

A

Limited Benefit Hospital Indemnity Plan

HI-4005

for:

AFTRA

Presented By:

Joel Babbitt

and

American Public Life Insurance Company

November 04, 2010

IMPORTANT POLICY PROVISIONS

DEFINITIONS

Additional Definitions may be contained in the Benefit Provisions of any attached Endorsement or Rider.

ACCIDENT OR INJURY means sudden, unexpected and unintended injury:

- (a) which is directly caused by an Accident;
- (b) which is independent of any Sickness or disease;
- (c) over which the Insured Person has no control; and
- (d) that takes place while the Insured Person's coverage is in force.

ACTIVELY AT WORK means the person is performing the normal duties of his/her principal occupation, at his/her usual place of business, on a full time basis (at least 18 hours per week).

A person is deemed to be Actively at Work on each day of regular paid vacation during which he/she is not totally disabled, provided he/she was Actively at Work on the last preceding working day.

DEPENDENT includes: (a) Your married spouse (under age 70); or (b) unmarried dependent child (under age 25); who live with you. A child who does not live with you will be considered a Dependent if attending an accredited school full time or if You are legally required to support such child. Dependent does not include (1) a child who is eligible for medical coverage as an Insured under the Policy; or (2) Your grandchild (unless required by law); or (3) a child who works more than 30 hours a week for compensation, profit or gain and who is not a full time student.

HOSPITAL shall not include any institution used by the Covered Person as:

- (a) a place for rehabilitation;
- (b) a place for rest, or for the aged;
- (c) a nursing or convalescent home;
- (d) a long term nursing unit or geriatrics ward; or
- (e) an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

MENTAL OR EMOTIONAL DISORDER means a neurosis, psychoneurosis, psychopathy, psychosis or mental or emotional disease or disorder of any kind.

SICKNESS Illness or disease which first manifests itself after coverage becomes effective for the person insured.

ELIGIBILITY AND EFFECTIVE DATE

Your Eligibility: You are eligible for insurance under the Policy if You are working either under contract to or as an employee of the Policyholder at least 18 hours, normally, per week, or are a member in or employed by a member of the association, if the Policy is issued to an association. You must qualify as an eligible Insured and be Actively at Work on Your effective date of coverage. Evidence of insurability acceptable to Us may be required.

Your Effective Date: You must use forms provided by Us when applying for insurance. The insurance will take effect on the requested Certificate Effective Date following approval of Your application, provided Our underwriting rules are met; You are Actively at Work; and the premium has been paid.

If You are not Actively at Work due to an Accident or Sickness when Your coverage is to take effect, it will take effect on the first day of the calendar month after the date You return to active work.

Dependent Eligibility: If Dependent coverage is available under the Policy, Your Dependents will be eligible for such coverage on the date You become eligible for coverage; or the date a person becomes a Dependent. You must complete any required forms within 31 days of the date the Dependent becomes eligible.

Dependent Effective Date: The Effective Date of coverage for each eligible Dependent will be the first of the month following Our approval of the application and receipt of the first premium.

LIMITATIONS AND EXCLUSIONS:

We do not cover hospital confinements or other losses in the Policy or Riders attached thereto:

- (a) due to hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproductive organs or elective sterilization within six months after the Effective Date unless due to an emergency;
- (b) for an Injury or Sickness covered under Workers Compensation, an Employers Liability Law, benefits provided by the Federal Employee Liability Act or similar law;
- (c) for an Injury or Sickness due to war or act of war, whether declared or undeclared;
- (d) for Dental Treatment unless due to Injury;
- (e) for injuries that are intentionally self-inflicted;
- (f) for an Injury or Sickness incurred while committing or attempting to commit a felony;
- (g) for an Injury or Sickness incurred while engaging in an illegal occupation;
- (h) for cosmetic care, except when the Hospital confinement is due to medically necessary reconstructive plastic surgery. Medically necessary reconstructive plastic surgery is defined as:
 - 1. surgery to restore a normal bodily function.
 - 2. surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect.
 - 3. breast reconstruction following mastectomy.
- (i) which are primary for rest care, convalescent care or for rehabilitation;
- (j) due to being intoxicated. (Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred);
- (k) for Injury sustained or Sickness, which manifests itself while on full-time duty in the armed forces. Upon notice, We will refund the proportion of unearned premium paid while in such forces;
- (l) for treatment of alcoholism or drug addiction;
- (m) which are rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or accidental Injury sustained while traveling for business or pleasure; nor,
- (n) for which payment is not legally required, except for:
 - 1. Medicaid;
 - 2. treatment of non-service connected disabilities in Veteran Administration hospitals; and,
 - 3. inpatient care rendered to armed services retirees and dependents in military medical facilities of the United States Government.

