in the geographic area where provided.

We, Our, Us or Company. American Heritage Life Insurance Company.

You or Your. The insured or any covered person under a family policy.

SECTION II - WAITING PERIOD\EXCEPTIONS\LIMITATIONS

Waiting Period. This policy contains a 30-day waiting period that begins on the effective date. No benefits are payable for any covered person who has cancer or a specified disease diagnosed before coverage has been in force 30 days from the effective date, except as provided below. If a covered person has cancer or a specified disease first diagnosed after you sign the application and before the end of the waiting period, benefits for treatment of that cancer or specified disease will apply only to loss commencing after 2 years from the effective date of the

policy; or, at your option, you may elect to void the policy from the beginning and receive a full refund of premium, in accordance with the Notice of 30 Day Right to Examine Policy provision on page 1.

Exceptions/Limitations. We do not pay for any loss except for losses due directly from cancer or a specified disease. Diagnosis must be submitted to support each claim.

SECTION III - ELIGIBILITY

Family members eligible to be covered persons are:

1. the insured as defined;
2. the insured's spouse on the effective date;
3. unmarried children of you or your spouse, including adopted children, children during pendency of adoption procedures and stepchildren, who are under 21 years old, or under 25 years old and full-time students at an educational institution of higher learning beyond high school.

A child born to any covered person will be a covered person. This coverage begins at the moment of birth of such child for benefits otherwise payable to a covered person under this policy. Any person who becomes a family member after the effective date (except newborns) must be added by endorsement. No additional premium will be required for newborns or family members added by endorsement if this policy is in force as a family policy.

SECTION IV - PAYMENT OF BENEFITS

If cancer or a specified disease is diagnosed on or after the effective date, we pay according to the benefits provisions in this policy, subject to the waiting period and all other provisions contained in this policy.

If cancer or a specified disease is diagnosed while hospital confined, benefits begin on the day of admission or 10 days prior to the date of diagnosis if this is more favorable. This does not apply if confinement is for a non-covered condition and cancer or a specified disease is treated which would normally be treated on an out-patient basis.

If positive diagnosis is made for cancer or a specified disease within 12 months after a tentative diagnosis, benefits are paid from the date of tentative diagnosis if the tentative diagnosis is made on or after the effective date, subject to the waiting period provision.

If the diagnosis of cancer or a specified disease can only be confirmed post-mortem, then benefits begin on the first day of confinement for the terminal admission for up to 45 days.

SECTION V - SCHEDULE OF BENEFITS - PLAN A

We pay the following benefits for the necessary treatment of cancer or a specified disease. Treatment must be received in the United States or its territories.

A. Hospital Confinement. We pay \$100 per day, for each day a covered person is admitted to and confined as an inpatient in a hospital. The maximum number of days payable is 70 days for each period of continuous hospital confinement.

B. Inpatient Drugs and Medicine. We pay actual charges made by the hospital for drugs and medicine while hospital confined up to \$10 per day, for each day of continuous confinement, up to 70 days.

C. Surgery. We pay the reasonable and customary charges for the surgeon's fee for a surgical operation not to exceed \$3,500. Assistant or co-surgeons are not covered for this benefit.

D. Second Surgical Opinion. We pay actual charges for a second surgical opinion up to \$200. These charges must be incurred after diagnosis and before surgery.

E. Physician's Attendance. We pay actual charges for a visit by a physician during hospital confinement up to \$20 per day, up to 70 days. This benefit is limited to one visit by one physician per day of hospital confinement. A visit means personal attendance by the physician. Admission to the hospital as an inpatient is required.

F. Private Duty Nursing Services. We pay actual charges for private nursing care and attendance by a nurse up to \$100 per day, up to 70 days, while hospital confined. Nursing services must be required and authorized by the attending physician. Nursing services in a facility other than a hospital are not covered.

G. Radiation Therapy, Radio-Active Isotopes Therapy, Chemotherapy, or Immunotherapy. We pay actual charges, up to the limit stated below, for treatment techniques used for modification or destruction of cancerous tissue, as follows:

1. teleradio therapy using either natural or artificially propagated radiation;

2. interstitial or intracavity application of radium or radioactive isotopes in sealed or non-sealed sources;
3. chemical substances and their administration, including hormonal therapy;
4. antigenic preparation or immunosuppressive techniques.

This benefit is limited to \$5,000 per 12 month period beginning with the first day of benefit under this provision. Hospital confinement is not necessary to receive this benefit. Treatment must be administered by a Radiologist, Chemotherapist or Oncologist.

Unless specified elsewhere in the policy, we do not pay for:

1. treatment room charges;
2. dressings;
3. medications other than chemotherapeutic drugs;
4. emergency room charges;
5. medical supplies;
6. X-rays, scans and their interpretations.

H. Blood, Plasma and Platelets. We pay actual charges, up to the limit stated below, for:

1. blood, plasma and platelets (including transfusions and administration charges);
2. processing and procurement costs;
3. cross-matching.

This benefit is limited to \$5,000 per 12 month period beginning with the first day of benefit under this provision. We do not pay for blood replaced by donors.

I. Ambulance. We pay actual charges up to \$100 per continuous confinement for transportation by a licensed ambulance service or a hospital owned ambulance for transporting a covered person.

J. Anesthesia. We pay actual charges of an anesthetist not to exceed 25% of the amount paid for surgery. The maximum benefit paid for skin cancers is \$100.

SECTION V - SCHEDULE OF BENEFITS - PLAN A (CON'T)

K. Non-Local Transportation. We pay the following benefit for treatment at a Hospital (inpatient or out-patient); Radiation Therapy Center; Chemotherapy or Oncology Clinic; or any other specialized freestanding treatment center nearest to the covered person's home, provided the same or similar treatment cannot be obtained locally:

1. actual cost of round trip coach fare on a common carrier; or
2. \$.40 per mile, up to 700 miles, for round trip personal vehicle transportation. Mileage is measured from the covered person's home to the nearest treatment facility as described above.

"Non-Local" means a round trip of more than 70 miles from the covered person's home to the nearest treatment facility. We do not pay for: transportation for someone to accompany or visit the person receiving treatment; visits to a physician's office or clinic; or for services other than actual treatment.

L. Family Member Lodging and Transportation. We pay the following benefits for one adult member of the covered person's family to be near the covered person, when a covered person is confined in a non-local hospital for specialized treatment:

1. **Lodging** - The actual cost of a single room in a motel, hotel, or other accommodations acceptable to us, up to \$50 per day. This benefit is limited to 60 days for each period of continuous hospital confinement; and
2. **Transportation** - The actual cost of round trip coach fare on a common carrier or a personal vehicle allowance of \$.40 per mile, up to 700 miles per continuous hospital confinement. Mileage is measured from the visiting family member's home to the hospital where the covered person is confined. We do not pay the Family Member Transportation benefit if the personal vehicle transportation benefit is paid under Non-Local Transportation (benefit K.), when the family member lives in the same city or town as the covered person.

M. Outpatient Lodging. We pay a daily lodging benefit when a covered person receives radiation or chemotherapy treatment (benefit G.) on an outpatient basis, provided the specific treatment is authorized by the attending physician and cannot be obtained locally. The benefit is the actual cost of a single room in a motel, hotel, or other accommodations acceptable to us, up to \$50 per day during treatment. This benefit is limited to \$2,000 per 12 month period beginning with the first day of benefit under this provision. Outpatient treatment must be received at a treatment facility more than 100 miles from the covered person's home.

N. Prosthesis. We pay actual charges up to \$2,000 for prosthetic devices which are prescribed as a direct result of surgery for cancer or specified disease treatment and which requires surgical implantation. This benefit is limited to \$2,000 per covered person, per amputation.

CP10APA Rev. (7/04)

O. Extended Care Facility. We pay actual charges up to \$100 per day for each day a covered person is confined in an extended care facility. Confinement in the extended care facility must be at the direction of the attending physician and must begin within 14 days after a hospital confinement. This benefit is limited to the number of days of the previous continuous hospital confinement.

P. Skin Cancer. We pay actual charges up to \$60 for the removal of skin cancer when diagnosis is made by a physician other than a legally qualified pathologist. If more than one skin cancer is removed at the same time, we pay \$30 per skin cancer removed after the first. If diagnosis is made by a legally qualified pathologist, we pay benefits as provided in the other benefit provisions.

Q. Government or Charity Hospital. In lieu of all other benefits in this policy, we pay \$100 per day for each day a covered person is confined to:

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

In the event that the hospital does not impose a charge for its treatment, benefits will be provided as in any other hospital.

R. Ambulatory Surgical Center. We pay surgical center charges for surgery performed at an Ambulatory Surgical Center up to \$250 per day.

S. New or Experimental Treatment. We pay actual charges; up to the limit stated below, for new or experimental treatment when:

1. the treatment is judged necessary by the attending physician; and
2. no other generally accepted treatment produces superior results in the opinion of the attending physician.

This benefit is limited to \$5,000 per 12 month period beginning with the first day of treatment under this provision.

T. Hospice Care. We pay one of the following two benefits for hospice care:

- (1) **Freestanding Hospice Care Center.** We pay actual charges up to \$100 per day for confinement in a licensed freestanding hospice care center. The covered person must be diagnosed by a physician as terminally ill and the attending physician must approve the confinement. This benefit is payable only if a covered person is admitted to a freestanding hospice care center within 14 days after a period of inpatient hospital confinement. Benefits payable for hospice centers that are designated areas of hospitals will be paid the same as inpatient hospital confinement; or

SECTION V - SCHEDULE OF BENEFITS - PLAN A (CON'T)

(2) **Hospice Care Team.** We pay actual charges up to \$100 per visit, limited to 1 visit per day, for home care services by a hospice care team. Home care services are hospice services provided in the patient's home. This benefit is payable only if: the covered person has been diagnosed as terminally ill; the attending physician has approved such services; and home care services begin within 14 days after a period of hospital confinement. We do not pay for: food services or meals other than dietary counseling; services related to well-baby care; services provided by volunteers; or support for the family after the death of the covered person.

U. Physical or Speech Therapy. We pay actual charges up to \$25 per day, for physical or speech therapy for restoration of normal body function.

V. Extended Benefits. If a covered person is confined in a hospital for the treatment of cancer or a specified disease for more than 70 days of continuous hospital confinement, we pay actual charges up to \$100 per day for: hospital room and board; medicine; laboratory tests; and other hospital charges. This benefit begins on the 71st day of continuous hospital confinement. This benefit is payable in lieu of all other benefits payable under the Surgery Benefit. This benefit continues as long as the covered person is continuously hospital confined.

W. At Home Nursing. We pay actual charges up to \$100 per day for private nursing care and attendance by

a nurse at home. At home nursing services must be required and authorized by the attending physician and must begin within 14 days after confinement as an inpatient in a hospital. This benefit is limited to the number of days of the previous continuous hospital confinement.

X. Waiver of Premium Benefit. If, while this policy is in force, the insured becomes disabled due to cancer first diagnosed after the waiting period and remains disabled for 90 days, we pay premiums due after such 90 days for as long as the insured remains disabled. The term "disabled" means that the insured is: (a) unable to work at any job for which he or she is qualified by education, training or experience; (b) not working at any job for pay or benefits; and (c) under the care of a physician for the treatment of cancer.

Y. Mammography Benefit. We pay the actual charges for (a) a mammogram for a covered person age 40 or over, limited to one mammogram per calendar year, per covered person; (b) a mammogram for a covered person under age 40 if recommended by a physician.

We pay this benefit regardless of the result of the test(s). There is no limit as to the number of years a covered person can receive this cancer screening test.

SECTION VI - TERMINATION OF INSURANCE

If the insured's coverage ends due to termination of employment or membership in the association in which this coverage was solicited, coverage continues by remitting premiums directly to us with no increase in premium.

If the insured's spouse is a covered person, the spouse's coverage ends upon valid decree of divorce.

If your child is a covered person, the child's coverage ends on the policy anniversary next following the date the child is no longer eligible, which is either when the child marries or reaches age 21 (25 if a full-time student at an educational institution of higher learning beyond high school). Coverage does not terminate on an unmarried child who:

1. is incapable of self-sustaining employment by reason of mental or physical incapacity;
2. became so incapacitated prior to the attainment of the limiting age of eligibility under this policy; and
3. is chiefly dependent upon you for support and maintenance.

Dependent coverage continues as long as this policy remains in force and the dependent remains in such condition.

Proof of the incapacity and dependency of the child must be furnished within 60 days of the child's attainment of the limiting age of eligibility. Thereafter, such proof must be furnished as frequently as may be required, but no more frequently than annually after the first 2 years after the child's attainment of the limiting age for eligibility.

If we accept a premium for coverage extending beyond the date, age or event specified for termination as to a covered person, then coverage continues during the period for which such premium was accepted. This does not apply where such acceptance was based on a misstatement of age.

Termination of the policy by us is without prejudice to any continuous loss which commenced while the policy was in force. This does not apply if termination is due to nonpayment of premiums. The insured's spouse, if a covered person, becomes the new insured upon the insured's death.

SECTION VII - CONVERSION PRIVILEGE

If coverage of a spouse covered under this policy terminates due to divorce, or if coverage of a covered child terminates due to the child becoming married or reaching age 21 (25 if a full-time student), such covered person can obtain a policy of insurance (called the converted policy), without evidence of insurability. Obtaining that policy is subject to the following conditions:

1. Application for the converted policy must be made to us within 31 days after the coverage terminates. The effective date of the converted policy will be the date on which coverage under this policy terminates.
2. The converted policy premium is at the rate for the class of risk at the applicant's age for insurance provided as of the date of the conversion.
3. Any conditions excluded in this policy are excluded in the converted policy. No other pre-existing conditions are excluded. The Waiting Period and Incontestability provisions are waived to the extent that such periods have been met under this policy.

Benefits payable to the applicant under the converted policy are reduced by benefits payable under this policy.

4. The converted policy will be a similar policy or a policy providing lesser benefits at the applicant's option.

When conversion is due to divorce, other dependents covered under this policy may be covered under such new policy or under this policy as you and your former spouse may elect. They may not be covered under both policies.

If either this policy or a new policy is in force on you or your former spouse, and either of you re-marry, such new spouse may be covered under the appropriate policy. We must be advised of the re-marriage by the completion of a new application for such new spouse. This new application is subject to our approval.

You or your former spouse must pay the premiums appropriate to such new policy in order to have it issued and maintained in force.

SECTION VIII - GENERAL PROVISIONS

Entire Contract; Changes. This policy, with the application and attached papers, if any, is the entire contract between you and us. No change in this policy is effective until approved by an officer of ours. This approval must be attached to this policy. No agent may change this policy or waive any of its provisions.

Incontestability. After this policy is in force for a period of 2 years during the lifetime of the insured (excluding any period during which the insured is disabled), it becomes incontestable as to the statements contained in the application.

No claim for loss incurred or disability, commencing after 2 years from the effective date, is reduced or denied on the grounds that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss existed prior to the policy date.

Fraudulent Misstatements. If you make a fraudulent misstatement in the application for this policy, we may reduce or deny any claim or void the policy at any time. Unless you agree with our allegation that you committed fraud, we will not cancel the policy unless a court of competent jurisdiction has determined that you have committed fraud.

Grace Period - We grant a grace period of 31 days for the payment of each premium falling due after the first premium. During the grace period, the policy continues in force.

Reinstatement. If the renewal premium is not paid before the grace period ends, the policy lapses. Later acceptance of the premium by us or by an agent authorized by us to accept payment, without requiring an application for reinstatement, reinstates the policy.

If we or our agent require an application for reinstatement and issues a conditional receipt for the premium tendered, the policy is reinstated upon approval of the application by us or, lacking approval, upon the 45th day following the date of the conditional receipt unless we have previously notified you in writing of our disapproval of the application.

The reinstated policy covers only loss due to cancer or specified disease incurred after the date of reinstatement. In all other respects, you and we have the same rights as were under the policy immediately before the due date of the premium, subject to any provisions endorsed on or attached to, in connection with the reinstatement. Any premium accepted in connection with a reinstatement is applied to a period for which premiums have not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

SECTION VIII - GENERAL PROVISIONS (CON'T)

Notice of Claim. Written notice of claim must be given to us within 20 days after the occurrence or commencement of any loss covered by this policy, or as soon as is reasonably possible. Notice given by or on behalf of you or the beneficiary to us at 1776 American Heritage Life Drive, Jacksonville, Florida or to any authorized agent of ours, with the insured's name and policy number, is notice to us.

Claim Forms. When we receive notice of claim, we send forms for filing proof of loss. If these forms are not sent within 15 days, the proof of loss requirements are met by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss provision.

Proofs of Loss. If this policy provides for periodic payment of a continuing loss, written proof of loss must be furnished to us within 90 days after the end of each period for which we are liable. For any other loss, written proof must be given to us within 90 days after each loss. If it is not possible to give us written proof in the time required, we will not reduce or deny any claim for this reason, as long as the proof is filed as soon as reasonably possible. In any event, the proof required must be given to us no later than 1 year from the time specified unless you are legally incapacitated.

Time of Payment of Claims. After receiving written proof of loss, we pay all benefits then due for this policy. Benefits for any other loss covered by this policy are paid as soon as we receive proper written proof.

Payment of Claims. All benefits are paid to the insured unless he or she assigns them. Any amounts unpaid at the insured's death may, at our option, be paid either to the named beneficiary or to the insured's estate.

If benefits are payable to your estate or a beneficiary who cannot execute a valid release, we can pay benefits up to \$1,000, to someone related to the insured or beneficiary by blood or marriage whom we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

Assignment. An assignment of this policy is not binding on us, unless:

1. it is a written request; and
2. it is received and recorded by us at our home office.

We are not responsible for the validity of any assignment. An assignment is subject to any payment we make or other action we take before we record it. An assignment may not change the owner or beneficiary.

Non-Participating. This policy is issued on a non-participating basis and does not share in surplus earnings of ours.

Physical Examinations and Autopsy. We, at our own expense, shall have the right and the opportunity to examine the person of any covered person as often as we may reasonably require while claim is pending and to make an autopsy in case of death where it is not forbidden by law.

