

Critical illness protection that pays a lump sum benefit directly to you upon first diagnosis of a critical illness.

- Major Organ Transplant
- Total Loss of Eyesight
- Total Loss of Hearing
- Cancer (if benefit requested)
- Heart Attack
- Stroke
- End Stage Renal Failure

The risk of a critical illness is real — you need affordable protection you can count on.

+ Cancer is the second most common cause of death in the U.S., exceeded only by heart disease.

(American Cancer Society's [Cancer Facts and Figures 2011](#))

+ Every 25 seconds someone in the U.S. suffers a heart attack.

(American Heart Association/American Stroke Association's [Heart Disease and Stroke Statistics 2011](#))

+ Every 40 seconds someone in the U.S. suffers a stroke.

(American Heart Association's [Heart Disease and Stroke Statistics 2011](#))



The risks of developing a critical illness are high. So is the cost of surviving.

The issue: A critical illness diagnosis can give rise to unexpected expenses.

Potential expenses:

- Loss of Income
- Child Care
- Lifestyle Change
- Special Medical Needs
- Insurance Deductibles and Coinsurance Payments
- Money to 'tide a family over'

+ Policy Features

- Premiums paid through the convenience of payroll deduction or bank draft
- Guaranteed renewable to age 65
- Portable coverage - take your policy with you if you leave your employer
- Issue ages 18 to 60
- Unisex rates
- Choice of benefit amounts - \$10,000, \$15,000, \$25,000, \$35,000, \$40,000, or \$50,000
- Lump sum payments directly to you in addition to any other life, major medical, or hospital coverage you already have (unless you direct otherwise in writing)
- One time payable benefit
Policy terminates upon payment of any such benefit
- Policy covers cancer* (if requested), heart attack, stroke, end stage renal failure, major organ transplant, total loss of eyesight, and total loss of hearing

* This policy is available with or without the cancer benefit provision.

Read Your Policy Carefully. This document provides a brief description of the important features of your policy. This is not the insurance contract, and only the actual policy provisions control coverage. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. Therefore, it is important that you read your policy carefully.

Critical Illness Coverage. We pay the insured the Benefit Amount shown on the policy when we receive due proof of the Insured's First Diagnosis of a Covered Critical Illness as defined below, while the policy is in force. No benefit is payable if the Covered Critical Illness first manifests itself during the 30-day Waiting Period. In such case, you may void the policy from the beginning and receive a full refund of premium. The Insured is limited to only one First Diagnosis benefit. The policy terminates upon payment of a benefit or at the policy anniversary immediately following the insured's 65th birthday, whichever is earlier.

Covered Critical Illnesses:

- Cancer (if benefit requested)
- Heart Attack
- Stroke
- End Stage Renal Failure
- Major Organ Transplant
- Total Loss of Eyesight
- Total Loss of Hearing

The Policy Does Not Cover:

- Skin Cancer
- Carcinoma in Situ
- Stage 1 Hodgkin's Disease
- Stage A Prostate Cancer
- Melanoma that is diagnosed as Clark's Level I or II or Breslow or less than .75 mm
- Transient Ischemic Attack (TIA)
- Attacks of Vertebrobasilar Ischemia
- Cerebral Symptoms Due to Migraine
- Cerebral Injury Resulting from Trauma or Hypoxia
- Vascular disease affecting the eye or optic nerve

Limitations and Exclusions. (1) The policy pays a benefit only for First Diagnosis of a Covered Critical Illness while the policy is in force. Proof of First Diagnosis of a Covered Critical Illness must be provided. The policy does not provide benefits for any other disease, sickness, disability or incapacity. (2) The policy contains a 30-day Waiting Period. No benefit is payable to anyone who has a Covered Critical Illness manifested before the policy has been in force for 30 days from the Effective Date shown on the policy. (3) The policy does not pay benefits if the First Diagnosis of a Covered Critical Illness is made outside the United States of America. (4) The policy does not cover any loss caused or contributed to by: participation in an assault, felony, riot, or insurrection; mental or emotional disorders; self-destruction or an attempt thereof whether sane or insane or injuries intentionally inflicted upon yourself whether sane or insane; war or acts of war (declared or undeclared) whether or not you are in military service; or your ingesting or being under the influence of alcohol or other intoxicant, or taking or being under the influence of any drug or narcotic unless taken on the advice of a physician. Being under the influence of alcohol or a drug or narcotic is 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.

Waiting Period. No benefit is payable if the Covered Critical Illness first manifests itself before the policy has been in force for 30 days from the Effective Date shown on the policy. An illness is manifested when symptoms exist which relate to a Covered Critical Illness and which would cause an ordinary prudent person to seek diagnosis, care, or treatment.

First Diagnosis. The first time you are diagnosed by a physician as having a Covered Critical Illness, which is first manifested after the Waiting Period and while the policy is in force.

Guaranteed Renewable to Age 65;

Premiums Subject to Change. Your policy is guaranteed renewable until the policy anniversary immediately following your 65th birthday. On such date, the policy terminates and ceases to be in force. Until such date and subject to the conditions of the policy, we cannot cancel or refuse to renew your policy as long as premiums are paid when due. You may renew the contract before such date by paying each renewal premium as it falls due or during the grace period. Should we accept a premium for any period after the policy is scheduled to terminate, coverage will continue until the end of the period for which the premium has been accepted. We reserve the right to change premium rates. A change in the rates will apply to all such policies issued by us and in force in the state where you live. If we change the rates, your premium is determined by your age on the effective date of the policy and the year of issue of the policy. Subject to the terms and conditions of the policy, we do not restrict or limit your policy in any other way while it is in force.

This is a brief description of Liberty National's Critical Illness Protector policy, forms SMA and SMB. Full details, including definitions and exceptions for payment of benefits, are in the policy.

In the event of any dispute, claim question, or disagreement arising out of or relating to this policy, the parties shall use their best efforts to settle such disputes. To this effect, they shall negotiate with each other in good faith to reach a just solution.

If the parties do not reach a solution by negotiation as described above within sixty (60) days, then upon written notice by either party to the other, all disputes, claims, questions and controversies of any kind or nature arising out of, or relating in any way to, this policy, its subject matter, its negotiation, issuance or termination shall be submitted to binding arbitration pursuant to the provisions of the Federal Arbitration Act and according to the Arbitration Rules of the American Arbitration Association then in effect.