PRE-EXISTING CONDITIONS LIMITATION

We do not cover Pre-Existing Conditions for the first 12 months after coverage becomes effective. **Pre-Existing Condition** means a disease or physical condition for which the Covered Person:

- (a) had treatment;
- (b) incurred expense;
- (c) took medication; or
- (d) received a diagnosis or advice from a Physician;

during the twelve (12) month period of time immediately before the Effective Date of the Covered Person's coverage. The term "Pre-Existing Condition" will also include conditions which are related to such disease or physical condition. Pre-Existing Conditions specifically named or described as permanently excluded in any part of this contract are never covered. Pre-Existing Conditions specifically named or described as excluded for a limited time will be covered after the excluded period expires.

RENEWABILITY

We may terminate this policy on any premium due date after the first policy anniversary. We must provide at least 60 days' notice prior to cancellation. We cannot cancel the policy due to your age or a change in health. We can change your premium if we change it for all similar policyholders. We must give you at least 60 days' notice of any premium change.

TERMINATION

Termination of Certificate: Insurance coverage under a Certificate will terminate on the earliest of:

- (a) the date the Insured no longer qualifies as an Insured;
- (b) the last day of the period for which a premium has been paid, subject to the Grace period;
- (c) the date the Policy terminates;
- (d) the date the Insured retires;
- (e) the date the Insured ceases to be Actively at Work;
- (f) the date the Insured ceases employment, or terminates his/her contract with the employer through whom he/she originally became insured under the Policy; or
- (g) the date We receive the Insured's written request for termination.

Termination of Dependents: Insurance coverage on a Dependent will terminate on the earliest of:

- (a) the date the coverage under the Certificate terminates;
- (b) the date the Dependent no longer meets the definition of Eligible Dependent;
- (c) the date the Policy is modified so as to exclude Dependent coverage; or
- (d) the date We receive the Insured's written request for termination.

We may end the coverage of any Insured Person who submits a fraudulent claim.

Provisions may vary according to state requirements and policy may not be available in all states.

This proposal does not constitute the full contract and is intended to provide basic information about American Public Life Insurance Company's Limited Benefit Hospital Indemnity product, HI-4005. For specific details, please consult an actual policy and its provisions.

American Public Life Insurance Company LIMITED BENEFIT HOSPITAL INDEMNITY PLAN

Policy Form No. HI-4005

Especially Designed for: **AFTRA**

Option I Illinois

A medical reimbursement plan with benefits paid directly to the employee. These benefits are designed to help cover the deductibles and co-insurance in your Major Medical Health Plan.

	<u>Benefit Amount</u>
Daily Hospital Confinement Benefit	\$500 per day
Pays a daily benefit due to a covered injury or sickness, for an inpatient hospital confinement of at least 24 hours at the direction of a physician. We will pay up to a maximum of 180 days per confinement, unless confinement is due to a mental or emotional disorder. We will pay up to a maximum of 30 days per confinement for a mental or emotional disorder.	
Intensive Care/Coronary Care Benefit Rider	\$1,000 per day
Pays a daily benefit for confinement in a Hospital Intensive Care Unit or Hospital Coronary Care Unit due to an injury or sickness, up to a maximum of 20 days per confinement. Each period of confinement must be separated by a period of at least 30 days.	
Annual First Occurrence Hospital Confinement Rider	\$500 per year
Pays a lump sum benefit the first time each calendar year an Insured is confined to a hospital as an inpatient. The confinement must be due to an injury or sickness and at the direction of a physician.	
Outpatient Sickness Rider	\$50 per visit
Pays the selected benefit for treatment of a covered sickness by a Physician in a Physician's Office, Clinic, Urgent Care Facility or Emergency Room subject to a 5 visit maximum per Covered Adult, except for Covered Dependent Children. The maximum number of visits for all Dependent Children combined is 5 visits per calendar year. The maximum number of visits is 10 per calendar year, per family.	



