

GROUP LIMITED-BENEFIT HOSPITAL INDEMNITY INSURANCE

Underwritten by Transamerica Life Insurance Company, Home Office, Cedar Rapids, Iowa.



Florida Swimming Pool Association - Custom Plan Designs

| Base Plan Benefits | | Plan I | Plan II | Plan III |
|--|---|-----------------|-----------------|------------------|
| Daily In-Hospital Indemnity Benefit | Benefit per stay more than 23 hours of hospital confinement | \$200 | \$250 | \$400 |
| | Maximum days per confinement | 30 days | 30 days | 30 days |
| Group Term Life Insurance Policy with Accidental Death & Dismemberment Rider | Employee | \$10,000 | \$25,000 | \$25,000 |
| | Spouse | \$5,000 | \$10,000 | \$10,000 |
| | Child (AD&D coverage is not available for dependent children) | \$2,500 | \$2,500 | \$2,500 |
| Additional Benefits | | Plan I | Plan II | Plan III |
| Outpatient Physician Office Visit Indemnity Benefit | Benefit per visit per calendar year per insured | \$50 | \$70 | \$80 |
| | Maximum visits per calendar year per insured | 6 visits | 6 visits | 6 visits |
| Outpatient Diagnostic X-Ray & Laboratory Indemnity Benefit | Per testing day for tests performed | \$100 | \$100 | \$150 |
| | Maximum test days per year per insured | 2 test days | 2 test days | 2 test days |
| Surgical & Anesthesia Indemnity Benefit | Pays the amount listed in the Surgical Schedule for a surgery performed at the Plan level selected. | Plan 2,000 | Plan 2,500 | Plan 3,000 |
| | Percentage of the surgery benefit for anesthesia administration | 20 % | 20 % | 20 % |
| In-Hospital & Inpatient Additional Surgical Indemnity Benefit | Benefit per confinement per insured | N/A | \$500 | \$1,000 |
| | Maximum confinements per calendar year | N/A | 1 confinement | 1 confinement |
| Off-the-Job Accidental Injury Benefit | Pays actual charges incurred per covered accident; up to the amount. Maximum benefit of 5 accidents per calendar year, per insured (<i>off-the-job only</i>) | \$100 | \$200 | \$200 |
| Prescription Drug Indemnity Benefit | Benefit per prescription | \$15 | \$20 | \$25 |
| | Maximum prescriptions per calendar year, per insured | 5 prescriptions | 6 prescriptions | 12 prescriptions |
| Wellness Indemnity Benefit | Benefit per visit for physical exams or certain diagnostic tests | \$100 | \$150 | \$150 |
| | Maximum amount per calendar year | \$100 | \$150 | \$150 |
| | Well child visits per year—0-12 months: 4 visits; 12-24 months: 2 visits | Included | Included | Included |
| Critical Illness Indemnity Benefit & Subsequent Critical Illness Indemnity Benefit | Benefit per initial positive diagnosis of a covered critical illness and an additional lump-sum benefit of the same amount for a subsequent and separate covered critical illness | N/A | N/A | \$5,000 |
| Emergency Room Sickness Benefit | Benefit per visit to the emergency room | \$150 | \$150 | \$200 |
| | Maximum number of visits per calendar year per insured | 2 visits | 2 visits | 2 visits |

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|---|---|---------------|----------------|-----------------|
| Intensive Care Indemnity Benefit | Per day of confinement in an intensive care unit | N/A | N/A | \$500 |
| | Maximum days per calendar year per insured | N/A | N/A | 30 days |
| Ambulance Indemnity Benefit | Benefit per trip in an ambulance; maximum of 3 trips per insured per year, with lifetime maximum of 6 trips per insured | \$100 | \$200 | \$100 |
| Additional Optional Coverages | | | | |
| TransDI® Plus | Elimination Period for accident and sickness | N/A | 7 days | 7 days |
| | Maximum benefit period | N/A | 3 months | 6 months |
| | Monthly Benefit | N/A | \$800 | \$800 |
| Non-Insurance Discount Programs | | Plan I | Plan II | Plan III |
| Employee Discount Card offered by New Benefits, Ltd. | This card will provide access to a discount vision plan, nurses hotline, TelaDoc, counseling services and discounts for hearing aids | Included | Included | Included |
| PPO Network offered by KBA | Employee and covered dependents will receive contracted savings from the normal fees charged by network physicians, hospitals and outpatient X-ray and laboratory providers | Included | Included | Included |
| Premiums | | Plan I | Plan II | Plan III |
| Weekly Premium | Employee | 19.55 | 33.94 | 45.83 |
| | Employee + Spouse | 34.35 | 54.86 | 75.86 |
| | Employee + Child(ren) | 33.49 | 54.19 | 73.67 |
| | Family | 48.35 | 75.26 | 103.88 |
| Additional Coverage | | Plan I | Plan II | Plan III |
| TransDI® Plus | Elimination Period for accident and sickness | N/A | 7 days | 7 days |
| | Maximum benefit period | N/A | 3 months | 6 months |
| | Monthly Benefit Amount | \$800 | 6.21 | 6.98 |

