

**GROUP
DISABILITY
INCOME
BENEFITS**

Insurance Documents

SAMPLE



EFFECTIVE: 03/01/2022

G111-40A
Plan P1
(PA)



Dear Valued Customer:

Thank you for giving American Fidelity Assurance Company the opportunity to help serve your insurance needs. We appreciate having you as a customer, and congratulate you on your wise decision to protect yourself and your family with this coverage.

This is your new Group Disability Income Benefit certificate. Please review the documents carefully. Feel free to contact a Customer Service Representative at 800-662-1113 if you have any questions or are in need of assistance. You can also visit us on the Web at americanfidelity.com for any of your insurance needs.

Notice for insureds living in a community property state (Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin):

If you have designated a beneficiary other than your spouse, we may be required to pay a portion of the proceeds to your spouse at the time of your death, unless your spouse has signed a spousal waiver form. To obtain a spousal waiver form, please visit our website or call a Customer Service Representative.

Sincerely,

A handwritten signature in cursive script that reads "Jeanette Rice".

President and Chief Operating Officer



9000 Cameron Parkway Oklahoma City, Oklahoma 73114

CERTIFICATE OF INSURANCE

American Fidelity Assurance Company (We, Us, Our) hereby certifies that it has issued and delivered to the Policyholder a group Policy, described on the Schedule of Benefits page. The group Policy covers certain eligible persons, as described in the Policy.

This Certificate describes the benefits and provisions of the group Policy and becomes Your Certificate of insurance only if:

- (1) You are eligible for the insurance (See ELIGIBILITY on Schedule of Benefits);
- (2) You are on Active Employment on the date it is to take effect; and
- (3) You become insured and remain insured in accordance with all the provisions of the Policy.

Further, the insurance is to be effective only if the required premium payments are made by You or on Your behalf to Us. (See Section 2, Eligibility and Effective Date.)

No agent may change the Policy or waive any of its provisions.

This Certificate takes the place of any other Certificate previously issued to You under the group Policy. It should be kept in a safe place.

IN WITNESS WHEREOF, We cause this Certificate to take effect on the Effective Date.

President and Chief Operating Officer

Secretary

NON-PARTICIPATING GROUP DISABILITY INCOME INSURANCE CERTIFICATE

WARNING: Any person who knowingly, and with intent to defraud or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information may be guilty of insurance fraud.

TABLE OF CONTENTS

Schedule of Benefits

Section 1

Section 2

Section 3

Section 4

Section 5

Section 6

Section 7

Section 8

Definitions

Eligibility and Effective Date

Disability Benefits

Additional Benefits

Exclusions

Termination of Insurance

Premium Calculation and Payment

General Provisions

SAMPLE

**SCHEDULE OF BENEFITS
PLAN: P1**

POLICYHOLDER: BANK OF OKLAHOMA, N.A., TRUSTEE FOR THE NATIONAL BUSINESS INSURANCE TRUST

POLICY NUMBER: G111-40A

CERTIFICATE EFFECTIVE DATE: Please refer to your individual application or enrollment form, if any.

ELIGIBILITY: All permanent Members and Employees of Members on Active Employment working 25 hours or more per week.

DISABILITY BENEFIT: Monthly amounts of the Disability Benefits are available from \$500.00 to \$10,000.00 in \$100.00 increments. Your disability benefit will be the amount you applied for and are issued, not to exceed 60% of your Monthly Compensation. If applicable Your Disability Benefit will be reduced by Deductible Sources of Income as outlined in Section 3.

MINIMUM DISABILITY BENEFIT: 10% of Your Monthly Disability Benefit or \$100.00, whichever is greater.

ACCIDENTAL DEATH BENEFIT: \$10,000.00

MAXIMUM DISABILITY PERIOD:

Accidental Injury:

<u>Age</u>	<u>Maximum Benefit Period</u>
Less than age 60	To Normal Social Security Retirement Age (NSSRA)*
Age 60	60 months, or to NSSRA*, whichever is greater
Age 61	48 months, or to NSSRA*, whichever is greater
Age 62	42 months, or to NSSRA*, whichever is greater
Age 63	36 months, or to NSSRA*, whichever is greater
Age 64	30 months, or to NSSRA*, whichever is greater
Age 65	24 months, or to NSSRA*, whichever is greater
Age 66	21 months, or to NSSRA*, whichever is greater
Age 67	18 months, or to NSSRA*, whichever is greater
Age 68	15 months, or to NSSRA*, whichever is greater
Age 69 or older	12 months, or to NSSRA*, whichever is greater

*Age at which You are entitled to unreduced Social Security benefits based on the Social Security Amendments of 1983.

Sickness:

<u>Age</u>	<u>Maximum Benefit Period</u>
Less than age 60	To Normal Social Security Retirement Age (NSSRA)*
Age 60	60 months, or to NSSRA*, whichever is greater
Age 61	48 months, or to NSSRA*, whichever is greater
Age 62	42 months, or to NSSRA*, whichever is greater
Age 63	36 months, or to NSSRA*, whichever is greater
Age 64	30 months, or to NSSRA*, whichever is greater
Age 65	24 months, or to NSSRA*, whichever is greater
Age 66	21 months, or to NSSRA*, whichever is greater
Age 67	18 months, or to NSSRA*, whichever is greater
Age 68	15 months, or to NSSRA*, whichever is greater
Age 69 or older	12 months, or to NSSRA*, whichever is greater

*Age at which You are entitled to unreduced Social Security benefits based on the Social Security Amendments of 1983.

