SAMPLE

LifeSecure Insurance Company
A Stock Company
10559 Citation Dr., Suite 300
Brighton, MI 48116
1-888-575-8246
www.yourlifesecure.com

INDIVIDUAL PERSONAL ACCIDENT INSURANCE POLICY

THIS POLICY IS GUARANTEED RENEWABLE TO AGE 75. You have the right, subject to the terms of this Policy, to continue Your coverage until the Policy anniversary on or following Your 75th birthday, provided You pay the required premiums on time. We cannot change any of the terms of Your coverage or benefits without Your consent unless the change is required by state or federal law.

PREMIUM CHANGES. You cannot be singled out for a rate increase due to a change in Your age or health status. We can, however, change premiums, but only if We change the premiums for all similar policies issued in the same state and on the same form as Your Policy. Any premium changes will be effective on the next Premium Due Date following Our notice to You. We must give You at least 60 days written notice before the effective date of a premium change, and We cannot increase Your premium more than once in a twelve month period.

30-DAY FREE LOOK. This Policy is a legal contract between You and Us. If for any reason You decide not to keep this Policy, simply return it to Us within 30 days after You receive it. We will treat the Policy as though it had never been issued. We will refund the full amount of any premium paid within 10 days following receipt of the returned Policy.

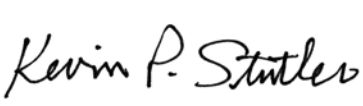
MEDICAID ELIGIBILITY. Your current or future eligibility for Medicaid may affect the payment of benefits provided by this Policy. State regulations may require payments be made to the Medicaid organization or to the medical provider and not to You.

NOTICE TO BUYER: THIS IS AN ACCIDENT ONLY POLICY AND DOES NOT PAY BENEFITS FOR A LOSS FROM SICKNESS. PLEASE READ IT CAREFULLY! THIS POLICY PROVIDES LIMITED BENEFITS. BENEFITS ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

NON-PARTICIPATING
GUARANTEED RENEWABLE TO AGE 75
PREMIUMS MAY CHANGE
THIS POLICY CONTAINS A DEDUCTIBLE

Secretary

President



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Refer to the Schedule of Benefits to determine Your benefits, options and applicable coverage details.

Note: *This Policy contains terms that have a special meaning when applied to Your coverage. To help You recognize these terms, each word is capitalized wherever it appears throughout the Policy. These terms either: 1) appear in the Glossary (Section 6) with a corresponding definition; and/or 2) appear in a heading or sub-heading within the Policy with accompanying text providing further explanation.*

SECTION 1: DESCRIPTION OF BENEFITS AND FEATURES

Annual Benefit Bank

Your Schedule of Benefits shows the Annual Benefit Bank You have selected. Your Annual Benefit Bank represents the total dollar benefit amount available under this Policy for Covered Services rendered each Calendar Year. Your Annual Benefit Bank will be reduced by all benefit amounts paid. On January 1st of each year, We will restore Your Annual Benefit Bank to the full amount shown on Your Schedule of Benefits.

Annual Deductible Amount

The Annual Deductible Amount is the dollar amount shown on the Schedule of Benefits that You incur for Covered Services each Calendar Year before benefits are payable under this Policy.

Disappearing Deductible

On January 1st of each Calendar Year, Your Annual Deductible Amount will decrease by 20% if Your Policy is in force and no benefits are payable for Covered Services rendered in the preceding Calendar Year. Your Policy must be in force for at least three full months before the first reduction of the deductible will occur. If any benefits are payable for Covered Services rendered during a Calendar Year, Your Annual Deductible Amount will reset on the following January 1st to the amount You selected as of the Policy Effective Date. If no benefits are payable for Covered Services rendered in five consecutive Calendar Years, Your Annual Deductible Amount will be eliminated beginning with the next Calendar Year. Once Your Annual Deductible Amount reaches zero, it will not reset.

Covered Services

If, after the Annual Deductible Amount has been satisfied, We receive due proof that You incurred expenses for Covered Services due to an Accidental Injury, We will pay the benefits described in this Section. Benefits will be equal to the amount charged for the Covered Services, less any adjustments or discounts which may have been applied through providers or other payor organizations. For any of the benefits to be payable, initial Care must begin within one (1) year of the Accidental Injury.