American Public Life Insurance Company

A member of the American Fidelity Group

2305 Lakeland Drive, Flowood, Mississippi 39232
(800) 256-8606

CERTIFICATE OF INSURANCE

American Public Life Insurance Company is pleased to provide You with the benefits of this Certificate. Please read this Certificate carefully. In the event you have any questions, need any information or have a complaint regarding this Certificate, You may contact Us at Our Home Office at: 2305 Lakeland Drive, Flowood, Mississippi 39232.

This Certificate describes the benefits and provisions of the group Policy and becomes Your Certificate of insurance. It takes the place of any other Certificate previously issued to You under the group Policy. It should be kept in a safe place.

CONSIDERATION

We have issued this Certificate on the basis of the application and in exchange for payment of the first premium. The Effective Date is the date We assign after We have approved the application for this Certificate in Our Home Office and on which the first premium is due. Dates begin and end at 12:01 a.m. Standard Time at Your place of residence.

RENEWABILITY – CONDITIONALLY RENEWABLE – PREMIUMS SUBJECT TO CHANGE

The Policy under which this Certificate is issued is conditionally renewable. This means that We have the right to terminate the Policy on any premium due date after the first Policy Anniversary Date. We must give at least a sixty (60) day written notice prior to cancellation. We cannot cancel Your coverage under this Certificate because of change in Your age or health. We can, however, change Your premiums for this Certificate if We change premiums for all similar Certificates issued to the Policyholder. We must give You at least sixty (60) days written notice before We change Your premiums.

RIGHT TO EXAMINE

If You are not satisfied with this Certificate for any reason, return it to Us. If returned within thirty (30) days from the date You received it, this Certificate will be void as of the Effective Date, and all premiums paid will be refunded.

CONTINUATION

This Certificate was issued under a Policy issued to a Policyholder named on the Certificate Schedule Page. While the Policy is in force, this Certificate will continue, subject to the termination provision, provided the premiums are paid when due.

Signed for American Public Life Insurance Company.




Assistant Secretary Vice President

SPECIMEN

Any person who knowingly, and with intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**PLEASE READ YOUR CERTIFICATE CAREFULLY
THE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED PROVIDES LIMITED BENEFITS
ALL BENEFITS ARE PAYABLE DIRECTLY TO YOU
HOSPITAL INDEMNITY INSURANCE**

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DEFINITIONS

Additional Definitions may be contained in the Benefit Provisions or any attached Endorsement or Rider.

The following terms are used in this Certificate and will be capitalized wherever used.

Accident or Injury means sudden, unexpected and unintended injury:

- (a) which is directly caused by an Accident;
- (b) which is independent of any Sickness or disease;
- (c) over which the Insured Person has no control; and
- (d) that takes place while the Insured Person's coverage is in force.

Actively At Work means the person is performing the normal duties of his/her principal occupation, at his/her usual place of business, on a full time basis (at least 18 hours per week)

A person is deemed to be Actively at Work on each day of regular paid vacation during which he/she is not totally disabled, provided he/she was Actively at Work on the last preceding working day.

Calendar Year means the period beginning on the Certificate Date and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

Certificate means the individual Certificate issued to You. It describes the coverage under the Policy. If You are issued more than one Certificate under the Policy, only the last one issued will be in effect.

Certificate Effective Date means the effective date of the individual Certificate issued to You.

Dental Treatment means treatment of the teeth and/or periodontal area.

Dependent includes Your:

- (a) married spouse [who is under age 70] and who lives with You; or
- (b) unmarried child (natural, step or adopted) who is not eligible for medical coverage as an Insured under the Policy and who:
 - (1) is less than 25 years old and who lives with You; or
 - (2) is less than 25 years old and going to an accredited school full time. Such child must be dependent on You for principal support and maintenance; or
 - (3) becomes incapable of self-support because of mental retardation or physical handicap while covered under the Policy and prior to reaching the limiting age for dependent children. The child must be dependent on You for support and maintenance. We must receive proof of incapacity within 31 days after coverage would otherwise terminate. Coverage will then continue as long as Your insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age 27; or
 - (4) is not living with You, but You are legally required to support such child, and the child would otherwise qualify under (1), (2), or (3) above.

The term Dependent does not include:

- (a) Your grandchild (unless required by law); or
- (b) a child who engages for compensation, profit or gain in any employment or business for 30 or more hours per week, unless such child is a full-time student as described in (b)(2) above.