MAXIMUM MENTAL ILLNESS PERIOD: Up to 2 years not to exceed the Maximum Disability Period

MAXIMUM ALCOHOLISM AND DRUG ADDICTION PERIOD: Up to 2 years not to exceed the Maximum Disability Period.

ELIMINATION PERIOD:

Accidental Injury:	7 days
Sickness:	7 days

**ADJUSTMENT WITH SICK LEAVE OR OTHER SALARY OR WAGE CONTINUANCE PLAN (See Section 3)
EXTENDING BEYOND THE FOLLOWING NUMBER OF CALENDAR DAYS OF DISABILITY:** 30 days

SAMPLE

SECTION 1 DEFINITIONS

ACCIDENTAL INJURY means Accidental bodily Injury(ies) sustained by You which:

- (a) is (are) independent of disease or bodily infirmity or any other cause; and
- (b) takes place while Your coverage is in force.

ACTIVE EMPLOYMENT means that You are:

- (a) doing in the usual manner all of the regular duties of Your employment on a full-time basis on a scheduled work day; and
- (b) these duties are being done at one of the places of business where You normally do such duties or at some location to which Your employment sends You.

You will be said to be on Active Employment on a day which is not a scheduled work day only if You are not Disabled and would be able to perform in the usual manner all of the regular duties of Your employment if it were a scheduled work day.

CERTIFICATE means the individual Certificate issued to You. It describes Your coverage under the Policy.

DISABILITY (or Disabled) for the first 24 months of Disability, means that You are unable to perform the material and substantial duties of Your Regular Occupation. After that, Disability means You are unable to perform the material and substantial duties of any Gainful Occupation for wage or profit for which You are reasonably qualified by training, education, or experience.

DISABILITY PAYMENT means Your Disability Benefit minus any Deductible Sources of Income as outlined in Section 3.

EFFECTIVE DATE means the date described in the Policy. The date shown in Your individual Certificate or Policy will be Your Effective Date of coverage. The Effective Date will start at 12:01 a.m. at the main place of business of the Policyholder.

ELIMINATION PERIOD means that period of time, which starts after Your Effective Date of coverage, during which:

- (a) You are Disabled; and
- (b) no Disability Benefits are payable.

EMPLOYER means the individual, company, corporation, or governmental entity where You are on Active Employment and includes any division, subsidiary, or affiliated company named in the Policy.

GAINFUL OCCUPATION means an occupation that is or can be expected to provide You with an income of at least the lesser of the following:

- (a) Your Disability Benefit; or
- (b) 60% of Your Monthly Compensation.

HOSPITAL means a licensed institution which:

- (a) has on its premises:
 - (1) laboratory, X-ray equipment and operating rooms where major surgical operations maybe performed by licensed Physicians;
 - (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 an institution used by You 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.

INSURED means a person whose coverage has been applied for and is in force under the terms of the Policy.

MONTHLY COMPENSATION means:

- (a) one-twelfth (1/12) of Your salary through Your Employer, exclusive of overtime or bonus earnings; or
- (b) one-twelfth (1/12) of the preceding 12 months' salary through Your Employer, if Your salary is solely or partially based on commissioned sales, overtime, or bonus earnings.

PHYSICIAN means a medical practitioner of the healing art(s) which is recognized by applicable state law, who:

- (a) is practicing within the scope of his or her license;
- (b) is certified or credentialed by the appropriate medical or professional board that provides certification or credentials for practitioners who perform the type of treatment or service appropriate for Your sickness or Accidental Injury; and
- (c) possesses the necessary training and qualifications according to generally accepted medical standards, to evaluate and treat Your condition.

The term Physician does not include You, an employee of the Employer, anyone related to You by blood or marriage, or anyone living in Your household.

POLICY means the Policy issued to the Policyholder which covers You.

POLICYHOLDER means the association, Employer, or trustee who holds the Policy.

PRE-EXISTING CONDITION means a disease, Accidental Injury, Sickness, physical condition or mental illness for which You have experienced any of the following:

- (a) treatment;
- (b) incurred expense;
- (c) took medication;
- (d) received care or services including diagnostic testing or related measures; or
- (e) received a diagnosis or advice from a Physician,

during the 12-month period immediately before Your Effective Date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Accidental Injury, Sickness, physical condition or mental illness.

REGULAR AND APPROPRIATE CARE means:

- (a) You personally visit a Physician as frequently as medically required, according to standard medical practice, to effectively manage and treat Your disabling condition(s); and
- (b) You are receiving appropriate treatment and care for Your disabling condition(s), which conforms with standard medical practice, by a Physician whose specialty or experience is the most appropriate for such disabling condition(s), according to standard medical practice.

REGULAR OCCUPATION means the occupation You are routinely performing when Your Disability begins. We will look at Your occupation as it is normally performed in the national economy, rather than how the work tasks are performed for a specific Employer or at a specific location.

SCHEDULE OF BENEFITS (or Schedule) means the benefit schedule set forth in the Policy or Certificate.

SICKNESS means a disease or illness (including pregnancy). Disability must begin while this coverage is in force.