Note: This program is not intended to replace nor do we recommend that it replace any comprehensive health insurance program in which you currently participate in or are considering participating in. Rates include \$2.00 per month for insurance fees and administrative fees for enrollment and materials.

Administration provided by Key Benefit Administrators, Inc. (KBA), Fort Mill, SC. Customer Service: (866) 433-5153

TransChoice® Plus—Group Limited-Benefit Hospital Indemnity Insurance Policy

Policy Benefits

Daily In-Hospital Indemnity Benefit

When an insured is confined in a hospital as a result of a covered sickness or accident, this benefit pays the benefit amount for each stay more than 23 hours the insured is confined in a hospital, up to a maximum of 30 days per confinement.

Group Term Life Insurance Policy with AD&D Rider

This policy pays the benefit amount shown on the benefit page upon the death of the insured, subject to any limitations/exclusions. Refer to www.transmerciaworksites.com for state product availability. No additional riders may be added to the Group Term Life with AD&D.

- ▶ Employee—\$10,000 minimum; up to \$35,000 in increments of \$5,000
- ▶ Spouse—\$5,000 or \$10,000 (not to exceed 50% of employee's coverage)
- ▶ Child(ren) (older than 6 months \$2,500*

Benefit amounts are selected by the employer. All eligible dependent children in each family will be covered for the same amount.

The AD&D coverage amount will match the amount of group term life insurance. Under the AD&D rider, when a covered accident results in any of the following losses, benefits are payable for the following specified percentages of the coverage amount subject to any limitations and exclusions.

| Loss | Percentage Payable |
|---|---------------------------|
| Loss of life or loss of two or more members (hand, foot, sight of an eye) | 100% |
| Quadriplegia (total and permanent paralysis of both upper and lower limbs) | 100% |
| Loss of speech AND hearing in both ears | 100% |
| Paraplegia (loss or paralysis of both lower limbs) | 75% |
| Loss of one member, or loss of speech, or loss of hearing in both ears | 50% |
| Hemiplegia (total and permanent paralysis of the upper and lower limbs of one side of the body) | 50% |
| Loss of hearing of one ear, or loss of thumb and index finger of same hand | 25% |

Only one such amount paid as a result of a single covered accident. AD&D coverage is not available for eligible dependent children. Policy form series CP100200, CC100200 and CR101100

* Eligible dependent children (less than 6 months) are covered for \$250.

Additional TransChoice Plus Benefits (Employer Elected)

Outpatient Physician Office Visit Indemnity Benefit

This benefit pays the amount shown on the benefit page per physician's office visit as a result of a covered sickness or accident. Benefits are payable for a maximum number of visits per calendar year for each insured or a maximum amount per calendar year for each insured shown on the benefit page.

Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit

This benefit pays the per test per testing day for tests performed for the purpose of diagnosis of a covered sickness or accident, as indicated by symptoms that would suggest a covered sickness or injury had occurred as shown on the benefit page. The benefit is limited to the number of tests or days of testing per calendar year per insured or maximum amount per calendar year shown on the benefit page and is not payable while he/she is confined in a hospital (i.e., it applies to outpatient services only).

Surgical and Anesthesia Indemnity Benefit

When an insured undergoes a surgical procedure listed in the Table of Surgical Indemnity Benefits in the certificate as a result of an accident or sickness, the policy pays the benefit amount shown in the table based on the plan level selected. The policy also pays the anesthesia benefit percentage shown on the benefits page of the surgical benefit amount.

If two or more procedures are performed through the same incision or operative field, the benefit paid will be for only the procedure that has the larger benefit. If more than one procedure is performed, but each through a separate incision or in a separate operative field, the amount payable will be the specified amount for the primary procedure plus 50% of the amount payable for all other surgical procedures performed.

