



Home Office: 111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601
1-800-544-9382

Policyholder Service Address: P. O. Box 1160 • Glenview, Illinois 60025-8160

GROUP INSURANCE POLICY

POLICYHOLDER:

POLICY EFFECTIVE DATE:

POLICY ANNIVERSARY DATE:

PREMIUM DUE DATE:

and each following
and the of each thereafter

RATE GUARANTEE DATE:

GOVERNING JURISDICTION:

ELIGIBLE CLASS(ES):

COVERAGE TYPE:

COMBINED INSURANCE COMPANY OF AMERICA (referred to as We, Us, Our, or the Company) will provide benefits under this Policy. We make this promise subject to all of this Policy's provisions.

The Policyholder should read this Policy carefully and contact Us promptly with any questions. This Policy is delivered in and is governed by the laws of the Governing Jurisdiction.

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

Signed for the Company at its home office in Glenview, Illinois.

Brad Bennett, President

Rebecca L. Collins, Secretary

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POLICYHOLDER PROVISIONS

CLERICAL ERROR

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

EFFECTIVE DATE OF COVERAGE

The Policy becomes effective on the Policy Effective Date shown in the Policy Specifications. Coverage for each Covered Person begins on the Certificate Effective Date shown in the Certificate Specifications of each Individual Certificate.

ENTIRE CONTRACT

The Entire Contract consists of:

1. This Policy;
2. The Policyholder's application;
3. Any amendments and attachments issued;
4. The Certificates of the Insureds; and
5. Enrollment data and any individual enrollment forms of the Insureds.

INFORMATION REQUIRED FROM THE POLICYHOLDER

The Policyholder must provide Us with detailed information about persons who are eligible to become insured under the Policy, information about Insureds, and any other information that may be reasonably required.

Policyholder records that have a bearing, in Our opinion, on the Policy will be available for review by Us at any reasonable time as determined by Us.

LEGAL ACTION

No legal action can be brought to recover benefits under the Policy for at least 60 days after written Proof of Loss has been furnished to Us; nor after the expiration of the applicable statute of limitations from the date Proof of Loss is required.

PREMIUM

Payment of Premium: The Policy is issued in consideration of the Policy application and payment of the first premium. The first premium is based on the initial rate(s) shown in the Rate Table. The first premium is due on the Premium Due Date shown in the Policy Specifications. The Policyholder must send all premiums to us on or before their respective Premium Due Dates.

Grace Period: After payment of the first premium, if a premium is not paid on or before the Premium Due Date, it may be paid during the next 31 days. These 31 days are called the Grace Period. If any premium is unpaid at the end of the Grace Period, coverage shall automatically terminate and this Policy will no longer be in force. This Grace Period does not apply if the Policyholder requested the Policy be terminated.

Initial Rate Guarantee and Changes in Premium: We have the right to adjust the premium for the Policy as determined necessary by Us. A change in premium will not take effect before the Rate Guarantee Date shown in Policy Specifications. However, We may change premium rates at any time for reasons which affect the risk assumed, including but not limited to:

- 1) A change occurs in the Policy design;
- 2) The number of Insureds changes by %; or
- 3) A new law or a change in an existing law affecting premium taxes or premium-based fees or other fees or assessments affecting Us.

A premium adjustment will take effect on the next Policy Anniversary monthly anniversary of the Policy anniversary of each Certificate Effective Date following the adjustment. A change may take effect on an earlier date when both We and the Policyholder agree. Written notice of a premium adjustment will be delivered to the Policyholder and Insureds at least 45 days advance.

Reinstatement of Policy: If premium is not paid within the period specified and is subsequently accepted by Us without requiring an application for reinstatement, the Policy will be reinstated.

Reinstatement of Individual Certificates: If an Individual Certificate terminates for failure to pay premium, the Insured may apply for reinstatement subject to the reinstatement provision in the Individual Certificate.

POLICY RENEWAL

The Policy shall automatically renew on each anniversary of the Policy Anniversary Date, subject to the Termination of Policy provision.

TIME LIMIT ON CERTAIN DEFENSES

After two (2) years from the Policy Effective Date, no misstatements, except fraudulent misstatements, of the Policyholder can be used to void the Policy. After two (2) years from the Certificate Issue Date of an Individual Certificate, no misstatements, except fraudulent misstatements, of the Insured can be used to void coverage or deny a claim for loss incurred or Disability commencing after the expiration of the two (2) year period.

DEFINITIONS

Active Employee, Actively at Work means the Insured is at work for pay on a permanent basis at least 17 ½ hours per week performing the normal duties of the Insured's job.

Certificate means the document that explains the parts of the Policy which apply to the Insured and defines benefits and provisions for each Covered Person. A certificate is provided to each Insured.

Covered Person means a person listed on the Certificate Specifications as covered under the Certificate, except no person who is on active duty in the military of any country.

Eligible Class(es) means the people who may apply for coverage. The Eligible Class(es) are shown in the Policyholder Specifications.

Eligible Employee means a person who is an Active Employee of the Policyholder.

Eligible Dependent means a person who is:

- 1) The Insured's Spouse/Eligible Domestic Partner/Civil Union;
- 2) The Insured's newborn child;
- 3) The Insured's unmarried natural child, legally adopted child, child in the waiting period prior to finalization of adoption by the Insured, or stepchild under age 26; or
- 4) The Insured's unmarried grandchild under age 26 who is a dependent for federal income tax purposes.

Insured means the person covered by the Certificate and named as Insured in the Certificate Specifications.

Loss means an event for which a benefit may become payable under the Policy.

Spouse means the person to whom you are legally married or your Eligible Domestic Partner/Civil Union, as defined in the individual Certificates.

We, Our, Us or the Company means Combined Insurance Company of America.

TERMINATION AND PORTABILITY PRIVILEGE

TERMINATION OF POLICY

The Policy terminates on the date there are no longer any Insureds covered under it.

Coverage under the Policy may also be terminated:

- 1) By the Policyholder with at least 60 days advance written notice delivered or mailed to Us; or
- 2) By Us with at least 60 days advance written notice delivered to the Policyholder.

When both the We and Policyholder agree, the Policy can be canceled on an earlier date.

Coverage under the Policy may be modified by Us with at least 60 days advance written notice delivered to the Policyholder.

TERMINATION OF COVERAGE UNDER THE POLICY

The Insured's coverage will terminate at the earliest of:

- 1) The end of the period for which premium is paid, subject to the Grace Period;
- 2) The premium due date following the date We receive the Insured's written request to have the insurance terminated;
- 3) The date the Insured enters into active duty status for the military service of any country;
- 4) The date of the Insured's death; or
- 5) The date the Policy is cancelled, subject to the Portability Privilege Provision.

Dependent coverage will terminate at the earliest of:

- 1) The end of the period for which premium is paid, subject to the Grace Period;
- 2) The monthly anniversary of the Certificate Issue Date following the date a Dependent ceases to be a Dependent as defined;
- 3) The date the Insured's coverage terminates, except as provided in the Dependent Conversion Provision;
- 4) The date Dependent enters into active duty status for the military service of any country; or
- 5) The monthly anniversary of the Certificate Issue Date following the date we receive the Insured's written request to terminate the Dependent coverage for the Insured's Spouse /Eligible Domestic Partner/Civil Union and/or Dependent child/children.

PORTABILITY PRIVILEGE

If the Insured's coverage under the Policy terminated because the Policy was cancelled or the Insured was no longer eligible for payroll deduction, the Insured has the option to continue the Insurance. To continue coverage:

- 1) We must receive a written request and payment of the first premium for the portability coverage no later than 60 days after such termination; and
- 2) The written request is made on a form we furnish or approve for that purpose.

CERTIFICATES

The Certificates designated in Appendix A, and any amendments thereto, are attached to and made part of the Policy. Any discrepancy or inconsistency between the attached Certificate(s) and any individual Certificate issued to an Insured is governed by the attached Certificate.

The Certificate(s) apply to Covered Persons in accordance with the coverages and benefits elected by the Policyholder in its application and accepted by Company.

Individual Certificates: An individual certificate of insurance which sets forth (a) a description of the benefits and coverages; and (b) exclusions or limitations that apply to such benefits and coverages shall be delivered available to the Policyholder for distribution to each Insured each Insured.

APPENDIX A

CERTIFICATE OF COVERAGE

State	Form Number
Florida	C16670



Combined Insurance Company of America
Home Office: 111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601
1-800-544-9382
Policyholder Service Address: P. O. Box 1160 • Glenview, Illinois 60025-8160

CRITICAL ILLNESS INSURANCE CERTIFICATE

THIS IS A LIMITED BENEFIT CERTIFICATE.
PLEASE READ IT CAREFULLY.

THIS CERTIFICATE IS GUARANTEED RENEWABLE FOR LIFE. YOU MAY RENEW THIS CERTIFICATE BY PAYING EACH PREMIUM ON THE PREMIUM DUE DATE, SUBJECT TO THE GRACE PERIOD.

This is Your Certificate while You are insured. This Certificate is in force as of the Certificate Effective Date. The Certificate Effective Date is shown in the Certificate Specifications. The telephone number listed above may be used to make inquiries, obtain information about coverage, or receive assistance with resolving complaints.