Ambulance

We will pay benefits for transportation by an Ambulance to a Hospital. This benefit is only payable for transportation to a Hospital resulting from an Accidental Injury for which an Emergency Services benefit is payable under this Policy. This benefit is payable once per Accidental Injury per Covered Person.

Drugs

We will pay benefits for drugs administered in a Hospital, Urgent Care Center or Physician's office at time of initial Care.

Durable Medical Equipment

We will pay benefits for the rental or purchase of the following durable medical equipment that has been prescribed by a Physician within one (1) year of the Accidental Injury:

- Crutches;
- Walker;
- Wheelchair; and

- Hospital bed.

Emergency Services

We will pay benefits for Emergency Services that are:

- Performed by a Physician;
- Necessary as a result of an Accidental Injury;
- Received in a Hospital, including an Emergency Room, Urgent Care Center or Physician's office; and
- Not psychiatric treatment.

Emergency Surgery is not included in this benefit. A Surgery required due to Accidental Injury may be payable under the Surgery benefit described below.

Emergency Follow Up Services

If benefits are received for Emergency Services and further Care is required, We will pay benefits for emergency Follow Up Services in a Physician's office or Hospital on an outpatient basis. This benefit is limited to one visit per day, up to a maximum of three visits per Covered Person for each Accidental Injury. The follow up Care must:

- Occur within one (1) year of the Accidental Injury or discharge from the Hospital;
- Be medically necessary as determined by a Physician;
- Be provided by a Physician in a Physician's office or Hospital; and
- Not be on the same day Emergency Services were received.

If a Covered Person has more than three visits for a single Accidental Injury, We will pay benefits for the first three visits for which You submit a claim. If claims for more than three visits are submitted on the same date, benefits will be based on the three most expensive visits for Follow-Up Services.

Major Diagnostic Exams

We will pay benefits for two major diagnostic exams per Calendar Year, per Covered Person. Only one major diagnostic exam benefit is available per Accidental Injury. The amount payable for each diagnostic exam may not exceed the Maximum Major Diagnostic Exam Benefit. If multiple diagnostic examinations are required, We will pay benefits for the first diagnostic exam for which You submit a claim. If claims for multiple major diagnostic exams are submitted on the same date, benefits will be based on the most expensive exam. The exam must be performed within one (1) year of the Accidental Injury and be one of the following:

- Computerized Tomography (CT);
- Magnetic Resonance Imaging (MRI); or
- Electroencephalogram (EEG).

Prosthetic Devices

We will pay for Prosthetic Devices received within one year of the Accidental Injury. The Prosthetic Device must be prescribed by a Physician for functional purposes due to the dismemberment of a hand, foot, arm, leg or loss of sight.

Rehabilitative Therapy

We will pay for one Rehabilitative Therapy visit per day per Covered Person, up to a maximum of 10 visits for each Accidental Injury. The Rehabilitative Therapy visits must:

- Be prescribed by a Physician;

- Be provided by a licensed or certified physical, occupational or speech therapist in an office or Hospital;
- Begin within one (1) year of the Accidental Injury; and
- Occur within six months after the Accidental Injury.

If a Covered Person has more than 10 visits for a single Accidental Injury, We will pay benefits for the first 10 visits for which You submit a claim. If claims for more than 10 visits are submitted on the same date, benefits will be based on the 10 most expensive visits for Rehabilitative Therapy.

Surgery

We will pay benefits for up to two surgeries per Accidental Injury per Covered Person. Surgery may be done on an inpatient or outpatient basis, but must be performed within one (1) year of the Accidental Injury. Surgery includes drugs administered during surgery or administered in a Hospital, Urgent Care Center or Physician's Office immediately following the surgery. If the Covered Person has multiple surgeries for a single Accidental Injury, We will pay benefits for the first two surgeries for which You submit a claim. If claims for multiple surgeries are submitted on the same date, benefits will be based on the two most expensive surgeries.

Tests and X-Rays

We will pay benefits for one test or one set of x-rays per Accidental Injury per Covered Person, as required due to such Accidental Injury. If the Covered Person has multiple tests or x-rays for a single Accidental Injury, We will pay benefits for the first test or set of x-rays for which You submit a claim. If claims for multiple tests or sets of x-rays are submitted on the same date, benefits will be based on the two most expensive services. Tests and x-rays must be performed within one (1) year of the Accidental Injury. We will pay for the following tests:

- Blood tests;
- Echocardiography;
- Electrocardiography (EKG); and
- Ultrasound.