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

Change of Beneficiary. Unless the insured makes an irrevocable designation of beneficiary, the consent of the beneficiary or beneficiaries is not required to surrender, assign or change beneficiaries; or to make any other changes in this policy.

Misstatement of Age. If the age of the insured has been misstated, all amounts payable under this policy are as the premium paid would have purchased at the correct age.

Unpaid Premium. Upon the payment of a claim under this policy, any unpaid premium may be deducted.

Conformity with State Statutes. Any provision of this policy which, on its effective date, is in conflict with the statutes of the state in which you reside on such date is hereby amended to conform to the minimum requirements of such statutes.



Workplace Division

AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:

1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6688
(904) 992-1776

A Stock Company

THIS IS A LIMITED POLICY – READ IT CAREFULLY

LIMITED BENEFIT HEALTH COVERAGE

~~THIS IS A LIMITED BENEFIT SPECIFIED DISEASE POLICY WHICH ONLY PROVIDES FOR LOSS DUE TO CANCER AND SPECIFIED DISEASES AS DEFINED IN SECTION I.~~

~~IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION.~~

~~THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE SUBJECT TO THE COMPANY'S RIGHT TO CHANGE PREMIUMS ON A CLASS BASIS.~~

~~NON-PARTICIPATING~~

~~CANCER AND SPECIFIED DISEASE EXPENSE POLICY~~



Workplace Division

AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6688
(904) 992-1776

A Stock Company

RATES ARE SUBJECT TO CHANGE

We pay covered expenses incurred for treatment of cancer and specified diseases as defined in this policy. All payments are subject to the terms of this policy. This policy is issued in consideration of the application and payment of the premium. A copy of the application is attached to this policy and made a part of it.

This policy is effective from 12:01 a.m. Standard Time in the state you reside in on the effective date. It expires at 12:01 a.m. on the end of the grace period unless you pay the next renewal premium.

NOTICE OF THIRTY (30) DAY RIGHT TO EXAMINE POLICY

You may, within 30 days after receipt of this policy, return it to us or to our agent. Upon such return of the policy it will be void as of the effective date; any premium paid will be refunded.

RENEWABILITY

This policy remains in effect when premiums are paid as they are due or during the grace period. Renewal premiums will be at the premium rates in effect on the renewal date. We can change the premium rates on premiums becoming due after the first premium. However, we can only change the rate on this policy by making the rate change for all policies in a class. We cannot place any restrictive riders or cancel or refuse to renew this policy if it is maintained continuously in force. If rates change on all like policies in your class, we will mail notice of this change. This notice is mailed at least 45 days before the change. It is mailed to the address shown on our records. No change in premiums is effective unless this notice is mailed.

Signed for AMERICAN HERITAGE LIFE INSURANCE COMPANY at its Home Office on the effective date.

BODEFGH J

BODEFGH J

Secretary

President

Countersigned by: _____
Licensed Resident Agent (where required by state law)

THIS IS A LIMITED POLICY – READ IT CAREFULLY

LIMITED BENEFIT HEALTH COVERAGE

THIS IS A LIMITED BENEFIT SPECIFIED DISEASE POLICY WHICH ONLY PROVIDES BENEFITS FOR LOSS DUE TO CANCER AND SPECIFIED DISEASES AS DEFINED IN SECTION I.

IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION.

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE SUBJECT TO THE COMPANY'S RIGHT TO CHANGE PREMIUMS ON A CLASS BASIS.

NON-PARTICIPATING

CANCER AND SPECIFIED DISEASE EXPENSE POLICY

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SECTION I - DEFINITIONS

The following terms are defined as used in this policy:

Ambulatory Surgical Center. A licensed surgical center consisting of: an operating room; facilities for the administration of general anesthesia; and a post surgery recovery room that the patient is admitted to and discharged from within the same working day.

Cancer. The disease manifested by the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells in any part of the body. This includes: Hodgkin's Disease; leukemia; lymphoma; carcinoma; sarcoma; or malignant tumor. It does not include other conditions which may be considered precancerous, such as: leukoplakia; actinic keratosis; carcinoid; hyperplasia; polycythemia; nonmalignant melanoma; moles; or similar diseases or lesions.

Chemotherapist. One who is licensed to administer chemotherapy or immunotherapy and who is certified by either the American Board of Internal Medicine, Radiology, or Hematology.

Class. Any group of persons insured individually under this policy who have a common bond, such as age, sex, occupation, premium payment method or geographical area.

Common Carrier. Only the following: commercial airlines; passenger trains; or intercity buslines. It does not include taxis, intracity buslines or private charter planes.

Continuous Hospital Confinement. One continuous confinement or two or more hospital confinements not separated by more than 30 days. If there are more than 30 days between confinements, they are considered separate confinements.

Covered Person. Any of the following:

1. any eligible family member named in the application (including the insured) and acceptable for coverage by us; or
2. any eligible family member added to this policy by endorsement after the effective date; or
3. a newborn child (see Section III).

Date of Diagnosis. The earliest of the date of: tentative diagnosis; clinical diagnosis; or the day the tissue specimen, culture(s) and/or titer(s) are taken, upon which the positive or tentative diagnosis of cancer or specified disease is made.

CP10BPA Rev. (7/04)

Effective Date. The policy date shown on page 3. This date is assigned by the home office in accordance with our policy dating rules in effect at the time this policy is issued.

Extended Care Facility. A licensed nursing facility under the direction of a physician which provides continuous skilled nursing service under the supervision of a graduate registered nurse (R.N.) and maintains daily medical records on each patient. It does not include any institution, or part thereof, used primarily as a place for the aged, drug addicts, alcoholics, or rest.

Family Policy. Coverage that includes any covered person as defined above.

Freestanding Hospice Care Center. A center which is not a hospital, or a wing or section of a hospital, providing 24 hour a day care for the terminally ill under the medical direction of a physician.

Hospital. An institution operated pursuant to law which is licensed or approved as a hospital by the responsible state agency and is primarily engaged in providing medical care and treatment of sick or injured persons on an inpatient basis, for which a charge is made and provides 24 hour nursing services by or under the supervision of a registered graduate professional nurse (R.N.):

Hospital does not include:

1. any institution which is mainly a rest home, nursing home, convalescent home, or home for the aged; or
2. any institution which is mainly for the care and treatment of alcoholics or drug addicts, or mental or nervous disorders.

Individual Policy. Coverage that includes only the insured as defined below.

Insured. The person accepted for coverage by us who has completed and signed the application, is an employee or member of the association through which this coverage was solicited, and whose name appears on the Policy Specifications (page 3).

Nurse. Any one of the following:

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

SECTION I - DEFINITIONS (CON'T)

Oncologist. A legally licensed Doctor of Medicine certified to practice in the field of Oncology.

Pathologist. A legally licensed Doctor of Medicine certified by the American Board of Pathology to practice Pathological Anatomy.

Physician. Any person, other than the insured, duly licensed as a physician, acting within the scope of that license, to treat the injury or sickness for which claim is made.

Positive Diagnosis (of cancer). A diagnosis by a licensed doctor of medicine certified by the American Board of Pathology to practice Pathological Anatomy, or an Osteopathic Pathologist. Diagnosis is based on a microscopic examination of fixed tissue, or preparations from the hemic system (except for skin cancer). We accept clinical diagnosis of cancer as evidence that cancer existed in a covered person when a pathological diagnosis cannot be made, provided medical evidence substantially documents the diagnosis and the covered person received definitive treatment for the cancer.

Positive Diagnosis (of a specified disease). A diagnosis by a qualified physician based on generally accepted diagnostic procedures and criteria.

Radiologist. One who is licensed to administer X-ray therapy, radium therapy, or radio-active isotopes therapy and is certified by the American Board of Radiology.

Renewal Date. The date premiums are paid and the day the next premium (renewal premium) is due.

Specified Disease - Only any one of the following:

- | | |
|--|-----------------------------------|
| (1) Muscular Dystrophy | (12) Undulant fever |
| (2) Poliomyelitis | (13) Sickle Cell Anemia |
| (3) Multiple Sclerosis | (14) Rocky Mountain Spotted Fever |
| (4) Encephalitis | (15) Smallpox |
| (5) Rabies | (16) Addison's Disease |
| (6) Tetanus | (17) Hansen's Disease |
| (7) Tuberculosis | (18) Tularemia |
| (8) Osteomyelitis | (19) Bubonic Plague |
| (9) Diphtheria | (20) Typhoid Fever |
| (10) Scarlet Fever | |
| (11) Epidemic Cerebrospinal Meningitis | |

Tentative Diagnosis. A tentative diagnosis is established based upon dated medical records which indicate a diagnosis of a probable or possible cancer or specified disease.

Usual and Customary. The normal, reasonable charge for a service, an apparatus, etc., in the geographic area where provided.

We, Our, Us or Company. American Heritage Life Insurance Company.

You or Your. The insured or any covered person under a family policy.

SECTION II - WAITING PERIOD/EXCEPTIONS/LIMITATIONS

Waiting Period. This policy contains a 30-day waiting period that begins on the effective date. No benefits are payable for any covered person who has cancer or a specified disease diagnosed before coverage has been in force 30 days from the effective date, except as provided below. If a covered person has cancer or a specified disease first diagnosed after you sign the application and before the end of the waiting period, benefits for treatment of that cancer or specified disease will apply only to loss commencing after 2 years from the effective date of the

policy; or, at your option, you may elect to void the policy from the beginning and receive a full refund of premium, in accordance with the Notice of 30 Day Right to Examine Policy provision on page 1.

Exceptions/Limitations. We do not pay for any loss except for losses due directly from cancer or a specified disease. Diagnosis must be submitted to support each claim.

SECTION III - ELIGIBILITY

Family members eligible to be covered persons are:

1. the insured as defined;
2. the insured's spouse on the effective date;
3. unmarried children of the insured or his or her spouse, including adopted children, children during pendency of adoption procedures and stepchildren, who are under 21 years old, or under 25 years old and full-time students at an educational institution of higher learning beyond high school.

A child born to any covered person, will be a covered person. This coverage begins at the moment of birth of such child for benefits otherwise payable to a covered person under this policy. Any person who becomes a family member after the effective date (except newborns) must be added by endorsement. No additional premium will be required for newborns or family members added by endorsement if this policy is in force as a family policy.

SECTION IV - PAYMENT OF BENEFITS

If cancer or a specified disease is diagnosed on or after the effective date, we pay according to the benefits provisions in this policy, subject to the waiting period and all other provisions contained in this policy.

If cancer or a specified disease is diagnosed while hospital confined, benefits begin on the day of admission or 10 days prior to the date of diagnosis if this is more favorable. This does not apply if confinement is for a non-covered condition and cancer or a specified disease is treated which would normally be treated on an out-patient basis.

If positive diagnosis is made for cancer or a specified disease within 12 months after a tentative diagnosis, benefits are paid from the date of tentative diagnosis if the tentative diagnosis is made on or after the effective date, subject to the waiting period provision.

If the diagnosis of cancer or a specified disease can only be confirmed post-mortem, then benefits begin on the first day of confinement for the terminal admission for up to 45 days.

SECTION V - SCHEDULE OF BENEFITS - PLAN B

We pay the following benefits for the necessary treatment of cancer or a specified disease. Treatment must be received in the United States or its territories.

A. Hospital Confinement. We pay \$200 per day, for each day a covered person is admitted to and confined as an inpatient in a hospital. The maximum number of days payable is 70 days for each period of continuous hospital confinement.

B. Inpatient Drugs and Medicine. We pay actual charges made by the hospital for drugs and medicine while hospital confined up to \$10 per day, for each day of continuous confinement.

C. Surgery. We pay the reasonable and customary charges for the surgeon's fee for a surgical operation not to exceed \$3,500. Assistant or co-surgeons are not covered for this benefit.

D. Second Surgical Opinion. We pay actual charges for a second surgical opinion up to \$200. These charges must be incurred after diagnosis and before surgery.

E. Physician's Attendance. We pay actual charges for a visit by a physician during hospital confinement up to \$30 per day. This benefit is limited to one visit by one physician per day of hospital confinement. A visit means personal attendance by the physician. Admission to the hospital as an inpatient is required.

F. Private Duty Nursing Services. We pay actual charges for private nursing care and attendance by a nurse up to \$100 per day, up to 70 days, while hospital confined. Nursing services must be required and authorized by the attending physician. Nursing services in a facility other than a hospital are not covered.

G. Radiation Therapy, Radio-Active Isotopes Therapy, Chemotherapy, or Immunotherapy. We pay actual charges, up to the limit stated below, for treatment techniques used for modification or destruction of cancerous tissue, as follows:

1. teleradio therapy using either natural or artificially propagated radiation;

2. interstitial or intracavity application of radium or radio-active isotopes in sealed or non-sealed sources;

3. chemical substances and their administration, including hormonal therapy;

4. antigenic preparation or immunosuppressive techniques.

This benefit is limited to \$10,000 per 12 month period beginning with the first day of benefit under this provision. Hospital confinement is not necessary to receive this benefit. Treatment must be administered by a Radiologist, Chemotherapist or Oncologist:

Unless specified elsewhere in the policy, we do not pay for:

1. treatment room charges;
2. dressings;
3. medications other than chemotherapeutic drugs;
4. emergency room charges;
5. medical supplies;
6. X-rays, scans and their interpretations.

H. Blood, Plasma and Platelets. We pay actual charges, up to the limit stated below, for:

1. blood, plasma and platelets (including transfusions and administration charges);
2. processing and procurement costs;
3. cross-matching.

This benefit is limited to \$10,000 per 12 month period beginning with the first day of benefit under this provision. We do not pay for blood replaced by donors.

I. Ambulance. We pay actual charges up to \$200 per continuous confinement for transportation by a licensed ambulance service or a hospital owned ambulance for transporting a covered person.

J. Anesthesia. We pay actual charges of an anesthetist not to exceed 25% of the amount paid for surgery. The maximum benefit paid for skin cancers is \$100.

SECTION V - SCHEDULE OF BENEFITS - PLAN B (CON'T)

K. Non-Local Transportation. We pay the following benefit for treatment at a Hospital (inpatient or out-patient); Radiation Therapy Center; Chemotherapy or Oncology Clinic; or any other specialized freestanding treatment center nearest to the covered person's home, provided the same or similar treatment cannot be obtained locally:

1. actual cost of round trip coach fare on a common carrier; or
2. \$.40 per mile, up to 700 miles, for round trip personal vehicle transportation. Mileage is measured from the covered person's home to the nearest treatment facility as described above.

"Non-Local" means a round trip of more than 70 miles from the covered person's home to the nearest treatment facility. We do not pay for: transportation for someone to accompany or visit the person receiving treatment; visits to a physician's office or clinic; or for services other than actual treatment.

L. Family Member Lodging and Transportation. We pay the following benefits for one adult member of the covered person's family to be near the covered person, when a covered person is confined in a non-local hospital for specialized treatment:

1. *Lodging* - The actual cost of a single room in a motel, hotel, or other accommodations acceptable to us, up to \$100 per day. This benefit is limited to 60 days for each period of continuous hospital confinement; and
2. *Transportation* - The actual cost of round trip coach fare on a common carrier or a personal vehicle allowance of \$.40 per mile, up to 700 miles per continuous hospital confinement. Mileage is measured from the visiting family member's home to the hospital where the covered person is confined. We do not pay the Family Member Transportation benefit if the personal vehicle transportation benefit is paid under Non-Local Transportation (benefit K.), when the family member lives in the same city or town as the covered person.

M. Outpatient Lodging. We pay a daily lodging benefit when a covered person receives radiation or chemotherapy treatment (benefit G.) on an outpatient basis, provided the specific treatment is authorized by the attending physician and cannot be obtained locally. The benefit is the actual cost of a single room in a motel, hotel, or other accommodations acceptable to us, up to \$100 per day during treatment. This benefit is limited to \$4,000 per 12 month period beginning with the first day of benefit under this provision. Outpatient treatment must be

received at a treatment facility more than 100 miles from the covered person's home.

N. Prosthesis. We pay actual charges up to \$2,000 for prosthetic devices which are prescribed as a direct result of surgery for cancer or specified disease treatment and which requires surgical implantation. This benefit is limited to \$2,000 per covered person, per amputation.

O. Extended Care Facility. We pay actual charges up to \$100 per day for each day a covered person is confined in an extended care facility. Confinement in the extended care facility must be at the direction of the attending physician and must begin within 14 days after a hospital confinement. This benefit is limited to the number of days of the previous continuous hospital confinement.

P. Skin Cancer. We pay actual charges up to \$120 for the removal of skin cancer when diagnosis is made by a physician other than a legally qualified pathologist. If more than one skin cancer is removed at the same time, we pay \$60 per skin cancer removed after the first. If diagnosis is made by a legally qualified pathologist, we pay benefits as provided in the other benefit provisions.

Q. Government or Charity Hospital. In lieu of all other benefits in this policy, we pay \$100 per day for each day a covered person is confined to:

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

In the event the hospital does impose a charge for its treatment, benefits will be provided as in any other hospital.

R. Ambulatory Surgical Center. We pay surgical center charges for surgery performed at an Ambulatory Surgical Center up to \$250 per day.

S. New or Experimental Treatment. We pay actual charges, up to the limit stated below, for new or experimental treatment when:

1. the treatment is judged necessary by the attending physician; and
2. no other generally accepted treatment produces superior results in the opinion of the attending physician.

This benefit is limited to \$10,000 per 12 month period beginning with the first day of treatment under this provision.

SECTION V - SCHEDULE OF BENEFITS - PLAN B (CON'T)

T. Hospice Care. We pay one of the following two benefits for hospice care:

- (1) *Freestanding Hospice Care Center.* We pay actual charges up to \$100 per day for confinement in a licensed freestanding hospice care center. The covered person must be diagnosed by a physician as terminally ill and the attending physician must approve the confinement. This benefit is payable only if a covered person is admitted to a freestanding hospice care center within 14 days after a period of inpatient hospital confinement. Benefits payable for hospice centers that are designated areas of hospitals will be paid the same as inpatient hospital confinement; or
- (2) *Hospice Care Team.* We pay actual charges up to \$100 per visit, limited to 1 visit per day, for home care services by a hospice care team. Home care services are hospice services provided in the patient's home. This benefit is payable only if: the covered person has been diagnosed as terminally ill; the attending physician has approved such services; and home care services begin within 14 days after a period of hospital confinement. We do not pay for: food services or meals other than dietary counseling; services related to well-baby care; services provided by volunteers; or support for the family after the death of the covered person.