In-Hospital and Inpatient Surgical Additional Indemnity Benefit

This benefit pays the amount shown on the benefit page for each insured when he/she receives treatment or surgery while confined in a hospital as an inpatient as a result of a covered sickness or accident. This benefit will be paid for the number of maximum confinements shown per calendar year. No benefit will be paid for any period the insured is not under the regular care and attendance of a licensed physician.

Off-the-Job Accidental Injury Benefit

This benefit pays based on the actual charges* incurred, up to a maximum shown on the benefit page for each covered accident (maximum of five covered accidents per insured per calendar year), for X-rays used to diagnose an accidental injury and for treatment of a covered accident by a physician in the physician's office, clinic, urgent care facility, or hospital emergency room. Treatment must be received within 72 hours of the accident for benefits to be payable.

**Pays actual charges as the amount actually paid by or on behalf of the insured, and accepted by a provider as payment in full for services provided.*

Prescription Drug Indemnity Benefit

This benefit pays the amount shown on the benefit page per prescription when an insured incurs expenses for prescription drugs prescribed by a physician as a result of an accident or sickness. The benefit pays for the maximum number of prescriptions per calendar year for each insured shown on the benefit page.

Wellness Indemnity Benefit

This benefit pays the amount shown on the benefit page for each insured who undergoes the following:

| | | | | | | |
|------------------|------------|------------------------------------|---------------------------|-----------|---------------|--------------------------|
| blood screenings | mammograms | prostate-specific antigen tests | flexible sigmoidoscopy | pap smear | immunizations | physical examinations |
|------------------|------------|------------------------------------|---------------------------|-----------|---------------|--------------------------|

The benefit has a calendar year maximum number of visits or a maximum amount per year or visits shown on the benefit page for each insured. Benefits are also paid for well-baby visits. For children 0-12 months, up to 4 visits per year are allowed and from 12-24 months up to 2 visits per year are allowed. Services must be under the supervision of or recommended by a physician, and a charge must be incurred.

Critical Illness Indemnity Benefit and Subsequent Critical Illness Indemnity Benefit

When an insured is first positively diagnosed with a covered critical illness, amount shown on the benefit page is paid. This amount is payable up to two times for each insured, once under the Critical Illness Indemnity Benefit and once under the Subsequent Critical Illness Indemnity Benefit and is paid in addition to any other benefits paid by the TransChoice Plus policy.

The Subsequent Critical Illness Indemnity Benefit is paid if the insured is diagnosed for the first time as having a subsequent and separate covered critical illness more than 60 days after the first covered critical illness.

For example: If an insured is first diagnosed with a heart attack, and then is diagnosed for the first time with a stroke more than 60 days later, he or she will receive the benefit amount selected for each illness. This benefit is payable one time for each insured. The Subsequent Critical Illness Indemnity Benefit is not payable for skin cancer or carcinoma in situ.

Benefits are payable for the following critical illnesses (see the certificate's Definitions section for a complete definition):

- ▶ **Cancer**—including leukemia and Hodgkin's Disease (except Stage 1 Hodgkin's Disease);
- ▶ **Heart attack**—diagnosis must be based on EKG changes consistent with injury, elevation of cardiac enzymes, and confirmatory imaging studies;
- ▶ **Stroke**—the diagnosis must be based on documented neurological deficits and confirmatory neuroimaging studies;
- ▶ **End-stage renal failure**—chronic, irreversible failure of the function of both kidneys, such that an insured must undergo regular hemodialysis or peritoneal dialysis at least weekly;
- ▶ **Major organ transplant**—undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney or pancreas;
- ▶ **Skin cancer**—including basal cell epitheloma or squamous cell carcinoma; does not include malignant melanoma or mycosis fungoides; and
- ▶ **Carcinoma in situ**—cancer that is confined to the site of origin without having invaded neighboring tissue.

| Condition | % of Elected Benefit Amount |
|--|-----------------------------|
| Cancer,* Heart attack,* Stroke,* End-stage renal failure,* Major organ transplant surgery* | 100% |
| Skin cancer, Carcinoma in situ | 5% |

*This benefit is paid on a first occurrence of a condition ever basis. **Eligible dependent coverage equal to 50% of this benefit.*

Emergency Room Sickness Benefit

This benefit pays the amount shown on the benefit page for each sickness visit to the emergency room for a maximum number of visits shown on the benefit page per year per insured. Emergency room visits for accidents are not covered under this benefit; they would be covered under the Off-the-Job Accident Injury Benefit.

