CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina
800.433.3036

Endorsement
to Policy and Certificate of Insurance

This Endorsement alters the Policy and the Certificate to which it is attached. Unless specifically addressed by this Endorsement, all other Policy and Certificate provisions, definitions, and terms continue to apply.

Continental American Insurance Company's mailing addresses for claims and premium payments are changed as listed below.

Notice of Claim and **Proof of Loss** should be mailed to the Company at:

P.O. Box 84075, Columbus, Georgia, 31993-9103

Premium Payments should be mailed to the Company at:

P.O. Box 84069, Columbus, Georgia, 31908-4069

If applicable, references to 2801 Devine Street, Columbia, SC 29205 are deleted.

Signed for the Company at its Home Office,

Teresa White, President

J. Matthew Loudermilk, Secretary

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

Continental American Insurance Company

To get information or file a complaint with your insurance company or HMO:

Call: Continental American Insurance Company at 1-800-433-3036

Toll-free:

1-800-433-3036

Email: cscmail@aflac.com

Mail: Continental American Insurance Company
Post Office Box 427
Columbia, South Carolina 29202

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call: 1-800-252-3439

Online: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

Continental American Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llame a: Continental American Insurance Company al 1-800-433-3036

Teléfono gratuito:

1-800-433-3036

Correo electrónico: cscmail@aflac.com

Dirección postal: Continental American Insurance Company
Post Office Box 427
Columbia, South Carolina 29202

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame: 1-800-252-3439

En línea: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714

CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

Group Cancer & Specified Disease Insurance Policy

Based on the Application for this Group Insurance Policy (herein called the Plan) made by
Houston Independent School District
(Herein called the Policyholder)

and based on the payment of the premium when due, Continental American agrees to pay the benefits provided on the following pages.

THIS IS A SPECIFIED DISEASE POLICY THAT ONLY PROVIDES BENEFITS AS A RESULT OF LOSS FOR CANCER AND /OR OTHER SPECIFIED DISEASES AS SHOWN IN THE POLICY. SPECIFIED DISEASE COVERAGE PAYS BENEFITS FOR THE DIAGNOSIS AND/OR TREATMENT OF A SPECIFICALLY NAMED DISEASE OR DISEASES. IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION. THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

THIS IS NOT A POLICY OF WORKER'S COPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKER'S COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OPTHERWISE ACCRUE UNDER THE WORKER'S COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKER'S COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATION THAT MUST BE FILED AND POSTED.

This Plan becomes effective at 12:01 a.m. Standard Time at the Policyholder's address on the Effective Date shown below. It may be continued in effect by the payment of premiums as provided in the "Premium" provision on page 3. The Plan will terminate as provided in the provision "Plan Termination" on page 3.

The first Anniversary of this Plan will be the Anniversary Date shown below. Subsequent Anniversaries of the Plan will be the same date each year thereafter.

All matter printed or written by Continental American on the following page forms a part of this Plan as if recited over the signatures below. This Plan is a legal contract between Continental American and the Policyholder.

This Plan is delivered in and is governed by the laws of the jurisdiction shown below.
In witness whereof Continental American has caused this Plan to be executed at its Home Office in Columbia, South Carolina on the Effective Date.

Signed for the Company at its Home Office,

Teresa White, President J. Matthew Loudermilk, Secretary

Group Policy Number - 6197
Effective Date - January 1, 2021
Jurisdiction - Texas

Anniversary Date - January 1, 2022
Non-Participating

POLICY INDEX

PREMIUMS AND TERMINATIONS

PREMIUMS

Premium Calculations: Premiums payable on any premium due date for insurance on employees will be calculated in accordance with the Schedule of Premium. The rates shown in this schedule can be changed annually. Continental American will give the Policyholder written notice 31 days prior to the date any change in rates is to be effective.

Premium Payments: The first premiums are due on the Effective Date of this Plan. After that, premiums are due on the first day of each month that the Plan remains in effect.

Aggregate premiums for this Plan are to be paid by the Policyholder to Continental American at its Home Office in Columbia, South Carolina. Payment of a premium will not keep the Plan in force beyond the due date of the next premium, except as set forth in the Grace Period.

Grace Period: This Plan has a 31-day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the next 31 days. During the Grace Period, the Plan will stay in force.

PLAN TERMINATION

The Company has the right to cancel the Plan on any premium due date for the following reasons:

- The premium is not paid before the end of the Grace Period,
- The number of participating Employees is less than the number mutually agreed upon by the Company and the Policyholder in the signed Master Application,
- The Policyholder does not provide timely information or meet any obligations required by this Plan and applicable law, or
- The Company cancels the Plan any time after the end of the first policy year. To do this, the Company must give the Policyholder 31 days' written notice.

The Policyholder has the right to cancel the Plan on any premium due date.

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

All outstanding premiums are due upon Plan termination. If the Company accepts premium payments after the Plan terminates, this will not reinstate the Plan; we will refund any excess premium.

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

INDIVIDUAL TERMINATIONS

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

- The date the Company terminates the Plan.
- The 31st day after the premium due date, if the premium has not been paid.
- The date he no longer belongs to an eligible class.

Insurance for a covered Spouse or Dependent Child will terminate on the earliest of any of the bullet points listed above, or:

- The premium due date following the date the covered Spouse or Dependent Child no longer qualifies as a Dependent.
- The premium due date following the date we receive the Employee's written request to terminate coverage for his Spouse or all Dependent Children.

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

PLAN OF INSURANCE

SECTION I - DEFINITIONS

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.

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 care treatment.

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

Calendar Year- A calendar year means the time period beginning January 1st and ending December 31st.

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

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. An employee or dependent named in the application and acceptable for coverage by us; or
2. Any eligible dependent added to this certificate 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 date shown on the Policy Schedule or for Covered Persons added after the Effective Date it will be the date assigned by the Home Office. Dates are assigned by the Home Office in accordance with our dating rules in effect at the time coverage is issued.