The Policy alone constitutes the agreement under which payments are made. Benefit payment is governed by all the terms, conditions and limitations of the Policy. We will pay the benefits set forth in this Certificate. If the terms and provisions of the Certificate are different from the Policy, the Policy will govern.

This Certificate was issued on the basis that the information provided by the Policyholder and any information provided by You are correct and complete. If any information is not correct or complete, write to Us within 10 days of receipt of this Certificate. Incorrect or incomplete information can result in the denial of a claim, rescission, or termination of this Certificate.

NOTICE OF THIRTY DAY RIGHT TO CANCEL THIS CERTIFICATE

If You are not satisfied with this Certificate, You can return it to Us at the Policyholder Service Address above within 30 days after you receive it. At that time, You should ask Us in writing to cancel it. This Certificate will be cancelled and any premium paid will be refunded.

PREMIUM ADJUSTMENT

We have the right to adjust the premium for this Certificate as determined necessary by Us. A premium adjustment will take effect on an anniversary following the adjustment. Written notice of an adjustment will be mailed to You at least 45 days in advance. When a Covered Person's coverage ends, any resulting change in premium will be made on the next monthly anniversary of the Certificate Effective Date.

PRE-EXISTING CONDITION LIMITATIONS

A Pre-existing Condition is not covered unless the date of diagnosis for such condition is at least 12 months after the Certificate Effective Date.

For Combined Insurance Company of America

Brad Bennett, President

Rebecca L. Collins, Secretary

Form No. C16670-FL

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Certificate Specifications

Owner: JOHN DOE

Certificate Number: SAMPLE

Certificate Effective Date: 5/1/18

Premium Amount:\$XX.XX

Premium Mode:Semi-monthly

Policyholder: JOHN DOE

Governing Jurisdiction: Florida

Waiting Period: 0 days

Schedule of Benefits

Covered Person:	Name:	Face Amount:	Maximum Benefit Amount:	Issue Age:
Insured	JOHN DOE	\$10,000	\$30,000	40
Spouse	JANE DOE	\$5,000	\$15,000	40
Children	JACK DOE	\$5,000	\$15,000	13

Benefit payments are limited to the Maximum Benefit Amount per Covered Person.

Standard Critical Illness Benefit: 100% of Face Amount

	Insured	Spouse	Children
Covered conditions include:			
Alzheimer's Disease	COVERED	COVERED	COVERED
Amyotrophic Lateral Sclerosis (ALS)	COVERED	COVERED	COVERED
Benign Brain Tumor	COVERED	COVERED	COVERED
Cancer	COVERED	COVERED	COVERED
Coma	COVERED	COVERED	COVERED
End Stage Renal (Kidney) Failure	COVERED	COVERED	COVERED
Heart Attack (Myocardial Infarction)	COVERED	COVERED	COVERED
Loss of Sight, Hearing or Speech	COVERED	COVERED	COVERED
Major Organ Failure	COVERED	COVERED	COVERED
Multiple Sclerosis	NOT COVERED	NOT COVERED	NOT COVERED
Paralysis or Dismemberment	COVERED	COVERED	COVERED
Parkinson's Disease	NOT COVERED	NOT COVERED	NOT COVERED
Severe Burns	COVERED	COVERED	COVERED
Stroke	COVERED	COVERED	COVERED

Standard Critical Illness Benefit is payable once per covered condition as listed per Covered Person.

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Occupational Critical Illness Benefit: 0% of Face Amount

This benefit is payable only for the Insured or Spouse. No benefits are payable for covered Child(ren).

	Insured	Spouse
Covered conditions include:		
Occupational Hepatitis B, C or D	NOT COVERED	NOT COVERED
Occupational Human Immunodeficiency Virus (HIV)	NOT COVERED	NOT COVERED

Only one Occupational Critical Illness Benefit will be payable per Insured or Spouse per lifetime.

	Insured	Spouse	Children
Skin Cancer Benefit: \$250			
This benefit is payable once per Covered Person.	COVERED	COVERED	COVERED

Partial Critical Illness Benefit: 25% of Face Amount

	Insured	Spouse	Children
Covered conditions include:			
Carcinoma In Situ	COVERED	COVERED	COVERED
Coronary Artery Obstruction	COVERED	COVERED	COVERED

Partial Critical Illness Benefit is payable once per covered condition as listed per Covered Person.

Recurrence Critical Illness Benefit: 100% of Face Amount

	Insured	Spouse	Children
Covered conditions include:			
Benign Brain Tumor	COVERED	COVERED	COVERED
Cancer	COVERED	COVERED	COVERED
Coma	COVERED	COVERED	COVERED
Heart Attack	COVERED	COVERED	COVERED
Severe Burns	COVERED	COVERED	COVERED
Stroke	COVERED	COVERED	COVERED

Recurrence Critical Illness Benefit is payable for covered conditions up to 2 times per Covered Person regardless of how many covered conditions recur.

Childhood Critical Illness Benefit: 0% of Face Amount

This benefit is payable only for the covered Child(ren)

	Child(ren)
Covered conditions include:	
Cerebral Palsy	NOT COVERED
Congenital Birth Defects	NOT COVERED
Cystic Fibrosis	NOT COVERED
Down Syndrome	NOT COVERED
Muscular Dystrophy	NOT COVERED
Type 1 Diabetes Mellitus	NOT COVERED

Childhood Critical Illness Benefit is payable once per covered Child.

Additional Benefit Riders:

Interim Coverage	NOT COVERED
Automatic Maximum Benefit Increase	NOT COVERED
Annual Wellness Benefit	COVERED
Cancer Treatment	NOT COVERED
Family Care	NOT COVERED
Hospital Admission	NOT COVERED
Membership Endorsement for Health Care Referral	NOT COVERED
Disability Benefit	NOT COVERED
Waiver of Premium	NOT COVERED

DEFINITIONS

Active Employee, Actively at Work means the Insured is at work for pay on a permanent basis at least 17 ½ hours per week performing the normal duties of the Insured's job.

Alzheimer's Disease means a progressive degenerative disease of the brain and memory that is diagnosed by a board-certified or board-eligible neurologist or another Physician trained in the diagnosis of Alzheimer's Disease and other dementias resulting in the inability to perform two (2) or more of the following activities:

- 1) Bathing
- 2) Dressing
- 3) Toileting
- 4) Transferring
- 5) Continence
- 6) Eating

Amyotrophic Lateral Sclerosis (ALS) means motor neuron disease, marked by muscular weakness and atrophy with spasticity and hyperreflexia due to a loss of motor neurons of the spinal cord, medulla and cortex.

Benign Brain Tumor means a non-cancerous tumor of the brain which is diagnosed by a Physician. The tumor must result in persistent neurological deficits including but not limited to:

- loss of vision;
- loss of hearing; or
- balance disruption.

Cancer means leukemia or a malignant tumor characterized by uncontrolled cell growth and spread of malignant cells and the invasion of distant tissue. Cancer is also defined as Cancer which meets the diagnosis criteria of malignancy established by the American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. The following are not considered Cancer for purposes of this Certificate:

- Pre-malignant conditions or conditions with malignant potential;
- Carcinoma In Situ;
- Stage 1 Hodgkin's Disease and Stage 1 Prostate Cancer; or
- Basal cell carcinoma and squamous cell carcinoma of the skin and melanoma that is diagnosed as Clark's Level I or II or Breslow less than .75mm.

Carcinoma In Situ means a diagnosis of a malignant tumor wherein the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue.

Cerebral Palsy means a group of disorders of the development of movement and posture causing activity limitation that are attributed to progressive disturbances that occurred in the developing fetal or infant brain. The motor disorders of Cerebral Palsy are often accompanied by disturbances of sensation, cognition, communication, perception and/or behavior and/or by a seizure disorder. Diagnosis must be made by a licensed pediatrician or other Physician trained to make a diagnosis of Cerebral Palsy.

Certificate Effective Date means the date coverage under this Certificate becomes effective. The Certificate Effective Date is shown on the Certificate Specifications. This date will be used to determine Certificate years, months, and anniversaries.

Child means the Insured's child who is an Eligible Dependent as defined in this Certificate and shown on the Schedule of Benefits.

Coma means a coma resulting from a severe traumatic brain injury that results in a continuous state of profound unconsciousness resulting for a period of 30 or more consecutive days, defined as the absence of:

- 1) eye opening;
- 2) motor response; and
- 3) verbal response.

The term "coma" does not include any medically induced coma.

Congenital Birth Defects means the malformation of an organ or organ system that results in the newborn child being confined to a Hospital for thirty (30) or more consecutive days beginning within the first week after birth or date of placement.

Examples include but are not limited to the following:

- Heart defects.
- Lung defects.
- Spina Bifida.
- Cleft lip or palate.
- Limb malformations.
- Development disorders of the brain.

Congenital Birth Defects includes a newborn child who is born with Loss of Sight. Congenital Birth Defects does not include prematurity.

Coronary Artery Obstruction means a diagnosis of at least 75% cross-sectional occlusion of one or more major coronary arteries (left main, left anterior descending, circumflex or right coronary artery) as demonstrated by coronary angiography, and as interpreted by a qualified cardiologist, or cardiac surgeon or interventional radiologist. Diagnosis is to be made based on generally accepted principles of medicine in the United States at the time the diagnosis is made.