U. Physical or Speech Therapy. We pay actual charges up to \$25 per day, for physical or speech therapy for restoration of normal body function.

V. Extended Benefits. If a covered person is confined in a hospital for the treatment of cancer or a specified disease for more than 70 days of continuous hospital confinement, we pay actual charges up to \$200 per day.

for: hospital room and board; medicine; laboratory tests; and other hospital charges. This benefit begins on the 71st day of continuous hospital confinement. This benefit is payable in lieu of all other benefits payable under the Schedule of Benefits. This benefit continues as long as the covered person is continuously hospital confined.

W. At Home Nursing. We pay actual charges up to \$100 per day for private nursing care and attendance by a nurse at home. At home nursing services must be required and authorized by the attending physician and must begin within 14 days after confinement as an inpatient in a hospital. This benefit is limited to the number of days of the previous continuous hospital confinement.

X. Waiver of Premium Benefit. If, while this policy is in force, the insured becomes disabled due to cancer first diagnosed after the waiting period and remains disabled for 90 days, we pay premiums due after such 90 days for as long as the insured remains disabled. The term "disabled" means that the insured is: (a) unable to work at any job for which he or she is qualified by education, training or experience; (b) not working at any job for pay or benefits; and (c) under the care of a physician for the treatment of cancer.

Y. Mammography Benefit. We pay the actual charges for (a) a mammogram for a covered person age 40 or over, limited to one mammogram per calendar year, per covered person; (b) a mammogram for a covered person under age 40 if recommended by a physician.

We pay this benefit regardless of the result of the test (s). There is no limit as to the number of years a covered person can receive this cancer screening test.

SECTION VI - TERMINATION OF INSURANCE

If the insured's coverage ends due to termination of employment or membership in the association in which this coverage was solicited, coverage continues by remitting premiums directly to us with no increase in premium.

If the insured's spouse is a covered person, the spouse's coverage ends upon valid decree of divorce.

If your child is a covered person, the child's coverage ends on the policy anniversary next following the date the child is no longer eligible, which is either when the child marries or reaches age 21 (25 if a full-time student at an educational institution of higher learning beyond high school). Coverage does not terminate on an unmarried child who:

1. is incapable of self-sustaining employment by reason of mental or physical incapacity;
2. became so incapacitated prior to the attainment of the limiting age of eligibility under this policy; and
3. is chiefly dependent upon you for support and maintenance.

Dependent coverage continues as long as this policy remains in force and the dependent remains in such condition.

Proof of the incapacity and dependency of the child must be furnished within 60 days of the child's attainment of the limiting age of eligibility. Thereafter, such proof must be furnished as frequently as may be required, but no more frequently than annually after the first 2 years after the child's attainment of the limiting age for eligibility.

If we accept a premium for coverage extending beyond the date, age or event specified for termination as to a covered person, then coverage continues during the period for which such premium was accepted. This does not apply where such acceptance was based on a misstatement of age.

Termination of the policy by us is without prejudice to any continuous loss which commenced while the policy was in force. This does not apply if termination is due to nonpayment of premiums. The insured's spouse, if a covered person, becomes the new insured upon the insured's death.

SECTION VII - CONVERSION PRIVILEGE

If coverage of a spouse covered under this policy terminates due to divorce, or if coverage of a covered child terminates due to the child becoming married or reaching age 21 (25 if a full-time student), such covered person can obtain a policy of insurance (called the converted policy), without evidence of insurability. Obtaining that policy is subject to the following conditions:

1. Application for the converted policy must be made to us within 31 days after the coverage terminates. The effective date of the converted policy will be the date on which coverage under this policy terminates.
2. The converted policy premium is at the rate for the class of risk at the applicant's age for insurance provided as of the date of the conversion.
3. Any conditions excluded in this policy are excluded in the converted policy. No other pre-existing conditions are excluded. The Waiting Period and Contestability provisions are waived to the extent that such periods have been met under this policy.

Benefits payable to the applicant under the converted policy are reduced by benefits payable under this policy.

4. The converted policy will be a similar policy or a policy providing lesser benefits at the applicant's option.

When conversion is due to divorce, other dependents covered under this policy may be covered under such new policy or under this policy as you and your former spouse may elect. They may not be covered under both policies.

If either this policy or a new policy is in force on you or your former spouse, and either of you re-marry, such new spouse may be covered under the appropriate policy. We must be advised of the re-marriage by the completion of a new application for such new spouse. This new application is subject to our approval.

You or your former spouse must pay the premiums appropriate to such new policy in order to have it issued and maintained in force.

SECTION VIII - GENERAL PROVISIONS

Entire Contract; Changes. This policy, with the application and attached papers, if any, is the entire contract between you and us. No change in this policy is effective until approved by an officer of ours. This approval must be attached to this policy. No agent may change this policy or waive any of its provisions.

Incontestability. After this policy is in force for a period of 2 years during the lifetime of the insured (excluding any period during which the insured is disabled), it becomes incontestable as to the statements contained in the application.

No claim for loss incurred or disability, commencing after 2 years from the policy date, is reduced or denied on the grounds that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss existed prior to the effective date.

Fraudulent Misstatements. If you make a fraudulent misstatement in the application for this policy, we may reduce or deny any claim or void the policy at any time. Unless you agree with our allegation that you committed fraud, we will not cancel the policy unless a court of competent jurisdiction has determined that you have committed fraud.

Grace Period - We grant a grace period of 31 days for the payment of each premium falling due after the first premium. During the grace period, the policy continues in force.

Reinstatement. If the renewal premium is not paid before the grace period ends, the policy lapses. Later acceptance of the premium by us or by an agent authorized by us to accept payment, without requiring an application for reinstatement, reinstates the policy.

If we or our agent require an application for reinstatement and issues a conditional receipt for the premium tendered, the policy is reinstated upon approval of the application by us or, lacking approval, upon the 45th day following the date of the conditional receipt unless we have previously notified you in writing of our disapproval of the application.

The reinstated policy covers only loss due to cancer or specified disease incurred after the date of reinstatement. In all other respects, you and we have the same rights as were under the policy immediately before the due date of the premium, subject to any provisions endorsed on or attached to, in connection with the reinstatement. Any premium accepted in connection with a reinstatement is applied to a period for which premiums have not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

SECTION VIII - GENERAL PROVISIONS (CON'T)

Notice of Claim. Written notice of claim must be given to us within 20 days after the occurrence or commencement of any loss covered by this policy, or as soon as is reasonably possible. Notice given by or on behalf of you or the beneficiary to us at 1776 American Heritage Life Drive, Jacksonville, Florida or to any authorized agent of ours, with the insured's name and policy number, is notice to us.

Claim Forms. When we receive notice of claim, we send forms for filing proof of loss. If these forms are not sent within 15 days, the proof of loss requirements are met by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss provision.

Proofs of Loss. If this policy provides for periodic payment of a continuing loss, written proof of loss must be furnished to us within 90 days after the end of each period for which we are liable. For any other loss, written proof must be given to us within 90 days after each loss. If it is not possible to give us written proof in the time required, we will not reduce or deny any claim for this reason, as long as the proof is filed as soon as reasonably possible. In any event, the proof required must be given to us no later than 1 year from the time specified unless you are legally incapacitated.

Time of Payment of Claims. After receiving written proof of loss, we pay all benefits then due under this policy. Benefits for any other loss covered by this policy are paid as soon as we receive proper written proof.

Payment of Claims. All benefits are paid to the insured unless he or she assigns them. Any amounts unpaid at the insured's death may, at our option, be paid either to the named beneficiary or to the insured's estate.

If benefits are payable to your estate or a beneficiary who cannot execute a valid release, we can pay benefits up to an amount of \$1,000, to someone related to the insured or beneficiary by blood or marriage whom we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

Assignment. An assignment of this policy is not binding on us, unless:

1. it is a written request; and
2. it is received and recorded by us at our home office.

We are not responsible for the validity of any assignment. An assignment is subject to any payment we make or other action we take before we record it. An assignment may not change the owner or beneficiary.

Non-Participating. This policy is issued on a non-participating basis and does not share in surplus earnings of ours.

Physical Examinations and Autopsy. We, at our own expense, shall have the right and the opportunity to examine the person of any covered person as often as it may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

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

Change of Beneficiary. Unless the insured makes an irrevocable designation of beneficiary, the consent of the beneficiary or beneficiaries is not required to surrender, assign or change beneficiaries, or to make any other changes in this policy.

Misstatement of Age. If the age of the insured has been misstated, all amounts payable under this policy are as the premium paid would have purchased at the correct age.

Unpaid Premium. Upon the payment of a claim under this policy, any unpaid premium may be deducted.

Conformity with State Statutes. Any provision of this policy which, on its effective date, is in conflict with the statutes of the state in which you reside on such date is hereby amended to conform to the minimum requirements of such statutes.



Workplace Division

AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:

1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6688
(904) 992-1776

A Stock Company

THIS IS A LIMITED POLICY – READ IT CAREFULLY

LIMITED BENEFIT HEALTH COVERAGE

THIS IS A LIMITED BENEFIT SPECIFIED DISEASE POLICY WHICH ONLY PROVIDES FOR LOSS DUE TO CANCER AND SPECIFIED DISEASES AS DEFINED IN SECTION I.

IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION.

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE SUBJECT TO THE COMPANY'S RIGHT TO CHANGE PREMIUMS ON A CLASS BASIS.

NON-PARTICIPATING

CANCER AND SPECIFIED DISEASE EXPENSE POLICY



Workplace Division

AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6688
(904) 992-1776

A Stock Company

A STOCK COMPANY

(called "we", "our", "us" or "Company")

CERTIFICATE OF INSURANCE

This certificate explains the policy of insurance underwritten by us. It is not the contract of insurance. The group policy (called the "policy"), as issued to the policyholder by us, alone makes up the agreement under which insurance coverage is provided and benefits are determined. The policy may be inspected at the office of the policyholder during normal business hours.

CONSIDERATION

Your coverage under the policy is issued to you in consideration of your enrollment form or other form of application and the payment of the first premium. Your coverage under the policy is effective from 12:01 a.m. Standard Time on your effective date.

INSURING CLAUSE

We certify coverage under the policy is in effect for persons: (a) who are eligible to become covered persons; and (b) who are in fact covered persons; and (c) for whom the required premium has been paid when due. All such coverage is subject to the terms of the policy.

NOTICE OF THIRTY (30) DAY RIGHT TO EXAMINE CERTIFICATE

You may, within 30 days after receipt of this certificate, return it to us or to our agent. Upon such return of the certificate, it will be void as of the effective date; any premium paid will be refunded.

In this certificate the insured certificate holder will be referred to as "you", "your" or "yours".

This certificate supersedes and replaces any certificate previously issued to you under the policy.

**THIS IS LIMITED BENEFIT CANCER AND SPECIFIED DISEASE COVERAGE
WHICH ONLY PROVIDES BENEFITS FOR CANCER
AND SPECIFIED DISEASES AS DEFINED OR
OTHER OPTIONAL BENEFITS
DESCRIBED HEREIN**

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GENERAL PROVISIONS

COVERAGE SUBJECT TO POLICY

The coverage described in this certificate is subject in every way to the terms of the policy that is issued to the policyholder. It alone makes up the agreement by which the insurance is provided. The group policy may at any time be amended or discontinued by agreement between us and the policyholder. Your consent is not required for this. Neither are we required to give you prior notice.

ELIGIBILITY OF FAMILY MEMBERS

Family members eligible to be covered persons are:

1. you; and
2. your spouse on the effective date; and
3. unmarried children of you or your spouse, including adopted children, children during pendency of adoption procedures and stepchildren, who are under 22 years old or under 26 years old and full-time students at an educational institution of higher learning beyond high school.

A child born to you or your covered spouse, while this policy is in force as a family policy, will be a covered person. This coverage begins at the moment of birth of such child for benefits otherwise payable to a covered person under this policy. Any person who becomes a family member after the effective date (except newborns) must be added by endorsement. No additional premium will be required for newborns or family members added by endorsement if this policy is in force as a family policy.

Under individual coverage, newborn children are automatically covered from the moment of birth for a period of 31 days. If you desire uninterrupted coverage for the newborn child (children), you must notify us within 31 days of the child's birth. Upon notification, we will convert your coverage to family coverage and advise you of the additional premium due. If you have individual coverage and you marry and desire coverage for your spouse, you must notify us of your marriage within 31 days of the marriage and we will convert your coverage to family coverage and advise you of the additional premium due.

The provisions of this section also apply to adopted children and children during pendency of adoption proceedings as follows:

1. Coverage is retroactive from the moment of birth for a child with respect to whom a decree of adoption by you has been entered within 31 days after the date of birth.
2. If adoption proceedings have been instituted by you within 31 days after the date of birth and you have temporary custody, coverage must be provided from the moment of birth.
3. For children other than newborns, coverage will begin from the moment of placement.

Coverage must be provided as long as you have custody of the child pursuant to decree of the court and required premiums are paid.

For the purpose of this section, "child" means an individual under 19 years of age as of the date of the adoption or placement of adoption. For the purpose of this section, "placement" means the assumption and retention by a person of a legal obligation for total or partial support of a child in anticipation of adoption of the child. The child's placement with a person terminates upon the termination of such legal obligation.

ELIGIBILITY DATE

The date you are eligible for coverage is the later of:

1. the policy effective date; or
2. the date you become a member of the eligible class.

WHEN YOU CAN ENROLL OR DISCONTINUE YOUR COVERAGE

1. You may apply for coverage during:
 - a. your initial enrollment period; or
 - b. at any other time, subject to evidence of insurability.
2. You may discontinue your coverage at any time.

GENERAL PROVISIONS (CONT)

WHEN EVIDENCE OF INSURABILITY IS REQUIRED

Evidence of Insurability is required if you:

1. voluntarily canceled your coverage and are reapplying; or
2. are applying for coverage at any time after your initial enrollment period.

CERTIFICATE OF COVERAGE

We will issue certificates of coverage to the policyholder for delivery to you. This certificate provides a description of the group policy and states:

1. the benefits provided under the group policy; and
2. to whom benefits are payable; and
3. the limitations, exclusions and requirements that apply to the coverage under the policy.

If there is any discrepancy between the provisions of this certificate and the provisions of the policy, the provisions of the policy govern.

EFFECTIVE DATE OF COVERAGE

Your coverage will be effective on the effective date shown on page 3 of your certificate.

For any change in coverage that is not subject to evidence of insurability, the change in coverage is effective on the date we receive such request for change in coverage.

For any change in coverage that is subject to evidence of insurability the change in coverage is effective on the date we approve such change.

ABSENT FROM WORK ON THE DATE COVERAGE WOULD NORMALLY BEGIN

If you are absent from work due to injury, sickness, temporary layoff or leave of absence, your coverage will begin on the date you return to active employment. This applies to your initial coverage, as well as any increase or addition to coverage that occurs after your initial coverage is effective.

TERMINATION OF COVERAGE

Your coverage under the policy ends on the earliest of:

1. the date the policy is canceled; or
2. the last day of the period for which you made any required premium payments; or
3. the last day you are in active employment; or
4. the date you are no longer in an eligible class; or
5. the date your class is no longer eligible.

We will provide coverage for a payable claim that occurs while you are covered under the policy.

If your spouse is a covered person, your spouse's coverage ends upon valid decree of divorce or your death.

If the child is a covered person, the child's coverage ends on the policy anniversary next following the date the child is no longer eligible. This is the earlier of: (a) when the child marries; or (b) reaches age 22 (26 if a full-time student attending an educational institution of higher learning beyond high school). Coverage does not terminate on an unmarried child who:

1. is incapable of self-sustaining employment by reason of mental or physical incapacity; and
2. became so incapacitated prior to the attainment of the limiting age of eligibility under this policy; and
3. is chiefly dependent upon you for support and maintenance.

Dependent coverage continues as long as this policy remains in force and the dependent remains in such condition. Proof of the incapacity and dependency of the child must be furnished within 60 days of the child's attainment of the limiting age of eligibility. Thereafter, such proof must be furnished as frequently as may be required, but no more frequently than annually after the child's attainment of the limiting age for eligibility.

If we accept a premium for coverage extending beyond the date, age or event specified for termination as to a covered person, then coverage continues during the period for which such premium was accepted. This does not apply where such acceptance was based on a misstatement of age.

AGENCY

For purposes of the policy, the employer acts on its own behalf or as your agent. Under no circumstances will the employer be deemed the agent of American Heritage Life.

GENERAL PROVISIONS (CONT)

CONVERSION PRIVILEGE

If your coverage terminates for reasons other than non-payment of premium, or if coverage of a spouse covered under this policy terminates due to divorce or your death, or if coverage of a covered child terminates due to the child becoming married or reaching age 22 (26 if a full-time student), such covered person can obtain a policy of insurance (called the converted policy); without evidence of insurability. Obtaining that policy is subject to the following conditions:

1. Application for the converted policy must be made to us within 31 days (within 60 days of final divorce decree in case of divorce) after the coverage terminates. The effective date of the converted policy will be the date on which this coverage terminates.
2. The converted policy premium is at the rate for the class of risk at the applicant's age for insurance provided as of the date of the conversion.
3. Any conditions excluded in this coverage are excluded in the converted policy. No other pre-existing conditions are excluded. The Pre-Existing Condition Limitation and Contestability provisions are waived to the extent that such periods have been met under this coverage. Benefits payable to the applicant under the converted policy are reduced by benefits payable under this coverage.
4. The converted policy will be a similar policy or a policy providing lesser benefits at the applicant's option.

When conversion is due to divorce, other dependents covered under this coverage may be covered under such new policy or under this coverage as you and your former spouse may elect. They may not be covered under both.

If either this coverage or a new policy is in force on you or your former spouse, and either of you re-marry, such new spouse may be covered under the appropriate policy. We must be advised of the re-marriage by the completion of a new application for such new spouse. This new application is subject to our approval. You or your former spouse must pay the premiums appropriate to such new policy in order to have it issued and maintained in force.