Employee- A person who is full-time, benefit eligible, and working at least [30] hours or more per week.

Extended Care Facility- A licensed nursing facility under the direction of a physician that 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.

Experimental Treatment- Drugs or chemical substances approved by the United States Food and Drug Administration for experimental use in the treatment of human cancer; and surgery or therapy endorsed either by the National Cancer Institute of the American Cancer Society for experimental studies.

Family Coverage- Coverage that includes the employees and any Covered Person as defined in this Plan.

Family Member- Family member means the Insured employee's spouse, son, daughter, mother, father, sister or brother.

Hospice Care Center- A hospice means a licensed agency, organization or unit that provides to persons terminally ill and to their families a centrally administered and autonomous continuum of palliative and supportive care. The care will be directed and coordinated by the hospice organization primarily in the patient's home, but also on an outpatient or short-term basis in a hospice unit. This does not include non-terminally ill patients who may be confined in a convalescent home, rest or nursing facility, a skilled nursing facility, a rehabilitation unit or a facility that provides treatment for persons suffering from mental disease or disorders, or care for the aged, drug addicts or alcoholics.

Hospital- Hospital is defined as an institution legally licensed as such and which maintains and uses on its premises or in facilities available to it on a prearranged, written, contractual basis: a laboratory; x-ray equipment; and an operating room.

The institution must also have permanent and full-time facilities for the care of overnight resident bed patients under the supervision of one or more licensed physicians and provide 24-hour a day nursing service by or under the supervision of a registered professional nurse.

The term "Hospital" shall also include Ambulatory Surgical Centers. The term "Hospital" shall not include any institution, or part thereof, used as a hospice unit including any beds designated as a hospice or swing bed; a convalescent home, a rest or nursing facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care or care for treatment of persons suffering from mental disease or disorders, or care for the aged, drug addicts or alcoholics.

Individual Coverage- Coverage that includes only the Insured.

Insured- The employee accepted for coverage by us, who has completed and signed the application and whose name appears on the Certificate Schedule Page.

Internal Cancer- Internal cancer is defined as cancer that is not skin cancer, but includes malignant melanomas of Clark's Level III and higher. Internal cancer does not include localized non-invasive tumors showing only early malignant changes, papillary cancer of the bladder, or Hodgkin's Disease Stage I.

A qualified pathologist must positively diagnose cancer. Pathological interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. Diagnosis must be based on a microscopic examination of fixed tissue, or preparations from the hemic system (either during life or postmortem.)

The pathologist making the diagnosis shall base judgement solely on the criteria malignancy as accepted by the American Board of Pathology or the Osteopathic Board or Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

Clinical diagnosis of cancer will be accepted as evidence that cancer exists when a pathological diagnosis cannot be made, provided medical evidence substantially documents the diagnosis of cancer and the covered person receives treatment from a doctor for cancer.

Non-autologous Bone Marrow Transplant- A non-autologous transplant is an 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 your immediate family or employed by the hospital where you are 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 medical 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 employee, or his or her immediate family, duly licensed as a physician, acting within the scope or the license, to treat the injury or sickness for which claim is made.

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

Pre-existing Condition- A condition for which treatment was recommended or received from a physician during the 12 months prior to a Covered Person's Effective Date.

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- Any of the following:

- Adrenal Hypofunction (Addison's Disease)
- Cerebrospinal Meningitis
- Diphtheria
- Huntington's Chorea
- Legionnaire's Disease
- Malaria
- Muscular Dystrophy
- Myasthenia Gravis
- Necrotizing Fasciitis
- Osteomyelitis
- Poliomyelitis (Polio)
- Rabies
- Sickle Cell Anemia
- Systemic Lupus
- Systemic Sclerosis (Scleroderma)
- Tetanus
- Tuberculosis

Skin Cancer- Skin cancer is defined as cancer on the surface of the body (Skin) that may be a malignant tumor, ulcer, pimple, or mole. Malignant melanomas classified as Clark's Level I and II are included in the definition of skin cancer.

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- Continental American Insurance Company

You or Your- The Insured or any Covered Person under a Family Certificate

SECTION II - EXCEPTIONS AND LIMITATIONS

PRE-EXISTING CONDITIONS

We will not pay benefits for any condition or illness starting within 12 months of the Effective Date of an insured person which is caused by, contributed to, or resulting from a Pre-existing Condition.

A claim for benefits for loss starting after 12 months from the Effective Date of the employee's coverage will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

Pre-Existing Condition means within the 12 month period prior to the effective date of coverage a sickness or physical condition for which medical advice or treatment was recommended or received.

LIMITATIONS AND EXCLUSIONS
We pay only for loss resulting from definitive cancer treatment including the direct extension, metastatic spread or recurrence and other diseases and conditions caused by or resulting from cancer or cancer treatment. Pathologic proof thereof must be submitted. Clinical diagnosis of cancer will be accepted under the conditions specified in the Definitions - Cancer. Benefits are not provided for any other disease, sickness or incapacity.

SECTION III - ELIGIBILITY

An Employee is eligible to be covered under this Plan if he is Actively at Work for his employer and included in the class that is eligible for coverage, as shown on the Master Application.

Dependents of an Employee are eligible for coverage under this Plan. A ***Dependent*** is:

- The Spouse of an Employee, or
- The Dependent Child of an Employee or an Employee's Spouse (details included in the **Definitions** section).

Grandchildren are eligible for coverage under this Plan. A ***Grandchild*** is the child ,under age 26, of the Employee's or Spouse's natural or legally-adopted son or daughter , who is legally dependent upon the Employee for support.