DEFINITIONS CONTINUED

Hospital means a licensed institution that:

- (a) has on its premises:
 - (1) laboratory, x-ray equipment and operating rooms where major surgical operations may be performed by licensed Physicians or the use of such facilities elsewhere on a pre-arranged basis;
 - (2) permanent and full-time facilities for the care of overnight resident bed patients under the supervision of a licensed Physician;
 - (3) 24-hour-a-day nursing service by graduate registered nurses; and
 - (4) the patient's written history and medical records;or:
- (b) is accredited by the Joint Commission on Accreditation of Hospitals.

The term Hospital shall not include any institution used by the Insured Person as:

- (a) a place for rehabilitation;
- (b) a place for rest, or for the aged;
- (c) a nursing or convalescent home;
- (d) a long term nursing unit or geriatrics ward; or
- (e) an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

Inpatient means confinement in a Hospital for at least 24 continuous hours in duration.

Insured (You, Your) mean the person shown in the Certificate Schedule of Benefits. The Insured must be either:

1. employed by, or be a contractor of the Policyholder and normally work 18 or more hours per week and be Actively at Work on the Certificate Effective Date; or,
2. a member in or employed by the association, if the Policy is issued to an association.

Master Application means that document signed by the Policyholder that contains the answers to Our questions and are the Policyholder's representations, which We accepted in good faith as being true, complete and correct. The Master Application is the basis upon which We issued the Policy.

Maximum Benefit Period means the period of time during which the Daily Benefit is payable for one Period of Confinement.

Mental or Emotional Disorder means a neurosis, psychoneurosis, psychopathy, psychosis or mental or emotional disease or disorder of any kind.

Period of Confinement means continuous confinement in a Hospital. Periods of Confinement for the same or a related cause, which are separated by less than 90 days, will be considered the same Period of Confinement. Each Period of Confinement must begin while coverage is in force for the Insured Person confined.

Physician means a practitioner of the healing arts who:

- (a) is practicing within the scope of his or her license in the state where so licensed; and
- (b) is not related to the Insured Person; and,
- (c) renders treatment for which benefits are provided by this Policy/Certificate.

A Physician does not include a family member of an Insured Person. Family member means You, Your spouse, child, sibling, parent or parent-in-law.

Policy means the Policy issued to the Policyholder which covers the Insured Persons.

Policy Effective Date means the date shown in the Master Policy schedule.

Policyholder means the association, employer, or contracting company who holds the Policy.

DEFINITIONS CONTINUED

Pre-Existing Condition means a disease, or physical condition for which the Insured Person:

- (a) had treatment; or
- (b) received a diagnosis or advice from a Physician;

during the twelve (12) month period of time immediately before the Effective Date of the Insured Person's coverage. The term "Pre-Existing Condition" will also include conditions which are related to such disease, or physical condition.

Pre-Existing Conditions specifically named or described as permanently excluded in any part of this contract are never covered. Pre-Existing Conditions specifically named or described as excluded for a limited time will be covered after the excluded period expires.

Schedule of Benefits (Schedule) mean the benefit schedule set forth in the Policy/Certificate.

Sickness means illness or disease which first manifests itself after coverage becomes effective for the Insured Person.

We, Our, or Us mean American Public Life Insurance Company.

ELIGIBILITY AND EFFECTIVE DATE

Eligibility: You are eligible for insurance under the Policy if You are working either under contract to or as an employee of the Policyholder, or are a member in or employed by the association, if the Policy is issued to an association. You must qualify as an eligible Insured as defined in the Master Application and be Actively at Work on Your effective date of coverage. Evidence of insurability acceptable to Us may be required.

Effective Date: You must use forms provided by Us when applying for insurance. The insurance will take effect on the requested Certificate Effective Date; or the Certificate Effective Date assigned by Us upon approval of Your application, whichever is later, provided Our underwriting rules are met; You are Actively at Work; and premium has been paid.

If You are not Actively at Work due to an Accident or Sickness when Your coverage is to take effect, it will take effect on the first day of the calendar month after the date You return to active work.

Dependent Eligibility: If Dependent coverage is available under the Policy, Your Dependents will be eligible for such coverage on the date You become eligible for coverage; or the date a person becomes a Dependent. You must complete any required forms within 31 days of the date the Dependent becomes eligible.

Dependent Effective Date: The Effective Date of coverage for each eligible Dependent will be the first of the month following Our approval of the application and receipt of the first premium.