GRACE PERIOD

The policyholder is entitled to a grace period of 31 days for the payment of any premium due except for the first premium. The policy continues in force during the grace period, unless the policyholder gives us written notice of discontinuance in advance of the date of discontinuance and in accordance with the terms of the policy. The policyholder is liable to us for the payment of any pro rata premium for the time the policy is in force during a grace period.

ENTIRE CONTRACT

The contract consists of the following items:

1. the group policy; and
2. any amendments and endorsements; and
3. the applications and other written statements of the policyholder; and
4. any individual applications, enrollment forms, and evidences of insurability of the covered persons.

Any statements made by the policyholder or by a covered person, in the absence of fraud, are representations and not warranties. Only written statements signed by the policyholder or the covered person will be used in defense of a claim. A copy of any written statement, if applicable, will be furnished to the policyholder or the covered person or his beneficiary, if any, if a claim is denied based upon such a statement.

CONTESTABILITY

After 2 years from the effective date of the policy, no misstatement of the policyholder, made in any application(s), can be used to void the policy. After two years from the effective date of any covered person's coverage, no misstatement of a covered person, made in writing, can be used to void coverage or deny a claim for loss incurred.

CLERICAL ERROR

Clerical error on the part of the policyholder or us will not invalidate insurance otherwise in force nor continue insurance otherwise terminated. Upon discovery of any error, an adjustment will be made in the premiums. Complete proof must be supplied by the policyholder documenting any clerical errors.

LEGAL ACTION

No legal action may be brought to obtain benefits under the policy:

1. for at least 60 days after proof of loss has been furnished; or
2. after the expiration of 3 years from the time written proof of loss is required to have been furnished.

LIMITATIONS/EXCEPTIONS

A. PRE-EXISTING CONDITION LIMITATION

We do not pay for any loss due to a pre-existing condition as defined during the 12 month period beginning on the date that person became a covered person.

B. OTHER LIMITATIONS AND EXCEPTIONS

We do not pay for any loss except for losses due directly from cancer or a specified disease and any other conditions or diseases caused or aggravated by cancer or a specified disease. Diagnosis must be submitted to support each claim.

(This space intentionally left blank.)

BENEFITS INFORMATION

PAYMENT OF BENEFITS

If cancer or a specified disease is diagnosed on or after the covered person's effective date, we pay according to the Benefits provisions in this certificate, subject to the Limitations/Exceptions provision and all other provisions contained in this certificate.

If cancer or a specified disease is diagnosed while the covered person is hospital confined, benefits begin retroactively to the day of admission or 10 days prior to the date of diagnosis if this is more favorable.

If positive diagnosis is made for cancer or a specified disease within 12 months after a tentative diagnosis, benefits are paid from the date of tentative diagnosis if the tentative diagnosis is made on or after the effective date, subject to the Pre-existing Condition Limitation provision.

If a covered person dies while an inpatient in a hospital and cancer or a specified disease is not diagnosed until after the covered person's death, benefits will begin retroactively to the day of admission, up to a maximum of 30 days prior to death.

SCHEDULE OF BENEFITS

We pay the following benefits for the necessary treatment of cancer or a specified disease, and for any other condition directly caused or aggravated by the cancer or specified disease. Treatment must be received in the United States or its territories.

For those benefits for which we pay actual charges up to a specified maximum amount, except benefits H., I., L., V. and W., if specific charges are not obtainable as proof of loss, we will pay 50% of the applicable maximum for the benefit(s) payable.

No benefits are payable for the treatment of cancer or a specified disease except those expressly stated in this Schedule of Benefits.

- A. **Continuous Hospital Confinement.** If a covered person is admitted to and confined as an inpatient in a hospital for the treatment of cancer or specified disease, we pay the amount shown on page 3A per day for each day. The maximum number of days payable is 70 days for each period of continuous hospital confinement.
- B. **Extended Benefits.** If a covered person is confined in a hospital for the treatment of cancer or a specified disease for more than 70 days of continuous hospital confinement, we pay actual charges up to the amount shown on page 3A per day for: hospital room and board; medicine; laboratory tests; and other hospital charges. This benefit begins on the 71st day of continuous hospital confinement. This benefit is payable in lieu of all other benefits payable during the continuous hospital confinement beginning on the 71st day under the Schedule of Benefits (except the Waiver of Premium Benefit). This benefit continues as long as the covered person is continuously hospital confined.
- C. **Government or Charity Hospital.** In lieu of all other benefits in this policy (except the Waiver of Premium Benefit), we pay the amount shown on page 3A per day for each day a covered person is confined to: 1.) a hospital operated by or for the U.S. Government (including the Veteran's Administration); or 2.) a hospital that does not charge for the services it provides (charity). The confinement must be for the treatment of cancer or a specified disease.
- D. **Private Duty Nursing Services.** While a covered person is an inpatient receiving cancer or specified disease treatment, we pay the actual charges, up to the amount shown on page 3A per day if such covered person requires the full-time services of a private nurse. Full-time means at least 8 hours of attendance during a 24 hour period. These services must be required and authorized by a physician for cancer or specified disease treatment and must be provided by a nurse.
- E. **Extended Care Facility.** We pay actual charges up to the amount shown on page 3A per day for each day a covered person is confined in an extended care facility for the treatment of cancer or specified disease. Confinement in the extended care facility must be at the direction of the attending physician and must begin within 14 days after a covered hospital confinement. This benefit is limited to the number of days of the previous continuous hospital confinement.
- F. **At Home Nursing.** While a covered person is receiving treatment for cancer or specified disease, we pay actual charges up to the amount shown on page 3A per day for private nursing care and attendance by a nurse at home. At home nursing services must be required and authorized by the attending physician and must begin within 14 days after a covered confinement as an inpatient in a hospital. This benefit is limited to the number of days of the previous continuous hospital confinement.

BENEFITS INFORMATION (CONT)

G. Hospice Care. When a covered person is:

1. diagnosed with cancer or a specified disease; and
2. determined by a physician to be terminally ill as a result of cancer or a specified disease; and
3. expected to live 6 months or less;

we pay one of the following two benefits for hospice care:

- (1) **Freestanding Hospice Care Center.** We pay actual charges up to the amount shown on page 3A per day for confinement in a licensed freestanding hospice care center. The covered person must be diagnosed by a physician as terminally ill and the attending physician must approve the confinement. This benefit is payable only if a covered person is admitted to a freestanding hospice care center within 14 days after a period of inpatient hospital confinement. Benefits payable for hospice centers that are designated areas of hospitals will be paid the same as inpatient hospital confinement; or
- (2) **Hospice Care Team.** We pay actual charges up to the amount shown on page 3A per visit, limited to 1 visit per day, for home care services by a hospice care team. Home care services are hospice services provided in the patient's home. This benefit is payable only if: the covered person has been diagnosed as terminally ill; and the attending physician has approved such services; and home care services begin within 14 days after a period of hospital confinement. We do not pay for: food services or meals other than dietary counseling; or services related to well-baby care; or services provided by volunteers; or support for the family after the death of the covered person.

H. Radiation/Chemotherapy. We pay actual charges, up to the limit stated below for radiation therapy and chemotherapy received by a covered person as part of treatment for cancer or a specified disease. This benefit is limited to the amount shown on page 3A per 12 month period beginning with the first day of benefit under this provision. Administration of radiation therapy or chemotherapy other than by medical personnel in a physician's office or hospital, including medications dispensed by a pump, will be limited to the costs of the drugs only, subject to the maximum amount payable per 12 month period shown on page 3A.

We only pay this benefit for cancer or specified disease treatment consisting of:

1. cancericidal chemical substances for the purpose of modification or destruction of cancer or specified disease; and
2. X-ray radiation; and
3. radium and cesium implants; and
4. cobalt.

This benefit does not pay for: treatment planning; or treatment consultation; or treatment management; or the design and construction of treatment devices; or basic radiation dosimetry calculation; or any type of laboratory tests; or X-ray or other imaging used for diagnosis or disease monitoring; or the diagnostic tests related to these treatments. This benefit also does not pay for any devices or supplies including intravenous solutions and needles related to these treatments.

I. Blood, Plasma and Platelets. We pay actual charges, up to the limit stated below, for:

1. blood, plasma and platelets (including transfusions and administration charges); and
2. processing and procurement costs; and
3. cross-matching;

received by a covered person in conjunction with cancer or specified disease treatment. This benefit is limited to the amount shown on page 3A per 12 month period beginning with the first day of benefit under this provision. We do not pay for blood replaced by donors.

BENEFITS INFORMATION (CONT)

J. Surgery. When surgery is performed on a covered person:

1. for the purpose of treating a diagnosed cancer or specified disease; or
2. for the purpose of diagnosing cancer or specified disease and that surgery results in a diagnosis of cancer or specified disease; or
3. that is the first surgery performed subsequent to a diagnosis of cancer or specified disease that is performed for the purpose of verifying the complete removal of the cancer or specified disease.

We pay the actual charges, up to the amount listed in the Schedule of Surgical Procedures for the specific procedure per unit of coverage shown on page 3A. If any surgical procedure for the treatment or diagnosis of a cancer or specified disease other than those listed in the Schedule of Surgical Procedures is performed, we pay the actual charges, up to the unit value for the surgical procedure as set forth in the 1964 California Relative Value Schedule (C.R.V.S.) multiplied by \$10.00 per unit of coverage. If the surgical procedure has no unit value or is not shown in the 1964 C.R.V.S., we pay the actual charges, up to an amount we reasonably determine to be consistent (based upon relative difficulty) with the Schedule of Surgical Procedures per unit of coverage. Two or more procedures performed at the same time through one incision or entry point are considered one operation; we pay the amount for the procedure with the greatest benefit. Payment will never exceed the maximum per unit of coverage. Surgery performed on an outpatient basis is paid at 150% of the scheduled benefit. This benefit does not pay for surgeries covered by other benefits in this Schedule of Benefits.

K. Anesthesia. We pay actual charges of an anesthetist not to exceed 25% of the amount paid for the Surgery Benefit (benefit J.) for anesthesia received.

L. Bone Marrow or Stem Cell Transplant. We pay the amounts shown on page 3A for the following types of bone marrow or stem cell transplants performed on a covered person for cancer or specified disease treatment:

1. A transplant which is other than non-autologous.
2. A transplant which is non-autologous for the treatment of cancer or specified disease other than leukemia.
3. A transplant which is non-autologous for the treatment of leukemia.

This benefit is payable only once per covered person per calendar year.

M. Ambulatory Surgical Center. We pay the actual charges for the use of an ambulatory surgical center, up to the amount shown on page 3A for a surgical procedure covered under the Surgery Benefit (benefit J.) that is performed at an ambulatory surgical center.

N. Second Surgical Opinion. If surgery is recommended by a physician due to the diagnosis of cancer or specified disease and the covered person chooses to obtain the opinion of a second physician, we pay the actual charges for the second opinion, up to the amount shown on page 3A. This second opinion must be rendered prior to surgery being performed; and obtained from a physician not in practice with the physician rendering the original recommendation.

O. Inpatient Drugs and Medicine. We pay actual charges made by the hospital for drugs and medicine, related to cancer or specified disease treatment, while hospital confined up to the amount shown on page 3A per day, for each day of continuous hospital confinement. This benefit does not pay for drugs and/or medicine covered under the Radiation/Chemotherapy Benefit (benefit H).

P. Physician's Attendance. We pay actual charges for a visit by a physician while a covered person is receiving cancer or specified disease treatment during hospital confinement up to the amount shown on page 3A per day. This benefit is limited to one visit by one physician per day of hospital confinement. A visit means personal attendance by the physician. Admission to the hospital as an inpatient is required.

Q. Ambulance. We pay actual charges up to the amount shown on page 3A per continuous hospital confinement for transportation by a licensed ambulance service or a hospital owned ambulance to or from a hospital in which the covered person is confined for cancer or specified disease treatment.

BENEFITS INFORMATION (CONT)

- R. Non-Local Transportation.** We pay the following benefit for cancer or specified disease treatment at a hospital (inpatient or outpatient); or radiation therapy center; or chemotherapy or oncology clinic; or any other specialized freestanding treatment center nearest to the covered person's home, provided the same or similar treatment cannot be obtained locally: 1.) actual cost of round trip coach fare on a common carrier; or 2.) the amount shown on page 3A, up to 700 miles, for round trip personal vehicle transportation. Mileage is measured from the covered person's home to the nearest treatment facility as described above. "Non-Local" means a round trip of more than 70 miles from the covered person's home to the nearest treatment facility. We do not pay for: transportation for someone to accompany or visit the person receiving treatment; visits to a physician's office or clinic; or for services other than actual treatment.
- S. Outpatient Lodging.** We pay a daily lodging benefit when a covered person receives radiation or chemotherapy treatment for cancer or specified disease (benefit H.) on an outpatient basis, provided the specific treatment is authorized by the attending physician and cannot be obtained locally. The benefit is the actual cost of a single room in a motel, hotel, or other accommodations acceptable to us, up to the amount shown on page 3A per day during treatment. This benefit is limited to the amount shown on page 3A per 12 month period beginning with the first day of benefit under this provision. Outpatient treatment must be received at a treatment facility more than 100 miles from the covered person's home.
- T. Family Member Lodging and Transportation.** We pay the following benefits for one adult member of the covered person's family to be near the covered person, when a covered person is confined in a non-local hospital for specialized treatment for cancer or specified disease:
1. **Lodging**-The actual cost of a single room in a motel, hotel, or other accommodations acceptable to us, up to the amount shown on page 3A per day. This benefit is limited to 60 days for each period of continuous hospital confinement; and
 2. **Transportation**-The actual cost of round trip coach fare on a common carrier or a personal vehicle allowance of the amount shown on page 3A per mile, up to 700 miles per continuous hospital confinement. Mileage is measured from the visiting family member's home to the hospital where the covered person is confined. We do not pay the Family Member Transportation Benefit if the personal vehicle transportation benefit is paid under the Non-Local Transportation Benefit (benefit R.), when the family member lives in the same city or town as the covered person.
- U. Physical or Speech Therapy.** We pay actual charges up to the amount shown on page 3A per day, for physical or speech therapy for restoration of normal body function.
- V. New or Experimental Treatment.** We pay actual charges, up to the limit stated below, for new or experimental treatment for cancer or specified disease when:
1. the treatment is judged necessary by the attending physician; and
 2. no other generally accepted treatment produces superior results in the opinion of the attending physician.
- This benefit is limited to the amount shown on page 3A per 12 month period beginning with the first day of treatment under this provision. This benefit does not pay if benefits are payable for treatment covered under any other benefit in this Schedule of Benefits.
- W. Prosthesis.** We pay actual charges up to the amount shown on page 3A for prosthetic devices which are prescribed as a direct result of surgery for cancer or specified disease treatment and which require surgical implantation. This benefit is limited to the amount shown on page 3A per covered person, per amputation.
- X. Comfort/Anti-Nausea Benefit.** We pay the actual charges, up to the amount shown on page 3A per calendar year for anti-nausea medication prescribed for a covered person by a physician in conjunction with cancer or specified disease treatment. We will not pay this benefit for medication administered while the covered person is an inpatient.
- Y. Waiver of Premium.** If, while this coverage is in force, the employee becomes disabled due to cancer first diagnosed after the effective date of coverage and remains disabled for 90 days, we pay premiums due after such 90 days for as long as the insured remains disabled. The term "disabled" means that you are:
1. unable to work at any job for which the employee is qualified by education, training or experience; and
 2. not working at any job for pay or benefits; and
 3. under the care of a physician for the treatment of cancer.

OPTIONAL BENEFIT(S)

Cancer Initial Diagnosis. We pay a one-time benefit when a covered person is diagnosed for the first time as having cancer other than skin cancer. The first diagnosis must occur after the effective date of coverage for that covered person. The benefit is the amount shown on page 3. The benefit is payable only once per covered person.

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OPTIONAL BENEFIT(S)

Intensive Care Unit.

A. Confinement. We pay the amount shown on page 3 for each day of continuous hospital intensive care unit confinement in a hospital intensive care unit for up to 45 days for each period of such confinement. A day is a 24 hour period. If confinement is for only a portion of a day, then a pro-rata share of the daily benefit is paid. We do not pay for intensive care if a covered person is admitted because of:

1. an attempted suicide; or
2. intentional self-inflicted injury; or
3. intoxication or being under the influence of drugs not prescribed or recommended by a physician; or
4. alcoholism or drug addiction.

We do not pay for confinements in any care unit that does not qualify as a hospital intensive care unit. Progressive care units, sub-acute intensive care units, intermediate care units, and private rooms with monitoring, step down units and any other lesser care treatment units do not qualify as hospital intensive care units.

We do not pay this benefit for continuous hospital intensive care unit confinements that occur during a hospitalization that begins before the effective date of coverage.

Children born within 10 months of the effective date are not covered for any continuous hospital intensive care unit confinement that occurs or begins during the first 30 days of such child's life.

B. Ambulance. We pay the actual charges, for transportation of a covered person by licensed air or surface ambulance service to a hospital for admission to an intensive care unit for a covered confinement. We do not pay this benefit if an ambulance benefit is paid under the Ambulance Benefit (benefit Q.) in the Schedule of Benefits.

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SCREENING BENEFITS

- I. **Mammography Benefit.** We pay the greater of the actual charges or \$70 for a covered person as follows: a) baseline mammography for women ages 35 to 39, inclusive; and b) mammography every 2 years, or more frequently upon physician's recommendation for women ages 40 to 49, inclusive; and c) annual mammography for women ages 50 and older.
- II. **Cervical Cancer Screening Benefit.** We pay the greater of the actual charges or \$50 for an annual cervical cancer screening test. This benefit is limited to one test per covered person, per calendar year.
- III. **Miscellaneous Screening Benefit.** We pay this benefit if a covered person has one of the following cancer screening tests performed. We pay \$50 per calendar year, per covered person, for any one of the following cancer screening tests. We pay this benefit regardless of the result of the test.