SECTION 2: BENEFITS ELIGIBILITY AND CLAIMS PROCESS

Eligibility Requirements

We will pay the benefits listed in Section 1, subject to the conditions, amounts and deductible stated in this Policy.

Payment of benefits is subject to all of the following:

- The Accidental Injury occurred while this Policy was in force;
- Initial Care begins within one (1) year of the Accidental Injury;
- Due Proof of Loss is provided;
- Care for the Accidental Injury is received while this Policy is in force and within the United States, its territories or possessions or Canada; and
- The Annual Benefit Bank is not exhausted.

We reserve the right to request that a Physician of Our choice review any Diagnosis in the event of a dispute or disagreement regarding the appropriateness or correctness of a Diagnosis. We also reserve the right to require that You submit to any reasonably necessary examination to confirm a disputed Accidental Injury. We reserve the right to request that an independent and acknowledged expert in the applicable field of medicine review the evidence used in making any disputed Diagnosis. We will pay for any such requested examination or review.

How to File a Claim - Your Role

If there is a loss covered by this Policy, You must provide Us with:

- Notice of Claim;
- Completed Claim Forms; and
- Proof of Loss.

Notice of Claim

Written Notice of Claim must be given to Us within 120 days from the date of loss or as soon as reasonably possible.

You can notify Us by using the mailing address or phone number as follows:

LifeSecure Administrative Office
ATTN: Claims Department
P. O. Box 1420
Brighton, MI 48116
1.888.575.8246

Claim Forms

When We receive the Notice of Claim, We will send Claim Forms to be completed. If these Claim Forms are not sent within 15 days, the requirement for Proof of Loss will have been met if a written statement has been provided to Us about the loss within the time allowed for filing a Proof of Loss.

Proof of Loss

You will need to submit written proof of loss to Us within 120 days from the date of loss. Failure to furnish proof within the time period shall not invalidate nor reduce any claim if it was not reasonably possible for You to provide such notice. In any event, except for legal incapacity, Proof of Loss must be given no later than one year from the date proof is otherwise required.

To Whom Benefits Are Payable (Time Payment of Claims)

We will pay benefits due upon receipt of satisfactory Proof of Loss. All benefits will be payable to You unless otherwise assigned. Any benefits unpaid at Your death will be payable to Your designated beneficiary or estate, if no beneficiary was designated. If benefits are payable to an estate or to a minor or a person otherwise not competent to give a valid release, We may pay up to $1,000 of such benefits otherwise payable to Your estate directly to someone related to You by blood or marriage who is deemed by Us to be justly entitled to the benefits. Any payment made by Us in good faith according to this provision will discharge Us to the extent of the payment.

All benefits are payable in United States dollars only.

Excessive Coverage

No individual may be insured under more than one Accident Expense Policy at any given time. If a Covered Person has coverage under more than one Policy, whether in one state or in more than one state, the amount of liability under the Policy shall be limited only to the amount payable on that Policy with the highest available benefit and any premiums paid to Us for Excessive Coverage shall be refunded to You or to Your estate.

SECTION 3: LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Exclusions

Care must be provided within the United States, its territories or possessions or Canada to be considered eligible for benefits.

No benefits of this Policy are payable when the loss is contributed to or caused by:

- Operating, learning to operate, or serving as a crew member of any aircraft;
- Engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, or parasailing;
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- Officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- Any act of war whether declared or undeclared;
- Voluntary participation in any riot or civil insurrection;
- Engaging in an illegal activity or occupation;
- Commission or attempt to commit an assault or felony;
- Suicide or attempted suicide, while sane or insane;
- Intentionally self-inflicted injury; or
- Hernia of any kind.

No benefits of this Policy are payable for:

- Any illness, loss, or condition specifically excluded from the definition of Accident;
- Dental care or treatment unless caused by Accidental Injury to natural teeth; or
- Treatment for a mental or nervous disorder or disease.

SECTION 4: PREMIUM AND RENEWAL PROVISIONS

Premium Payments

You will pay premiums to Us or to one of Our agents. Your first premium is due on the Policy Effective Date as shown on Your Schedule of Benefits.

To keep Your Policy in force after payment of the first full modal premium, You must pay each premium before the end of the Grace Period.