Covered Person means a person listed in the Certificate Specifications as covered under this Certificate.

Cystic Fibrosis means a definite diagnosis of cystic fibrosis by a licensed family practitioner, pediatrician or pulmonologist where the covered Child has chronic lung disease and pancreatic insufficiency. The diagnosis made via a sweat test should be based upon sweat chloride concentrations greater than 60mmol/L.

Dependent means:

- 1) The Insured's Eligible Dependent whose coverage is in force; and
- 2) The Insured's Eligible Dependent child or grandchild for whom coverage is continued under the Continuation for Incapacitated Children provision of this Certificate.

Domestic Partner/Civil Union means a person who resides with and is financially interdependent with the Insured.

Down Syndrome means diagnosis of down syndrome through a study of the 21st chromosome.

Down Syndrome includes:

- Trisomy 21 – an individual has three instead of two #21 chromosomes.
- Translocation – an extra part of the 21st chromosome is attached to another chromosome.
- Mosaicism – the individual has an extra 21st chromosome in only some of the cells but not all of them. The other cells have the usual pair of 21st chromosomes.

Diagnosis must be confirmed by a licensed pediatrician or another Physician trained in the diagnosis of Down Syndrome.

End Stage Renal Failure means chronic irreversible failure of the function of both kidneys such that the Covered Person must undergo at least weekly hemodialysis or peritoneal dialysis.

Eligible Dependent means a person who is:

- 1) The Insured's Spouse;
- 2) The Insured's newborn child;
- 3) The Insured's natural child, legally adopted child, or step-child; provided that such child is unmarried and under age 27; or
- 4) The Insured's unmarried grandchild under age 27 who is a dependent for federal income tax purposes.

Eligible Employee means a person who is an Active Employee of the Policyholder.

Heart Attack means interruption of coronary blood flow that results in damage to the heart muscle. The Heart Attack must be diagnosed by a Physician based upon elevated cardiac enzymes (troponins or CK-MB) or in the absence a report that documents the cardiac enzymes, specific EKG changes that are consistent with cardiac ischemia, according to the American College of Cardiology and the American College of Electrocardiography.

Hospital is an institution in the United States or Canada which meets all of the following requirements:

- 1) operates pursuant to state or provincial law for Hospitals located in the United States or Canada;
- 2) operates primarily for the care and treatment of sick or injured persons as Inpatients;
- 3) provides 24 hour nursing service;
- 4) has facilities available for diagnosis and surgery either on its own premises or in facilities available to the Hospital on a pre-arranged basis; and
- 5) has a staff of at least one licensed Physician available at all times.

Hospital does not include rest homes, nursing homes, convalescent homes, homes for the aged, and facilities primarily affording custodial, educational, or rehabilitation facilities, including rehabilitation hospitals.

Insured means the person covered by this Certificate, as named in the Certificate Specifications.

Immediate Family means You, Your Spouse, and any of Your, or Your Spouse's children, parents, grandparents, brothers, sisters, and their respective spouses.

Loss of Hearing, Sight or Speech. "Loss of Hearing" means total and irreversible loss of hearing in both ears. Loss of Hearing that can be corrected by use of any hearing aid or device shall not be considered an irrevocable loss. "Loss of Sight" means total and irreversible loss of sight in both eyes. "Loss of Speech" means damage to vocal cords due to injury that results in the total and permanent inability to speak. The Loss of Hearing, Sight or Speech must be diagnosed by a Physician after the Certificate Effective Date. If we pay one of the following conditions: Loss of Hearing, Sight or Speech for a Covered Person, we will not pay for the other two conditions for that Covered Person.

Major Organ Failure means the diagnosis after the Certificate Effective Date of major organ failure of the heart, liver, lung or pancreas or any combination of these organs resulting in the Covered Person being placed on the UNOS (United Network of Organ Sharing) list for a transplant.

Maximum Benefit Amount is the amount shown on the Schedule of Benefits. Total benefits payable under this Certificate are limited to the Maximum Benefit Amount for each Covered Person.

Multiple Sclerosis means the occurrence of at least two episodes of well-defined neurological abnormalities, with objective evidence of lesions at more than one site within the central nervous system. In order for Multiple Sclerosis to be covered under this Certificate, a Neurologist must make a definitive diagnosis of Multiple Sclerosis, supported by modern imaging and/or investigative techniques. A Neurologist means a doctor of medicine certified by the American Board of Psychiatry and Neurology.

Muscular Dystrophy means a confirmed diagnosis of one of a group of muscle diseases characterized by progressive skeletal muscle weakness, defects in muscle proteins and the death of muscle cells and tissue. The confirmed diagnosis of Muscular Dystrophy must be made by a specialist physician.

Occupational Hepatitis B, C, or D means a viral hepatitis, types B, C, and D contracted by the Covered Person as a result of the Covered Person's documented accidental exposure in the workplace to blood or other bodily fluids from a person known to be infected with Hepatitis. Hepatitis under this provision does not include type-A hepatitis. In order for Occupational Hepatitis to be covered under this Certificate:

- The Covered Person had not tested positive for Occupational Hepatitis prior to Covered Person's effective date of coverage under this Certificate;
- The Covered Person was performing his or her normal occupational duties at the time of the accidental exposure;
- The accidental exposure was documented by an accident report in accordance with the established occupational procedures at the Covered Person's workplace; and
- The diagnosis of Hepatitis must be confirmed by blood testing administered under the direction of a Physician.

Hepatitis infection acquired outside the workplace is not considered Occupational Hepatitis.

Occupational Human Immunodeficiency Virus (HIV) means HIV contracted by the Covered Person as a result of the Covered Person's documented accidental exposure in the workplace to blood or other bodily fluids from a person known to be infected with HIV. In order for Occupational HIV to be covered under this Certificate:

- The Covered Person had not tested positive for Occupational HIV prior to the Covered Person's effective date of coverage under this Certificate;
- The Covered Person was performing his or her normal occupational duties at the time of the accidental exposure;
- The accidental exposure was documented by an accident report in accordance with the established occupational procedures at the Covered Person's workplace;
- The diagnosis of HIV infection must be confirmed by blood testing administered under the direction of a Physician; and
- The date of a positive HIV antibody test for HIV must be subsequent to a prior negative test with a lapse of between 90 and 180 days between the two tests.

HIV infection acquired outside the workplace is not considered Occupational HIV.

Owner means the Insured, unless a different Owner is named in the Certificate Specifications, or the Owner is later changed as provided in this Certificate. If the Owner and Insured are different, then upon the Owner's death, the Insured will become the Owner. The Owner has the right to renew, cancel or reinstate coverage, and all other rights the Certificate provides, including the right to name and change the beneficiary.

Paralysis or Dismemberment. "Paralysis" means complete and irrecoverable loss of sensory and motor functions of two or more limbs which is diagnosed by a Physician after the Certificate Effective Date. "Dismemberment" means the loss by actual and complete severance of two or more limbs which occurred after the Certificate Effective Date. Limb means an entire hand or foot at or above the wrist or ankle. If we pay for either the following conditions: Paralysis or Dismemberment for a Covered Person, we will not pay for the other condition for that Covered Person.

Parkinson's Disease means a chronic, progressive neurodegenerative disorder characterized by any combination of four cardinal signs: rest tremor, rigidity, bradykinesia and gait disturbance diagnosed after the Certificate Effective Date by a psychiatrist or neurologist or another Physician trained in the diagnosis of Parkinson's Disease, and resulting in the inability to perform two (2) of the following activities:

- 1) Bathing
- 2) Dressing
- 3) Toileting
- 4) Transferring
- 5) Continence
- 6) Eating

Physician means a person performing tasks that are within the limits of his or her medical license and is:

- 1) Licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- 2) A legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

A Physician cannot be the Insured or a member of the Insured's Immediate Family, the Insured's business or professional partner, or any person who has a financial affiliation or business interest with the Insured.

Policyholder means the entity to whom the Policy is issued. The Policyholder is shown in the Certificate Specifications.

Pre-existing Condition means a condition for which a Covered Person received medical advice or treatment within the 6 months preceding the Certificate Effective Date. Routine follow-up care to determine whether a Covered Person has a reoccurrence of a breast cancer, if the Covered Person has been previously determined to be free of breast cancer, is not a pre-existing condition unless evidence of breast cancer is found during or as a result of the follow-up care

Spouse means the person to whom the Insured is legally married or the Insured's Domestic Partner/Civil Union, as defined under this Certificate and as shown on the Schedule of Benefits.

Severe Burns means third degree burns covering at least 20% of your body which are diagnosed by a Physician.

Skin Cancer means:

- Stage 1 melanoma; or
- Basal cell or squamous cell carcinoma of the skin.

Stroke means a sudden impairment of brain function, due to acute cerebral hemorrhage, or acute cerebral occlusion that results in permanent damage, diagnosed by a Physician, based on abnormal neurologic findings on physical examination, or new abnormalities on CNS imaging studies. Stroke does not mean head injury, concussion, transient ischemic attack, or chronic cerebrovascular insufficiency.