A newborn child will become covered for Accident and Sickness automatically on the day he or she is born as long as Your coverage was in force on that date. Accident or Sickness includes prematurity, congenital defects and birth abnormalities of a newborn child. The newborn child's coverage will not continue past the 31-day period following his or her birth unless We are notified by the end of the 31-day period of the addition of such newborn child and any applicable additional premium is paid.

ELIGIBILITY AND EFFECTIVE DATE CONTINUED

Coverage for newborn children will also include coverage for: a newly-born child adopted by You, from the moment of birth, if a petition for adoption was filed within 31 days of the birth of the child; and a child adopted by You from the date of petition for adoption.

Coverage for the adopted child will not continue past 31 days after the date of filing of the petition unless We are notified by the end of the 31-day period of the addition of such adopted child and any applicable additional premium is paid.

HOSPITAL CONFINEMENT BENEFITS

We will pay the Daily Benefit Amount, as shown in the Schedule of Benefits, for each day an Insured Person is confined as an Inpatient to a Hospital for Injury or Sickness if the following are satisfied for each Period of Confinement. The Hospital Confinement must:

- (a) be due to a covered Injury or covered Sickness; and,
- (b) begin while this Policy/Certificate is in force for the Insured Person; and,
- (c) be for at least 24 hours; and,
- (d) be at the direction of or under the supervision of a Physician.

Benefits payable will not exceed the Maximum Total Benefit of 180 Days for any one Period of Confinement, unless such confinement is due to a Mental or Emotional Disorder. If the confinement is due to a Mental or Emotional Disorder, benefits payable will not exceed the Maximum Total Benefit of 30 days for any one Period of Confinement.

LIMITATIONS AND EXCLUSIONS

We do not cover hospital confinements or other losses in the Policy or Riders attached thereto:

- (a) due to hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs or elective sterilization within six months after the Effective Date unless due to an emergency;
- (b) for an Injury or Sickness covered under Workers Compensation, an Employers Liability Law, benefits provided by the Federal Employee Liability Act or similar law;
- (c) for an Injury or Sickness due to war or act of war, whether declared or undeclared;
- (d) for Dental Treatment unless due to Injury;
- (e) for injuries that are intentionally self-inflicted;
- (f) for an Injury or Sickness incurred while committing or attempting to commit a felony;
- (g) for an Injury or Sickness incurred while engaging in an illegal occupation;
- (h) for cosmetic care, except when the Hospital confinement is due to medically necessary reconstructive plastic surgery. Medically necessary reconstructive plastic surgery is defined as:
 - 1. surgery to restore a normal bodily function.
 - 2. surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect.
 - 3. breast reconstruction following mastectomy.
- (i) which are primary for rest care, convalescent care or for rehabilitation;
- (j) due to being intoxicated. (Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred);
- (k) for Injury sustained or Sickness, which manifests itself while on full-time duty in the armed forces. Upon notice, We will refund the proportion of unearned premium paid while in such forces;
- (l) for treatment of alcoholism or drug addiction;
- (m) which are rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or accidental Injury sustained while traveling for business or pleasure;

LIMITATIONS AND EXCLUSIONS CONTINUED

- (n) for which payment is not legally required, except for:
 - 1. Medicaid;
 - 2. treatment of non-service connected disabilities in Veteran Administration hospitals; and,
 - 3. inpatient care rendered to armed services retirees and dependents in military medical facilities of the United States Government; nor,
- (o) Pre-Existing Conditions, unless the Insured Person has satisfied the Pre-Existing Condition Exclusion Period shown in the Schedule.

TERMINATION OF COVERAGE

Termination of Certificate: Your Insurance coverage will end on the earliest of these dates:

- (a) the date You no longer qualify as an Insured;
- (b) the last day of the period for which a premium has been paid, subject to the Grace Period;
- (c) the date the Policy terminates;
- (d) the date You retire;
- (e) the date You cease to be on Actively at Work, as defined in the Policy/Certificate;
- (f) the date You cease employment, or terminate Your contract with the employer through whom You originally became insured under the Policy; or
- (g) the date We receive Your written request for termination.

Termination of Dependent(s): Insurance coverage on Your Dependent will end on the earliest of these dates:

- (a) the date the coverage under the Certificate terminates;
- (b) the date the Dependent no longer meets the definition of Eligible Dependent, as defined in the Policy/Certificate;
- (c) the date the Policy is modified so as to exclude Dependent coverage; or
- (d) the date We receive Your written request for termination.