SECTION 2 ELIGIBILITY AND EFFECTIVE DATE

ELIGIBILITY

All persons who:

- (a) are on Active Employment as employees of the Policyholder, or members or employees of a member of the Policyholder;
- (b) qualify as eligible Insureds as defined in the Policyholder's application; and
- (c) meet the definition of Eligibility as stated in the Schedule,

are eligible to be insured under the Policy. Evidence of insurability acceptable to Us may be required.

EFFECTIVE DATE

Your insurance will take effect on the Effective Date of the Policy if You:

- (a) apply in writing on or before said Effective Date;
- (b) meet Our underwriting rules; and
- (c) are on Active Employment, as defined in Section 1.

After the Effective Date of the Policy, Your insurance will take effect on the requested Effective Date or the date We approve the written application, if any (subject to Our underwriting rules), whichever is later, provided You are on Active Employment and premium has been paid.

Employees/members who want to apply for this insurance must apply for coverage that will provide benefits according to the applicable class set out in the Policyholder's application.

If You are not on Active Employment due to an Accidental Injury or Sickness when Your coverage would otherwise take effect, it will take effect after the date You go back to Active Employment for at least 5 consecutive workdays.

Any changes in the Disability Benefit, Elimination Period or Maximum Disability Period will take effect on the requested Effective Date of such changes or the date We approve the written application, if any (subject to Our underwriting rules), whichever is later, provided premium has been paid and provided You are on Active Employment.

Any change in the Policy provisions will apply only to covered periods of Disability which begin after the Effective Date of such changes, subject to all the provisions of the Policy.

SECTION 3 DISABILITY BENEFITS

Disability Payments will be provided if You furnish Proof of Loss that You are Disabled and under the Regular and Appropriate Care of a Physician. Disability must:

- (a) be due to a covered Accidental Injury or Sickness; and
- (b) begin while Your coverage is in force.

Disability Payments will be provided for each period You remain Disabled due to a covered Disability and under the Regular and Appropriate Care of a Physician which continues beyond the Elimination Period.

No Disability Payment will be provided for any period in which You are not under the Regular and Appropriate Care of a Physician.

Disability Payments will be provided for only one Disability when:

- (a) more than one Disability exists at the same time; or
- (b) a Disability results from two or more causes.

If any Disability Payment is to be paid for less than a full month, the amount of benefit will be reduced pro rata on the basis that one day's benefit equals one-thirtieth (1/30) the Disability Benefit.

Disability will be deemed to have commenced on the date You first receive personal treatment from a Physician following continuous cessation of work.

SUCCESSIVE DISABILITIES are those Disabilities which result from the same or related causes for which benefits are payable under the Policy and will be considered one period of Disability unless the Disabilities are separated by Your return to:

- (a) Active Employment; or
- (b) any other Gainful Occupation,

for at least 3 consecutive months. A Disability due to a different or unrelated cause will be considered a new period of Disability.

Any Disability which begins after termination of coverage:

- (a) will not be considered a Successive Disability; and
- (b) will not be covered under the Policy.

IF YOU ARE DISABLED DUE TO A COVERED DISABILITY AND NOT WORKING

Your Disability Payment will be the lesser of:

- (a) the Disability Benefit (as indicated on Your application for coverage, as approved by Us) less any Deductible Sources of Income You receive or are entitled to receive; or,
- (b) 60% of Your Monthly Compensation less any Deductible Sources of Income You receive or are entitled to receive.

DEDUCTIBLE SOURCES OF INCOME

Deductible Sources of Income will include:

- (a) other group disability income;
- (b) governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits;
- (c) United States Social Security Act or similar plan or act, including any amounts due Your dependent(s) on account of Your Disability;
- (d) sick leave or other salary or wage continuance plans provided by the Employer which extend beyond the period stated in the Schedule of Benefits;
- (e) State Disability; and
- (f) unemployment compensation.

In the case of other group disability insurance which provides for a reduction of benefits payable under this group disability income policy, Our liability under this group disability income policy shall equal its pro rata share of the Disability Payment. The pro rata share shall be determined by dividing the Disability Payment by the total of the monthly benefit payable under all group disability income policies under which You are entitled to receive benefits and multiplying that result by the Disability Payment.

If We determine that You may qualify for benefits under items (b) or (c) listed above, We may estimate the amount of benefits You may be entitled to receive.

Your Disability Payment will not be reduced by the estimated amount if You:

- (a) apply for benefits under items (b) and/or (c) listed above and submit proof of application to Us; and,
- (b) appeal any denial received to all administrative levels We feel are necessary; and,
- (c) sign the Reimbursement Agreement form, which states You promise to repay any overpayment caused by receipt of benefits from a Deductible Source of Income for a period previously paid by Us at the time the benefits are received.

If Your Disability Payment has been reduced by an estimated amount, We will adjust the Disability Payment when proof is received:

- (a) of the amount awarded; or
- (b) that benefits have been denied and all appeals We feel necessary have been completed.

REIMBURSEMENT OF OVERPAYMENT

If You receive a lump sum payment from a Deductible Source of Income for a period previously paid by Us, any resulting overpayment made by Us will be due to Us on a lump sum basis.

LUMP SUM RETIREMENT WITHDRAWALS

If You have the option of taking retirement benefits on a monthly basis but choose to receive retirement benefits on a lump sum basis, We will assume You are receiving retirement benefits based upon the standard monthly retirement plan benefit available prior to lump sum withdrawal.

INCREASES OF INCOME DUE TO COST OF LIVING ADJUSTMENTS

The Disability Payment will not be reduced due to a cost of living increase if the increase takes effect after the onset of Disability and while benefits are payable under the Policy.