Insured means an Employee or eligible Dependent, if any, who is covered under the Plan in the following categories:

- **Employee Coverage –** We insure the Employee and any Dependent Children.
- **Employee and Spouse Coverage –** We insure the Employee, Spouse, and any Dependent Children.
- **Family Coverage –** We insure the Employee, Spouse, and any Dependent Children.

We will not insure anyone specifically excluded from coverage by Endorsement to the Certificate or by application, even if that person would otherwise be eligible for coverage.

Details for adding Insureds to Plan coverage are outlined in the Effective Date section.

SECTION IV - PAYMENT OF BENEFITS

If cancer or a specified disease is diagnosed on or after a Covered Person's Effective Date, we pay according to the benefits provisions in this Plan, subject to all other provisions contained in the Plan.

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 outpatient basis.

If positive diagnosis of cancer or a specified disease is made within 12 months after the tentative diagnosis, benefits are paid from the date of tentative diagnosis if the tentative diagnosis is made on or after the covered person's effective date.

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

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.

First Occurrence Benefits- We will pay this benefit the first time the insured is diagnosed as having internal (not skin) cancer. This benefit is payable only once for each insured and will be paid in addition to any other benefit in the plan. Internal cancer includes melanomas classified as Clark's Level III and higher. In addition to the pathological or clinical diagnosis required by the plan, we may require additional information from the attending physician and hospital.

Hospital Confinement 1st day through 300th day- We pay the amount shown in the benefit Schedule per day, for each day a Covered Person is admitted to and confined as an impatient in a hospital. The maximum number of days payable is 30 days or less for each period for a continuous hospital confinement.

Hospital Confinement 31st day and thereafter- If continuous hospital confinement lasts more than 30 days, we will pay the amount sown in the Benefit Schedule per day. Benefits begin on the 31st day until discharge. Benefits paid in addition to any other benefits paid prior to the 31st day and paid in lieu of all other benefits after the 30th day.

Surgery- We will pay the amount shown in the Surgical Schedule section of the plan for surgery performed on an insured for a diagnosed cancer. Benefits are payable for in or out of hospital surgery in accordance with the Surgical Schedule.

Skin Cancer Surgery- We will pay the amount shown in the Surgical Schedule section of the Plan for surgery performed on an insured for a diagnosed cancer. Benefits are payable for in or out of hospital surgery in accordance with the Surgical Schedule.

Anesthesia
We will pay 25% of the amount shown in the Surgical Schedule opposite the appropriate surgical procedure if the insured receives anesthesia administered by an anesthesiologist or anesthetist during a surgical procedure which is performed for the treatment of cancer. This benefit is not payable for reconstructive surgery.

Second Surgical Opinion- We will pay up to the amount shown for a second surgical opinion by a licensed physician, not a relative, concerning cancer surgery for each positively diagnosed cancer. This benefit is payable once for each malignant condition. Not payable for reconstructive surgery or skin cancer.

These charges must be incurred after diagnosis and before surgery.

Radiation Therapy, Radio-Active Therapy, Chemotherapy, or Immunotherapy- We pay actual charges, up to the amount shown in the Benefit Schedule, 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. Cancercidal chemical substances requiring direct administration by medical personnel in doctor's office, clinic or hospital.

The US Food and Drug Administration must approve these treatments for the treatment of cancer.

For oral chemotherapy not requiring direct administration by medical personnel we will pay for the cost of the chemotherapy drugs only.

This benefit is limited to the amount shown in the Benefit Schedule per 12-month period beginning with the first day of benefit under this provision.

This benefit does not pay for laboratory test, diagnostic X-ray, immunoglobulin or pre-Planning procedures related to these therapy treatments.

Bone Marrow or Stem Cell Transplantation- We pay the amount shown in the Benefit Schedule 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 that is other than non-autologous.
2. A transplant that is non-autologous for the treatment of cancer or specified disease other than leukemia.
3. A transplant that is non-autologous for the treatment of leukemia.

This benefit is payable only once per Covered Person per calendar year.

Outpatient Blood and Plasma- We pay actual charges, up to the amount shown in the Benefit Schedule, when a Covered Person receives blood or plasma as an outpatient in a doctor's office, clinic, hospital, or ambulatory surgical center. This benefit does not pay for immunoglobulin.

This benefit is limited to the amount shown in the Benefit Schedule per 12-month period beginning with the first day of benefit under this provision.

Ambulance- We will pay the amount shown if an insured requires transportation to a hospital, within 100 miles of the insured person's residence, for overnight confinement for cancer treatment. This benefit is limited to two (2) trips per confinement. This ambulance service must be performed by a licensed professional ambulance company.

Ambulance benefits shall include transportation from one medical facility to another.

Transportation- We will pay the amount shown for the insured's transportation to and from a hospital located outside a 100 mile radius of their legal residence.

The insured must require special treatment for internal cancer which has beenprescribed by the local attending physician and which cannot be obtained locally.

This benefit will be paid only for the insured person for whom this special treatment is prescribed, unless the treatment is for a dependent child, then the child's parent or legal guardian who travels with the dependent child will also receive this benefit (only one person will be paid to travel with such dependent child).

Family Member Lodging- We will pay the amount shown per day for each night's lodging in a motel/hotel room for the insured or any one family member when an insured person is confined to a hospital for internal cancer treatment. The hospital and motel/hotel room must be more than 100 miles from the insured's residence. The special cancer treatment must be prescribed by a local physician.

Prosthesis/Artificial Limb- We will pay the amount shown for each prosthetic device or artificial limb surgically implanted which is prescribed as a result of surgery for cancer treatment. Lifetime limit is benefit shown for each option per insured.

Extended Care Facility- We will pay the amount shown in the Benefit Schedule for per day when the insured person is confined to a section of the hospital used as an Extended Care Facility, a Skilled Nurses Facility, or any bed designated as a swing bed. Confinement must follow hospitalization and the insured must be receiving benefit under the Hospital Confinement Benefit. Limited to the same number of days the insured received Hospital Confinement Benefits.