The eligible screening tests under this benefit are:

- A. Bone marrow testing; and
- B. CA15-3 (cancer antigen 15-3 - blood test for breast cancer); and
- C. CA125 (cancer antigen 125 - blood test for ovarian cancer); and
- D. CEA (carcinoembryonic antigen - blood test for colon cancer); and
- E. Chest X-ray; and
- F. Colonoscopy; and
- G. Flexible sigmoidoscopy; and
- H. Hemocult stool analysis; and
- I. PSA (prostate specific antigen - blood test for prostate cancer); and
- J. Serum Protein Electrophoresis (test for myeloma).

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**SCHEDULE OF SURGICAL PROCEDURES
PER UNIT OF SURGERY COVERAGE**

SURGICAL PROCEDURE	PROCEDURE CODE FOR 1964 C.R.V.S	UNIT OF SURGERY COVERAGE
BRAIN		
Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	61510	\$1,250.00
Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial.....	61512	\$1,500.00
Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion	61575	\$1,250.00
Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computerized axial tomography	61751	\$1,400.00
BREAST		
Biopsy of breast; needle core (separate procedure)	19100	\$ 25.00
Biopsy of breast; incisional	19101	\$ 150.00
Excision of malignant tumor (except 19140), male or female, one or more lesions	19120	\$ 150.00
Mastectomy, partial	19160	\$ 150.00
Mastectomy, simple, complete.....	19180	\$ 300.00
Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle.....	19240	\$ 600.00
DIGESTIVE SYSTEM		
Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with collection of specimen(s) by brushing or washing (separate procedure).....	43235	\$ 150.00
Gastrectomy, total; with esophagoenterostomy.....	43620	\$1,000.00
Colectomy, partial; with anastomosis.....	44140	\$ 800.00
Proctectomy; complete, combined abdominoperineal, with colostomy, one or two stages	45110	\$1,000.00
Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	45378	\$ 280.00
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	45385	\$ 500.00
EXTERNAL GENITALIA		
FEMALE		
Vulvectomy, simple; partial	56620	\$ 400.00
Vulvectomy, simple; complete	56625	\$ 550.00
Vulvectomy, radical, partial	56630	\$ 800.00
Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy	56640	\$1,000.00

**SCHEDULE OF SURGICAL PROCEDURES (CONT)
PER UNIT OF SURGERY COVERAGE**

SURGICAL PROCEDURE	PROCEDURE CODE FOR 1964 C.R.V.S	UNIT OF SURGERY COVERAGE
EXTERNAL GENITALIA (cont)		
MALE		
Biopsy of testis, needle (separate procedure)	54500	\$ 20.00
Orchiectomy, radical, for tumor; inguinal approach	54530	\$ 400.00
LIVER		
Biopsy of liver; percutaneous needle	47000	\$ 50.00
Biopsy of liver, wedge (separate procedure)	47100	\$ 400.00
Hepatectomy, resection of liver; partial lobectomy	47120	\$ 800.00
LUNG		
Bronchoscopy; with biopsy	31625	\$ 200.00
Biopsy, lung or mediastinum, percutaneous needle	32405	\$ 50.00
Removal of lung, total pneumonectomy	32440	\$1,000.00
MUSCULOSKELETAL		
Biopsy, bone, trocar or needle; superficial (e.g., ilium, sternum, spinous process, ribs)	20220	\$ 50.00
Excision of tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular	21556	\$ 100.00
Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	63275	\$1,000.00
PROSTATE		
Transurethral resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	52601	\$ 800.00
Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	55801	\$ 800.00
Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphaden- ectomy, including external iliac, hypogastric and obturator nodes	55845	\$1,300.00
SKIN		
Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed (separate procedure); single lesion (pathology report required)	11100	\$ 30.00
Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed (separate procedure); each separate/additional lesion (pathology report required)	11101	\$ 15.00

**SCHEDULE OF SURGICAL PROCEDURES (CONT)
PER UNIT OF SURGERY COVERAGE**

SURGICAL PROCEDURE	PROCEDURE CODE FOR 1964 C.R.V.S	UNIT OF SURGERY COVERAGE
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SKIN (cont)

Excision, malignant lesion, trunk, arms, or legs; lesion diameter 0.5 cm. or less.....	11600.....	\$ 60.00
Excision, malignant lesion, trunk, arms, or legs; lesion diameter 2.1 to 3.0 cm.....	11603.....	\$ 120.00
Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm. or less.....	11620.....	\$ 100.00
Excision, malignant lesion, scalp, neck, hands, feet, genitalia, lesion diameter 2.1 to 3.0 cm.....	11623.....	\$ 250.00
Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 0.5 cm. or less.....	11640.....	\$ 150.00
Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 2.1 to 3.0 cm.....	11643.....	\$ 300.00
Chemosurgery (Mohs' micrographic technique); first state, fresh tissue technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, and microscopic examination of specimens by the surgeon, of up to 5 specimens.....	17304.....	\$ 200.00

UTERUS

Colposcopy (vagoscopy); with biopsy(s) of the cervix and/or endocervical curettage.....	57454.....	\$ 60.00
Endometrial and/or endocervical sampling (biopsy), without cervical dilation, any method (separate procedure).....	58100.....	\$ 30.00
Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical).....	58420.....	\$ 150.00
Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s).....	58150.....	\$ 600.00
Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tubes(s), with or without removal of ovary(s).....	58210.....	\$1,000.00
Vaginal hysterectomy.....	58260.....	\$ 600.00

VASCULAR INJECTION PROCEDURE

Placement of central venous catheter for therapeutic reasons (subclavian, jugular, or other vein) (e.g., for hyperalimentation, hemodialysis, or chemotherapy); percutaneous, over age 2.....	36489.....	\$ 100.00
Insertion of implantable venous access port, with or without subcutaneous reservoir.....	36533.....	\$ 400.00
Removal of implantable venous access port and/or subcutaneous reservoir.....	36535.....	\$ 150.00

CONTINUITY OF COVERAGE

IF YOU ARE NOT IN ACTIVE EMPLOYMENT WHEN YOUR EMPLOYER CHANGES GROUP INSURANCE CARRIERS TO AMERICAN HERITAGE LIFE

When the plan becomes effective, we provide coverage for you if:

1. you are not in active employment due to sickness as a result of cancer; and
2. you were covered by the prior group policy when it terminated; and
3. the prior group policy provided cancer coverage.

Your coverage is subject to payment of premium.

Your benefit will be limited to the amount that would have been paid by the prior carrier. We will reduce your benefits by any amount for which your prior carrier is liable.

IF YOU HAVE A LOSS DUE TO A PRE-EXISTING CONDITION AND YOUR EMPLOYER CHANGES GROUP INSURANCE CARRIERS TO AMERICAN HERITAGE LIFE

We may pay benefits if your loss results from a pre-existing condition if you were:

1. in active employment and insured under this plan on its effective date; and
2. insured by the prior group policy when it terminated.

The prior group policy's coverage must be substantially similar to this coverage and have been in effect within 60 days of this plan's effective date in order for this provision to apply.

In order to receive benefits you must satisfy the time limit in the Pre-existing Condition provision under:

1. our plan; or
2. the prior carrier's plan, if benefits would have been paid had that policy remained in force.

If you do not satisfy item 1 or 2 above, we will not pay any benefits.

If you satisfy either item 1 or item 2, we will determine our payments according to the American Heritage Life policy provisions.

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CLAIMS INFORMATION

NOTICE OF CLAIM

We encourage the employee to notify us of claim as soon as possible so that a claim decision can be made in a timely manner. Written notice of claim must be given to us within 20 days after the occurrence or commencement of any loss covered by this policy, or as soon as is reasonably possible. Notice given by or on behalf of the employee or the beneficiary to us at 1776 American Heritage Life Drive, Jacksonville, Florida 32224-6688, or to any authorized agent of ours, with your name and certificate number, is notice to us.

CLAIM FORMS

The claim form is available from your employer, or you can request a claim form from us. If you do not receive the form from us within 15 days of your request, send us written proof of claim without waiting for the form.

FILING A CLAIM

You and your Employer must fill out your own sections of the claim form and then give it to your attending physician. Your physician should fill out his or her section of the form and send it directly to us.

PROOF OF YOUR CLAIM

If this certificate provides for periodic payment of a continuing loss, written proof of loss must be furnished to us within 90 days after the end of each period for which we are liable. For any other loss, written proof must be given to us within 90 days after each loss. If it is not possible to give us written proof in the time required, we will not reduce or deny any claim for this reason, as long as the proof is filed as soon as reasonably possible. In any event, the proof required must be given to us no later than 1 year from the time specified unless the employees are legally incapacitated.

PHYSICAL EXAMINATION AND AUTOPSY

We have the right, at our own expense, to have any covered person examined by a physician of our choosing, as often as may be reasonably required while a claim is pending. We may have an autopsy performed during the period of contestability, where it is not forbidden by law. The autopsy must be performed in this state.

PAYMENT OF CLAIMS

After receiving written proof of loss, we pay all benefits then due under this certificate. Benefits for any other loss covered by this certificate are paid as soon as we receive proper written proof. We will make payments to you unless you assign such payments. Any amounts unpaid at your death may, at our option, be paid either to the named beneficiary or to your estate. If benefits are payable to your estate or a beneficiary who cannot execute a valid release, we can pay benefits up to \$1,000, to someone related to you or your beneficiary by blood or marriage whom we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

ASSIGNMENT

An assignment of the coverage under this certificate is not binding on us, unless:

1. it is a written request; and
2. it is received and recorded by us at our home office.

We are not responsible for the validity of any assignment. An assignment is subject to any payment we make or other action we take before we record the assignment. An assignment may not change the owner or beneficiary.

CLAIMS INFORMATION (CONT)

OVERPAID CLAIM

We have the right to recover any overpayments due to:

1. fraud; or
2. any error we make in processing a claim.

You must reimburse us in full. We will work with you to develop a reasonable method of repayment if you are financially unable to repay us in a lump sum.

We will not recover more money than the amount you were paid.

CLAIM REVIEW

If a claim is denied, we will give written notice of:

1. the reason for denial; and
2. the policy provision that relates to the denial; and
3. your right to ask for a review of your claim; and
4. any additional information that might allow us to change our decision.

You may, upon written request, read any reports that are not confidential. For a small fee, we will make copies of those reports for your use.

APPEALS PROCEDURE

Prior to filing any lawsuit and within 60 days after denial of a claim, you or your beneficiary must appeal any denial of benefits under the policy by making a written request for review of the denial.

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GLOSSARY

Active Employment. Means you are working for your Employer for earnings that are paid regularly and that you are performing the material and substantial duties of your regular occupation. You must be working at least the minimum number of hours as described under eligible class in each plan.

Your work site must be:

1. your employer's usual place of business; or
2. an alternative work site at the direction of your Employer; or
3. a location to which your job requires you to travel.

Normal vacation is considered active employment. Temporary and seasonal workers are excluded from coverage.

Ambulatory Surgical Center. A licensed surgical center consisting of: an operating room; facilities for the administration of general anesthesia; and a post surgery recovery room that the patient is admitted to and discharged from within the same working day. This includes an ambulatory surgical center that is a part of a hospital.

Autologous Bone Marrow Transplant. A procedure in which bone marrow is removed from a patient, stored, and then given back to the patient following intensive treatment.

Bone Marrow Transplant. A procedure to replace bone marrow destroyed by treatment with high doses of anticancer drugs or radiation. A transplant may be autologous (the person's own marrow saved before treatment), allogeneic (marrow donated by someone else), or syngeneic (marrow donated by an identical twin).

Cancer. The disease manifested by the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells in any part of the body. This includes: Hodgkin's Disease; leukemia; lymphoma; carcinoma; sarcoma; or malignant tumor. It does not include other conditions that may be considered precancerous, such as: leukoplakia; actinic keratosis; carcinoma; hyperplasia; polycythemia; nonmalignant melanoma; moles; or similar diseases or lesions.

Common Carrier. Only the following: commercial airlines; or passenger trains; or intercity buslines. It does not include taxis; or intracity buslines; or private charter planes.

Continuous Hospital Confinement. One continuous confinement or two or more hospital confinements not separated by more than 30 days. If there are more than 30 days between confinements, they are considered separate confinements.

Continuous Hospital Intensive Care Unit Confinement. One continuous confinement or two or more hospital intensive care unit confinements not separated by more than 30 days. If there are more than 30 days between confinements, they are considered separate confinements.

Covered Person. Any of the following:

1. any eligible family member (including you) named in the enrollment form or evidence of insurability form and acceptable for coverage by us; or
2. any eligible family member added after the effective date; or
3. a newborn child.

Date of Diagnosis. The earliest of the date of: tentative diagnosis; or clinical diagnosis; or the day the tissue specimen, culture(s) and/or titer(s) are taken, upon which the positive or tentative diagnosis of cancer or specified disease is made.

Employee. Means a person who is a citizen or resident of the United States or Canada in active employment with the Employer.

Employer. Means the individual, company or corporation where you are in active employment, and includes any division, subsidiary, or affiliated company named in the policy.

Evidence of Insurability. Means a statement of your medical history which American Heritage Life will use to determine if you are approved for coverage. Evidence of insurability will be provided at your own expense.

Extended Care Facility. A licensed nursing facility under the direction of a physician which provides continuous skilled nursing service under the supervision of a graduate registered nurse (R.N.) and maintains daily medical records on each patient. It does not include any institution, or part thereof, used primarily as a place for the aged, drug addicts, alcoholics, or rest.

GLOSSARY (CONT)

Freestanding Hospice Care Center. A center which is not a hospital, a wing, or section of a hospital, providing 24 hour a day care for the terminally ill under the medical direction of a physician.

Grace Period. Means the period of time following the premium due date during which premium payment may be made.

Hospital. A legally operated institution with established facilities (either on its premises or available to the hospital on a contractual, pre-arranged basis and under the supervision of a staff of one or more duly licensed physicians), for the care and treatment of sick and injured persons for diagnosis, surgery, and 24 hour nursing service. Hospital does not include:

1. any institution which is mainly a rest home, nursing home, convalescent home, or home for the aged; or
2. any institution which is mainly for the care and treatment of alcoholics or drug addicts, or mental or nervous disorders.

Hospital Intensive Care Unit. A hospital area of special care including cardiac or coronary care units, which at the time of admission is separate and apart from the surgical recovery room, other rooms, beds, or wards normally used for patient confinement. In addition the unit must provide the following:

1. 24 hour continuous nursing care attended by nurses assigned to the unit on a full time basis; and
2. direction and/or supervision by a full time physician director or a standing "intensive care" committee of the medical staff; and
3. special medical apparatus used to treat the critically ill.

Initial Enrollment Period. Means one of the following periods during which you may first apply in writing for coverage under this plan:

1. if you are eligible for coverage on the plan effective date, a period before the plan effective date as set by the employer; or
2. if you become eligible for coverage after the plan effective date, the period ending 31 days after the date you are first eligible to apply for coverage.

Insured. The person accepted for coverage by us who has completed and signed the enrollment form or evidence of insurability and whose name appears on the Certificate Specification Page.

Intoxication. A temporary state of being as determined by the laws of the state in which the loss occurred.

Material And Substantial Duties. Means duties that:

1. are normally required for the performance of your regular occupation; and
2. cannot be reasonably omitted or modified, except that if you are required to work on average in excess of 40 hours per week, we will consider you able to perform that requirement if you are working or have the capacity to work 40 hours per week.

Non-Autologous Bone Marrow Transplant. Allogeneic or syngeneic graft of living bone marrow from one human being to another.

Nurse. Any one of the following who is not a member of the covered person's immediate family or employed by the hospital where the covered person is confined:

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

Oncologist. A legally licensed Doctor of Medicine certified to practice in the field of Oncology.

Pathologist. A legally licensed Doctor of Medicine certified by the American Board of Pathology to practice Pathological Anatomy.

Payable Claim. Means a claim for which American Heritage Life is liable under the terms of the policy.

Physician. Means:

1. a person performing tasks that are within the limits of his medical license; and
2. a person who is licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
3. a person who is a legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

American Heritage Life will not recognize the employee, his spouse, children, parents, or siblings as a physician for a claim that he sends to us.

Plan. Means a line of coverage under the policy.

Policyholder. Means the Employer to whom the policy is issued.

GLOSSARY (CONT)

Positive Diagnosis (of cancer). A diagnosis by a licensed doctor of medicine certified by the American Board of Pathology to practice Pathological Anatomy, or an Osteopathic Pathologist. Diagnosis is based on a microscopic examination of fixed tissue, or preparations from the hemic system (except for skin cancer). We accept clinical diagnosis of cancer as evidence that cancer existed in a covered person when a pathological diagnosis cannot be made, provided medical evidence substantially documents the diagnosis and the covered person received definitive treatment for the cancer.

Positive Diagnosis (of a specified disease). A diagnosis by a qualified physician based on generally accepted diagnostic procedures and criteria.

Pre-Existing Condition. A disease or physical condition for which medical advice or treatment has been received by the covered person within 90 days immediately prior to becoming covered under the group contract. The condition shall be covered after the individual has been covered for more than 12 months under the group contract.

Radiologist. One who is licensed to administer X-ray therapy, radium therapy, or radio-active isotopes therapy and is certified by the American Board of Radiology.

Re-Enrollment Period. Means a period of time as set by your employer and us during which you may apply, in writing, for coverage under this plan, or change your coverage under this plan if you are currently enrolled.

Specified Disease. Only any one of the following:

- | | | |
|--|--|---|
| (1) Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) | (13) Brucellosis | (22) Typhoid Fever |
| (2) Muscular Dystrophy | (14) Sickle Cell Anemia | (23) Myasthenia Gravis |
| (3) Poliomyelitis | (15) Thalassemia | (24) Reye's Syndrome |
| (4) Multiple Sclerosis | (16) Rocky Mountain Spotted Fever | (25) Primary Sclerosing Cholangitis (Walter Payton's Liver Disease) |
| (5) Encephalitis | (17) Legionnaire's Disease (confirmation by culture or sputum) | (26) Lyme Disease |
| (6) Rabies | (18) Addison's Disease | (27) Systemic Lupus Erythematosus |
| (7) Tetanus | (19) Hansen's Disease | (28) Cystic Fibrosis |
| (8) Tuberculosis | (20) Tularemia | (29) Primary Biliary Cirrhosis |
| (9) Osteomyelitis | (21) Hepatitis (Chronic B or Chronic C with liver failure or hepatoma) | |
| (10) Diphtheria | | |
| (11) Scarlet Fever | | |
| (12) Cerebrospinal Meningitis (bacterial) | | |

Stem Cell Transplant. A method of replacing immature blood and bone marrow cells that were destroyed by cancer treatment. The stem cells are given to the person after treatment to help the bone marrow recover and continue producing healthy blood cells.