MINIMUM DISABILITY BENEFIT

The Disability Payment payable will be no less than the Minimum Disability Benefit amount indicated in the Schedule of Benefits.

IF YOU ARE DISABLED DUE TO A COVERED DISABILITY AND WORKING

We will provide a Disability Payment if You are Disabled and Your monthly Disability Earnings, if any, are less than 20% of Your Monthly Compensation due to the same Sickness or Accidental Injury.

If You are Disabled and Your Disability Earnings are greater than 20% of Your Monthly Compensation due to the same Sickness or Accidental Injury, We will figure Your payment as follows:

Your Disability Payment will not be reduced as long as the Disability Earnings plus the gross Disability Benefit does not exceed 100% of Your Monthly Compensation.

If the Disability Earnings plus the gross Disability Benefit exceeds 100% of Your Monthly Compensation, the Disability Payment will be reduced by the amount exceeding Your Monthly Compensation.

We will stop payments and Your claim will end, if at any time You are no longer Disabled or if Your Disability Earnings exceed 80% of Your Monthly Compensation or at the end of 2 years, whichever comes first.

DISABILITY EARNINGS means the gross monthly earnings You receive while Disabled and working.

The Elimination Period cannot be satisfied with days You are Disabled and working.

TERMINATION OF BENEFITS

Disability Payments will end on the earliest of these dates:

- (a) the date You are no longer Disabled;
- (b) the date Your Disability Earnings are more than 80% of Your Monthly Compensation;
- (c) the date You die;
- (d) the last day Disability Payments are made according to the Schedule of Benefits;
- (e) the date You fail to provide Us with written proof of Your Disability, satisfactory to Us;
- (f) the date You cease to be under the Regular and Appropriate Care of a Physician, refuse to undergo an examination by a Physician, or refuse vocational testing when We require such examination or testing;
- (g) the date You refuse to receive medical treatment that is generally acknowledged by Physicians to cure or improve Your condition so as to reduce its disabling effect;
- (h) the date You refuse to try or attempt to work with the assistance of:
 - (1) Modifications made to Your work environment, functional job elements or work schedule; or
 - (2) Adaptive equipment or devices,

that a Physician has indicated will allow a return to Your own occupation and which accommodations are approved by Your Employer.

MENTAL ILLNESS LIMITED BENEFIT

If You are Disabled due to a Mental Illness, regardless of the cause, Disability Payments will be provided for the period of Disability shown in the Schedule of Benefits as the Maximum Mental Illness Period if:

- (a) You are under the Regular and Appropriate Care of a Physician; and
- (b) You receive medical treatment (mental or medical examination alone will not be considered treatment) from either:
 - (1) a registered specialist in psychiatry;
 - (2) a Physician administering treatment on the advice of a registered specialist in psychiatry who certifies that such treatment is medically necessary; or
 - (3) a Physician, if in our opinion, a specialist in psychiatry is not required to certify that such treatment is medically necessary.

MENTAL ILLNESS means Disability due to or resulting from psychiatric or psychological conditions, regardless of cause, such as:

- (a) schizophrenia;
- (b) depression;
- (c) manic depressive or bipolar illness;
- (d) anxiety;
- (e) personality disorders; and/or
- (f) adjustment disorders or other conditions, usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs or other similar modalities used in the treatment of the above conditions.

The term Mental Illness does not apply to dementia, if due to:

- (a) stroke;
- (b) trauma;
- (c) viral infection;
- (d) Alzheimer's disease; or
- (e) other such conditions not listed above which are not usually treated by a mental health provider using psychotherapy, psychotropic drugs, or other similar modalities.

SECTION 4 ADDITIONAL BENEFITS

ALCOHOLISM AND DRUG ADDICTION LIMITED BENEFIT

If You are Disabled due to alcoholism or drug addiction, a limited benefit will be provided for the period of Disability shown in the Schedule as the Maximum Alcoholism and Drug Addiction Period.

In no event will benefits be paid for more than the amount shown in the Schedule in any Maximum Disability period.

If drug addiction is sustained at the hands of, or while under the Regular and Appropriate Care of a Physician in the course of treatment for Accidental Injury or Sickness, it will be covered the same as any other illness.

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ACCIDENTAL DEATH BENEFIT

The Accidental Death Benefit stated in the Schedule will be paid in accordance with the Time of Payments of Claims in the General Provisions Section if:

- (a) You die as the direct result of an Accidental Injury; and
- (b) death occurs within 90 days after the date of the Accidental Injury.

If You die and the Accidental Death Benefit applies, such benefit will be increased 1% for each full month that Your Certificate was continuously in force just prior to death. The total increase shall not be more than 60%.

CG111ABN-AD

WAIVER OF PREMIUM

If You become Disabled due to a covered Accidental Injury or Sickness, and are eligible to receive a Disability Payment, Your insurance will be continued without payment of premium. Waiver of Premium will begin the first of the month following:

- (a) Your satisfaction of the Elimination Period; or
- (b) 30 days of continuous Disability,

whichever is later, provided premium has been paid from the beginning of Disability to the date Waiver of Premium begins.

Waiver of Premium will continue until:

- (a) the end of Your Disability;
- (b) the end of the Maximum Benefit Period;
- (c) the date You are no longer eligible to receive a Disability Payment;
- (d) the date the Policy terminates; or
- (e) the date Your employment with the Policyholder or subscribing employer unit ends,

whichever first occurs. We will require proof on an annual basis that You remain Disabled during said period.