Intensive Care Indemnity Benefit

This benefit pays the amount shown on the benefit page per day for confinement in an intensive care unit, up to the number of maximum days per calendar year as shown on the benefit page. This daily benefit must be less than or equal to twice the Daily Inpatient Hospital Indemnity Benefit amount.

Ambulance Indemnity Benefit

This benefit pays the amount shown on the benefit page per trip in an ambulance. This benefit allows a maximum of 3 trips per year per insured, with a lifetime maximum of 6 trips per insured. Treatment must be received within 72 hours of the accident or onset of sickness, and must be provided by a licensed ambulance company for benefits to be payable.

Additional Optional Coverages

The benefits below will be provided under separate policies/certificates.

TransDI® Plus — Short-Term Disability Income Insurance Policy Form Series CPDI0100 and CCDI0100

Underwritten by Transamerica Life Insurance Company, Home Office, Cedar Rapids, Iowa

This policy provides non-occupational disability benefits as described on the benefit page. Periods of disability of less than one month will be paid 1/30 of the monthly benefit for each day of total disability. The policy provides benefits for recurring disabilities, pregnancies and during periods of part-time work. Please refer to www.transamericiaworksite.com for state product availability. No additional riders may be added to the TransDI Plus policies.

Disability is defined as being unable to perform the material and substantial duties of employment for the first 12 months of disability.

Non-Insurance Discount Programs (Provided by KBA)

A fulfillment package, sent to each insured employee by KBA, will contain access information for the employee and prescription drug discount cards. Network access information for the Preferred Provider Network (PPO) will be included in the package if available.

Employee Discount Card

Provided by New Benefits, Ltd., the employee discount card offers access to a discount vision plan, a nurses' hotline, counseling services and benefits for hearing aids. **This is not an insurance plan.**

The discount vision plan's coast-to-coast network allows the employee to receive savings of 20-60% on eyeglasses, non-prescription sunglasses, contact lenses (including disposables) and frames from more than 10,000 independent retail optical locations. Providers include independent practitioners, regional chains, department store opticals and the largest chains in the United States, like LensCrafters[®], Pearle Vision[®], Sears[®] Optical and JCPenney[®] Optical.*

The nurses' hotline allows telephone access to experienced, registered nurses 24 hours a day, 7 days a week, 365 days a year. These nurses are an immediate, reliable and caring source of health information, education and support. Services provided by this plan include

- ▶ general information on all types of health concerns,
- ▶ information based on physician-approved guidelines,
- ▶ answers about medication usage and interaction,
- ▶ information on non-medical support groups,
- ▶ translation services for non-English speaking callers, and
- ▶ full-time medical director on staff.

TelaDoc provides telephone access to a physician from any phone, 24 hours a day, 7 days a week. Physician can diagnose medical problems and prescribe short-term medication when appropriate will contact the member within three hours

- ▶ Prescriptions phoned into the member's local pharmacy
- ▶ Patient Access to medical records with HIPAA compliant secure servers
- ▶ Free Portable Electronic Health Record

Counseling services allow the employee to speak with a counselor 24 hours a day, 7 days a week regarding personal problems. If referred to one of 27,000 counseling providers nationwide, the employee will receive savings of 25-30% on normal billing charges from those providers.

The hearing aid benefit provides savings up to 15% on retail costs on more than 70 hearing aid models and a free hearing test when utilizing one of 1,200 participating Beltone[®] locations nationwide. Or, they can also realize savings up to 50% on the suggested retail price on more than 90 hearing aid models in more than 1,000 locations nationwide.*

Contact New Benefits, Ltd., by mail at 1420 Proton Road, Dallas, Texas, 75344; or by phone at (800) 800-8304.

Prescription Drug Discount Card

By presenting a Caremark prescription drug discount card, provided by KBA, to one of Caremark's 55,000 participating providers, an insured can receive a savings of at least 14% on retail pharmacy prices for brand-name drugs and up to 60% for generic drugs. The insured will continue to receive the savings even after his or her TransChoice Plus benefit has been used for the year.

PPO Network Benefit (offered by KBA)

At the employer's option, a PPO may be available, allowing an insured access one of the following:

- ▶ Multiplan's network is composed of more than 4,000 hospitals, nearly 100,000 ancillary facilities and 550,000 health care professionals.
- ▶ Beechstreet's network is composed of more than 400,000 respected practitioners, 3,800 hospitals and more than 52,000 ancillary network providers.