We may end the coverage of any Insured Person who submits a fraudulent claim.

Termination of Policy: We may end the coverage of a Policyholder if fewer persons are insured than the Policyholder's application requires. The Policyholder or We may terminate the Policy on any premium due date after the first Policy Anniversary Date, subject to 60 days written notice.

Termination Without Prejudice: If termination of coverage occurs because of termination of Your employment or contract with the Policyholder, such termination shall be without prejudice to any Hospital confinement which commenced while this Policy/Certificate was in force.

PREMIUMS

The first premium is due on or before the Certificate Effective Date. Thereafter, premiums are due on or before the premium due date. Premiums may be remitted to Our Home Office or to Our authorized agent. The premium rates may be changed by Us on the first anniversary date of the Policy or any premium due date thereafter. Such change will be for all Certificates issued under the Policy. No such increase in rates will be made unless 60 days prior notice is given.

If a change in benefits increases the Company's liability, premium rates may be changed on the date the liability is increased.

GENERAL PROVISIONS

Entire Contract-Changes: The entire contract is made up of the Policy; the Master Application of the Policyholder; Your application (if any) attached to the Certificate; and any riders and endorsements.

Statements made by the Policyholder or You are representations and not warranties, if fraud was not intended. (The words "if fraud was not intended" does not apply in Georgia or North Carolina.) No such statements will be used to avoid the insurance, reduce benefits, or defend a claim under the Policy unless the statement is in writing; and a copy of that statement is given to You or Your beneficiary.

The terms of the Policy can be changed only by endorsement or amendment signed by one of Our executive officers. No agent may change the Policy or waive its provisions.

Time Limit on Certain Defenses: After two years from the Insured Person's effective date, no statements made in the application, except fraudulent misstatements, can be used to void this Certificate or deny a claim for loss incurred commencing after such two-year period.

No claim for loss incurred after two years from the effective date will be reduced or denied on the ground that a Sickness or physical condition, not excluded from coverage by name or specific description effective on the date of loss, had existed prior to the effective date.

Grace Period: A Grace Period of 31 days will be allowed for each premium payment after the first premium. Coverage will stay in force during this time. The coverage under this Certificate will terminate at the end of the Grace Period if the premium has not been paid. The coverage will terminate retroactive to the date premiums were due.

The Policyholder or You may, by writing to Us, cancel the coverage under the Policy on any future premium due date or on any date during the Grace Period.

If coverage is cancelled on a premium due date, the Grace Period will not apply.

Legal Actions: No legal action may be brought to recover under the Policy less than 60 days after written proof of loss has been furnished as required; or more than three (3) years after the loss (five (5) years in Kansas, six (6) years in South Carolina).

Conformity With State Laws: A provision of the Policy that conflicts with a law of the state of issue is hereby changed to meet the minimum standards of that law.

CLAIMS

Notice of Claim: Written notice of claim must be given to Us within 60 days after the loss occurs or begins when there is a claim for covered charges, or as soon as reasonably possible. We must receive written notice at our Home Office at 2305 Lakeland Drive, Jackson, Mississippi 39232 or to any authorized agent. Information sufficient to identify the Insured Person shall be deemed notice to Us.

Claim Forms: When We receive notice of claim, We will send claim forms. If these forms are not sent within 15 days (10 days in Georgia), proof of loss may be submitted by giving Us a written statement of the nature and extent of the loss.

Proof of Loss: Written proof of loss must be given to Us within 90 days after the date of such loss. However, the claim will not be reduced or denied if it was not reasonably possible to give proof in that time; and the proof is filed as soon as reasonably possible. In no event, except in the absence of legal capacity, may proof be given later than one year after the loss.

Time of Payment of Claims: All benefits will be paid promptly, once We receive due written proof of loss. For continuing losses, We will pay the benefits due monthly on receipt of due proofs of loss. All benefits will be paid directly to You.