Type 1 Diabetes Mellitus once known as juvenile diabetes or insulin-dependent diabetes, is a chronic condition in which the pancreas produces little or no insulin. The diagnosis of Type 1 Diabetes Mellitus must be made by a board certified or board-eligible endocrinologist or other specialist of diabetes.

Waiting Period means the period after the Certificate Effective Date for which no benefits are available. The Waiting Period is shown on the Certificate Specifications.

We, Our, Us or the Company means Combined Insurance Company of America.

You or Your means the Owner named in the Certificate Specifications.

BENEFITS

Refer to the Schedule of Benefits for benefit amounts and Maximum Benefit Amounts. If the listed condition is "Not Covered" for the Insured, Spouse or Child, then no benefits are payable under this Certificate for such condition for such Covered Person. Benefits are limited to the Maximum Benefit Amount for each Covered Person and subject to the conditions, limitations, exclusions, and waiting periods of this Certificate.

Standard Critical Illness Benefit

We will pay this benefit when a Covered Person's date of diagnosis for a covered condition occurs while this coverage is in force as shown on the Schedule of Benefits and as defined in this Certificate. The amount You will receive is based on the amount of coverage in effect on the date of diagnosis.

If a Covered Person has been diagnosed with and received a benefit for a covered condition and is subsequently diagnosed with a **different** covered condition, we will pay the Covered Person's Face Amount shown in the Schedule of Benefits for the subsequent and different covered condition if:

- The date of diagnosis of the subsequent covered condition is more than 6 months after any previous date of diagnosis for a covered condition;
- The subsequent date of diagnosis is while coverage under this Certificate is in force; and
- The Maximum Benefit Amount has not been paid for that Covered Person.

All benefits paid will reduce the available Maximum Benefit Amount.

Occupational Critical Illness Benefit

We will pay this benefit when an Insured or Spouse covered under this Certificate is diagnosed with a covered condition while this coverage is in force as shown on the Schedule of Benefits and defined in this Certificate. The amount You will receive is based on the amount of coverage in effect on the date of diagnosis.

All benefits paid will reduce the available Maximum Benefit Amount.

Partial Critical Illness Benefit

We will pay this benefit when a Covered Person is diagnosed with a covered condition while this coverage is in force as shown on the Schedule of Benefits and defined in this Certificate. The amount You will receive is based on the amount of coverage in effect on the date of diagnosis.

All benefits paid will reduce the available Maximum Benefit Amount.

Recurrence Critical Illness Benefit

We will pay this benefit when a Covered Person has recurrence of a covered condition as shown on the Schedule of Benefits if:

- The Standard Critical Illness Benefit for this condition was payable for the Covered Person;
- The condition is shown as Covered in the Recurrence Critical Illness Benefit on the Schedule of Benefits;
- The Covered Person was treatment free for this covered condition during the 6 months prior to the date of diagnosis of this recurrence;
- The Covered Person has returned to work for at least 6 months prior to the date of diagnosis of this recurrence;
- The date of diagnosis of this recurrence of this condition is while coverage under this Certificate is in force; and
- The Maximum Benefit Amount has not been paid for that Covered Person.

The amount You will receive is based on the amount of coverage in effect on the date of diagnosis. All benefits paid will reduce the available Maximum Benefit Amount.

Skin Cancer Benefit

We will pay this benefit when a Covered Person is diagnosed with Skin Cancer while this coverage is in force as shown on the Schedule of Benefits and defined in this Certificate.

All benefits paid will reduce the available Maximum Benefit Amount.

Childhood Critical Illness Benefits

We will pay this benefit when a covered Child is diagnosed with a covered condition while this coverage is in force as shown on the Schedule of Benefits and defined in this Certificate. The amount You will receive is based on the amount of coverage in effect on the date of diagnosis.

This benefit is payable once per covered Child. All benefits paid will reduce the available Maximum Benefit Amount.

EXCLUSIONS

No benefits will be paid for losses resulting from any intentionally self-inflicted injury.

ELIGIBILITY, EFFECTIVE DATE, TERMINATION OF COVERAGE, AND PORTABILITY PRIVILEGE

ELIGIBILITY FOR COVERAGE

The Insured is eligible for coverage under this Certificate if:

- 1) The Insured's enrollment is approved by Us; and
- 2) The Insured is an Eligible Employee on the Certificate Effective Date.

An Eligible Dependent is eligible for coverage on the later of:

- 1) The date the Insured is eligible for insurance; or
- 2) The date the Insured acquires the Dependent.

An Eligible Dependent is deemed to be acquired as follows:

- a) Spouse: On the date of the marriage or the date the Domestic Partnership/Civil Union is established.
- b) Natural Child: On the date of birth.
- c) Adopted Child: On the date of adoption or placement for adoption.
- d) Stepchild: On the date of the Insured's marriage to the child's parent.
- e) Grandchild: On the date the child is dependent on the Insured or the Insured's Spouse for Federal Income Tax purposes.

ADDITION OF ELIGIBLE DEPENDENTS

- 1) Newborns: Coverage for a newborn is effective from the moment of birth. If notification of a newborn is received more than 45 days after birth, coverage will be effective from the moment of birth, however, We may charge an additional premium from the date of birth .
- 2) Newly Adopted Children: Coverage for an adopted child is effective from the date of adoption or placement for adoption if the Insured applies for coverage within sixty (60) days after adoption or placement for adoption. In the case of a newborn child, coverage begins at the moment of birth if a written agreement to adopt such child has been entered into You prior to the birth of the child, whether or not the agreement is enforceable. For coverage to continue, We must receive written notice within 60 days after the date of adoption or placement for adoption whichever is earlier; and the Insured must pay all required premiums within 60 days after receiving a notice of amount due. Failure to provide notice within the required time period will not end coverage if it is shown that the notice was furnished as soon as reasonably possible. If notification of

the adoption or placement for adoption is received more than 60 days after the date of adoption or placement for adoption, coverage will be effective on the date written notification is received by Us, provided You pay all required premiums within 45 days after receiving a notice of amount due.

- 3) Court Ordered Custody: A child placed in court-ordered custody, including a foster child, will be covered on the same basis as an adopted child.
- 4) Other than a Newborn or Newly Adopted Child: The Insured must complete and sign an enrollment form that includes the Insured's Dependents. If approved by Us, the additional coverage will be effective on the monthly anniversary of the Certificate Effective Date following approval.

EFFECTIVE DATE

The Insured's coverage will start on the Certificate Effective Date shown in the Certificate Specifications.

TERMINATION OF COVERAGE

The Insured's coverage will terminate at the earliest of:

- 1) The end of the period for which premium is paid, subject to the Grace Period;
- 2) The monthly anniversary of the Certificate Effective Date following the date We receive Your written request to have the Insured's insurance terminated;
- 3) The date of the Insured's death;
- 4) The date a new Critical Illness Insurance Certificate issued by Combined Insurance Company of America becomes effective; or
- 5) When all available benefits under the Certificate have been paid.

Dependent coverage will terminate at the earliest of:

- 1) The end of the period for which premium is paid, subject to the Grace Period;
- 2) The monthly anniversary of the Certificate Effective Date following the date a Dependent ceases to be a Dependent as defined;
- 3) The date the Insured's coverage terminates ;
- 4) The monthly anniversary of the Certificate Effective Date following the date We receive Your written request to terminate Dependent coverage for the Insured's Spouse and/or Dependent child(ren).

CONTINUATION FOR INCAPACITATED CHILDREN

Dependent children insured hereunder who are incapable of self-sustaining employment due to mental illness, developmental disability, or mental retardation or physical handicap, and who became incapacitated prior to the age at which Dependent coverage would otherwise terminate and who are chiefly dependent on the Insured for support and maintenance, may continue to be covered regardless of age.

You must submit a notice of the Dependent child's incapacity. Coverage for an incapacitated Dependent child will end on the earliest of:

- 1) The date the Dependent obtains self-sustaining employment;
- 2) The date the Dependent ceases to be incapacitated;
- 3) The date the Dependent ceases to be chiefly dependent upon the Insured for support and maintenance; or
- 4) The monthly anniversary of the Certificate Effective Date following the date We receive Your written request to terminate Dependent coverage for the Insured's Dependent child(ren).

The effective date of the new certificate will be the effective date of the termination of coverage under this Certificate. The benefits provided in the new certificate shall be substantially the same as the benefits provided under this certificate. The premium for the new certificate will be that applicable to the attained age of the Spouse and the form and amount of insurance issued. The class of risk under the new certificate will be the same as the class of risk under this Certificate, or the most comparable class available.

PORTABILITY PRIVILEGE

We will provide Critical Illness Insurance portability coverage subject to these provisions.

Such coverage will not be available for a Covered Person unless:

- 1) The Insured's Critical Illness Insurance under the Policy terminated because the Policy was cancelled or the Insured is no longer eligible for payroll deduction; and
- 2) We receive a written request and payment of the first premium for the portability coverage no later than 60 days after such termination; and
- 3) The request is made on a form we furnish or approve for that purpose.

No portability coverage will be provided if Your Critical Illness Insurance terminated due to failure to pay premium.

COVERAGE

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy for Critical Illness Insurance when Your insurance terminated. Portability coverage may include any Covered Persons. Benefits for portability coverage will be determined as if the Policy had remained in full force and effect.