Home Health Care- We will pay charges incurred up to the amount shown in the Benefit Schedule per day for visits by a home health care agency. This benefit is limited to 30 visits per calendar year.

Experimental Treatment- Treatment must be received in the Continental Untied States.

We will pay the actual charges up to the amount shown in the Benefit Schedule per 12-month period when a Covered Person receives experimental treatment. We will pay this benefit for internal cancer and place all other benefits except the First Occurrence benefit.

This benefit is payable if you receive treatment in an experimental cancer treatment program. A physician must prescribe these treatments and when no other generally accepted treatment would produce superior results in the opinion of the attending physician. For drugs or substance not requiring direct administration by medical personnel, we will pay based on the date of the prescription or the date of medical examination. There is no limit as to the number of years a Covered Person insured by this Policy could receive experimental treatment.

Anti-Nausea Medication- We will pay up to the amount shown for anti-nausea medication as a result of radiation/chemotherapy treatments and as prescribed by a Physician. We will pay this benefit for no more than the number of days the insured receives treatment for radiation/chemotherapy.

Hospice Care- When a Covered Person is diagnosed with cancer and therapeutic care intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if medical prognosis is one in which there is a life expectancy of six months or less as the direct result of cancer, we will pay the daily benefit shown in the Benefit Schedule for each day you receive hospice care.

Waiver of Premium Benefit- If, while this Plan is in force, an employee becomes disabled due to cancer or specified disease first diagnosed after the Certificate Effective Date 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: unable to work at any job for which he or she is qualified by education, training or experience; not working at any job for pay or benefits; and under the care of a physician for the treatment of cancer or specified disease.

Wellness/Screening Benefit- We will pay up to the amount shown in the Benefit Schedule for any one screening test shown below performed calendar year for each Insured:

- Bone Marrow Testing
- Biopsy
- Breast Ultrasound
- CA 125 (blood test for ovarian cancer)
- CA 15-3 (blood test for breast cancer)
- CEA (blood test for colon cancer)
- Chest X-Ray
- Colonoscopy
- Flexible Sigmoidoscopy
- Hemocult Stool Analysis
- Mammography
- Pap Smear
- PSA (blood test for prostate cancer)
- Serum Protein Electrophoresis (blood test for myeloma)
- Thermography

This benefit is paid regardless of the results of the screening test.

SECTION VI - TERMINATION OF INSURANCE

If an employee's spouse is a Covered Person, the spouse's coverage ends upon valid decree of divorce.

If an employee's child is a Covered Person, the child's coverage ends on the certificate anniversary next following the date the child is not longer eligible, which is either when the child marries or reaches 21 (25 if a full-time student at an accredited school 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 Plan; and
3. Is chiefly dependent on the employee for support and maintenance.

Dependent coverage continues as long as the employee's Certificate 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 of eligibility.

If we accept a premium for coverage extending beyond the date, age or event specified for termination as to a covered person, then the 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 this Plan by us is without prejudice to any continuous loss, which commenced while the Plan was in force. This does not apply if termination is due to non-payment of premiums. An employee's spouse, if a Covered Person becomes the new Insured upon the employee's death.

SECTION VII – CONTINUATION PRIVILEGE

When an Employee ends employment with the Employer and his coverage would terminate, that Employee may elect to continue the coverage he had on the date his employment ended, including any in-force Spouse or Dependent Child coverage.

- To keep his Certificate in force, the Employee must:
  - Apply to the Company in writing within 31 days after the date his Certificate would terminate, **and**
  - Pay the required premium to the Company no later than 31 days after the date the Certificate would terminate and on each premium due date thereafter.

- Continued coverage will end:
  - 31 days after the date the Employee fails to pay any required premium ,**or**
  - When the coverage is terminated by the Company.

When the Group Policy is terminated by the Policyholder and a current Employee's coverage would terminate, that Employee may apply to continue the coverage he had on the date the Group Policy was terminated, including any in-force Spouse or Dependent Child coverage. If an Employee qualifies for this Continuation Privilege, then the Company will apply the same Benefits, Plan Provisions, and Premium Rate as shown in his previously issued Certificate.

- To keep his Certificate in force, the Employee must:
  - Apply to the Company in writing within 31 days after the date his Certificate would terminate, **and**
  - Pay the required premium to the Company no later than 31 days after the date the Certificate would terminate and on each premium due date thereafter.

- Continued coverage will end:
    - 31 days after the date the Employee fails to pay any required premium **or**,
    - When coverage is terminated by the Company.

SECTION VIII - GENERAL PROVISIONS

Entire Contract Changes - This policy, with Application and attached papers, if any, is the entire contract between the policyholder and us. No change in this Plan is effective until approved in writing by an officer of our company. This approval must be noted on or attached to this Plan. No agent may change this Plan or waive any of its provisions. Any rider, endorsement or application, which modifies, limits, or excludes coverage under this Plan must be signed by the Insured to be valid.

Notice of Claim - Written notice of claim must be given to us within 60 days after the occurrence or commencement of any loss covered by this Plan, or as soon as is reasonably possible. Notice given by or on behalf of a Covered Person or the beneficiary to us at 2801 Devine Street, Columbia, South Carolina with the employee's name and Certificate 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 working 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.

Proof of Loss - Written proof of loss must be furnished to us within 90 days after the date of such loss. If it is not possible to give us written proof within the time required, we will not reduce or deny any claim for this reason, as long as proof is filed as soon s reasonably possible. In any event, the proof required must be given to us no later than 1 year from the time specified unless the Covered Person is legally incapacitated.

Time of Payment of Claims - After receiving written proof of loss, we pay all benefits then due under a Covered Person's Certificate. Benefits for any other loss covered by the Certificate is paid as soon as we receive proper written proof.