CG111ABN-WPW

PRE-EXISTING CONDITION LIMITATION

We will pay a limited monthly benefit for a Pre-Existing Condition. This benefit will be equal to 1 month's Disability Benefit during the 12-month period from the Effective Date of Your coverage. This limitation will be waived for disabilities that begin after You have been continuously covered under the Policy for 1 year.

Any increase in benefits will be subject to this Pre-Existing Condition Limitation. A new Pre-Existing Condition period must be satisfied with respect to any increase applied for and approved by Us.

No consideration will be given to prior group disability income coverage in determining the effect of Pre-Existing Conditions on benefits payable.

SAMPLE

SECTION 5 EXCLUSIONS

The Policy does not cover any loss, fatal or non-fatal, which results from:

- (a) intentionally self-inflicted injury while sane or insane;
- (b) an act of war, declared or undeclared;
- (c) Accidental Injury sustained or Sickness contracted while in the service of the armed forces of any country;
- (d) committing a felony;
- (e) penal incarceration. We will not pay benefits for Disability or any other loss for any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer; or
- (f) Accidental Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation*.

*The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this Policy for any period during which You are entitled to Workers' Compensation benefits.

SAMPLE

SECTION 6 TERMINATION OF INSURANCE

Your insurance coverage will end on the earliest of these dates:

- (a) the date You do not meet the Eligibility requirements as defined in Section 2;
- (b) the date You retire;
- (c) the date You cease to be on Active Employment as defined in Section 1, except as provided for under the Leave of Absence provision in this Section;
- (d) the end of the last period for which premium has been paid; or
- (e) the date the Policy is discontinued.

If:

- (a) Your coverage ends as a result of Your termination of Active Employment;
- (b) such termination is caused by an Accidental Injury or Sickness for which Disability Benefits would be payable; and
- (c) Disability is established prior to the termination of Active Employment,

then Disability Benefits will be paid as if such termination had not occurred.

Termination of the Policy will have no effect on Disability Payments which began before such termination.

We may end the coverage if You make a fraudulent claim.

We or the Policyholder may end the Policy on any premium due date. Thirty-one (31) days advance written notice of such termination must be given.

We may end the coverage of a subscribing employer unit if fewer persons are insured than required by the Policyholder's application.

LEAVE OF ABSENCE

Your coverage may be continued for up to 1 year during a Leave of Absence approved in writing by Your Employer.

SECTION 7 PREMIUM CALCULATION AND PAYMENT

Premiums will be figured on the basis stated in the Policyholder's application.

The first premium is due on or before Your Effective Date of coverage. Premiums after the first are due on or before the premium due date stated in the Policyholder's application. Premiums may be paid to:

- (a) Our Home Office; or
- (b) An authorized agent of Ours.

The premium may be changed based on experience at the first anniversary date of the Policy or any premium due date after that. No such increase in rate will be made unless 31 days prior notice is given to the Policyholder.

If a change in benefit increases Our liability, premium rates may be changed on the date the liability is increased.

SAMPLE

SECTION 8 GENERAL PROVISIONS

ENTIRE CONTRACT-CHANGES: The entire contract shall include:

- (a) the Policy;
- (b) the application of the Policyholder and each Employer Participation Agreement (if applicable);
- (c) Your application, if any, attached to the Certificate; and
- (d) all endorsements and amendments.

Statements made by the Policyholder or You are representations and not warranties, if fraud was not intended. No such statements will be used to avoid the insurance, reduce benefits, or defend a claim under the Policy unless:

- (a) the statement is in writing; and
- (b) a copy of that statement is given to You.

The terms of the Policy can be changed only by endorsement or amendment signed by an executive officer of Ours. Any amendment that reduces or eliminates coverage must be requested in writing or signed by the Policyholder. No agent may change the Policy or waive its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After 2 years from Your Effective Date of coverage, no statements in the application, except fraudulent misstatements, can be used to:

- (a) avoid the coverage; or
- (b) deny a claim for loss incurred or Disability (as defined in the Policy) that starts after such 2-year period.

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 the Policy will terminate at the end of the grace period if the premium has not been paid. The Policyholder or subscribing Employer unit must still pay all unpaid premium. This includes the premium due for the grace period.

The Policyholder or subscribing Employer unit may, by writing to Us, cancel the coverage under the Policy:

- (a) on any future premium due date; or
- (b) on any date during the grace period.

If coverage is canceled on a premium due date, the grace period will not apply. If cancellation is during the grace period, the Policyholder or subscribing Employer unit will be liable for any unpaid premium including the pro rata premium for that part of the grace period while coverage was in force.

PROOF OF LOSS: Written Proof of Loss must be given to Us at 9000 Cameron Parkway, Oklahoma City, Oklahoma, 73114, or to Our agent. Such Proof of Loss should be made within 30 days after any loss covered by the Policy. If it is not reasonably possible to give Proof of Loss within that time, the claim may not be denied or reduced due to the delay. Proof of Loss, provided at Your expense, must show:

- (a) that You are under the Regular and Appropriate Care of a Physician;
- (b) the date Your Disability began;
- (c) the cause of Your Disability;
- (d) the appropriate documentation of Your Monthly Compensation;
- (e) the extent of Your Disability, including restrictions and limitations preventing You from performing Your Regular Occupation; and
- (f) the name and address of any Hospital or institution where You received treatment, including all attending Physicians.