Portability coverage will be effective on the day after Critical Illness Insurance under the Policy terminates.

CLAIM PROVISIONS

NOTICE OF CLAIM

Written notice of claim must be given to Us at Our address shown on the first page of this Certificate, Our agent, or as otherwise designated in writing by Us within 20 days after Loss covered by this Certificate occurs or starts. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received by Us. The notice should include Your name, address, telephone number, and Certificate Number as shown in the Certificate Specifications.

CLAIM FORMS

When We receive the notice of claim, We will send the claimant forms for filing Proof of Loss. If these forms are not sent to the claimant within 15 days of our receipt of the notice of claim, the claimant will meet the Proof of Loss requirement by giving Us a written statement of the nature and extent of the Loss within the time limit stated in the Proof of Loss provision below.

PROOF OF LOSS

Proof of Loss means the written claim form and other information requested by Us substantiating the nature and extent of the Loss. Proof of Loss must be completed and returned to Us within 120 days after the covered loss begins, or as soon as reasonably possible. Verification of continued Disability, when requested, must be provided within 90 days after the end of each monthly benefit period in which the Insured is Totally Disabled or as soon as reasonably possible. Except for absence of legal capacity, no claim for benefits will be accepted after one year from the date Proof of Loss is otherwise required. You must give us the information We need to determine the reasonableness of any delay, if a benefit is payable, and how much the benefit should be.

TIME OF PAYMENT OF CLAIMS

Benefits payable under this Certificate will be paid immediately upon Our receipt of written Proof of Loss that is satisfactory to Us.

We will notify the insured within 45 days after receipt of due written proof of the status of the claim.

Form No. C16670-FL

If We deny the claim the Insured will be told, in writing, the reasons for denying it. Upon receipt of any requested additional information We will pay or deny the contested claim within 60 days.

All claims will be paid or denied no later than 120 days after receiving the claim. Overdue payments, if any, will be paid at simple interest at the rate of 10% per year.

PAYMENT OF CLAIMS

After We receive written Proof of Loss and process Your claim, We will pay any benefits due. Any accrued benefits unpaid at the Insured's death will be paid to the Beneficiary. If You did not name a Beneficiary, or if no Beneficiary survives the Insured, any benefits due will be paid to the Insured's estate. If benefits are payable to an estate or to a person who cannot give a valid release, We may in our discretion pay up to \$3,000 to someone related to the Insured or Beneficiary by blood or marriage. We will be discharged from all liability for any such payment made in good faith.

UNPAID PREMIUM

On payment of a claim under this Certificate, any premium then due and unpaid will be deducted from Your claim payment.

REFUND OF PREMIUM AT DEATH

Upon notice of the Insured's death, We will refund to the Beneficiary the portion of any premium that applies to a period beyond the end of the Certificate month in which death occurred.

GENERAL PROVISIONS

ENTIRE CONTRACT

This Certificate is a legal contract between You and Us. The entire contract consists of the Policy, the Certificate, and any enrollment forms, endorsements, riders or amendments. No change in this Certificate will be effective until approved by the President, a Vice President, or the Secretary of our Company. This approval must be noted on or attached to this Certificate. No agent or broker has the authority to change this Certificate or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES

After two (2) years from the Certificate Effective Date, We cannot use misstatements, except fraudulent misstatements, in Your enrollment form to void coverage or deny a claim for loss incurred after the expiration of the two (2) year period.

LEGAL ACTIONS

You cannot bring a legal action to recover benefits under Your Certificate for at least 60 days after You have given Us written Proof of Loss. You cannot start such an action after the expiration of the applicable statute of limitations from the date Proof of Loss is required.

PAYMENT OF PREMIUM

This Certificate is issued in consideration of the Certificate enrollment form, information provided by the Policyholder and payment of the first premium. The first premium is due on the Certificate Effective Date. Subsequent premiums are due and payable in advance. If you do not pay the premiums when due, this Certificate will terminate subject to the Grace Period. The amount and frequency of premium payments are shown in the Certificate Specifications.

All premiums are payable to Us or as otherwise designated in writing by Us. Premiums are payable while coverage continues. Premiums may be paid annually, semi-annually, quarterly, monthly or, subject to Company rules. The Owner may change the frequency of premium payments by filing a written request in a form satisfactory to the Company.

GRACE PERIOD

After You pay the first premium, if a premium is not paid on or before the date it is due, it may be paid during the next 31 days. These 31 days are called the Grace Period. Coverage shall remain in force during the Grace Period. If any premium is unpaid at the end of the Grace Period, coverage shall automatically terminate and this Certificate will no longer be in force. This Grace Period does not apply if You request termination of this Certificate.

Form No. C16670-FL

REINSTATEMENT

If coverage ends for failure to pay premium, You may apply for reinstatement by submitting an enrollment form and the required premium. Such enrollment form must be submitted within 90 days from the date coverage ended. If We approve the enrollment form, this Certificate will be reinstated on the date of approval of such enrollment form. If We do not notify You that We have approved or disapproved the reinstatement enrollment form, this Certificate will be reinstated on the 45th day after We receive Your completed reinstatement enrollment form and the required premium has been paid to Us.

The reinstated Certificate will cover only losses that result from covered critical illnesses diagnosed after the date the Certificate is reinstated.

In all other respects, the rights of all parties will remain the same, subject to any provisions noted on or attached to the reinstated Certificate. The statements in Your enrollment form for the reinstated Certificate will be measured from the date of reinstatement with respect to the time periods stated in Time Limit on Certain Defenses provision.

CONFORMITY WITH STATE STATUTES

Any provision of this Certificate which, on its effective date, is in conflict with the laws of the state in which the Insured resides on that date is amended to conform to the minimum requirements of such laws.

MISSTATEMENT OF ISSUE AGE OR TOBACCO USAGE

If a Covered Person's age has not been stated correctly, an adjustment in premium, coverage, or both, will be made. The adjustment will correct the coverage to what the premium paid would have bought at the Covered Person's true issue age.

If the Covered Person did not accurately state that he or she used tobacco, an adjustment in premium, coverage, or both, will be made.

BENEFICIARY

The Beneficiary for benefits payable upon the Insured's death will be the Beneficiary named in the Certificate enrollment form, unless You have changed the Beneficiary designation. Unless specifically designated as irrevocable, You may change the Beneficiary designation while the Insured is living by written notice satisfactory to Us. An irrevocable Beneficiary designation may only be changed with the consent of such irrevocable Beneficiary. Unless You specify otherwise, the Beneficiary change will take effect as of the date the written notice was signed by You, subject to any payment or other action taken by Us prior to receipt of such notice. The consent of any Beneficiary, other than an irrevocable Beneficiary, is not required to surrender or assign this Certificate, or to make any other changes in this Certificate.

If any Beneficiary dies before the Insured, that Beneficiary's interest will pass to any other designated Beneficiaries according to their respective interests. If more than one Beneficiary is designated in a class, each Beneficiary who survives the Insured will receive an equal portion of any benefits payable unless otherwise set forth in the Beneficiary designation.

ASSIGNMENT

You can assign any rights You have under this Certificate, however, if You have designated an irrevocable Beneficiary, the consent of such Beneficiary is required to assign any rights. No assignment is binding on Us until We receive a copy of it. Each assignment will be subject to any payments made or action taken by Us before We received such assignment. We are not responsible for the validity of any assignment.

PHYSICAL EXAMINATION AND AUTOPSY

We have the right to have a Covered Person examined when and as often as is reasonable during the handling of a claim and do an autopsy where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

NOTICE

If there are any questions about this Certificate or if anyone seeks to replace this Certificate, please contact a Combined Insurance Company of America agent or the Home Office of the Company. All inquiries should be in writing, stating the Certificate Number.



Combined Insurance Company of America

A Legal Reserve Stock Corporation
(herein called Combined, We, Our or Us)

Home Office: 111 East Wacker • Suite 700 • Chicago, Illinois 60601

Policyholder Service Center: P. O. Box 1160 • Glenview, IL 60025-8160
1-800-544-9382

**ANNUAL WELLNESS BENEFIT
CERTIFICATE RIDER**

RIDER SCHEDULE

Rider Effective Date: 5/1/2018

Benefit Amount: \$50 per day of services

Maximum Days of Service: 1 day of service per Covered Person per Certificate year

Waiting Period: 30 days

This Certificate Rider is attached to and forms part of the Critical Illness Insurance Certificate ("Certificate"). This Certificate Rider was issued on the basis that the information provided by the Policyholder and any information provided by You are correct and complete.

This Certificate Rider is subject to all the terms, conditions, exclusions and limitations of the Certificate except as otherwise stated herein.

Annual Wellness Benefit

We will pay this benefit if a Covered Person undergoes one or more of the following health screening tests or procedures after the waiting period up to the maximum Days of Service.

Wellness Tests are:

Blood test for triglycerides	Hemocult stool analysis
Bone marrow aspiration or biopsy	Mammography
CA 15-3 (blood test for breast cancer)	Pap smear
CA-125 (blood test for ovarian cancer)	PSA (blood test for prostate cancer)
Carotid Doppler	Serum cholesterol test to determine HDL and LDL levels
Chest x-ray	Serum protein electrophoresis (blood test for myeloma)
Colonoscopy	Skin cancer biopsy
Echocardiogram	Stress test on a bicycle or treadmill
Fasting blood glucose test	Thermography
Fasting plasma glucose (FPG)	Thin prep pap test
Hemoglobin A1C(HbA1c)	Two hour post-load plasma glucose
Flexible sigmoidoscopy	Virtual colonoscopy.