Payment of Benefits: We will pay all benefits to You. Should We fail to pay the benefits payable upon receipt of due written proof of loss, We shall have fifteen (15) working days thereafter within which to mail the You a letter or notice which states the reasons We have for not paying the claim, either in whole or in part, and which also gives a written itemization of any documents or other information needed to process the claim or any portions thereof which are not being paid. When all listed documents or other information needed to process the claim have been received, We shall then have fifteen (15) working days within which to process and either pay the claim or deny it, in whole or in part, giving You the reasons We may have for denying such claim or any portion thereof. Valid claims not paid in the required period of time will be increased by a late payment penalty amount of 9 percent per annum from the 30th day after receipt of such proof of loss until such claim is paid.

Any benefits that have not been paid at the time of Your death will be paid to the beneficiary, if living, or to Your estate. If benefits are payable to the Your estate or to any person who is not competent to give Us a valid release, We have the right to pay up to \$1,000 of those benefits to any person related to You by blood or marriage who We believe is justly entitled to such payment. If We make a payment under this provision in good faith, We will be released from liability to the extent of the payment.

Physical Examination: We have the right to have an Insured Person examined as often as is reasonably necessary while a claim is pending. We will pay for such examination.

NOTICE OF THE RIGHT TO APPEAL

Any denial of a claim for benefits will be explained in writing and the explanation will include:

- (a) the specific reason for the denial;
- (b) reference to the Plan provision upon which the denial was based;
- (c) a description of any additional information You may be required to provide and an explanation of why it is needed; and
- (d) an explanation of the Plan's claim review procedure.

You and Your beneficiary, or a duly authorized representative may appeal any denial of a claim for benefits by filing a written request to Us. In connection with such a request, documents pertinent to the administration of the Plan may be reviewed, and issues outlining the basis of the appeal may be submitted. You may have representation throughout this review procedure.

Your request for review must be filed within 90 days after receipt of the written notice of denial of a claim. A decision will be rendered by Us, no later than 90 days after receipt of Your request for review. If there are special circumstances, the decision shall be rendered as soon as possible, but no later than 120 days after receipt of the request for review. The decision, after the review, shall be in writing and shall include specific reasons for the decision. This decision shall also include specific references to the pertinent Plan provisions on which the decision was based.

ANNUAL FIRST OCCURRENCE HOSPITAL RIDER

(This Rider is subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy to which it is attached which are not in conflict with those of the Rider.)

AGREEMENT

This Rider is a part of the Policy/Certificate to which it is attached. We have issued this Rider on the basis of the application (a copy of which is attached) and in exchange for payment of the first premium.

DEFINITIONS

When used in this Rider, We mean:

FIRST OCCURRENCE HOSPITAL CONFINEMENT The first time that You or Your Dependent are confined to a Hospital in a Calendar Year for a Period of Confinement for which benefits are payable under the Policy/Certificate to which this Rider is attached. The first day of confinement must be in the Calendar Year for which the Benefit Amount is payable.

FIRST OCCURRENCE HOSPITAL BENEFIT. We will pay the First Occurrence Hospital Benefit Amount, shown in the Schedule of Benefits of the Policy/Certificate, when You or Your Dependent are confined as an Inpatient in a Hospital the first time in a Calendar Year. Before benefits are payable, the Hospital Confinement must:

- (a) be due to Injury or Sickness; and,
- (b) begin while this Rider is in force for the person confined; and,
- (c) be at the direction of and under the supervision of a Physician.

This benefit is payable once each Calendar Year for each of You and Your Dependents.

TERMINATION

This Rider terminates:

- (a) when Your coverage terminates under the Policy/Certificate to which this Rider is attached; or,
- (b) when any premium for this Rider is not paid before the end of the Grace Period; or,
- (c) when You give Us a written request to do so.

Coverage on a Dependent terminates under this Rider when such person ceases to meet the definition of Dependent as defined in the Policy/Certificate.

PREMIUMS

The Certificate Schedule shows the premium for the Certificate with the inclusion of this Rider. The same conditions that apply to changing the premiums for this Certificate apply to Our changing premiums for this Rider.

EFFECTIVE DATE

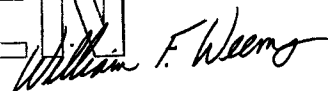
The Effective Date of this Rider is the Effective Date of the Certificate to which this Rider is attached, unless otherwise indicated in an attached endorsement. The Benefit Amount, Premiums, Insured Persons and Issue Age are as shown in the Schedule of Benefits of the Policy/Certificate. Unless amended by this Rider, Policy/Certificate Definitions and Terms apply to this Rider.

Signed for American Public Life Insurance Company at Jackson, Mississippi.