Proof of Loss must be given to Us within 90 days after the loss. Late proof may be accepted if:

- (a) it was not reasonably possible to give proof in that time; and
- (b) the proof is given within one year from the date of loss. This one-year limit will not apply in the absence of legal capacity.

CLAIM FORMS: Claim forms should be used for filing Proof of Loss. They will be sent to the claimant within 15 days of receipt of Proof of Loss. If claim forms are not supplied within 15 days, a claimant can give proof as follows:

- (a) in writing;
- (b) containing the required information as indicated in the Proof of Loss Provision; and
- (c) within the time stated in the Proof of Loss Provision.

TIME OF PAYMENT OF CLAIMS: All accrued benefits for loss for which the Policy provides periodic payment will be paid each month, subject to written Proof of Loss. Any balance not paid when liability ends will be paid immediately upon receipt of written proof. Benefits for any other covered loss will be paid as soon as We receive written proof of such Proof of Loss.

PAYMENT OF BENEFITS: All benefits will be paid to You. Accrued benefits that are not paid at Your death will be paid to Your beneficiary or estate. If a benefit is to be paid to Your estate, or to You and You are not competent to give a valid release, We may pay up to \$1,000 of such benefit to one of Your relatives who is deemed by Us to be justly entitled to it. Such payment, made in good faith, fully discharges Us to the extent of the payment.

PHYSICAL EXAMINATION: While a claim is pending, We have the right to have You:

- (a) examined as often as is reasonably necessary. We will pay for such examination; and/or
- (b) interviewed by an authorized Company representative to determine the extent of any Sickness or Accidental Injury for which You have made a claim. This right may be used as often as reasonably required.

LEGAL ACTION: No legal action may be brought to recover under the Policy:

- (a) within 60 days after written Proof of Loss has been furnished as required; or
- (b) more than 3 years from the time written Proof of Loss is required to be furnished.

CERTIFICATES: An individual Certificate will be issued for delivery to You. The Certificate will describe:

- (a) the benefits under the Policy;
- (b) to whom benefits will be paid; and
- (c) the limitations and terms of the Policy.

If more than one Certificate is issued under the Policy to You, only the last one issued will be in effect.

MISSTATEMENT OF FACTS: If relevant facts regarding You are not accurate:

- (a) a fair adjustment of premium will be made; and
- (b) the true facts will decide if and in what amount of insurance coverage is valid.

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.

CLAIM OVERPAYMENT: We have the right to recover any overpayment(s) due to:

- (a) fraud;
- (b) any error We make while processing Your claim; and
- (c) Your receipt of Deductible Sources of Income.

Your reimbursement to Us must be made in full. However, We will work with You to develop a reasonable method of repayment if You are financially unable to repay such overpayment. We will not recover more money than the amount overpaid to You.

9000 Cameron Parkway

Oklahoma City, Oklahoma 73114

Effective Date: _____
(If Different from the Policy or Certificate)

SURVIVOR BENEFIT

The Policy or Certificate to which this Rider is attached is hereby amended as follows:

You or **Your** as used throughout shall mean the Insured or the Insured's.

If You:

- have been Disabled and not working for at least 90 consecutive days; and
- die while receiving Disability Benefits,

a Survivor Benefit will be paid to Your beneficiary or estate.

The Survivor Benefit will be:

- the amount indicated on your application for coverage; and
- paid monthly up to 1 year or until the Maximum Disability Period is exhausted, whichever occurs first.

This Rider is subject to all of the provisions of the Policy as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy or Certificate to which it is attached.


Secretary

9000 Cameron Parkway

Oklahoma City, Oklahoma 73114

Effective Date: _____
(If Different from the Policy or Certificate)

ACCIDENT BENEFIT RIDER

The Policy or Certificate to which this Rider is attached is hereby amended as follows:

You or **Your** as used throughout shall mean the Insured or the Insured's. **We, Us, Our** shall mean the Company.

We will provide coverage for medical expenses incurred within 72 hours by You or Your covered Dependent for an Accidental Injury.

Such benefit will be payable up to \$500.00 per Insured or insured Dependent per Accidental Injury limited to a Calendar Year Maximum of \$2,000.00 per Insured or insured Dependent and \$5,000.00 per Calendar Year per family.

An Accidental Death Benefit of \$20,000.00 for Your death or the death of Your covered Dependent spouse, and \$10,000.00 for the death of each covered Dependent child will be paid if:

- You or Your covered Dependent dies as a result of any injury caused by an Accidental Injury; and
- death occurs within ninety (90) days after the date of the Accidental Injury.

DEFINITIONS

For purposes of this Rider, the following definitions will apply:

ACCIDENTAL INJURY means Accidental bodily Injury(ies) sustained by You or Your covered Dependent which:

- is independent of disease or bodily infirmity or any other cause; and
- takes place while Your or Your covered Dependent's coverage is in force.

"Dependent" means Your:

- married spouse who lives with You and is under age 70; or
- unmarried child, stepchild or adopted child from the moment of placement of adoption who is not eligible for coverage as an Insured under this Policy or any other group policy and who:
 - is less than 19 years old; or
 - is less than 23 years old and going to school full time; or

- becomes incapable of self-support because of mental retardation or physical handicap while insured 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. Then, coverage will continue for as long as Your (the Insured's) insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time, but not more often once a year after the child attains age 19; or
- You are legally required to support such child, and the child would otherwise qualify as described above.