Over time, We may add covered Wellness Tests at our option to adjust to advances in medical technology.

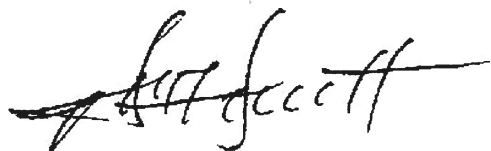
Form No. 16673-FL

The first Certificate year begins on the Certificate Effective Date, continues for a twelve (12) month period, and ends at 11:59 p.m. of the day immediately prior to the annual anniversary of the Certificate Effective Date. Subsequent Certificate years begin on the annual anniversary of the Certificate Effective Date, continues for a twelve (12) month period, and end at 11:59 p.m. of the day immediately prior to the next annual anniversary.

Benefits paid under this Rider do not reduce the available Maximum Benefit Amount under the Certificate.

No other Policy or Certificate provision or condition is changed in any way by this Certificate Rider, except as described above.

For Combined Insurance Company of America

A handwritten signature in black ink, appearing to read "Brad Bennett", with a stylized flourish at the end.

Brad Bennett, President

A handwritten signature in black ink, appearing to read "Rebecca L. Collins", with a stylized flourish at the end.

Rebecca L. Collins, Secretary

APPENDIX B

RATES

State	Form Number
Florida	C16670

Final Rates

Issue Age LSP Rates per \$1000

Issue Age	18-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-69
	1.924	2.392	2.912	3.588	3.12	3.588	4.108	4.784	
	3.328	4.836	5.044	7.228	4.524	6.032	6.24	8.424	
	5.044	7.956	7.592	11.908	6.24	9.152	8.788	13.104	
	8.684	14.144	13	21.268	9.88	15.34	14.196	22.464	
	12.948	21.632	19.448	32.448	14.144	22.828	20.644	33.644	
	19.188	31.668	28.808	47.528	20.384	32.864	30.004	48.724	
	25.168	44.2	37.804	66.248	26.364	45.396	39	67.444	
	32.136	58.084	48.204	87.1	33.332	59.28	49.4	88.296	
	39.572	74.88	59.384	112.32	40.768	76.076	60.58	113.516	
Rider	19.2	19.2	38.4	38.4	19.2	19.2	38.4	38.4	

Mode	Weekly							
	Face Amounts							
Ee	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Sp			2,500	2,500			2,500	2,500
Ch					2,500	2,500	2,500	2,500

Issue Age	Ee NT	Ee TB	Ee+Sp NT	Ee+Sp TB	Ee+Ch NT	Ee+Ch TB	Ee+Fam NT	Ee+Fam TB
18-25	0.55	0.60	1.02	1.08	0.67	0.71	1.13	1.20
26-30	0.69	0.83	1.22	1.43	0.80	0.95	1.34	1.55
31-35	0.85	1.13	1.47	1.88	0.97	1.25	1.58	2.00
36-40	1.20	1.73	1.99	2.78	1.32	1.84	2.10	2.90
41-45	1.61	2.45	2.61	3.86	1.73	2.56	2.72	3.97
46-50	2.21	3.41	3.51	5.31	2.33	3.53	3.62	5.42
51-55	2.79	4.62	4.37	7.11	2.90	4.73	4.49	7.22
56-60	3.46	5.95	5.37	9.11	3.57	6.07	5.49	9.23
61-69	4.17	7.57	6.45	11.54	4.29	7.68	6.56	11.65

Mode	Weekly							
	Face Amounts							
Ee	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
Sp			5,000	5,000			5,000	5,000
Ch					5,000	5,000	5,000	5,000

Issue Age	Ee NT	Ee TB	Ee+Sp NT	Ee+Sp TB	Ee+Ch NT	Ee+Ch TB	Ee+Fam NT	Ee+Fam TB
18-25	0.74	0.83	1.30	1.43	0.97	1.06	1.53	1.66
26-30	1.01	1.30	1.71	2.13	1.24	1.53	1.94	2.36
31-35	1.34	1.90	2.20	3.03	1.57	2.13	2.43	3.26
36-40	2.04	3.09	3.24	4.83	2.27	3.32	3.47	5.06
41-45	2.86	4.53	4.48	6.98	3.09	4.76	4.71	7.21
46-50	4.06	6.46	6.28	9.88	4.29	6.69	6.51	10.11
51-55	5.21	8.87	8.01	13.48	5.44	9.10	8.24	13.71
56-60	6.55	11.54	10.01	17.49	6.78	11.77	10.24	17.72
61-69	7.98	14.77	12.16	22.34	8.21	15.00	12.39	22.57

Mode	Weekly							
	Face Amounts							
Ee	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000
Sp			7,500	7,500			7,500	7,500
Ch					7,500	7,500	7,500	7,500

Issue Age	Ee NT	Ee TB	Ee+Sp NT	Ee+Sp TB	Ee+Ch NT	Ee+Ch TB	Ee+Fam NT	Ee+Fam TB
18-25	0.92	1.06	1.58	1.77	1.27	1.40	1.92	2.12
26-30	1.33	1.76	2.19	2.82	1.67	2.11	2.54	3.17
31-35	1.82	2.66	2.93	4.17	2.17	3.01	3.27	4.52
36-40	2.87	4.45	4.49	6.87	3.22	4.79	4.83	7.22
41-45	4.10	6.61	6.35	10.10	4.45	6.95	6.69	10.44
46-50	5.90	9.50	9.05	14.45	6.25	9.85	9.39	14.79
51-55	7.63	13.12	11.64	19.85	7.97	13.46	11.99	20.19
56-60	9.64	17.12	14.64	25.86	9.98	17.47	14.99	26.21
61-69	11.78	21.97	17.87	33.14	12.13	22.31	18.21	33.48

Mode	Weekly							
	Face Amounts							
Ee	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000
Sp			10,000	10,000			10,000	10,000
Ch					10,000	10,000	10,000	10,000

Issue Age	Ee NT	Ee TB	Ee+Sp NT	Ee+Sp TB	Ee+Ch NT	Ee+Ch TB	Ee+Fam NT	Ee+Fam TB
18-25	1.11	1.29	1.86	2.12	1.57	1.75	2.32	2.58
26-30	1.65	2.23	2.68	3.52	2.11	2.69	3.14	3.98
31-35	2.31	3.43	3.66	5.32	2.77	3.89	4.12	5.78
36-40	3.71	5.81	5.74	8.92	4.17	6.27	6.20	9.38
41-45	5.35	8.69	8.22	13.22	5.81	9.15	8.68	13.68
46-50	7.75	12.55	11.82	19.02	8.21	13.01	12.28	19.48
51-55	10.05	17.37	15.28	26.22	10.51	17.83	15.74	26.68
56-60	12.73	22.71	19.28	34.24	13.19	23.17	19.74	34.70
61-69	15.59	29.17	23.58	43.94	16.05	29.63	24.04	44.40

Mode	Monthly							
	Face Amounts							
Ee	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Sp			2,500	2,500			2,500	2,500
Ch					2,500	2,500	2,500	2,500

Issue Age	Ee NT	Ee TB	Ee+Sp NT	Ee+Sp TB	Ee+Ch NT	Ee+Ch TB	Ee+Fam NT	Ee+Fam TB
18-25	2.40	2.60	4.41	4.70	2.90	3.10	4.91	5.19
26-30	2.99	3.62	5.30	6.21	3.49	4.11	5.80	6.71
31-35	3.70	4.92	6.36	8.16	4.20	5.41	6.86	8.66
36-40	5.22	7.49	8.62	12.06	5.72	7.99	9.12	12.56
41-45	7.00	10.61	11.30	16.72	7.49	11.11	11.80	17.22
46-50	9.60	14.80	15.20	23.00	10.09	15.29	15.70	23.50
51-55	12.09	20.02	18.95	30.80	12.59	20.52	19.45	31.30
56-60	14.99	25.80	23.29	39.49	15.49	26.30	23.78	39.99
61-69	18.09	32.80	27.94	50.00	18.59	33.30	28.44	50.50

Mode	Monthly							
	Face Amounts							
Ee	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
Sp			5,000	5,000			5,000	5,000
Ch					5,000	5,000	5,000	5,000

Issue Age	Ee NT	Ee TB	Ee+Sp NT	Ee+Sp TB	Ee+Ch NT	Ee+Ch TB	Ee+Fam NT	Ee+Fam TB
18-25	3.20	3.59	5.63	6.19	4.20	4.59	6.62	7.19
26-30	4.37	5.63	7.40	9.22	5.37	6.63	8.40	10.22
31-35	5.80	8.23	9.53	13.12	6.80	9.23	10.52	14.12
36-40	8.84	13.39	14.03	20.92	9.83	14.38	15.03	21.92
41-45	12.39	19.63	19.41	30.24	13.39	20.62	20.40	31.24
46-50	17.59	27.99	27.21	42.81	18.59	28.99	28.20	43.80
51-55	22.57	38.43	34.70	58.41	23.57	39.43	35.70	59.40
56-60	28.38	50.00	43.37	75.78	29.38	51.00	44.37	76.78
61-69	34.58	64.00	52.69	96.80	35.57	65.00	53.68	97.80