A member's PPO savings continue even after the TransChoice Plus benefits have been exhausted

* Savings on professional services are not available where prohibited by law.

Exclusions and Limitations

TransChoice® Plus Policy

TransChoice Plus contains certain limitations and exclusions, which are listed below. It's important to fully understand these limitations and exclusions and to properly explain them to clients. Doing so will avoid problems at claim time. Specifically, no benefits will be payable as the result of

- In the event of suicide, the Company's liability may be limited to only the return of premiums paid. In Missouri, suicide is no defense to payment of benefits unless the Company can show the insured intended suicide when he/she applied/enrolled for coverage;
- any intentionally self-inflicted injury or sickness;
- rest care or rehabilitative care and treatment (unless provided as a benefit on the Schedule of Benefits);
- immunization shots and routine examinations such as physical examinations, mammograms, pap smears, immunizations, flexible sigmoidoscopy, prostate-specific antigen tests and blood screenings unless the Wellness Benefit is included;
- routine newborn care (unless covered under the Wellness Indemnity Benefit);
- the treatment of mental illness; functional or organic nervous disorder, regardless of cause (unless the daily Inpatient Mental and Nervous Benefit is shown on the Schedule of Benefits); alcohol abuse; and drug use, unless such drugs were taken on the advice of a physician and taken as prescribed (unless the daily inpatient Drug and Alcohol Benefit is shown on the Schedule of Benefits);
- participation in a riot, civil commotion, civil disobedience or unlawful assembly;
- committing, attempting to commit or taking part in a felony, or assault, or engaging in an illegal occupation;
- participation in an organized contest of speed, parachuting, parasailing, bungee jumping or hang gliding;
- air travel, except as a fare-paying passenger on a commercial airline on a regularly scheduled route, or as a passenger for transportation only and not as a pilot or crew member;
- any accident caused by the participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician's instructions) or while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred);
- any procedure or treatment to change physical characteristics to those of the opposite sex and other treatment related to sex change;
- the reversal of tubal ligation or vasectomy;
- artificial insemination, in vitro fertilization and test tube fertilization, including any related testing, medications or physician's services, unless required by law;
- any loss incurred while on active duty status in the armed forces (if the insured notifies Transamerica of such active duty, Transamerica will refund any premiums paid for any period for which no coverage is provided as a result of this exception);
- accidents or sicknesses arising out of and in the course of any occupation for compensation, wage, or profit OR expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits has been made;
- air or ground ambulance transportation (unless the Ambulance Benefit has been included);
- routine eye examinations or fitting of eye glasses;
- hearing aids or fitting of hearing aids;
- dental examinations or dental care other than expenses resulting from an accident;
- care or treatment of an accident or sickness not specifically provided for in the plan;
- with respect to the Off-the-Job Accidental Injury Benefit only, charges that the insured is not legally required to pay, or charges which would not have been made if this coverage had not existed; or
- treatment of an accident or sickness made necessary by or arising from war, declared or undeclared, or any act of war.

Termination

Your insurance will cease on the earliest of:

1. The last day of the payroll deduction period during which You cease to be eligible for coverage;
2. The end of the last period for which premium payment has been made to Us;
3. The date the Policy terminates; or
4. The last day of the payroll deduction period during which You terminate employment.

The insurance on a Dependent will cease on the earliest of:

1. The date Your coverage terminates;
2. The end of the last period for which premium payment has been made to Us;
3. The date the Dependent no longer meets the definition of Dependent; or
4. The date the Policy is modified so as to exclude Dependent coverage.

We will have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the Policy.

Extension of Benefits

Whenever termination of coverage under this section occurs due to termination of Your employment or membership, such termination will be without prejudice to any Hospital Confinement which commenced while coverage was in force, with respect to Daily In-Hospital Indemnity Benefits; or any covered treatment or service for which benefits would be provided and which commenced while coverage was in force; provided, however, that the Covered Person is and continues to be Hospital Confined or Disabled. Such Extension of Benefits will continue for up to the earlier of 30 days; or The date on which the Covered Person is no longer Disabled.