Time Limit on Certain Defenses - (1) After two years from the Effective Date of coverage, no misstatements, except fraudulent misstatements, made by the Applicant in the application shall be used to void the coverage or to deny a claim for loss incurred commencing after the expiration of such two year period. (2) No claim for loss incurred commencing after two years from the Effective Date of coverage shall be reduced or denied on the grounds that the disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date.

Payments of Claims - All benefits are paid to the Insured unless he or she assigns them. Any amounts unpaid at the Insured's death may be paid to the Insured's estate.

Non-Participating –This Plan is issued on a non-participating basis. Physical Examinations and Autopsy – We, at out own expense, shall have the right and opportunity to examine the person of any Covered Person as often as it may be reasonably required 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 a Certificate prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Plan. No such action shall be brought after three years from the time written proof of loss is required to be given.

Misstatement of Age - If an age has been misstated, all amounts payable under the Plan will be those the premium paid would have purchased at the correct age.

Clerical Error - Clerical error by the policyholder will not end coverage or continue terminated coverage. In the event of such error, premium adjustment will be made.

Individual Certificate - Continental American will give the Policyholder a Certificate for each employee.

SCHEDULE OF OPERATIONS

ABDOMEN	
Complete resection of the stomach	$1,000
Partial resection of the stomach	$ 800
Resection of the small bowel	$ 700
Resection of the ascending or transverse colon	$ 600
Combined abdominal perineal resection for cancer of the rectum or sigmoid	$1,000
Colostomy or ileostomy	$ 500
Resection of esophagus	$1,200
Gastronomy	$ 400
Splenectomy	$ 600
Splenectomy with staging biopsies for lymphomas or Hodgkin's	$ 800
Complete cystectomy with urethral transplant	$2,400
Simple excision of the bladder	$1,400
AMPUTATIONS	
Thigh through Femur	$1,200
Arm, forearm, entire hand, leg or entire foot	$ 800
Fingers or toes, each	$ 300
Leg through Tibia or Fibula	$1,000
BRAIN	
Complete removal of cancer of the brain	$3,000
BREAST	
Amputation of one breast	
(a) Simple	$ 600
With immediate reconstruction	$1,100
(b) Modified radical	$1,200
Amputation of both breasts	
(a) Simple	$ 600
With immediate reconstruction	$1,300
(b) Modified radical	$1,500
Delayed reconstruction, complete, one stage	
One breast	$2,000
Both breasts	$3,000
Multiple stage including nipple:	
One breast	$1,800
Both breasts	$2,300
CHEST	
Complete lobectomy or Pneumonectomy	
EXTERNAL GENITALIA	
Female	
Complete excision for removal of the vulva or vagina with regional lymph nodes	$1,600
Cauterization of the cervix	$ 60
Laser Cauterization	$ 60

Male

Cancer of penis – complete excision with regional lymph nodes	$2,000
Orchiectomy – i.e. removal of testicles	$ 800

EYE

Enucleation with complete resection	$ 900

GENITO URINARY TRACT

Removal of kidney with lymphadenectomy	$2,000
Transurethral Resection Prostate with bilateral Lymphadenectomy –	
One stage	$1,600
Two stage	$2,000
Prostatectomy subtotal	$1,600
Total	$2,000
Removal of uterus, tubes and ovaries	$1,300
With bilateral lymphadenectomy	$2,000

NECK

Complete resection of glands of the neck	$2,000

RECTUM

Protectomy	$2,000

SKIN

Cutting operation for removal from: (excluding biopsy, including resection)	
Lip	$ 300
Ear	$ 300
Nose	$ 300
Mouth, tongue, tonsil, mucous membrane of mouth	$ 800
With neck dissection	$1,800

SPINAL

Operation with removal of portion of vertebra or vertebrae of laminectomy	$2,000

THROAT

Excision of larynx – complete	$2,000
With neck dissection	$2,800
Subtotal Tyroidectomy	$1,600
With neck dissection	$2,000

BENEFIT SCHEDULE

OPTION I

BENEFITS	INSURED/SPOUSE/CHILD
FIRST OCCURRENCE	**$1,500**
HOSPITAL CONFINEMENT 1-30 **HOSPITAL CONFINEMENT 31+**	**$200 PER DAY** **$400 PER DAY**
SURGERY	**SEE SURGICAL SCHEDULE** **($3000 MAXIMUM PER OPERATIVE SESSION)**
SKIN CANCER SURGERY	**$100-$600**
SECOND SURGERY OPINION	**$200**
RADIATION THERAPY **(Radio-Active Isotopes Therapy** **Chemotherapy or Immunotherapy)**	**$200 per day**
EXPERIMENTAL TREATMENT	**$200 per day**
ANESTHESIA	**25% of maximum $5,000**
BONE MARROW TRANSPLANT **Incurred charges up to:**	**$10,000 in-hospital** **$5,000 outpatient** **$1,000 donor indemnity**
STEM CELL TRANSLANTATION **Incurred charges up to:**	**$2,500**
OUTPATIENT BLOOD, PLASMA	**$200**
PROSTHESIS/ATRIFICIAL LIMB **Incurred charges up to:**	**$2,500**
Prosthesis that does not require surgery:	**$200**
NATIONAL CANCER CONSULTATION	**$500**

EXTENDED CARE FACILITY	**$100 PER DAY**
HOME HEALTH CARE **Incurred charges up to:**	**$50 per day**
Optional Intensive Care Unit Benefit	**$600 per day up to 30 days**
Specified Disease Benefit	**$200 per day for the first 30 days of hospital confinement** **$500 thereafter**