The term Dependent does not include:

- Your grandchild;
- 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 above.

ELIGIBILITY AND EFFECTIVE DATE

You will be eligible for family coverage on the latest of the following dates:

- the day You become eligible for insurance; or
- the date You acquire Your first Dependent.

Family coverage may be elected by:

- completing and signing an application within 31 days of the date the first Dependent becomes eligible; and
- completing any required form of payroll deduction authorization.

The Effective Date for family coverage will be the first of the month after:

- Our acceptance of the application; and
- receipt of the first premium.

However, if on such date a husband and wife are eligible for coverage as employees or members under the Policy:

- only one may elect family coverage; and
- coverage for the dependent spouse under this Rider will not apply.

TERMINATION

The insurance on a Dependent will cease the earliest of:

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

EXCLUSIONS

In addition to the exclusions listed in the Policy, the following exclusions will apply:

- any expense incurred as the result of a Sickness; and
- Accidental Injury arising out of and in the course of any occupation for wage or profit or for which You are entitled to Workers' Compensation.

This Rider is subject to all of the provisions of the Policy as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy or Certificate to which it is attached.


Secretary

SAMPLE

9000 Cameron Parkway

Oklahoma City, Oklahoma 73114

Effective Date: _____
(If Different from the Policy or Certificate)

CATASTROPHIC DISABILITY BENEFIT

The Policy or Certificate to which this Rider is attached is hereby amended as follows:

You or **Your** as used throughout shall mean the Insured or the Insured's. **We, Us, Our** shall mean the Company.

RIDER SCHEDULE

CATASTROPHIC DISABILITY BENEFIT:	\$2,000.00
CATASTROPHIC DISABILITY BENEFIT ELIMINATION PERIOD:	90 Days
LIFETIME MAXIMUM CATASTROPHIC DISABILITY BENEFIT PERIOD:	36 Months
PHYSICIAN OUTPATIENT TREATMENT BENEFIT:	\$40.00 per visit up to 5 visits per Calendar Year

ELIGIBILITY AND EFFECTIVE DATE

You and Your Spouse are eligible for coverage. Coverage will take effect on the requested Effective Date, provided:

- this coverage is approved by Us; and
- the required premium has been paid.

If both You and Your Spouse are insured as employees or members under the Policy:

- only one may elect dependent Spouse coverage; and
- the Spouse may not apply for coverage provided under this Rider; or
- You may elect Employee Only coverage.

Coverage will not take effect if:

- You are not on Active Employment; or
- You or Your covered Spouse has the loss of one or more Activities of Daily Living,

on the date coverage would normally begin. Coverage will begin on the first of the month following the date You return to Active Service or Your covered Spouse no longer has the loss of one or more Activities of Daily Living.

DEFINITIONS

The following Definitions are in addition to or replace any Definitions, if applicable, listed in the Definitions Section of the Policy.

ACCIDENTAL INJURY means Accidental bodily Injury(ies) sustained by You or Your covered Spouse which:

- is (are) independent of disease or bodily infirmity or any other cause;
- takes place while Your coverage is in force; and
- is the direct cause of a Disability.

ACTIVITIES OF DAILY LIVING means the basic human functions required to remain independent. Activities of Daily Living are as follows:

- Contenance: Maintaining control of bladder and/or functions of the bowel, including the ability to use ostomy supplies or other devices such as catheters;
- Transferring: Moving between the bed and the chair; or the bed and a wheelchair, with or without assistive device;
- Dressing: Putting on and taking off all necessary items of clothing; and/or medically necessary braces and artificial limbs usually worn;
- Toileting: Getting to and from the toilet; getting on and off the toilet; and performing associated personal hygiene; and
- Eating: Performing all major tasks of getting food into the body, with or without assistive device.

You or Your covered Spouse are considered unable to perform an Activity of Daily Living if the task cannot be performed safely without another person's stand-by assistance or verbal cueing. The inability to perform a task must be generally recognized by the medical profession as a consequence of the disabling Accidental Injury or Sickness.

DISABLED or DISABILITY, as used in this Rider, means that due to an Accidental Injury or Sickness, You or Your covered Spouse:

- are continuously not able to perform two (2) or more Activities of Daily Living.

LIFETIME MAXIMUM CATASTROPHIC DISABILITY BENEFIT PERIOD means the period of time We will make payments to You under the Policy for a Disability.

PHYSICIAN means a medical practitioner of the healing art(s) which is recognized by applicable state law, who:

- is practicing within the scope of his or her license;
- is certified or credentialed by the appropriate medical or professional board that provides certification or credentials for practitioners who perform the type of treatment or service appropriate for the Insured's sickness or Accidental Injury; and
- possesses the necessary training and qualifications according to generally accepted medical standards, to evaluate and treat Your condition.

The term Physician does not include You or Your Spouse, an employee of the Employer, anyone related to You or Your Spouse by blood or marriage, or anyone living in Your household.

PRE-EXISTING CONDITION means a disease, symptoms, Accidental Injury or Sickness:

- that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment; or
- for which You or Your covered Spouse:
 - had treatment;
 - incurred expense;
 - took medication; or
 - received a diagnosis or advice from a Physician,

during the Pre-Existing Condition Period 12 months immediately before the Effective Date of Your coverage. The term Pre-Existing Condition will also include conditions that are related to such disease, Accidental Injury or Sickness.