Group Term Life Insurance Policy with AD&D Rider

Exclusions—Group Term Life Insurance Policy

Suicide Exclusion: We will not pay a death benefit if an insured dies by suicide, while sane or insane, within two years of the date his or her insurance starts. If the insured or his or her spouse die by suicide, we will refund the premiums paid for the insurance. If a dependent child dies by suicide, we will refund the premiums paid for the dependent children's insurance only if there are no surviving insured dependent children. If any death benefit is increased, this suicide exclusion starts anew, but will apply only to the amount of the increase.

Exclusions—AD&D Rider

We will not pay any benefits if the loss, directly or indirectly, results from any of the following, even if the means or cause of the loss is accidental:

- In the event of suicide, the Company's liability may be limited to only the return of premiums paid. In Missouri, suicide is no defense to payment of benefits unless the Company can show the insured intended suicide when he/she applied/enrolled for coverage;
- commission of or attempt to commit an assault or felony;
- sickness or mental illness, disease of any kind, or medical or surgical treatment for any sickness, illness or disease;
- injuries received while under the influence of alcohol, a controlled substance or other drugs as defined by the laws of the state where the accident occurs, except as prescribed by a doctor;
- any poison or gas voluntarily taken, administered, absorbed or inhaled (except in the course of employment);
- flight in any kind of aircraft, except as a fare paying passenger on a regularly scheduled commercial aircraft;
- any bacterial or viral infection;
- declared or undeclared war, or any act of war; and
- taking part in an insurrection.

This Rider stops on the employee's 70th Birthday.

Limitations

The sum of the disability benefits paid to the insured employee and the payments the insured is entitled to receive from the sources described below, may not exceed 60% of salary.

- group or individual insurance coverage or like coverage for persons in a group;
- federal Social Security Act (this includes benefits paid to the insured employee and his/her dependents on account of the insured's disability);
- state or federal government disability or retirement plan or increases thereof which begin on or after the date of total disability;
- pension plan to which the policyholder or the insured's employer contributes or makes payroll deductions;
- salary or wage continuance plans such as sick leave paid for by the policyholder or the insured's employer which extend beyond the period stated in the schedule; and
- federal old age benefits, or increases which begin on or after the date of total disability, under the federal Social Security Act on the insured employee's behalf.
- Workers' Compensation or similar law.

With respect to items 2 and 6 only, unless we receive proof that payments under these applicable programs or acts have been applied for but will not be paid, we will assume such payments are being received if the insured is covered under the federal Social Security Act and may require reapplication (but not more frequently than annually) once a Social Security denial has been received and all appeals have been pursued. Failure to reapply for benefits when required by us will result in our estimation of payment under those acts.

Benefits will not be reduced due to a cost-of-living increase in Social Security if the increase takes place while benefits are payable under the policy.

With respect to any and all of the above sources, if we pay a lump sum payment for a period previously paid by us, any resulting overpayment must be repaid on a lump sum basis. If the insured has the option of taking retirement benefits on a monthly basis but chooses to receive retirement benefits on a lump sum basis, we may assume he or she is receiving retirement benefits based upon the lowest monthly retirement plan benefit available to the insured prior to lump sum withdrawal.

Pre-Existing Conditions

There will be no disability benefit payable for a pre-existing condition until the insured has been continuously covered under the policy for 12 months and has returned to performing the duties of his or her occupation for 30 continuous days after the first 12 months of coverage.

Exclusions

The policy does not cover any loss, fatal or non-fatal, which results from a) In the event of suicide, the Company's liability may be limited to only the return of premiums paid. In Missouri, suicide is no defense to payment of benefits unless the Company can show the insured intended suicide when he/she applied/enrolled for coverage; b) an act of war, declared or undeclared; c) committing a felony; d) operating, learning to operate or having any duty in the operation of any device or vehicle intended or designed for flight in the air including boarding, alighting or descending there from; e) accident or sickness arising out of and in the course of any occupation, either full-time or part-time, for wage or profit. This applies even if Workers' Compensation is not paid for the on-the-job injury; or f) accident sustained or sickness contracted while in the service of the armed forces of any country;

Termination

Your insurance will cease on the earliest of:

- The last day of the payroll deduction period during which You cease to be eligible for coverage;
- The end of the last period for which premium payment has been made to Us;
- The date the Policy terminates; or
- The last day of the payroll deduction period during which You terminate employment.

The insurance on a Dependent will cease on the earliest of:

- The date Your coverage terminates;
- The end of the last period for which premium payment has been made to Us;
- The date the Dependent no longer meets the definition of Dependent; or
- The date the Policy is modified so as to exclude Dependent coverage.

We will have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the Policy.