BENEFITS	INSURED/SPOUSE/CHILD
AMBULANCE	**Incurred CHARGES (Limit two trips per confinement)**
HOSPICE CARE	**$100 PER DAY for the first 60 days $50 per day thereafter**
TRANSPORTATION	**$40 PER MILE up to $1,200 Commercial travel: up to $1,200 round trip**
FAMILY MEMBER LODGING	**$50 PER DAY**
WELLNESS	**$50 PER TEST MAX OF $100 PER YEAR PER INSURED**
ANTI NAUSEA MEDICATION	**$100**
WAIVER OF PREMIUM	**YES**

OPTION II

BENEFITS	**INSURED/SPOUSE/CHILD**
FIRST OCCURRENCE	**$2,000**
HOSPITAL CONFINEMENT 1-30 **HOSPITAL CONFINEMENT 31+**	**$300 PER DAY** **$600 PER DAY**
SURGERY	**SEE SURGICAL SCHEDULE** **($3000 MAXIMUM PER OPERATIVE SESSION)**
SKIN CANCER SURGERY	**$100-$600**
SECOND SURGERY OPINION	**$250**
RADIATION THERAPY **(Radio-Active Isotopes Therapy** **Chemotherapy or Immunotherapy)**	**$300 per day**
EXPERIMENTAL TREATMENT	**$300 per day**
ANESTHESIA	**25% of maximum $5,000**
BONE MARROW TRANSPLANT **Incurred charges up to:**	**$10,000 in-hospital** **$5,000 outpatient** **$1,000 donor indemnity**
STEM CELL TRANSLANTATION **Incurred charges up to:**	**$2,500**
OUTPATIENT BLOOD, PLASMA	**$250**
PROSTHESIS/ATRIFICIAL LIMB **Incurred charges up to:**	**$3,000**
Prosthesis that does not require surgery:	**$200**
NATIONAL CANCER CONSULTATION	**$500**
EXTENDED CARE FACILITY	**$100 PER DAY**
HOME HEALTH CARE **Incurred charges up to:**	**$50 per day**
Optional Intensive Care Unit Benefit	**$600 per day up to 30 days**
Specified Disease Benefit	**$200 per day for the first 30 days of hospital confinement** **$500 thereafter**

	BENEFITS **INSURED/SPOUSE/CHILD**
AMBULANCE	**Incurred CHARGES (Limit two trips per confinement)**
HOSPICE CARE	**$100 PER DAY for the first 60 days** **$50 per day thereafter**
TRANSPORTATION	**$0.50 PER MILE up to $1,500** **Commercial travel: up to $1,500 round trip**
FAMILY MEMBER LODGING	**$60 PER DAY**
WELLNESS	**$100 PER TEST MAX OF $100 PER YEAR PER INSURED**
ANTI NAUSEA MEDICATION	**$100**
WAIVER OF PREMIUM	**YES**

Cancer Insurance Rates

The Health Care Partnership

HIGH OPTION	Monthly (12pp/yr)
Employee	$18.84
Employee and Spouse	$34.20
Employee and Dependent Children	$24.96
Family	$34.20

HIGH OPTION WITH ICU RIDER	Monthly (12pp/yr)
Employee	$24.84
Employee and Spouse	$46.56
Employee and Dependent Children	$37.32
Family	$46.56

Please Note: *Premiums and benefits shown are accurate as of publication. They are subject to change.*

Aflac
We've got you under our wing.®

Published: May-15 AC78150514-170451 --- RB1-CU-TX-AC78-12PP-HIGH-NONOCC - ZZXX54139

Cancer Insurance Rates

The Health Care Partnership

LOW OPTION	Monthly (12pp/yr)
Employee	$10.36
Employee and Spouse	$17.28
Employee and Dependent Children	$13.26
Family	$17.28

LOW OPTION WITH ICU RIDER	Monthly (12pp/yr)
Employee	$16.36
Employee and Spouse	$29.62
Employee and Dependent Children	$25.64
Family	$29.62

Please Note: *Premiums and benefits shown are accurate as of publication. They are subject to change.*

Aflac
We've got you under our wing.®

Published: May-15 AC78150514-164803 --- RB1-CU-TX-AC78-12PP-LOW-NONOCC - ZZXX43517

CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

ENHANCED GROUP CONTINUATION RIDER

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

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

The Continuation Privilege—as well as any other references to continuation—in the Certificate and previously attached Rider(s), if applicable, are deleted and replaced by this Rider.

Unless amended by this Rider, all Certificate definitions, exclusions, limitations, terms, and other provisions apply.

Effective Date

If issued at the same time as the Certificate, this Rider becomes effective when the Certificate becomes effective. If issued after the Certificate, this Rider will have a later Effective Date provided that you are actively at work on that date.

Continuation Privilege

When an Employee ends employment with the Employer and his coverage would terminate, that Employee may elect to continue the coverage he had on the date his employment ended, including any in-force Spouse or Dependent Child coverage.

- To keep his Certificate in force, the Employee must:
  - Apply to the Company in writing within 31 days after the date his Certificate would terminate, **and**
  - Pay the required premium to the Company no later than 31 days after the date the Certificate would terminate and on each premium due date thereafter.

- Continued coverage will end:
  - 31 days after the date the Employee fails to pay any required premium, **or**
  - When the coverage is terminated by the Company.

When the Group Policy is terminated by the Policyholder and a current Employee's coverage would terminate, that Employee may apply to continue the coverage he had on the date the Group Policy was terminated, including any in-force Spouse or Dependent Child coverage. If an Employee qualifies for this Continuation Privilege, then the Company will apply the same Benefits, Plan Provisions, and Premium Rate as shown in his previously issued Certificate.

- To keep his Certificate in force, the Employee must:
  - Apply to the Company in writing within 31 days after the date his Certificate would terminate, **and**
  - Pay the required premium to the Company no later than 31 days after the date the Certificate would terminate and on each premium due date thereafter.

- Continued coverage will end:
  - 31 days after the date the Employee fails to pay any required premium, **or**
  - When coverage is terminated by the Company.