Grace Period

There is a 31 day Grace Period. This means that if a premium is not paid on or before the date it is due, it may be paid during the following 31 days. Coverage under the Policy will remain in force during the Grace Period, unless We have been advised in writing by You or Your Representative that You want to cancel coverage prior to the end of the Grace Period.

Reinstatement

If Your coverage lapses due to non-payment of premium, You may apply for reinstatement within 60 days of the lapse by:

- Paying all the required premium due from the lapse date; and
- Submitting an Application for reinstatement, if We require one.

If We do not require an Application and accept Your premium, this Policy will be reinstated as of the date We received the premium.

If We require an Application, We will give You a conditional receipt for the premium. If We approve the Application, this Policy will be reinstated as of the approval date. If We disapprove the Application, We will notify You in writing. If We do not notify You of Our disapproval, this Policy will be reinstated 45 days after the date of the conditional receipt. The reinstated Policy will cover only loss resulting from Accidental Injury sustained after the reinstatement date.

If Your Policy is not reinstated within 60 days from the lapse date, it will terminate. You will need to apply for a new Policy which will have a new Policy Effective Date. You will not have coverage during the interval between the lapse date of Your former Policy and the effective date of Your new Policy.

Except for the conditions stated in this provision and any new provisions We may require for reinstatement, You and We will have the same rights under this Policy as before the non-payment of premiums.

Unpaid Premium

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

Unearned Premium

If this Policy terminates, We will promptly return any unearned premium.

SECTION 5: GENERAL PROVISIONS

Coverage Effective Date

Coverage under this Policy begins on the Policy Effective Date shown on Your Schedule of Benefits, subject to payment of the required first full modal premium.

Coverage Termination Date

Coverage under this Policy terminates on the earliest of:

- The date We receive Your request in writing that it be cancelled;
- The last day of the Grace Period;
- The Policy anniversary on or following Your 75th birthday; or
- The date of Your death.

Termination of coverage under this Policy shall be without prejudice to any claim for Covered Services rendered while the Policy is in force.

Entire Contract

The entire contract consists of the Policy, the Schedule of Benefits, Your Application and any riders or endorsements to the Policy that are issued by Us. This Policy is issued in consideration of Your Application and the payment of the first full modal premium.

Contract Changes

Any contract change made by Us must be signed by one of Our executive officers. No agent may modify or waive any of the terms of the contract. No change in the contract is effective until You accept the change in writing or electronically, with the following exceptions: a change in the premiums; a change which is required by law or regulation; or a change which does not reduce or eliminate benefits or coverage. These exceptions do not include an increase in benefits or coverage with a like increase in premium. Any change will be without prejudice to any claim incurred for benefits prior to the date of the change.

Misstatement of Age

If a Covered Person's age was misstated in the Application, We will adjust the premium to the correct amount of insurance at the correct age as of the Covered Person's Coverage Effective Date. The amount of the insurance shall not be affected, provided that any necessary adjustment in premium is made and collected. If according to Your correct age, this Policy would not have become effective or would have terminated before acceptance of the premium, Our liability is limited to the refund of all premiums paid.

Time Limit on Certain Defenses

After two years from the Policy Effective Date, only Your fraudulent misstatements on the Application may be used to void this Policy or deny any claim for loss incurred beginning after the two year period.

Conformity With State Statutes/Severability

Any provision of Your Policy which, on the Policy Effective Date, is contrary to the applicable laws of the state where the Policy is delivered is amended to conform to the minimum requirements of such state laws.

Time Periods

All time periods start and end at 12:01 a.m. in the time zone in which You reside.

Clerical Error

Clerical error or delays in making entries on the records by Us or Our designees will not void Your coverage if Your coverage would otherwise have been in effect. Such clerical error will not cause You to become insured if You were otherwise not eligible. Such clerical error will also not extend Your coverage if Your coverage would otherwise have ended or been reduced as provided by the Policy. If a clerical error is found, premiums and benefits will be adjusted based on the true facts and the provisions of the Policy.

Physical Exam & Autopsy

We, at Our own expense, shall have the right and opportunity to examine You when and as often as We may reasonably require during the pendency of Your claim, and to request an autopsy in case of death where it is not forbidden by law.

Legal Actions

No action may be brought to recover under this Policy until 60 days after proof of loss has been given to Us. No action can be brought after the expiration of three years from the time written proof of loss is required.

Beneficiary Change

You may change Your beneficiary at any time by giving Us written or electronic notice. The effective date of the beneficiary change will be the date the change is received and recorded by Us.