Temporary Layoff or Leave of Absence. Means you are absent from active employment for a period of time that has been agreed to in advance in writing by your Employer.

Your normal vacation time or any period of disability is not considered a temporary layoff or leave of absence.

Tentative Diagnosis. A tentative diagnosis is established based upon dated medical records which indicate a diagnosis of a probable or possible cancer or specified disease.

We, Us, and Our. Means American Heritage Life Insurance Company.

You. Means a person who is eligible for American Heritage Life coverage.



Workplace Division

AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:

1776 AMERICAN HERITAGE LIFE DRIVE

JACKSONVILLE, FLORIDA 32224-6688

(904) 992-1776

A Stock Company

**THIS IS LIMITED BENEFIT SPECIFIED DISEASE COVERAGE WHICH
ONLY PROVIDES BENEFITS FOR CANCER AND SPECIFIED
DISEASES AS DEFINED OR OTHER OPTIONAL BENEFITS
DESCRIBED HEREIN**



AMERICAN HERITAGE LIFE INSURANCE COMPANY
HOME OFFICE:
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6688
(904) 992-1776
A STOCK COMPANY

**GROUP CANCER AND SPECIFIED DISEASE INSURANCE POLICY
NON-PARTICIPATING**

American Heritage Life Insurance Company (referred to as we, us, or our) will provide benefits under this policy. We make this promise subject to all of the provisions of this policy.

The policyholder should read this policy carefully and contact us promptly with any questions. This policy is delivered in and is governed by the laws of the governing jurisdiction and consists of:

1. all policy provisions and any amendments and/or attachments issued; and
2. employees' signed enrollment forms, applications and evidences of insurability; and
3. the employer's signed application.

This policy may be changed in whole or in part. Only an executive officer of ours can approve a change. The approval must be in writing and endorsed on or attached to this policy. No other person, including an agent, may change this policy or waive any part of it.

NOTICE OF THIRTY (30) DAY RIGHT TO EXAMINE POLICY

You may, within 30 days after receipt of this policy, return it to us or to our agent. Upon such return of the policy, it will be void as of the effective date; any premium paid will be refunded.

Signed for American Heritage Life at its Home Office in Jacksonville, Florida on the Policy Effective Date.

SECRETARY

PRESIDENT

**THIS IS LIMITED BENEFIT CANCER AND SPECIFIED DISEASE COVERAGE
WHICH ONLY PROVIDES BENEFITS FOR CANCER
AND SPECIFIED DISEASES AS DEFINED OR
OTHER OPTIONAL BENEFITS
DESCRIBED HEREIN**

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**CANCER AND SPECIFIED DISEASE PLAN
POLICY SPECIFICATIONS**

POLICYHOLDER: [XYZ COMPANY, INC.]
POLICY NUMBER: [GROUP106]
POLICY EFFECTIVE DATE: [September 1, 1999]
POLICY ANNIVERSARY DATE: [September 1, 2000]
GOVERNING JURISDICTION: the state of [South Carolina] and subject to the laws of that jurisdiction

ELIGIBLE CLASS(ES): [All full-time active employees working at least [30] hours per week]

BENEFITS: See page 3A
Cancer Screening Benefit: See Page 13A

OPTIONAL BENEFIT(S): [Cancer Initial Diagnosis: \$1,000.00]
[Intensive Care Unit: \$200.00/day]

INITIAL RATE: Monthly rate of [4] per employee for individual coverage or [\$.] per employee for family coverage.

RATE GUARANTEE DATE: [09/01/2000]

PREMIUM DUE

Premium Due Dates: [09/01/1999] and the [first day] of each [calendar month] thereafter.

The policyholder must send all premiums on or before the premium due date to us. The premium must be paid in United States dollars.

Premium payments are required while the employee is receiving benefits except as provided in the Waiver of Premium benefit.

DIVISIONS, SUBSIDIARIES OR AFFILIATED COMPANIES

These are the Policyholder's divisions, subsidiaries, or affiliates listed below. The policyholder may act for and on behalf of any and all of these in all matters that pertain to this plan. Every act done by, agreement made with, or notice given to the policyholder will be binding on them.

Name

Location (City And State)

[None]

<u>BENEFITS</u>	<u>AMOUNT</u>
A. CONTINUOUS HOSPITAL CONFINEMENT DAYS 1-70	\$100.00/DAY
B. EXTENDED BENEFITS DAYS 70+	UP TO \$100.00/DAY
C. GOVERNMENT/CHARITY HOSPITAL	\$100.00/DAY
D. PRIVATE DUTY NURSING SERVICES	UP TO \$100.00/DAY
E. EXTENDED CARE FACILITY	UP TO \$100.00/DAY
F. AT HOME NURSING	UP TO \$100.00/DAY
G. HOSPICE CARE	
1. FREESTANDING HOSPICE CARE CENTER	UP TO \$100.00/DAY
2. HOSPICE CARE TEAM	UP TO \$100.00/VISIT
H. RADIATION/CHEMOTHERAPY	UP TO \$5,000.00/12 MONTHS
I. BLOOD, PLASMA AND PLATELETS	UP TO \$5,000.00/12 MONTHS
J. SURGERY	UP TO \$1,500.00 PER UNIT OF COVERAGE SEE SCHEDULE OF SURGICAL PROCEDURES 1 UNIT OF COVERAGE
K. ANESTHESIA	UP TO 25% OF SURGERY BENEFIT
L. BONE MARROW OR STEM CELL TRANSPLANT	
1. AUTOLOGOUS TRANSPLANT	UP TO \$500.00/12 MONTHS
2. NON-AUTOLOGOUS TRANSPLANT	UP TO \$1250.00/12 MONTHS
3. NON-AUTOLOGOUS TRANSPLANT FOR THE TREATMENT OF LEUKEMIA	UP TO \$2500.00/12 MONTHS
M. AMBULATORY SURGICAL CENTER	UP TO \$250.00/DAY
N. SECOND SURGICAL OPINION	UP TO \$200.00
O. INPATIENT DRUGS AND MEDICINE	UP TO \$25.00/DAY
P. PHYSICIAN'S ATTENDANCE	UP TO \$50.00/DAY
Q. AMBULANCE	UP TO \$100.00/CONFINEMENT
R. NON-LOCAL TRANSPORTATION	COACH FARE OR \$0.40/MILE
S. OUTPATIENT LODGING	UP TO \$50.00/DAY UP TO \$2,000.00/12 MONTHS
T. FAMILY MEMBER LODGING AND TRANSPORTATION	UP TO \$50.00/DAY COACH FARE OR \$0.40/MILE
U. PHYSICAL OR SPEECH THERAPY	UP TO \$50.00/DAY
V. NEW OR EXPERIMENTAL TREATMENT	UP TO \$5,000.00/12 MONTHS
W. PROSTHESIS	UP TO \$2,000.00/AMPUTATION
X. COMFORT/ANTI-NAUSEA	UP TO \$200.00/YEAR
Y. WAIVER OF PREMIUM	AFTER 90 DAYS]

POLICYHOLDER PROVISIONS

RATE GUARANTEE

A change in premium rate will not take effect before the rate guarantee date shown on page 3. However, we may change premium rates at any time for reasons which affect the risk assumed, including those reasons shown below:

1. a change occurs in this plan design; or
2. a division, subsidiary, or affiliated company is added or deleted; or
3. the number of insureds changes by [25%] or more; or
4. a new law or a change in any existing law is enacted which applies to this plan; or
5. less than [25%] of those eligible for coverage are participating.

We will notify the policyholder in writing at least [30 days] before a premium rate is changed. A change may take effect on an earlier date when both we and the policyholder agree in writing. Rates are guaranteed for 12 months after a premium revision.

PREMIUM INCREASES OR DECREASES

Premium increases or decreases which take effect during a policy month are adjusted and due on the next premium due date following the change. Changes will not be pro-rated daily.

If premiums are paid on other than a monthly basis, premiums for increases and decreases will result in a monthly pro-rated adjustment on the next premium due date.

INFORMATION REQUIRED FROM THE POLICYHOLDER

The policyholder must provide us with the following on a regular basis:

1. information about employees:
 - a. who are eligible to become insured; and
 - b. whose coverage changes; and
 - c. whose coverage ends; and
2. any information that may be required to manage a claim; and
3. any other information that may be reasonably required.

Policyholder records that have a bearing, in our opinion, on this policy will be available for review by us at any reasonable time.

CANCELING POLICY

This policy can be canceled:

1. by us; or
2. by the policyholder.

We may cancel or offer to modify this policy, with at least [31 days] written notice to the policyholder, if:

1. less than [25%] of those eligible for coverage are participating; or
2. this policy has been in effect more than [12] months; or
3. the policyholder does not promptly provide us with information that is reasonably required; or
4. the policyholder fails to perform any of its obligations that relate to this policy; or
5. fewer than [10] employees are insured.

If the premium is not paid during the grace period, the policy will terminate automatically at the end of the grace period. The policyholder is liable for the premium for coverage during the grace period. The policyholder must pay us all premiums due for the full period each plan is in force.

The policyholder may cancel this policy by written notice delivered to us at least [31] days prior to the cancellation date. When both the policyholder and we agree, this policy or a plan can be canceled on an earlier date. If we or the policyholder cancels this policy, coverage will end at 12:00 midnight on the last day of coverage.

Cancellation of coverage by us is without prejudice to any continuous loss that commences while this policy was in force.

GENERAL PROVISIONS

COST OF COVERAGE

[The employer pays the cost of the employee's coverage.]

[The employee and the employer share the cost of coverage.]

[The employee pays the cost of coverage.]

CLASS(ES) OF EMPLOYEES/ELIGIBILITY FOR COVERAGE

The class(es) of employees eligible for coverage are shown on page 3.

ELIGIBILITY OF FAMILY MEMBERS

Family members eligible to be covered persons are:

1. the employee; and
2. the employee's spouse on the employee's effective date; and
3. unmarried children of the employee or the employee's spouse, including adopted children, children during pendency of adoption procedures and stepchildren, who are under 22 years old, or under 26 years old and full-time students at an educational institution of higher learning beyond high school.

A child born to the employee or covered spouse, while this policy is in force as a family policy, will be a covered person. This coverage begins at the moment of birth of such child for benefits otherwise payable to a covered person under this policy. Any person who becomes a family member after the effective date (except newborns) must be added by endorsement. No additional premium will be required for newborns or family members added by endorsement if this policy is in force as a family policy.

Under individual coverage, newborn children are automatically covered from the moment of birth for a period of 31 days. If the employee desires uninterrupted coverage for the newborn child (children), the employee must notify us within 31 days of the child's birth. Upon notification, we will convert the employee's coverage to family coverage and provide notification of the additional premium due. If the employee does not notify us within 31 days of the birth of the child, the temporary automatic coverage ends. If the employee has individual coverage and the employee marries and desires coverage for his or her spouse, the employee must notify us of the marriage within 31 days of the marriage and we will convert the coverage to family coverage and provide notification of the additional premium due.

The provisions of this section also apply to adopted children and children during pendency of adoption proceedings as follows:

1. Coverage is retroactive from the moment of birth for a child with respect to whom a decree of adoption by the employee has been entered within 31 days after the date of birth.
2. If adoption proceedings have been instituted by the employee within 31 days after the date of birth and the employee has temporary custody, coverage must be provided from the moment of birth.
3. For children other than newborns, coverage will begin from the moment of placement.

Coverage must be provided as long as the employee has custody of the child pursuant to decree of the court and required premiums are paid.

For the purpose of this section, "child" means an individual under 19 years of age as of the date of the adoption or placement of adoption. For the purpose of this section, "placement" means the assumption and retention by a person of a legal obligation for total or partial support of a child in anticipation of adoption of the child. The child's placement with a person terminates upon the termination of such legal obligation.

ELIGIBILITY DATE

If the employee is working for the employer in an eligible class, the date such employee is eligible for coverage is the later of:

1. the policy effective date; or
2. the date such employee becomes a member of the eligible class.

WHEN AN ELIGIBLE EMPLOYEE CAN ENROLL OR DISCONTINUE COVERAGE

1. The employee may apply for coverage during:
 - a. his or her initial enrollment period; or
 - b. at any other time, subject to evidence of insurability.
2. The employee may discontinue coverage at any time.

GENERAL PROVISIONS (CONT)

WHEN EVIDENCE OF INSURABILITY IS REQUIRED

Evidence of insurability is required if the employee:

1. voluntarily canceled coverage and is reapplying; or
2. is applying for the coverage at any time after his or her initial enrollment period.

EFFECTIVE DATE OF COVERAGE

Coverage for each eligible employee is effective on the effective date shown on each certificate of insurance.

For any change in an employee's coverage that is subject to evidence of insurability, the change in coverage is effective on the date we approve such change in coverage.

For any change in coverage that is not subject to evidence of insurability, the change in coverage is effective on the date we receive such request for change in coverage.

CERTIFICATE OF COVERAGE

We will issue certificates of coverage to the policyholder for delivery to each employee. The certificate will provide a description of the coverage provided by this policy and will state:

1. the benefits provided under the group policy; and
2. to whom benefits are payable; and
3. the limitations, exclusions and requirements that apply to coverage under the policy.

If there is any discrepancy between the provisions of any certificate and the provisions of this policy, the provisions of this policy govern.

ABSENT FROM WORK ON THE DATE COVERAGE WOULD NORMALLY BEGIN

If the employee is absent from work due to injury, sickness, temporary layoff or leave of absence, coverage for that employee begins on the date he or she returns to active employment. This applies to an employee's initial coverage, as well as any increase or addition to coverage that occurs after such employee's initial coverage is effective.

TERMINATION OF COVERAGE

The employee's coverage under the policy ends on the earliest of:

1. the date the policy is canceled; or
2. the last day of the period for which such employee made any required contributions; or
3. the last day such employee is in active employment; or
4. the date such employee is no longer in an eligible class; or
5. the date such employee's class is no longer eligible.

We will provide coverage for a payable claim that occurs while the employee is covered under the policy.

If the employee's spouse is a covered person, the spouse's coverage ends upon valid decree of divorce or death of the covered employee.

If the employee's child is a covered person, the child's coverage ends on the policy anniversary next following the date the child is no longer eligible. This is the earlier of: (a) when the child marries; or (b) reaches age 22 (26 if a full-time student attending an educational institution of higher learning beyond high school). Coverage does not terminate on an unmarried child who:

1. is incapable of self-sustaining employment by reason of mental or physical incapacity; and
2. became so incapacitated prior to the attainment of the limiting age of eligibility under this policy; and
3. is chiefly dependent upon the employee for support and maintenance.

Dependent coverage continues as long as this policy remains in force and the dependent remains in such condition. Proof of the incapacity and dependency of the child must be furnished within 60 days of the child's attainment of the limiting age of eligibility. Thereafter, such proof must be furnished as frequently as may be required, but no more frequently than annually after the child's attainment of the limiting age for eligibility.

If we accept a premium for coverage extending beyond the date, age or event specified for termination as to a covered person, then coverage continues during the period for which such premium was accepted. This does not apply where such acceptance was based on a misstatement of age.

AGENCY

For purposes of the policy, the policyholder acts on its own behalf or as the employee's agent. Under no circumstances will the policyholder be deemed our agent.

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GENERAL PROVISIONS (CONT)

CONVERSION PRIVILEGE

If the coverage of a covered employee terminates for reasons other than non-payment of premium, or if coverage of a spouse covered under this policy terminates due to divorce or death of the covered employee, or if coverage of a covered child terminates due to the child becoming married or reaching age 22 (26 if a full-time student), such covered person can obtain a policy of insurance (called the converted policy), without evidence of insurability. Obtaining that policy is subject to the following conditions:

1. Application for the converted policy must be made to us within 31 days (within 60 days of final divorce decree in case of divorce) after the coverage terminates. The effective date of the converted policy will be the date on which coverage under this policy terminates.
2. The converted policy premium is at the rate for the class of risk at the applicant's age for insurance provided as of the date of the conversion.
3. Any conditions excluded in this policy are excluded in the converted policy. No other pre-existing conditions are excluded. The Pre-Existing Condition Limitation and Contestability provisions are waived to the extent that such periods have been met under this policy. Benefits payable to the applicant under the converted policy are reduced by benefits payable under this policy.
4. The converted policy will be a similar policy or a policy providing lesser benefits at the applicant's option.

When conversion is due to divorce, other dependents covered under this policy may be covered under such new policy or under this policy as the employee and his former spouse may elect. They may not be covered under both policies.

If either this policy or a new policy is in force on the employee or his former spouse, and either of them re-marry, such new spouse may be covered under the appropriate policy. We must be advised of the re-marriage by the completion of a new application for such new spouse. This new application is subject to our approval. The employee or his former spouse must pay the premiums appropriate to such new policy in order to have it issued and maintained in force.

GRACE PERIOD

The policyholder is entitled to a grace period of 31 days for the payment of any premium due except for the first premium. The policy continues in force during the grace period, unless the policyholder gives us written notice of discontinuance in advance of the date of discontinuance and in accordance with the terms of this policy. The policyholder is liable to us for the payment of any pro rata premium for the time the policy is in force during a grace period.

ENTIRE CONTRACT

The contract consists of the following items:

1. the group policy; and
2. any amendments and endorsements; and
3. the applications and other written statements of the policyholder; and
4. the individual applications, enrollment forms, and evidences of insurability of the covered persons.

Any statements made by the policyholder or by a covered person, in the absence of fraud, are representations and not warranties. Only written statements signed by the policyholder or the covered person will be used in defense of a claim. A copy of any written statement, if applicable, will be furnished to the policyholder or the covered person or his beneficiary, if any, if a claim is denied based upon such a statement.