General Provisions

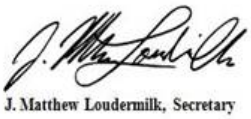
Time Limit on Certain Defenses

After two years from the Insured's Effective Date of coverage, the Company may not void coverage or deny a claim for any loss because of misstatements made on the Insured's Application. This does not apply to fraudulent misstatements.

- This Rider is part of the Certificate to which it is attached and will terminate when that Certificate terminates, or when premiums are no longer paid for this Rider.
- This Rider is subject to all the terms of the Certificate to which it is attached unless any such items are inconsistent with the terms of this Rider.

Signed for the Company at its Home Office,

Teresa White, President



J. Matthew Loudermilk, Secretary

CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

WAIVER OF PREMIUM BENEFIT RIDER TO CERTIFICATE OF INSURANCE FOR CANCER

This Rider is part of the Certificate to which it is attached.

Unless amended by this Rider, all Certificate definitions, exclusions, limitations, terms, and other provisions apply. For the purpose of this Rider, "you" (including "your" and "yours") may refer to the primary Insured or the primary Insured's covered Dependents.

Effective Date
This Rider becomes effective on the Certificate Effective Date.

Definitions

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

Calendar Year means the time period beginning January 1st and ending December 31st.

Cancer is defined in your certificate of coverage.

Certificate is the certificate to which this Rider is attached.

Eligible Medical Expenses means medically necessary expenses for services and supplies required by a Physician incurred by an Insured as a result of treatment of Cancer or Skin Cancer. An expense is incurred on the date the service is performed or supplies are furnished.

Eligible Medical Expenses will include the following:

BENEFIT

Waiver of Premium
If the insured, due to having internal cancer, is completely unable to do all of the usual and customary duties of his occupation for a period of 90 continuous days, we will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, we will require an employer's statement (if applicable) and a physician's statement of the insured's inability to perform said duties or activities, and may each month thereafter require a physician's statement that total inability continues.

Limitations and Exclusions

All Exclusions provisions in the Certificate apply to this Rider and are incorporated by reference herein.

General Provisions

Time Limit on Certain Defenses
After two years from the Insured's Effective Date of coverage, the Company may not contest coverage or deny a claim for any loss because of misstatements made on the Insured's Application. This does not apply to fraudulent misstatements.

Contract
This Rider is:

- Part of the Critical Illness Certificate to which it is attached **and**
- Subject to all of the terms of the Certificate unless those terms are inconsistent with this Rider.

This Rider will terminate when:

- The Critical Illness Certificate to which it is attached terminates, **or**
- Premiums are no longer paid for this Rider.

Signed for the Company at its Home Office,

Teresa White, President J. Matthew Loudermilk, Secretary

Cancer Expense Benefit Rider Schedule

BENEFITS

See Certificate Schedule

CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

SPECIFIED DISEASE RIDER
TO CERTIFICATE OF INSURANCE FOR GROUP CANCER

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

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

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

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

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

DEFINITIONS

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

Date of Diagnosis is defined for each Specified Disease as follows:

- ***Adrenal Hypofunction (Addison's Disease):*** The date a Doctor Diagnoses an Insured as having Adrenal Hypofunction and where such Diagnosis is supported by medical records.
- ***Cerebrospinal Meningitis:*** The date a Doctor Diagnoses an Insured as having Cerebrospinal Meningitis and where such Diagnosis is supported by medical records.
- ***Cystic Fibrosis:*** The date a doctor diagnoses an insured as having cystic fibrosis and where such diagnosis is supported by medical records.
- ***Cerebral Palsy:*** The date a doctor diagnoses an insured as having cerebral palsy and where such diagnosis is supported by medical records.
- ***Diphtheria*****:** The date a Doctor Diagnoses an Insured as having Diphtheria based on clinical and/or laboratory findings as supported by medical records.
- ***Encephalitis:*** The date a doctor diagnoses an insured as having encephalitis and where such diagnosis is supported by medical records.
- ***Huntington's Chorea:*** The date a Doctor Diagnoses an Insured as having Huntington's Chorea based on clinical findings as supported by medical records.
- ***Legionnaire's Disease:*** The date a Doctor Diagnoses an Insured as having Legionnaire's Disease by finding *Legionella* bacteria in a clinical specimen taken from the Insured.
- ***Malaria*****:** The date a Doctor Diagnoses an Insured as having Malaria and where such Diagnosis is supported by medical records.

- ***Muscular Dystrophy:*** The date a Doctor Diagnoses an Insured as having Muscular Dystrophy and where such Diagnosis is supported by medical records.
- ***Myasthenia Gravis:*** The date a Doctor Diagnoses an Insured as having Myasthenia Gravis and where such Diagnosis is supported by medical records.
- ***Necrotizing Fasciitis:*** The date a Doctor Diagnoses an Insured as having Necrotizing Fasciitis and where such Diagnosis is supported by medical records.
- ***Osteomyelitis*****:** The date a Doctor Diagnoses an Insured as having Osteomyelitis and where such Diagnosis is supported by medical records.
- ***Poliomyelitis*****:** The date a Doctor Diagnoses an Insured as having Poliomyelitis and where such Diagnosis is supported by medical records.
- ***Rabies*****:** The date a Doctor Diagnoses an Insured as having Rabies and where such Diagnosis is supported by medical records.
- ***Sickle Cell Anemia:*** The date a Doctor Diagnoses an Insured as having Sickle Cell Anemia and where such Diagnosis is supported by medical records.
- ***Systemic Lupus:*** The date a Doctor Diagnoses an Insured as having Systemic Lupus and where such Diagnosis is supported by medical records.
- ***Systemic Sclerosis (Scleroderma):*** The date a Doctor Diagnoses an Insured as having Systemic Sclerosis and where such Diagnosis is supported by medical records.
- ***Tetanus:*** The date a Doctor Diagnoses an Insured as having Tetanus by finding Clostridium tetani bacteria in a clinical specimen taken from the Insured.
- ***Tuberculosis:*** The date a Doctor Diagnoses an Insured as having Tuberculosis by finding Mycobacterium tuberculosis bacteria in a clinical specimen taken from the Insured.