Appeal Process

If You disagree with Our decision regarding Your claim, You can appeal. You may request in writing or electronically within 60 days of Our decision that We reconsider Your claim. Include the reason for the appeal and any documents You feel are pertinent to the situation. You are responsible for the expense of securing additional information, if applicable, for each instance of reconsideration. We will send You Our decision in writing or electronically within 30 days of Our receipt of Your appeal request.

Cancellation By The Insured

You may cancel this Policy at any time by written notice delivered or mailed to Us. Cancellation will take effect upon the date We receive written notice, or upon such later date You specify in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid. Cancellation will not prejudice any claim originating before the effective date of cancellation.

SECTION 6: GLOSSARY

This Section provides the definitions of words and terms used in the Policy that have a special meaning when applied to this Policy. To help You recognize these special words and terms, each word is capitalized wherever it appears throughout the Policy.

Accident

Means an unforeseen event which:

- Results in bodily injuries to You;
- Occurs on or after the Policy Effective Date and while this Policy is in force; and
- Is wholly independent of disease, bodily or mental infirmity, illness, infection or any other physical condition.

Accidental Injury

Means trauma or damage to some part of Your body which:

- Is a result of an Accident;
- Occurs on or after the Policy Effective Date and while this Policy is in force; and
- Results in initial Care beginning within one (1) year of the Accident.

Ambulance

Means a vehicle or aircraft equipped for transporting injured or sick persons and licensed to provide such service, if licensing is required.

Ambulance does not include a vehicle or aircraft operating outside the United States, its territories or possessions or Canada unless used to transport You into the United States, its territories or possessions or Canada.

Application

Means the written or electronic form provided by Us and completed by You when You apply for coverage or reinstatement of coverage.

Annual Benefit Bank

Means the total dollar benefit amount available under Your Policy for Covered Services rendered each Calendar Year. Your Annual Benefit Bank will be reduced by all benefit amounts paid. On January 1st of each year, We will restore Your Annual Benefit Bank to the full amount shown on Your Schedule of Benefits.

Annual Deductible Amount

Means the dollar amount that You incur for Covered Services each Calendar Year before benefits are payable under this Policy.

Calendar Year

Means the period from January 1st to December 31st of the same year.

Care

Means professional, documented medical treatment or attention received as a result of an Accidental Injury and is a service covered under this Policy. Initial Care must begin within one (1) year of the Accidental Injury. Care does not include any psychiatric treatment.

Covered Person

Means You and, if approved for coverage by rider, your dependents. Any person excluded by name in an endorsement to this Policy is not a Covered Person.

Emergency Room

Means a specified area within a Hospital that is designated for emergency care and services. This area must:

- Be supervised and staffed by a Physician;
- Be staffed and equipped to handle trauma; and
- Provide care 24 hours a day seven days a week.

Emergency Services

Means medical treatment required as a result of an Accidental Injury received within one (1) year following the Accidental Injury. The condition for which treatment is received must be one which manifests itself by symptoms which are sufficiently severe for which a reasonably prudent person would receive medical treatment.

Ambulance transportation, Surgery, Major Diagnostic Exams, X-Rays or Tests are not included in this definition of Emergency Services. Benefits for these Covered Services may be available separately as described in this Policy.

Follow-Up Services

Means medical treatment required after receipt of Emergency Services and received in a Physician's Office or Hospital.

Ambulance transportation, Surgery, Major Diagnostic Exams, X-Rays or Tests are not included in this definition of Follow-Up Services. Benefits for these Covered Services may be available separately as described in this Policy.

Hospital

Means a lawfully operated institution which:

- Has resident facilities for injured or sick patients;
- Primarily provides diagnostic, medical and surgical treatment for the care of injured or sick persons on an inpatient basis for which a charge is incurred;
- Has 24 hour continuous nursing service by or under the supervision of a graduate registered nurse;
- Has at least one Physician on staff who is on call at any time; and
- Is operated pursuant to law and licensed as a Hospital by the responsible agency.

A Hospital is not:

- A nursing home, extended care facility, skilled nursing facility, or hospice;
- A facility primarily providing custodial, educational or rehabilitative care;
- A facility that primarily cares for the aged, drug addicts or alcoholics; or

- A psychiatric unit.

Physician

Means a person who:
- Provides or prescribes services covered by this Policy; and
- Is recognized by law or regulation as a Physician.