Assistant Secretary

SPECIMEN



Vice President

INTENSIVE CARE/CORONARY CARE UNIT RIDER

(This Rider is subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy to which it is attached which are not in conflict with those of the Rider.)

AGREEMENT

This Rider is a part of the policy to which it is attached. We have issued this Rider on the basis of the application (a copy of which is attached) and in exchange for payment of the first premium.

DEFINITIONS

When used in this Rider, We mean:

INTENSIVE CARE/CORONARY CARE UNIT means that part of a Hospital which:

- (a) is segregated from the rest of the Hospital's facilities; and,
- (b) provides the highest level of care and is exclusively reserved for critical and seriously ill or injured patients who require audio-visual observation as prescribed by the attending Physician; and,
- (c) provides:
 - 1. room and board; and,
 - 2. specialized registered nurses and other nursing service; and,
 - 3. special life saving equipment and supplies.

A step-down unit is not considered an Intensive Care Unit under this Rider.

INTENSIVE CARE/CORONARY CARE UNIT BENEFIT

If You or Your Dependent is confined in a Hospital's Intensive Care or Coronary Care Unit due to an Injury or Sickness, We will pay the Daily Benefit Amount shown in the Schedule of Benefits of the Policy/Certificate. We will pay this amount for each day of such confinement, but not to exceed 20 days during any one Period of Confinement. Each Period of Confinement must be separated by at least 30 days.

This benefit is payable in addition to the Certificate Hospital Confinement Benefit.

TERMINATION

This Rider terminates:

- (a) when Your coverage terminates under the Policy/Certificate to which this Rider is attached; or,
- (b) when any premium for this Rider is not paid before the end of the Grace Period; or,
- (c) when You give Us a written request to do so.

Coverage on a Dependent terminates under this Rider when such person ceases to meet the definition of Dependent, as defined in the Policy.

PREMIUMS

The Certificate Schedule shows the premium for the Certificate with the inclusion of this Rider. The same conditions that apply to changing the premiums for this Certificate apply to Our changing premiums for this Rider.

EFFECTIVE DATE

The Effective Date of this Rider is the Effective Date of the Certificate to which this Rider is attached, unless otherwise indicated in an attached endorsement. The Benefit Amount, Premiums, Insured Persons and Issue Age are as shown in the Schedule of Benefits of the Policy/Certificate. Unless amended by this Rider, Policy/Certificate Definitions and Terms apply to this Rider.

Signed for American Public Life Insurance Company at Jackson, Mississippi.


Assistant Secretary


Vice President

SPECIMEN

OUTPATIENT SICKNESS RIDER

(This Rider is subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy to which it is attached which are not in conflict with those of the Rider.)

AGREEMENT

This Rider is a part of the Policy/Certificate to which it is attached. We have issued this Rider on the basis of the application (a copy of which is attached) and in exchange for payment of the first premium.

OUTPATIENT SICKNESS BENEFIT. We will pay the amount shown in the Schedule of Benefits for treatment, by a Physician, of You or Your Dependent, for a covered Sickness in the Physician's Office; Clinic; Urgent Care Facility; or, Emergency Room. The visit must occur while this Rider is in force for the person treated. The total Maximum Visits per Calendar Year, for You and Your Dependents, is as shown in the Schedule of Benefits of the Policy/Certificate.

TERMINATION

This Rider terminates:

- (a) when Your coverage terminates under the Policy/Certificate to which this Rider is attached; or,
- (b) when any premium for this Rider is not paid before the end of the Grace Period; or,
- (c) when You give Us a written request to do so.

Coverage on a Dependent terminates under this Rider when such person ceases to meet the definition of Dependent, as defined in the Policy/Certificate.


PREMIUMS

The Certificate Schedule shows the premium for the Certificate with the inclusion of this Rider. The same conditions that apply to changing the premiums for this Certificate apply to Our changing premiums for this Rider.


EFFECTIVE DATE

The Effective Date of this Rider is the Effective Date of the Certificate to which this Rider is attached, unless otherwise indicated in an attached endorsement. The Benefit Amount, Premiums, Insured Persons and Issue Age are as shown in the Schedule of Benefits of the Policy/Certificate. Unless amended by this Rider, Policy/Certificate Definitions and Terms apply to this Rider.

Signed for American Public Life Insurance Company at Jackson, Mississippi.


Assistant Secretary

SPECIMEN


Vice President