CONTESTABILITY

After 2 years from the effective date of this policy, no misstatement of the policyholder, made in any applications, can be used to void the policy. After 2 years from the effective date of any covered person's coverage no misstatement of a covered person, made in writing, can be used to void coverage or deny a claim for loss incurred.

CLERICAL ERROR

Clerical error on the part of the policyholder or us will not invalidate insurance otherwise in force nor continue insurance otherwise terminated. Upon discovery of any error, an adjustment will be made in the premiums. Complete proof must be supplied by the policyholder documenting any clerical errors.

LEGAL ACTION

No legal action may be brought to obtain benefits under the policy:

1. for at least 60 days after proof of loss has been furnished; or
2. after the expiration of 3 years from the time written proof of loss is required to have been furnished.

LIMITATIONS / EXCEPTIONS

A. PRE-EXISTING CONDITION LIMITATION

We do not pay for any loss due to a pre-existing condition as defined during the 12 month period beginning on the date that person became a covered person.

B. OTHER LIMITATIONS AND EXCEPTIONS

We do not pay for any loss except for losses due directly from cancer or a specified disease and any other conditions or diseases caused or aggravated by cancer or a specified disease. Diagnosis must be submitted to support each claim.

(This space intentionally left blank.)

BENEFITS INFORMATION

PAYMENT OF BENEFITS

If cancer or a specified disease is diagnosed on or after the covered person's effective date, we pay according to the benefits provisions in this policy, subject to the Limitations/Exceptions provision and all other provisions contained in this policy.

If cancer or a specified disease is diagnosed while the covered person is hospital confined, benefits begin retroactively to the day of admission or 10 days prior to the date of diagnosis if this is more favorable.

If positive diagnosis is made for cancer or a specified disease within 12 months after a tentative diagnosis, benefits are paid from the date of tentative diagnosis if the tentative diagnosis is made on or after the effective date, subject to the Pre-existing Condition Limitation provision.

If a covered person dies while an inpatient in a hospital and cancer or a specified disease is not diagnosed until after the covered person's death, benefits will begin retroactively to the day of admission, up to a maximum of 30 days prior to death.

SCHEDULE OF BENEFITS

We pay the following benefits for the necessary treatment of cancer or a specified disease, and for any other condition directly caused or aggravated by the cancer or specified disease. Treatment must be received in the United States or its territories.

For those benefits for which we pay actual charges up to a specified maximum amount, except benefits H, I, L, V. and W., if specific charges are not obtainable as proof of loss, we will pay 50% of the applicable maximum for the benefits payable.

No benefits are payable for the treatment of cancer or a specified disease except those expressly stated in this Schedule of Benefits.

- A. **Continuous Hospital Confinement.** If a covered person is admitted to and confined as an inpatient in a hospital for the treatment of cancer or specified disease, we pay the amount shown on page 3A per day for each day. The maximum number of days payable is 70 days for each period of continuous hospital confinement.
- B. **Extended Benefits.** If a covered person is confined in a hospital for the treatment of cancer or a specified disease for more than 70 days of continuous hospital confinement, we pay actual charges up to the amount shown on page 3A per day for: hospital room and board; medicine; laboratory tests; and other hospital charges. This benefit begins on the 71st day of continuous hospital confinement. This benefit is payable in lieu of all other benefits payable during the continuous hospital confinement beginning on the 71st day under the Schedule of Benefits (except the Waiver of Premium Benefit). This benefit continues as long as the covered person is continuously hospital confined.
- C. **Government or Charity Hospital.** In lieu of all other benefits in this policy (except the Waiver of Premium Benefit), we pay the amount shown on page 3A per day for each day a covered person is confined to: 1.) a hospital operated by or for the U.S. Government (including the Veteran's Administration); or 2.) a hospital that does not charge for the services it provides (charity). The confinement must be for the treatment of cancer or specified disease.
- D. **Private Duty Nursing Services.** While a covered person is an inpatient receiving cancer or specified disease treatment, we pay the actual charges, up to the amount shown on page 3A per day if such covered person requires the full-time services of a private nurse. Full-time means at least 8 hours of attendance during a 24 hour period. These services must be required and authorized by a physician for cancer or specified disease treatment and must be provided by a nurse.
- E. **Extended Care Facility.** We pay actual charges up to the amount shown on page 3A per day for each day a covered person is confined in an extended care facility for the treatment of cancer or specified disease. Confinement in the extended care facility must be at the direction of the attending physician and must begin within 14 days after a covered hospital confinement. This benefit is limited to the number of days of the previous continuous hospital confinement.
- F. **At Home Nursing.** While a covered person is receiving treatment for cancer or specified disease, we pay actual charges up to the amount shown on page 3A per day for private nursing care and attendance by a nurse at home. At home nursing services must be required and authorized by the attending physician and must begin within 14 days after a covered confinement as an inpatient in a hospital. This benefit is limited to the number of days of the previous continuous hospital confinement.

BENEFITS INFORMATION (CONT)

G. Hospice Care. When a covered person is:

1. diagnosed with cancer or a specified disease; and
2. determined by a physician to be terminally ill as a result of cancer or a specified disease; and
3. expected to live 6 months or less;

we pay one of the following two benefits for hospice care:

- (1) *Freestanding Hospice Care Center.* We pay actual charges up to the amount shown on page 3A per day for confinement in a licensed freestanding hospice care center. The covered person must be diagnosed by a physician as terminally ill and the attending physician must approve the confinement. This benefit is payable only if a covered person is admitted to a freestanding hospice care center within 14 days after a period of inpatient hospital confinement. Benefits payable for hospice centers that are designated areas of hospitals will be paid the same as inpatient hospital confinement; or
- (2) *Hospice Care Team.* We pay actual charges up to the amount shown on page 3A per visit, limited to 1 visit per day, for home care services by a hospice care team. Home care services are hospice services provided in the patient's home. This benefit is payable only if: the covered person has been diagnosed as terminally ill; and the attending physician has approved such services; and home care services begin within 14 days after a period of hospital confinement. We do not pay for: food services or meals other than dietary counseling; or services related to well-baby care; or services provided by volunteers; or support for the family after the death of the covered person.

H. Radiation/Chemotherapy. We pay actual charges, up to the limit stated below for radiation therapy and chemotherapy received by a covered person as part of treatment for cancer or a specified disease.

This benefit is limited to the amount shown on page 3A per 12 month period beginning with the first day of benefit under this provision. Administration of radiation therapy or chemotherapy other than by medical personnel in a physician's office or hospital, including medications dispensed by a pump, will be limited to the costs of the drugs only, subject to the maximum amount payable per 12 month period explained above.

We only pay this benefit for cancer or specified disease treatment consisting of:

1. cancericidal chemical substances for the purpose of modification or destruction of cancer or a specified disease; and
2. X-ray radiation; and
3. radium and cesium implants; and
4. cobalt.

This benefit does not pay for: treatment planning; or treatment consultation; or treatment management; or the design and construction of treatment devices; or basic radiation dosimetry calculation; or any type of laboratory tests; or X-ray or other imaging used for diagnosis or disease monitoring; or the diagnostic tests related to these treatments. This benefit also does not pay for any devices or supplies including intravenous solutions and needles related to these treatments.

I. Blood, Plasma and Platelets. We pay actual charges, up to the limit stated below, for:

1. blood, plasma and platelets (including transfusions and administration charges); and
2. processing and procurement costs; and
3. cross-matching;

received by a covered person in conjunction with cancer or specified disease treatment. This benefit is limited to the amount shown on page 3A per 12 month period beginning with the first day of benefit under this provision. We do not pay for blood replaced by donors.

BENEFITS INFORMATION (CONT)

J. Surgery. When surgery is performed on a covered person:

1. for the purpose of treating a diagnosed cancer or specified disease; or
2. for the purpose of diagnosing cancer or specified disease and that surgery results in a diagnosis of cancer or specified disease; or
3. that is the first surgery performed subsequent to a diagnosis of cancer or specified disease that is performed for the purpose of verifying the complete removal of the cancer or specified disease.

We pay the actual charges, up to the amount listed in the Schedule of Surgical Procedures for the specific procedure per unit of coverage shown on page 3A. If any surgical procedure for the treatment or diagnosis of a cancer or specified disease other than those listed in the Schedule of Surgical Procedures is performed, we pay the actual charges, up to the unit value for the surgical procedure as set forth in the 1964 California Relative Value Schedule (C.R.V.S.) multiplied by \$10.00 per unit of coverage. If the surgical procedure has no unit value or is not shown in the 1964 C.R.V.S., we pay the actual charges, up to an amount we reasonably determine to be consistent (based upon relative difficulty) with the Schedule of Surgical Procedures per unit of coverage. Two or more procedures performed at the same time through one incision or entry point are considered one operation; we pay the amount for the procedure with the greatest benefit. Payment will never exceed the maximum per unit of coverage. Surgery performed on an outpatient basis is paid at 150% of the scheduled benefit. This benefit does not pay for surgeries covered by other benefits in this Schedule of Benefits.

K. Anesthesia. We pay actual charges of an anesthetist not to exceed 25% of the amount paid for the Surgery Benefit (benefit J.) for anesthesia received.

L. Bone Marrow or Stem Cell Transplant. We pay the amounts shown on page 3A for the following types of bone marrow or stem cell transplants performed on a covered person for cancer or specified disease treatment:

1. A transplant which is other than non-autologous.
2. A transplant which is non-autologous for the treatment of cancer or specified disease other than Leukemia.
3. A transplant which is non-autologous for the treatment of Leukemia.

This benefit is payable only once per covered person per calendar year.

A non-autologous transplant is an allogeneic or syngeneic graft from one human being to another.

M. Ambulatory Surgical Center. We pay the actual charges for the use of an ambulatory surgical center, up to the amount shown on page 3A for a surgical procedure covered under the Surgery Benefit (benefit J.) that is performed at an ambulatory surgical center.

N. Second Surgical Opinion. If surgery is recommended by a physician due to the diagnosis of cancer or specified disease and the covered person chooses to obtain the opinion of a second physician, we pay the actual charges for the second opinion, up to the amount shown on page 3A. This second opinion must be rendered prior to surgery being performed; and obtained from a physician not in practice with the physician rendering the original recommendation.

O. Inpatient Drugs and Medicine. We pay actual charges made by the hospital for drugs and medicine, related to cancer or specified disease treatment, while hospital confined up to the amount shown on page 3A per day, for each day of continuous hospital confinement. This benefit does not pay for drugs and/or medicine covered under the Radiation/Chemotherapy Benefit (benefit H).

P. Physician's Attendance. We pay actual charges for a visit by a physician while a covered person is receiving cancer or specified disease treatment during hospital confinement up to the amount shown on page 3A per day. This benefit is limited to one visit by one physician per day of hospital confinement. A visit means personal attendance by the physician. Admission to the hospital as an inpatient is required.

Q. Ambulance. We pay actual charges up to the amount shown on page 3A per continuous hospital confinement for transportation by a licensed ambulance service or a hospital owned ambulance to or from a hospital in which the covered person is confined for cancer or specified disease treatment.

BENEFITS INFORMATION (CONT)

- R. Non-Local Transportation.** We pay the following benefit for cancer or specified disease treatment at a hospital (inpatient or outpatient); or radiation therapy center; or chemotherapy or oncology clinic; or any other specialized freestanding treatment center nearest to the covered person's home, provided the same or similar treatment cannot be obtained locally: 1.) actual cost of round trip coach fare on a common carrier; or 2.) the amount shown on page 3A, up to 700 miles, for round trip personal vehicle transportation. Mileage is measured from the covered person's home to the nearest treatment facility as described above. "Non-Local" means a round trip of more than 70 miles from the covered person's home to the nearest treatment facility. We do not pay for: transportation for someone to accompany or visit the person receiving treatment; visits to a physician's office or clinic; or for services other than actual treatment.
- S. Outpatient Lodging.** We pay a daily lodging benefit when a covered person receives radiation or chemotherapy treatment for cancer or specified disease (benefit H.) on an outpatient basis, provided the specific treatment is authorized by the attending physician and cannot be obtained locally. The benefit is the actual cost of a single room in a motel, hotel, or other accommodations acceptable to us, up to the amount shown on page 3A per day during treatment. This benefit is limited to the amount shown on page 3A per 12 month period beginning with the first day of benefit under this provision. Outpatient treatment must be received at a treatment facility more than 100 miles from the covered person's home.
- T. Family Member Lodging and Transportation.** We pay the following benefits for one adult member of the covered person's family to be near the covered person, when a covered person is confined in a non-local hospital for specialized treatment for cancer or specified disease:
1. *Lodging* - The actual cost of a single room in a motel, hotel, or other accommodations acceptable to us, up to the amount shown on page 3A per day. This benefit is limited to 60 days for each period of continuous hospital confinement; and
 2. *Transportation* - The actual cost of round trip coach fare on a common carrier or a personal vehicle allowance of the amount shown on page 3A per mile, up to 700 miles per continuous hospital confinement. Mileage is measured from the visiting family member's home to the hospital where the covered person is confined. We do not pay the Family Member Transportation Benefit if the personal vehicle transportation benefit is paid under the Non-Local Transportation Benefit (benefit R.), when the family member lives in the same city or town as the covered person.
- U. Physical or Speech Therapy.** We pay actual charges up to the amount shown on page 3A per day, for physical or speech therapy for restoration of normal body function.
- V. New or Experimental Treatment.** We pay actual charges, up to the limit stated below, for new or experimental treatment for cancer or specified disease when:
1. the treatment is judged necessary by the attending physician; and
 2. no other generally accepted treatment produces superior results in the opinion of the attending physician.
- This benefit is limited to the amount shown on page 3A per 12 month period beginning with the first day of treatment under this provision. This benefit does not pay if benefits are payable for treatment covered under any other benefit in this Schedule of Benefits.
- W. Prosthesis.** We pay actual charges up to the amount shown on page 3A for prosthetic devices which are prescribed as a direct result of surgery for cancer or specified disease treatment and which require surgical implantation. This benefit is limited to the amount shown on page 3A per covered person, per amputation.
- X. Comfort/Anti-Nausea Benefit.** We pay the actual charges, up to the amount shown on page 3A per calendar year for anti-nausea medication prescribed for a covered person by a physician in conjunction with cancer or specified disease treatment. We will not pay this benefit for medication administered while the covered person is an inpatient.
- Y. Waiver of Premium.** If, while this coverage is in force, the employee becomes disabled due to cancer first diagnosed after the effective date of coverage and remains disabled for 90 days, we pay premiums due after such 90 days for as long as the employee remains disabled. The term "disabled" means that the employee is:
1. unable to work at any job for which the employee is qualified by education, training or experience; and
 2. not working at any job for pay or benefits; and
 3. under the care of a physician for the treatment of cancer.

OPTIONAL BENEFIT(S)

[Cancer Initial Diagnosis. We pay a one-time benefit when a covered person is diagnosed for the first time as having cancer other than skin cancer. The first diagnosis must occur after the effective date of coverage for that covered person. The benefit is the amount shown on page 3. The benefit is payable only once per covered person.]

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OPTIONAL BENEFIT(S)

[Intensive Care Unit.

- A. **Confinement.** We pay the amount shown on page 3 for each day of continuous hospital intensive care unit confinement in a hospital intensive care unit for up to 45 days for each period of such confinement. A day is a 24 hour period. If confinement is for only a portion of a day, then a pro-rata share of the daily benefit is paid. We do not pay for intensive care if a covered person is admitted because of:
1. an attempted suicide; or
 2. intentional self-inflicted injury; or
 3. intoxication or being under the influence of drugs not prescribed or recommended by a physician; or
 4. alcoholism or drug addiction.

We do not pay for confinements in any care unit that does not qualify as a hospital intensive care unit. Progressive care units, sub-acute intensive care units, intermediate care units, and private rooms with monitoring, step down units and any other lesser care treatment units do not qualify as hospital intensive care units.

We do not pay this benefit for continuous hospital intensive care unit confinements that occur during a hospitalization that begins before the effective date of coverage.

Children born within 10 months of the effective date are not covered for any continuous hospital intensive care unit confinement that occurs or begins during the first 30 days of such child's life.

- B. **Ambulance.** We pay the actual charges, for transportation of a covered person by licensed air or surface ambulance service to a hospital for admission to an intensive care unit for a covered confinement. We do not pay this benefit if an ambulance benefit is paid under the Ambulance Benefit (benefit Q.) in the Schedule of Benefits.]

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SCREENING BENEFITS

- I. **Mammography Benefit.** We pay the greater of the actual charges or \$70 for a covered person as follows: a) baseline mammography for women ages 35 to 39, inclusive; and b) mammography every 2 years, or more frequently upon physician's recommendation for women ages 40 to 49, inclusive; and c) annual mammography for women ages 50 and older.
- II. **Cervical Cancer Screening Benefit.** We pay the greater of the actual charges or \$50 for an annual cervical cancer screening test. This benefit is limited to one test per covered person, per calendar year.
- III. **Miscellaneous Screening Benefit.** We pay this benefit if a covered person has one of the following cancer screening tests performed. We pay \$50 per calendar year, per covered person, for any one of the following cancer screening tests. We pay this benefit regardless of the result of the test.

The eligible screening tests under this benefit are:

- A. Bone marrow testing; and
- B. CA15-3 (cancer antigen 15-3 – blood test for breast cancer); and
- C. CA125 (cancer antigen 125 – blood test for ovarian cancer); and
- D. CEA (carcinoembryonic antigen – blood test for colon cancer); and
- E. Chest X-ray; and
- F. Colonoscopy; and
- G. Flexible sigmoidoscopy; and
- H. Hemocult stool analysis; and
- I. PSA (prostate specific antigen – blood test for prostate cancer); and
- J. Serum Protein Electrophoresis (test for myeloma).