A Physician is not:
- A person practicing outside the United States, its territories or possessions or Canada;
- Someone related to You through blood or marriage;
- Someone who customarily resides in the same household as You; or
- You.

Policy

Means the legal contract between You and Us.

Policy Effective Date

Means the date the coverage begins upon receipt of the first full modal premium. The Policy Effective Date is shown on Your Schedule of Benefits.

Premium Due Date

Means each date a premium is due, after the first full modal premium, in accordance with the terms of this Policy.

Prosthetic Device

Means an artificial removable device designed to replace a missing body part.

Prosthetic Device does not include:
- Dental aids, including false teeth;
- Eye glasses;
- Cosmetic prosthesis such as a wig;
- Experimental prosthesis; or
- An auditory aid.

Rehabilitative Therapy

Means rehabilitative health care by a licensed or certified physical, occupational or speech therapist that uses specially designed exercises and equipment, manual therapy, education, and techniques such as heat, cold, water, ultrasound, and electrical stimulation to help regain or improve physical abilities or activities of daily living.

Representative

Means a person or entity legally empowered to represent You.

Schedule of Benefits

Means that part of the Policy that lists information about Your benefits, effective date, coverage, deductible and premium.

Surgery

Means treatment of an Accidental Injury by incision or manipulation. Eligible charges include all services and expenses related to the Surgery, including but not limited to the surgeon, assistant surgeon, second opinion, anesthesia, supplies and surgery facility charges. The Surgery must be necessary as a result of the Accidental Injury. Surgery must be performed in a Hospital or outpatient medical facility.

Urgent Care Center

Means a facility that:

- Is operated pursuant to law and licensed by the responsible agency;
- Is supervised by a Physician; and
- Delivers unscheduled, walk-in Care.

We, Us, Our

Means LifeSecure Insurance Company or the administrator it designates.

You, Your or Yourself

Means the primary policyholder named on the Schedule of Benefits.

SAMPLE

LifeSecure Insurance Company
10559 Citation Dr., Suite 300
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DEPENDENT CHILD RIDER

PLEASE READ THIS RIDER CAREFULLY. This Dependent Child Rider is made a part of Your Policy. All definitions, exclusions, limitations or conditions on eligibility for benefits of the Policy apply to this rider unless modified herein.

PREMIUM AND RENEWAL PROVISIONS

Premium for this rider is shown on the Schedule of Benefits and is due according to the terms of the Policy.

COVERED SERVICES

If, after the Dependent Child's Annual Deductible Amount or family deductible amount has been satisfied, We receive due proof that that a Dependent Child incurred expenses for Covered Services, We will pay the benefits described in the Policy. Benefits will be equal to the amount charged for Covered Services, less any adjustments or discounts which may have been applied through providers or other payor organizations. However, the total of all benefits paid in a Calendar Year under this rider, the Policy and any other riders providing benefits for Covered Services may not exceed the Annual Benefit Bank. For any of the benefits to be payable, the Covered Services rendered must be due to an Accidental Injury and initial Care must begin within one (1) year of the Accidental Injury.

Annual Deductible Amount

The Dependent Child's Annual Deductible Amount is the dollar amount shown on the Schedule of Benefits that is incurred by each Dependent Child for Covered Services each Calendar Year before benefits are payable under the Policy. The family deductible amount is two times (2x) the Annual Deductible Amount and must be satisfied by two or more family members. Once the family deductible has been satisfied for the Calendar Year, each family member is eligible for benefits even if his/her individual deductible has not been met.

Disappearing Deductible

The Dependent Child's Annual Deductible Amount will decrease according to the terms of the Policy.

GENERAL PROVISIONS

Coverage Effective Date

Coverage under this rider begins on the effective date shown on the Schedule of Benefits, subject to payment of the required premium.

Coverage Termination Date

This rider terminates on the earliest of:

- The date the Policy terminates; or
- The date You request in writing to cancel this rider.

Coverage for a Dependent Child under this rider terminates on the earliest of:

- The date this rider terminates;

- The policy anniversary date on or following the date the child no longer meets the definition of Dependent Child; or
- The date of Your Dependent Child's death.

If coverage under this rider terminates, Your Dependent Child who is 18 or older has the right to be issued a policy with benefits similar to what was terminated. To obtain the policy, the Dependent Child must submit an application to Us and pay the appropriate premium.