Mode	Monthly							
	Face Amounts							
Ee	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000
Sp			7,500	7,500			7,500	7,500
Ch					7,500	7,500	7,500	7,500

Issue Age	Ee NT	Ee TB	Ee+Sp NT	Ee+Sp TB	Ee+Ch NT	Ee+Ch TB	Ee+Fam NT	Ee+Fam TB
18-25	4.01	4.59	6.84	7.69	5.50	6.09	8.34	9.18
26-30	5.76	7.65	9.51	12.24	7.26	9.14	11.00	13.73
31-35	7.91	11.55	12.69	18.09	9.40	13.04	14.19	19.58
36-40	12.46	19.28	19.45	29.79	13.95	20.78	20.95	31.28
41-45	17.79	28.64	27.51	43.76	19.28	30.14	29.01	45.26
46-50	25.59	41.19	39.21	62.61	27.08	42.68	40.71	64.11
51-55	33.06	56.85	50.46	86.01	34.56	58.35	51.95	87.51
56-60	41.77	74.21	63.46	112.08	43.27	75.70	64.95	113.57
61-69	51.07	95.20	77.43	143.60	52.56	96.70	78.93	145.10

Mode	Monthly							
	Face Amounts							
Ee	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000
Sp			10,000	10,000			10,000	10,000
Ch					10,000	10,000	10,000	10,000

Issue Age	Ee NT	Ee TB	Ee+Sp NT	Ee+Sp TB	Ee+Ch NT	Ee+Ch TB	Ee+Fam NT	Ee+Fam TB
18-25	4.81	5.59	8.05	9.18	6.80	7.58	10.05	11.17
26-30	7.15	9.66	11.61	15.25	9.14	11.65	13.60	17.24
31-35	10.01	14.86	15.85	23.05	12.00	16.85	17.85	25.04
36-40	16.07	25.17	24.87	38.65	18.07	27.17	26.86	40.64
41-45	23.18	37.65	35.61	57.28	25.17	39.65	37.61	59.27
46-50	33.58	54.38	51.21	82.41	35.57	56.37	53.21	84.41
51-55	43.55	75.27	66.21	113.61	45.54	77.26	68.20	115.61
56-60	55.16	98.41	83.54	148.37	57.15	100.40	85.53	150.36
61-69	67.55	126.40	102.17	190.40	69.55	128.39	104.17	192.39

Mode	Weekly							
	Face Amounts							
Ee	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000
Sp			12,500	12,500			12,500	12,500
Ch					12,500	12,500	12,500	12,500

Issue Age	Ee NT	Ee TB	Ee+Sp NT	Ee+Sp TB	Ee+Ch NT	Ee+Ch TB	Ee+Fam NT	Ee+Fam TB
18-25	1.29	1.52	2.14	2.46	1.87	2.09	2.71	3.04
26-30	1.97	2.69	3.16	4.21	2.54	3.27	3.74	4.79
31-35	2.79	4.19	4.39	6.46	3.37	4.77	4.96	7.04
36-40	4.54	7.17	6.99	10.96	5.12	7.74	7.56	11.54
41-45	6.59	10.77	10.09	16.34	7.17	11.34	10.66	16.91
46-50	9.59	15.59	14.59	23.59	10.17	16.17	15.16	24.16
51-55	12.47	21.62	18.91	32.59	13.04	22.19	19.49	33.16
56-60	15.82	28.29	23.91	42.61	16.39	28.87	24.49	43.19
61-69	19.39	36.37	29.29	54.74	19.97	36.94	29.86	55.31

Mode	Weekly							
Face Amounts								
Ee	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000
Sp			15,000	15,000			15,000	15,000
Ch					15,000	15,000	15,000	15,000

Issue Age	Ee NT	Ee TB	Ee+Sp NT	Ee+Sp TB	Ee+Ch NT	Ee+Ch TB	Ee+Fam NT	Ee+Fam TB
18-25	1.48	1.75	2.42	2.81	2.17	2.44	3.11	3.50
26-30	2.29	3.16	3.65	4.91	2.98	3.85	4.34	5.60
31-35	3.28	4.96	5.12	7.61	3.97	5.65	5.81	8.30
36-40	5.38	8.53	8.24	13.01	6.07	9.22	8.93	13.70
41-45	7.84	12.85	11.96	19.46	8.53	13.54	12.65	20.15
46-50	11.44	18.64	17.36	28.16	12.13	19.33	18.05	28.85
51-55	14.89	25.87	22.55	38.96	15.58	26.56	23.24	39.65
56-60	18.91	33.88	28.55	50.99	19.60	34.57	29.24	51.68
61-69	23.20	43.57	35.00	65.54	23.89	44.26	35.69	66.23

Mode	Semi-Monthly							
Face Amounts								
Ee	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Sp			2,500	2,500			2,500	2,500
Ch					2,500	2,500	2,500	2,500

Issue Age	Ee NT	Ee TB	Ee+Sp NT	Ee+Sp TB	Ee+Ch NT	Ee+Ch TB	Ee+Fam NT	Ee+Fam TB
18-25	1.20	1.30	2.21	2.35	1.45	1.55	2.46	2.60
26-30	1.49	1.81	2.65	3.11	1.74	2.06	2.90	3.36
31-35	1.85	2.46	3.18	4.08	2.10	2.71	3.43	4.33
36-40	2.61	3.75	4.31	6.03	2.86	4.00	4.56	6.28
41-45	3.50	5.31	5.65	8.36	3.75	5.56	5.90	8.61
46-50	4.80	7.40	7.60	11.50	5.05	7.65	7.85	11.75
51-55	6.04	10.01	9.48	15.40	6.29	10.26	9.73	15.65
56-60	7.50	12.90	11.64	19.75	7.74	13.15	11.89	20.00
61-69	9.04	16.40	13.97	25.00	9.29	16.65	14.22	25.25

Mode	Semi-Monthly							
Face Amounts								
Ee	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
Sp			5,000	5,000			5,000	5,000
Ch					5,000	5,000	5,000	5,000

Issue Age	Ee NT	Ee TB	Ee+Sp NT	Ee+Sp TB	Ee+Ch NT	Ee+Ch TB	Ee+Fam NT	Ee+Fam TB
18-25	1.60	1.80	2.81	3.10	2.10	2.30	3.31	3.59
26-30	2.19	2.82	3.70	4.61	2.69	3.31	4.20	5.11
31-35	2.90	4.12	4.76	6.56	3.40	4.61	5.26	7.06
36-40	4.42	6.69	7.02	10.46	4.92	7.19	7.52	10.96
41-45	6.20	9.81	9.70	15.12	6.69	10.31	10.20	15.62
46-50	8.80	14.00	13.60	21.40	9.29	14.49	14.10	21.90
51-55	11.29	19.22	17.35	29.20	11.79	19.72	17.85	29.70
56-60	14.19	25.00	21.69	37.89	14.69	25.50	22.18	38.39
61-69	17.29	32.00	26.34	48.40	17.79	32.50	26.84	48.90

Mode	Semi-Monthly							
Face Amounts								
Ee	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000
Sp			7,500	7,500			7,500	7,500
Ch					7,500	7,500	7,500	7,500

Issue Age	Ee NT	Ee TB	Ee+Sp NT	Ee+Sp TB	Ee+Ch NT	Ee+Ch TB	Ee+Fam NT	Ee+Fam TB
18-25	2.00	2.30	3.42	3.84	2.75	3.04	4.17	4.59
26-30	2.88	3.82	4.75	6.12	3.63	4.57	5.50	6.87
31-35	3.95	5.77	6.35	9.04	4.70	6.52	7.09	9.79
36-40	6.23	9.64	9.73	14.89	6.98	10.39	10.47	15.64
41-45	8.89	14.32	13.76	21.88	9.64	15.07	14.50	22.63
46-50	12.79	20.59	19.61	31.31	13.54	21.34	20.35	32.05
51-55	16.53	28.43	25.23	43.01	17.28	29.17	25.98	43.75
56-60	20.89	37.10	31.73	56.04	21.63	37.85	32.48	56.79
61-69	25.53	47.60	38.72	71.80	26.28	48.35	39.46	72.55

Mode	Monthly							
	Face Amounts							
Ee	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000
Sp			12,500	12,500			12,500	12,500
Ch					12,500	12,500	12,500	12,500

Issue Age	Ee NT	Ee TB	Ee+Sp NT	Ee+Sp TB	Ee+Ch NT	Ee+Ch TB	Ee+Fam NT	Ee+Fam TB
18-25	5.61	6.58	9.27	10.68	8.10	9.08	11.76	13.17
26-30	8.53	11.68	13.71	18.26	11.03	14.17	16.20	20.75
31-35	12.11	18.18	19.02	28.01	14.60	20.67	21.51	30.50
36-40	19.69	31.07	30.28	47.51	22.18	33.56	32.78	50.00
41-45	28.58	46.67	43.72	70.80	31.07	49.16	46.21	73.29
46-50	41.58	67.58	63.22	102.22	44.07	70.07	65.71	104.71
51-55	54.03	93.68	81.96	141.22	56.53	96.18	84.45	143.71
56-60	68.55	122.61	103.63	184.66	71.04	125.10	106.12	187.15
61-69	84.04	157.60	126.92	237.20	86.53	160.09	129.41	239.69