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**SCHEDULE OF SURGICAL PROCEDURES
PER UNIT OF SURGERY COVERAGE**

SURGICAL PROCEDURE	PROCEDURE CODE FOR 1964 C.R.V.S	PER UNIT OF SURGERY COVERAGE
BRAIN		
Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma.....	61510	\$1,250.00
Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial	61512	\$1,500.00
Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion.....	61575	\$1,250.00
Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computerized axial tomography.....	61751	\$1,400.00
BREAST		
Biopsy of breast; needle core (separate procedure)	19100	\$ 25.00
Biopsy of breast; incisional.....	19101	\$ 150.00
Excision of malignant tumor (except 19140), male or female, one or more lesions	19120	\$ 150.00
Mastectomy, partial.....	19160	\$ 150.00
Mastectomy, simple, complete.....	19180	\$ 300.00
Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	19240	\$ 600.00
DIGESTIVE SYSTEM		
Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with collection of specimen(s) by brushing or washing (separate procedure)	43235	\$ 150.00
Gastrectomy, total; with esophagoenterostomy	43620	\$1,000.00
Colectomy, partial; with anastomosis	44140	\$ 800.00
Proctectomy; complete, combined abdominoperineal, with colostomy, one or two stages.....	45110	\$1,000.00
Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure).....	45378	\$ 280.00
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique.....	45385	\$ 500.00
EXTERNAL GENITALIA		
FEMALE		
Vulvectomy, simple; partial.....	56620	\$ 400.00
Vulvectomy, simple; complete	56625	\$ 550.00
Vulvectomy, radical, partial.....	56630	\$ 800.00
Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy.....	56640	\$1,000.00

SCHEDULE OF SURICAL PROCEDURES (CONT)
PER UNIT OF SURGERY COVERAGE

SURGICAL PROCEDURES	PROCEDURE CODE FOR 1964 C.R.V.S	PER UNIT OF SURGERY COVERAGE
EXTERNAL GENITALIA (CONT)		
MALE		
Biopsy of testis, needle (separate procedure)	54500	\$ 20.00
Orchiectomy, radical, for tumor; inguinal approach.....	54530	\$ 400.00
LIVER		
Biopsy of liver; percutaneous needle.....	47000	\$ 50.00
Biopsy of liver, wedge (separate procedure)	47100	\$ 400.00
Hepatectomy, resection of liver; partial lobectomy	47120	\$ 800.00
LUNG		
Bronchoscopy; with biopsy	31625	\$ 200.00
Biopsy, lung or mediastinum, percutaneous needle.....	32405	\$ 50.00
Removal of lung, total pneumonectomy	32440	\$1,000.00
MUSCULOSKELETAL		
Biopsy, bone, trocar or needle; superficial (e.g., ilium, sternum, spinous process, ribs)	20220	\$ 50.00
Excision of tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular	21556	\$ 100.00
Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	63275	\$1,000.00
PROSTATE		
Transurethral resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	52601	\$ 800.00
Prostatectomy, perineal; subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	55801	\$ 800.00
Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphaden- ectomy, including external iliac, hypogastric and obturator nodes	55845	\$1,300.00
SKIN		
Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed (separate procedure); single lesion (pathology report required).....	11100	\$ 30.00
Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed (separate procedure); each separate/additional lesion (pathology report required)	11101	\$ 15.00

SCHEDULE OF SURGICAL PROCEDURE (CONT)
PER UNIT OF SURGERY COVERAGE

SURGICAL PROCEDURE	PROCEDURE CODE FOR 1964 C.R.V.S	PER UNIT OF SURGERY COVERAGE
SKIN (CONT)		
Excision, malignant lesion, trunk, arms, or legs; lesion diameter 0.5 cm. or less.....	11600	\$ 60.00
Excision, malignant lesion, trunk, arms, or legs; lesion diameter 2.1 to 3.0 cm.....	11603	\$ 120.00
Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm. or less.....	11620	\$ 100.00
Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm.....	11623	\$ 250.00
Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 0.5 cm. or less.....	11640	\$ 150.00
Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 2.1 to 3.0 cm.....	11643	\$ 300.00
Chemosurgery (Mohs' micrographic technique); first state, fresh tissue technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, and microscopic examination of specimens by the surgeon, of up to 5 specimens.....	17304	\$ 200.00
UTERUS		
Colposcopy (vaginocopy); with biopsy(s) of the cervix and/or endocervical curettage.....	57454	\$ 60.00
Endometrial and/or endocervical sampling (biopsy), without cervical dilation, any method (separate procedure).....	58100	\$ 30.00
Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical).....	58120	\$ 150.00
Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s).....	58150	\$ 600.00
Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tubes(s), with or without removal of ovary(s).....	58210	\$1,000.00
Vaginal hysterectomy.....	58260	\$ 600.00
VASCULAR INJECTION PROCEDURES		
Placement of central venous catheter for therapeutic reasons (subclavian, jugular, or other vein) (e.g., for hyperalimentation, hemodialysis, or chemotherapy); percutaneous, over age 2.....	36489	\$ 100.00
Insertion of implantable venous access port, with or without subcutaneous reservoir.....	36533	\$ 400.00
Removal of implantable venous access port and/or subcutaneous reservoir.....	36535	\$ 150.00

CONTINUITY OF COVERAGE

IF THE EMPLOYEE IS NOT IN ACTIVE EMPLOYMENT WHEN THE EMPLOYER CHANGES GROUP INSURANCE CARRIERS TO AMERICAN HERITAGE LIFE

When the plan becomes effective, we provide coverage for an employee if:

1. he or she is not in active employment due as a result of cancer; and
2. he or she was covered by the prior group policy when it terminated; and
3. the prior group policy provided coverage for cancer.

Such coverage is subject to payment of premium.

Benefits under this provision will be limited to the amount that would have been paid by the prior carrier. We reduce benefits by any amount for which the prior carrier is liable.

IF AN EMPLOYEE HAS A LOSS DUE TO A PRE-EXISTING CONDITION AND THE EMPLOYER CHANGES GROUP INSURANCE CARRIERS TO AMERICAN HERITAGE LIFE

We may pay benefits if an employee's loss results from a pre-existing condition if the employee was:

1. in active employment and insured under this plan on its effective date; and
2. insured by the prior group policy when it terminated.

The prior group policy's coverage must be substantially similar to this plan and have been in effect within 60 days of this plan's effective date in order for this provision to apply.

In order to receive benefits the employee must satisfy the pre-existing condition provision under:

1. the American Heritage Life plan; or
2. the prior carrier's plan, if benefits would have been paid had that policy remained in force.

If such employee does not satisfy item 1 or 2 above, we will not pay any benefits.

If such employee satisfies either item 1 or 2, we will determine our payments according to the American Heritage Life policy provisions.

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CLAIMS INFORMATION

NOTICE OF CLAIM

We encourage the employee to notify us of claim as soon as possible so that a claim decision can be made in a timely manner. Written notice of claim must be given to us within 20 days after the occurrence or commencement of any loss covered by this policy, or as soon as is reasonably possible. Notice given by or on behalf of the employee or the beneficiary to us at 1776 American Heritage Life Drive, Jacksonville, Florida 32224-6688, or to any authorized agent of ours, with the employee's name and certificate number, is notice to us.

The claim form is available from the employer, or he or she can request a claim form from us. If he does not receive the form from American Heritage Life within 15 days of his request, he may send American Heritage Life written proof of claim without waiting for the form.

FILING A CLAIM

The employee and the employer must fill out their own sections of the claim form and then give it to the attending physician. The physician should fill out his or her section of the form and send it directly to American Heritage Life.

PROOF OF CLAIM

If this policy provides for periodic payment of a continuing loss, written proof of loss must be furnished to us within 90 days after the end of each period for which we are liable. For any other loss, written proof must be given to us within 90 days after each loss. If it is not possible to give us written proof in the time required, we will not reduce or deny any claim for this reason, as long as the proof is filed as soon as reasonably possible. In any event, the proof required must be given to us no later than 1 year from the time specified unless the employee is legally incapacitated.

PHYSICAL EXAMINATION AND AUTOPSY

We have the right, at our own expense, to have any covered person examined by a physician of our choosing, as often as may be reasonably required while a claim is pending. We may have an autopsy performed during the period of contestability, where it is not forbidden by law.

PAYMENT OF CLAIMS

After receiving written proof of loss, we pay all benefits then due under this policy. Benefits for any other loss covered by this policy are paid as soon as we receive proper written proof.

We will make payments to the employee unless he or she assigns such payments. Any amounts unpaid at the employee's death may, at our option, be paid either to the named beneficiary or to the employee's estate.

If benefits are payable to the employee's estate or a beneficiary who cannot execute a valid release, we can pay benefits up to \$1,000, to someone related to the employee or beneficiary by blood or marriage whom we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

ASSIGNMENT

An assignment of the coverage under this policy is not binding on us, unless:

1. it is a written request; and
2. it is received and recorded by us at our home office.

We are not responsible for the validity of any assignment. An assignment is subject to any payment we make or other action we take before we record the assignment. An assignment may not change the owner or beneficiary.

OVERPAID CLAIM

We have the right to recover any overpayments due to:

1. fraud; or
2. any error we make in processing a claim.

The employee must reimburse us in full. We will work with such employee to develop a reasonable method of repayment if he is financially unable to repay us in a lump sum.

We will not recover more money than the employee was paid.

CLAIMS INFORMATION

CLAIM REVIEW

If a claim is denied, we will give written notice of:

1. the reason for denial; and
2. the policy provision that relates to the denial; and
3. the employee's right to ask for a review of his or her claim; and
4. any additional information that might allow us to change our decision.

The employee may, upon written request, read any reports that are not confidential. For a small fee, we will make copies of those reports for the employee's use.

APPEALS PROCEDURE

Prior to filing any lawsuit and within 60 days after denial of a claim, the employee or his or her beneficiary must appeal any denial of benefits under the policy by making a written request for review of the denial.

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GLOSSARY

Active Employment. Means the employee is working for the employer for earnings that are paid regularly and that he or she is performing the material and substantial duties of his or her regular occupation. The employee must be working at least the minimum number of hours as described under Eligible Class(es) in each plan.

The employee's work site must be:

1. the employer's usual place of business; or
2. an alternative work site at the direction of the employer; or
3. a location to which the job requires such employee to travel.

Normal vacation is considered active employment. Temporary and seasonal workers are excluded from coverage.

Ambulatory Surgical Center. A licensed surgical center consisting of: an operating room; facilities for the administration of general anesthesia; and a post surgery recovery room that the patient is admitted to and discharged from within the same working day. This includes an ambulatory surgical center that is a part of a hospital.

Autologous Bone Marrow Transplant. A procedure in which bone marrow is removed from a patient, stored, and then given back to the patient following intensive treatment.

Bone Marrow Transplant. A procedure to replace bone marrow destroyed by treatment with high doses of anticancer drugs or radiation. A transplant may be autologous (the person's own marrow saved before treatment), allogeneic (marrow donated by someone else), or syngeneic (marrow donated by an identical twin).

Cancer. The disease manifested by the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells in any part of the body. This includes: Hodgkin's Disease; leukemia; lymphoma; carcinoma; sarcoma; or malignant tumor. It does not include other conditions which may be considered precancerous, such as: leukoplakia; actinic keratosis; carcinoid; hyperplasia; polycythemia; nonmalignant melanoma; moles; or similar diseases or lesions.

Common Carrier. Only the following: commercial airlines or; passenger trains; or intercity buslines. It does not include taxis; or intracity buslines; or private charter planes.

Continuous Hospital Confinement. One continuous confinement or two or more hospital confinements not separated by more than 30 days. If there are more than 30 days between confinements, they are considered separate confinements.

Continuous Hospital Intensive Care Unit Confinement. One continuous confinement or two or more hospital intensive care unit confinements not separated by more than 30 days. If there are more than 30 days between confinements, they are considered separate confinements.

Covered Person. Any of the following:

1. any eligible family member (including the employee) named in the enrollment form or evidence of insurability form and acceptable for coverage by us; or
2. any eligible family member added by endorsement after the effective date; or
3. a newborn child.

Date of Diagnosis. The earliest of the date of: tentative diagnosis; or clinical diagnosis; or the day the tissue specimen, culture(s) and/or titer(s) are taken, upon which the positive or tentative diagnosis of cancer or specified disease is made.

Employee. Means a person who is a citizen or resident of the United States or one of its territories in active employment with the employer.

Employer. Means the individual, company or corporation where the employee is in active employment, and includes any division, subsidiary, or affiliated company named in the policy.

Evidence of Insurability. Means a statement of the employee's medical history which we will use to determine if he or she is approved for coverage. Evidence of insurability will be provided at the employee's expense.

Extended Care Facility. A licensed nursing facility under the direction of a physician which provides continuous skilled nursing service under the supervision of a graduate registered nurse (R.N.) and maintains daily medical records on each patient. It does not include any institution, or part thereof, used primarily as a place for the aged, drug addicts, alcoholics, or rest.

GLOSSARY (CONT)

Freestanding Hospice Care Center. A center which is not a hospital, a wing, or section of a hospital, providing 24 hour a day care for the terminally ill under the medical direction of a physician.

Grace Period. Means the period of time following the premium due date during which premium payment may be made.

Hospital. A legally operated institution with established facilities (either on its premises or available to the hospital on a contractual, pre-arranged basis and under the supervision of a staff of one or more duly licensed physicians), for the care and treatment of sick and injured persons for diagnosis, surgery, and 24 hour nursing service. Hospital does not include:

1. any institution which is mainly a rest home, nursing home, convalescent home, or home for the aged; or
2. any institution which is mainly for the care and treatment of alcoholics or drug addicts, or mental or nervous disorders.

Hospital Intensive Care Unit. A hospital area of special care including cardiac or coronary care units, which at the time of admission is separate and apart from the surgical recovery room, other rooms, beds, or wards normally used for patient confinement. In addition the unit must provide the following:

1. 24 hour continuous nursing care attended by nurses assigned to the unit on a full time basis; and
2. direction and/or supervision by a full time physician director or a standing "intensive care" committee of the medical staff; and
3. special medical apparatus used to treat the critically ill.

Initial Enrollment Period. Means one of the following periods during which the employee may first apply in writing for coverage under this policy:

1. if the employee is eligible for coverage on the policy effective date, a period before the policy effective date as set by American Heritage Life and the employer; or
2. if the employee becomes eligible for coverage after the policy effective date, the period ending 31 days after the date he or she is first eligible to apply for coverage.

Insured. The person accepted for coverage by us who has completed and signed the enrollment form or evidence of insurability and whose name appears on the Certificate Specification Page.

Intoxication. A temporary state of being as determined by the laws of the state in which the loss occurred.

Material and Substantial Duties. Means duties that:

1. are normally required for the performance of the employee's regular occupation; and
2. ~~cannot be reasonably omitted or modified, except that if the employee is required to work on average in excess of 40 hours per week,~~ American Heritage Life will consider the employee able to perform that requirement if he or she is working or has the capacity to work 40 hours per week.

Nurse. Any one of the following who is not a member of the covered person's immediate family or employed by the hospital where the covered person is confined:

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

Oncologist. A legally licensed Doctor of Medicine certified to practice in the field of Oncology.

Pathologist. A legally licensed Doctor of Medicine certified by the American Board of Pathology to practice Pathological Anatomy.

Payable Claim. Means a claim for which we are liable under the terms of this policy.

Physician. Means:

1. a person performing tasks that are within the limits of his or her medical license; and
2. a person who is licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
3. a person who is a legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

We will not recognize the employee, his or her spouse, children, parents, or siblings as a physician for a claim.

Plan. Means a line of coverage under the policy.

Policyholder. Means the employer to whom the policy is issued.

Positive Diagnosis (of cancer). A diagnosis by a licensed doctor of medicine certified by the American Board of Pathology to practice Pathological Anatomy, or an Osteopathic Pathologist. Diagnosis is based on a microscopic examination of fixed tissue, or preparations from the hemic system (except for skin cancer). We accept clinical diagnosis of cancer as evidence that cancer existed in a covered person when a pathological diagnosis cannot be made, provided medical evidence substantially documents the diagnosis and the covered person received definitive treatment for the cancer.

Positive Diagnosis (of a specified disease). A diagnosis by a qualified physician based on generally accepted diagnostic procedures and criteria.

Pre-Existing Condition. A disease or physical condition for which medical advice or treatment has been received by the covered person within 90 days immediately prior to becoming covered under the group contract. The condition shall be covered after the individual has been covered for more than 12 months under the group contract.

Radiologist. One who is licensed to administer X-ray therapy, radium therapy, or radio-active isotopes therapy and is certified by the American Board of Radiology.

Re-Enrollment Period. A period of time as set by the employer and us during which the employee may apply, in writing, for coverage under this policy, or change coverage under this policy if he or she is currently enrolled.

Specified Disease. Only any one of the following:

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|--|--|---|
| (1) Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) | (13) Brucellosis | (22) Typhoid Fever |
| (2) Muscular Dystrophy | (14) Sickle Cell Anemia | (23) Myasthenia Gravis |
| (3) Poliomyelitis | (15) Thalassemia | (24) Reye's Syndrome |
| (4) Multiple Sclerosis | (16) Rocky Mountain Spotted Fever | (25) Primary Sclerosing Cholangitis (Walter Payton's Liver Disease) |
| (5) Encephalitis | (17) Legionnaire's Disease (confirmation by culture or sputum) | (26) Lyme Disease |
| (6) Rabies | (18) Addison's Disease | (27) Systemic Lupus Erythematosus |
| (7) Tetanus | (19) Hansen's Disease | (28) Cystic Fibrosis |
| (8) Tuberculosis | (20) Tularemia | (29) Primary Biliary Cirrhosis |
| (9) Osteomyelitis | (21) Hepatitis (Chronic B or Chronic C with liver failure or hepatoma) | |
| (10) Diphtheria | | |
| (11) Scarlet Fever | | |
| (12) Cerebrospinal Meningitis (bacterial) | | |

Stem Cell Transplant. A method of replacing immature blood and bone marrow cells that were destroyed by cancer treatment. The stem cells are given to the person after treatment to help the bone marrow recover and continue producing healthy blood cells.

Temporary Layoff or Leave of Absence. Means the employee is absent from active employment for a period of time that has been agreed to in advance in writing by the employer.

Normal vacation time or any period of disability is not considered a temporary layoff or leave of absence.

Tentative Diagnosis. A tentative diagnosis is established based upon dated medical records which indicate a diagnosis of a probable or possible cancer or specified disease.

We, Us, and Our. American Heritage Life Insurance Company.