GLOSSARY

Accident

Means an unforeseen event which:

- Results in bodily injuries to a Dependent Child;
- Occurs on or after the rider effective date and while the Policy is in force; and
- Is wholly independent of disease, bodily or mental infirmity, illness, infection or any other physical condition.

Accidental Injury

Means trauma or damage to some part of a Dependent Child's body which

- Is a result of an Accident;
- Occurs on or after the rider effective date and while the Policy is in force; and
- Results in initial Care beginning within one (1) year of the Accident.

Dependent Child

Means Your children, stepchildren, foster or legally adopted children who are less than 26 years old and:

- Named on the application;
- Born to You after the rider effective date;
- Legally adopted by You after the rider effective date; or
- Your legal obligation for total or partial support including the anticipation of adoption.

Coverage for Dependent Children age 26 or older will not terminate if they are:

- Unmarried;
- Incapable of self-sustaining employment by reason of intellectual or physical disability (intellectual or physical disability includes mental retardation, physical handicap and mental or physical incapacity); and
- Chiefly dependent on You for support and maintenance.

On or following the policy anniversary date following Your Dependent Child's 26th birthday, We may request proof of mental or physical disability. We may require at reasonable intervals during the next two (2) years subsequent proof of the Dependent's incapacity and dependency. After the first two (2) years, We will not ask for proof of incapacity more than once a year.

President

Kevin P. Stutler

SAMPLE

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ADDITIONAL INSURED RIDER

PLEASE READ THIS RIDER CAREFULLY. This Additional Insured Rider is made a part of Your Policy. All definitions, exclusions, limitations or conditions on eligibility for benefits of the Policy apply to this rider unless modified herein.

PREMIUM AND RENEWAL PROVISIONS

Premium for this rider is shown on the Schedule of Benefits and is due according to the terms of the Policy.

COVERED SERVICES

If, after the Additional Insured's Annual Deductible Amount or family deductible amount has been satisfied, We receive due proof that the Additional Insured incurred expenses for Covered Services, We will pay the benefits described in the Policy. Benefits will be equal to the amount charged for Covered Services, less any adjustments or discounts which may have been applied through providers or other payor organizations. However, the total of all benefits paid in a Calendar Year under this rider, the Policy and any other riders providing benefits for Covered Services may not exceed the Annual Benefit Bank. For any of the benefits to be payable, the Covered Services rendered must be due to an Accidental Injury and initial Care must begin within one (1) year of the Accidental Injury.

Annual Deductible Amount

The Additional Insured's Annual Deductible amount is the dollar amount shown on the Schedule of Benefits that is incurred by the Additional Insured for Covered Services each Calendar Year before benefits are payable under the Policy. The family deductible amount is two times (2x) the Annual Deductible Amount and must be satisfied by two or more family members. Once the family deductible has been satisfied for the Calendar Year, each family member is eligible for benefits even if his/her individual deductible has not been met.

Disappearing Deductible The Additional Insured's deductible amount will decrease according to the terms of the Policy.

GENERAL PROVISIONS

Coverage Effective Date

Coverage under this rider begins on the effective date shown on the Schedule of Benefits, subject to payment of the required premium.

Coverage Termination Date

Coverage under this rider will terminate on the earliest of:

- The date the Policy terminates;
- The policy anniversary date on or following the Additional Insured's 75th birthday;
- The date You request in writing to cancel this rider;
- The policy anniversary date on or following the Additional Insured's divorce or dissolution of domestic partnership; or
- The date of the Additional Insured's death.

If coverage under this rider terminates, except for the Additional Insured's reaching age 75 or death, the Additional Insured has the right to be issued a policy with benefits similar to what was terminated. To obtain the policy, the Additional Insured must submit an application to Us and pay the appropriate premium.

GLOSSARY

Accident

Means an unforeseen event which:

- Results in bodily injuries to the Additional Insured;
- Occurs on or after the rider effective date and while the Policy is in force; and
- Is wholly independent of disease, bodily or mental infirmity, illness, infection or any other physical condition.

Accidental Injury

Means trauma or damage to some part of the Additional Insured's body which:

- Is a result of an Accident;
- Occurs on or after the rider effective date and while the Policy is in force; and
- Results in initial Care beginning within one (1) year of the Accident.

Additional Insured

Means Your lawfully married spouse, civil union partner, domestic partner or legal partner.

President

Kevin P. Stutler