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

Adrenal Hypofunction does not include secondary and tertiary adrenal insufficiency.

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

Cystic Fibrosis is a hereditary chronic disease of the exocrine glands. This disease is characterized by the production of viscid mucus that obstructs the pancreatic ducts and bronchi, leading to infection and fibrosis.

Cerebral Palsy is a disorder of movement, muscle tone, or posture that is caused by injury or abnormal development in the immature brain. Cerebral Palsy can be characterized by stiffness and movement difficulties, involuntary and uncontrolled movements, or disturbed sensation.

- ***Spastic Cerebral Palsy*** is characterized by stiffness and movement difficulties.
- ***Athetoid Cerebral Palsy*** is characterized by involuntary and uncontrolled movements.
- ***Ataxic Cerebral Palsy*** is characterized by a disturbed sense of balance and depth perception.

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

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

Encephalitis means a disease characterized by inflammation of the brain, usually caused by a direct viral infection or a hypersensitive reaction to a virus or foreign protein.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BENEFIT PROVISIONS

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

Payment of benefits contained in this Rider is subject to the Critical Illness Benefit provisions in your Certificate. The benefits contained in this Rider are considered to be Critical Illnesses as defined in your Certificate.

LIMITATIONS

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

We will not pay benefits for any disease resulting from or affected by a Pre-existing Condition if the disease was Diagnosed within the 12-month period after the Insured's Effective Date.

GENERAL PROVISIONS

Time Limit on Certain Defenses
After two years from the Insured's Effective Date of coverage, the Company may not void coverage or deny a claim for any loss because of misstatements made on the Application. This does not apply to fraudulent misstatements.

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

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

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

Signed for the Company at its Home Office,

Teresa White, President J. Matthew Loudermilk, Secretary

BENEFITS

Adrenal Hypofunction (Addison's Disease)	25% of applicable Face Amount
Cerebral Palsy	25% of applicable Face Amount
Cerebrospinal Meningitis	25% of applicable Face Amount
Cystic Fibrosis	25% of applicable Face Amount
Diphtheria	25% of applicable Face Amount
Encephalitis	25% of applicable Face Amount
Huntington's Chorea	25% of applicable Face Amount
Legionnaire's Disease	25% of applicable Face Amount
Malaria	25% of applicable Face Amount
Muscular Dystrophy	25% of applicable Face Amount
Myasthenia Gravis	25% of applicable Face Amount
Necrotizing Fasciitis	25% of applicable Face Amount
Osteomyelitis	25% of applicable Face Amount
Poliomyelitis (Polio)	25% of applicable Face Amount
Rabies	25% of applicable Face Amount
Sickle Cell Anemia	25% of applicable Face Amount
Systemic Lupus	25% of applicable Face Amount
Systemic Sclerosis (Scleroderma)	25% of applicable Face Amount
Tetanus	25% of applicable Face Amount
Tuberculosis	25% of applicable Face Amount

IMPORTANT INFORMATION ABOUT COVERAGE UNDER THE TEXAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

(For insurers declared insolvent or impaired on or after September 1, 2011)

Texas law establishes a system to protect Texas Policyholders if their life or health insurance company fails. The Texas Life and Health Insurance Guaranty Association (the "Association") administers this protection system. Only the policyholders of insurance companies that are members of the Association are eligible for this protection which is subject to the terms, limitations and conditions of the Association law. (The law is found in the *Texas Insurance Code*, Chapter 463.)

It is possible that the Association may not protect all or part of your policy because of statutory limitations.

Eligibility for Protection by the Association

When a member insurance company is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas **(regardless of where the policyholder lived when the policy was issued)**
- Residents of other states, ONLY if the following conditions are met:
    1. The policyholder has a policy with a company domiciled in Texas;
    2. The policyholder's state of residence has a similar guaranty association; and
    3. The policyholder is *not eligible* for coverage by the guaranty association of the policyholder's state of residence.

Limits of Protection by the Association

Accident, Accident and Health, or Health Insurance:

- For each individual covered under one or more policies: up to a total of $500,000 for basic hospital, medical-surgical, and major medical insurance, $300,000 for disability or long term care insurance, and $200,000 for other types of health insurance.

Life Insurance:

- Net cash surrender value or net cash withdrawal value up to a total of $100,000 under one or more policies on a single life; or
- Death benefits up to a total of $300,000 under one or more policies on a single life; or
- Total benefits up to a total of $5,000,000 to any owner of multiple non-group life policies.

Individual Annuities:

- Present value of benefits up to a total of $250,000 under one or more contracts on any one life.

Group Annuities:

- Present value of allocated benefits up to a total of $250,000 on any one life; or
- Present value of unallocated benefits up to a total of $5,000,000 for one contract holder regardless of the number of contracts.

Aggregate Limit:

- $300,000 on any one life with the exception of the $500,000 health insurance limit, the $5,000,000 multiple owner life insurance limits, and the $5,000,000 unallocated group annuity limit.

These limits are applied for each insolvent insurance company.

Insurance companies and agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation, or inducement to purchase any form of insurance. When you are selecting an insurance company, you should not rely on Association coverage. For additional questions on Association protection or general information about an insurance company, please use the following contact information.

Texas Life and Health Insurance Guaranty Association
515 Congress Avenue
Suite 1875
Austin, TX 78701
(800)-982-6362 or www.txlifega.org

Texas Department of Insurance
Post Office Box 149104
Austin, Texas 78714-9104
(800)-252-3439 or www.tdi.texas.gov