Mode	Monthly							
	Face Amounts							
Ee	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000
Sp			15,000	15,000			15,000	15,000
Ch					15,000	15,000	15,000	15,000

Issue Age	Ee NT	Ee TB	Ee+Sp NT	Ee+Sp TB	Ee+Ch NT	Ee+Ch TB	Ee+Fam NT	Ee+Fam TB
18-25	6.41	7.58	10.48	12.17	9.40	10.57	13.47	15.16
26-30	9.92	13.69	15.81	21.27	12.91	16.68	18.80	24.26
31-35	14.21	21.49	22.18	32.97	17.20	24.48	25.17	35.96
36-40	23.31	36.96	35.70	56.37	26.30	39.95	38.69	59.36
41-45	33.97	55.68	51.82	84.32	36.96	58.67	54.81	87.31
46-50	49.57	80.77	75.22	122.02	52.56	83.76	78.21	125.01
51-55	64.52	112.10	97.71	168.82	67.51	115.09	100.70	171.81
56-60	81.94	146.81	123.71	220.95	84.93	149.80	126.70	223.94
61-69	100.53	188.80	151.66	284.00	103.52	191.79	154.65	286.99

Mode	Semi-Monthly							
Face Amounts								
Ee	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000
Sp			10,000	10,000			10,000	10,000
Ch					10,000	10,000	10,000	10,000

Issue Age	Ee NT	Ee TB	Ee+Sp NT	Ee+Sp TB	Ee+Ch NT	Ee+Ch TB	Ee+Fam NT	Ee+Fam TB
18-25	2.40	2.79	4.03	4.59	3.40	3.79	5.02	5.59
26-30	3.57	4.83	5.80	7.62	4.57	5.83	6.80	8.62
31-35	5.00	7.43	7.93	11.52	6.00	8.43	8.92	12.52
36-40	8.04	12.59	12.43	19.32	9.03	13.58	13.43	20.32
41-45	11.59	18.83	17.81	28.64	12.59	19.82	18.80	29.64
46-50	16.79	27.19	25.61	41.21	17.79	28.19	26.60	42.20
51-55	21.77	37.63	33.10	56.81	22.77	38.63	34.10	57.80
56-60	27.58	49.20	41.77	74.18	28.58	50.20	42.77	75.18
61-69	33.78	63.20	51.09	95.20	34.77	64.20	52.08	96.20

Mode	Semi-Monthly							
Face Amounts								
Ee	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000
Sp			12,500	12,500			12,500	12,500
Ch					12,500	12,500	12,500	12,500

Issue Age	Ee NT	Ee TB	Ee+Sp NT	Ee+Sp TB	Ee+Ch NT	Ee+Ch TB	Ee+Fam NT	Ee+Fam TB
18-25	2.80	3.29	4.63	5.34	4.05	4.54	5.88	6.58
26-30	4.27	5.84	6.85	9.13	5.51	7.08	8.10	10.38
31-35	6.05	9.09	9.51	14.00	7.30	10.33	10.75	15.25
36-40	9.85	15.53	15.14	23.75	11.09	16.78	16.39	25.00
41-45	14.29	23.33	21.86	35.40	15.53	24.58	23.10	36.65
46-50	20.79	33.79	31.61	51.11	22.03	35.03	32.85	52.35
51-55	27.02	46.84	40.98	70.61	28.26	48.09	42.23	71.85
56-60	34.28	61.30	51.81	92.33	35.52	62.55	53.06	93.58
61-69	42.02	78.80	63.46	118.60	43.27	80.05	64.70	119.85

Mode	Semi-Monthly							
Face Amounts								
Ee	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000
Sp			15,000	15,000			15,000	15,000
Ch					15,000	15,000	15,000	15,000

Issue Age	Ee NT	Ee TB	Ee+Sp NT	Ee+Sp TB	Ee+Ch NT	Ee+Ch TB	Ee+Fam NT	Ee+Fam TB
18-25	3.21	3.79	5.24	6.09	4.70	5.29	6.74	7.58
26-30	4.96	6.85	7.91	10.64	6.46	8.34	9.40	12.13
31-35	7.11	10.75	11.09	16.49	8.60	12.24	12.59	17.98
36-40	11.66	18.48	17.85	28.19	13.15	19.98	19.35	29.68
41-45	16.99	27.84	25.91	42.16	18.48	29.34	27.41	43.66
46-50	24.79	40.39	37.61	61.01	26.28	41.88	39.11	62.51
51-55	32.26	56.05	48.86	84.41	33.76	57.55	50.35	85.91
56-60	40.97	73.41	61.86	110.48	42.47	74.90	63.35	111.97
61-69	50.27	94.40	75.83	142.00	51.76	95.90	77.33	143.50



Combined Insurance Company of America
("The Company")

Group Policyholder Application

Home Office: 111 East Wacker Drive, Suite 700, Chicago, IL 60601
Administrative Office: 17 Church St., Keene, NH 03431

Name of Entity/Policyholder: Suwannee County Board of Public Instruction	Policy Number:
Address (No., Street, City, State & ZIP Code): 1729 Walker Avenue, SW, Suite 200, Live Oak, FL	Policy Effective Date: 5/1/2018
Contact Name, Phone # and Fax #: Teri Jones Phone: (386) 647-4616 teresa.jones@suwannee.k12.fl.us	

The Entity/Policyholder requests to participate in the Lifetime Benefit Term Group Policy offered by The Company and authorizes The Company, its authorized agents or enrollers, to offer Eligible Classes the opportunity to purchase The Company's products. The Entity/Policyholder must:

- Allow agents or enrollers to conduct an annual enrollment of all Eligible Classes, as shown in the Policy Schedule. Eligible Classes are:
 - Eligible Employees, who must be actively at work, as determined by The Company's underwriting rules, on the date the enrollment form is signed.
 - their Eligible Spouses; and
 - their Eligible Dependents.
- Provide The Company with employment census data in order that The Company may, under its rules, determine proper enrollment eligibility.
- For On-Site Enrollments, provide The Company's authorized agents or enrollers direct access to its Eligible Classes to solicit enrollment forms through means mutually agreed upon by both the Policyholder and The Company. The Company reserves the right to withdraw from the enrollment and withdraw any applications already solicited should these conditions not be satisfied.
- Honor all Deduction Authorization forms signed by its employees, if any, for payment of the premium to The Company when due. Bills will normally be sent once each month for any premiums due and the Policyholder shall forward all deductions to the Insurer within 15 days of the receipt of the monthly billing. The Policyholder shall maintain records of all premiums withheld on behalf of its employees. The Policyholder will communicate any deduction or billing changes to The Company. These records shall always remain open to inspection and audit by The Company during normal business hours and for one year after The Policy has been terminated. In the event of any misappropriation by the Policyholder, its employees or agents, of funds owed to The Company, the Policyholder shall reimburse The Company for The Company's entire loss including attorney fees and expenses incurred in collection.
- Indicate selection of Policy and Riders that may be made available to Eligible Classes, subject to state and/or underwriting approvals:

	Accept	Decline
Group Lifetime Benefit Term Insurance Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accidental Death Benefit Rider	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Waiver of Premium Rider	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Payor Waiver of Premium Rider	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dependent Child Rider	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Level Term Rider	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Accelerated Death Benefit for Terminal Illness Rider	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Guaranteed Insurance Option Benefit Rider	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Accelerated Death Benefit for Qualified Long Term Care Insurance Rider	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Extended Acceleration for Death Benefit for Qualified Long Term Care Insurance Rider <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Restoration Rider <input type="checkbox"/> 25% <input checked="" type="checkbox"/> 50%	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Election of Nonforfeiture Option to be provided to Eligible Classes:
☐ Paid Up Benefit ☒ None

The insurance being applied for will be effective as of the enrollment date, provided the person(s) to be insured is (are) found acceptable for Coverage as applied for.

Will the Policyholder pay for any of the premium for the coverage elected? ☐ Yes ☒ No

Will the Policyholder pay for the entire premium for the coverage elected? ☐ Yes ☒ No

Enrollment Period: from _____ to _____.

Any person who knowingly and with the intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Officer/Representative: To the best of your knowledge, will the coverage applied for replace any life or annuity coverage now in force on the life of any Proposed Insured? (If Yes, complete appropriate State replacement forms)..... ☐ Yes ☒ No

Agent: To the best of your knowledge, will the coverage applied for replace any life or annuity coverage now in force on the life of any Proposed Insured? (If Yes, complete appropriate State replacement forms) ☐ Yes ☐ No

Executed on this 19th day of March, 2018.

Vickie M. DePratter, Chief Financial Officer

Print Name and Title of Officer/Representative

Vickie M. DePratter
Signature of Officer/Representative

Print Name of Licensed Resident Agent

Signature of Licensed Agent, if required by State

License Identification Number (as Required)

Please complete, sign, date and return this document to The Company at the Administrative Office above. Keep a photocopy for your records.