REGULAR AND APPROPRIATE CARE means:

- You or Your covered Spouse personally visit a Physician as frequently as medically required, according to standard medical practice, to effectively manage and treat Your or Your covered Spouse's disabling condition(s); and
- You or Your covered Spouse are receiving appropriate treatment and care for Your disabling condition(s) or Your covered Spouse's disabling condition(s), which conforms with standard medical practice, by a Physician whose specialty or experience is the most appropriate for such disabling condition(s), according to standard medical practice.

SICKNESS means a disease or illness (including pregnancy). Disability must begin while this coverage is in force.

SPOUSE means the person to whom You are legally married.

CATASTROPHIC DISABILITY BENEFIT

If You or Your covered Spouse becomes Disabled, We will provide a monthly benefit shown in the Rider Schedule as Catastrophic Disability Benefit for the period of Disability shown in the Rider Schedule as Lifetime Maximum Catastrophic Disability Benefit Period. Benefits will be paid for each period of Disability that continues beyond the Catastrophic Disability Benefit Elimination Period.

The Catastrophic Disability Benefit will not be paid if You or Your covered Spouse is not under the Regular and Appropriate Care of a Physician.

PHYSICIAN OUTPATIENT TREATMENT BENEFIT

If You or Your covered Spouse receives personal treatment by a Physician due to an Accidental Injury or Sickness in a:

- Hospital outpatient clinic;
- free-standing emergency care clinic; or
- Physician's office,

We will pay the benefit as shown in the Rider Schedule as the Physician Outpatient Treatment Benefit. Pre-existing Conditions limitations will not apply.

PRE-EXISTING CONDITIONS

No benefit will be payable for a Disability incurred in the first 12 months of coverage if the Disability is the result of or is caused by a Pre-Existing Condition. We will cover You or Your covered Spouse's Disability if it is caused by or results from a Pre-Existing Condition, and begins after You or Your covered Spouse has been insured for 12 consecutive months after You or Your covered Spouse's Effective Date of coverage under this Rider.

EXCLUSIONS

Exclusions, as listed in the Policy, apply.

TERMINATION

Benefits will end on the earliest of:

- the date You or Your covered Spouse is no longer Disabled;

- the date You or Your covered Spouse are no longer under the Regular and Appropriate Care of a Physician;
- the end of the Lifetime Maximum Catastrophic Disability Benefit Period; or
- the date You or Your covered Spouse dies.

Coverage will end on the earliest of the following dates:

- the date Your insurance under the Policy terminates;
- the end of the last period for which premium payment has been made to Us;
- the date the Lifetime Maximum Catastrophic Disability Benefit Period for benefits has been provided;
- the end of the month in which a divorce, annulment, or legal separation is obtained;
- the date You notify Us in writing to delete coverage for the covered Spouse; or
- the date the Policy or plan terminates.

Termination of the Policy or plan will have no effect on payment of benefits for any payable claim that begins while coverage is in force.

This Rider is subject to all of the provisions of the Policy as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy or Certificate to which it is attached.

Christopher T. Kenney
Secretary

SAMPLE

9000 Cameron Parkway

Oklahoma City, Oklahoma 73114

Effective Date: _____
(If Different from the Policy or Certificate)

SPECIAL CONDITIONS LIMITED BENEFIT RIDER

The Policy or Certificate to which this Rider is attached is hereby amended as follows:

MAXIMUM SPECIAL CONDITIONS PERIOD: 1 Year

If You are Disabled due to a Special Condition, Disability Payments will be provided for the period of Disability shown above as the Maximum Special Conditions Period, if You are under the Regular and Appropriate Care of a Physician.

SPECIAL CONDITIONS means:

- (a) Chronic Fatigue Syndrome;
- (b) Fibromyalgia;
- (c) any disease, disorder, accident or injury of the neck or back not resulting in hemiplegia, paraplegia, or quadriplegia;
- (d) environmental allergic illness, including, but not limited to sick building syndrome and multiple chemical sensitivity;
- (e) Self-Reported Symptoms, Self-Reported Symptoms means the manifestations of Your condition that You tell Your Physician that are not verifiable using tests, procedures or clinical examinations standardly accepted in the practice of medicine. Examples of Self-Reported Symptoms include, but are not limited to headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, and loss of energy.

Disability Benefits will be paid for only one Disability when:

- (a) more than one Disability exists at the same time; or
- (b) a Disability results from two or more causes.

This Rider is subject to all of the provisions of the Policy as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy or Certificate to which it is attached.


Secretary

SAMPLE

9000 Cameron Parkway

Oklahoma City, Oklahoma 73114

Effective Date: _____
(If different from the Policy or Certificate)

COBRA PREMIUM LIMITED BENEFIT RIDER

The Policy or Certificate to which this Rider is attached is hereby amended as follows:

We will pay an additional benefit of \$300 per month to You for Your medical COBRA premium. This benefit will pay up to the end of the disability benefit period or to the end of Your medical COBRA benefit period, whichever occurs first, if:

- (1) You are Disabled;
- (2) You have satisfied the Elimination Period and Monthly Disability Benefits are payable;
- (3) Your employment has terminated;
- (4) You were covered under Your employer's medical coverage at the time of termination; and
- (5) You elected medical continuation of coverage as provided for under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

You must provide proof to Us of Your election of medical COBRA continuation. Proof of continued medical COBRA participation will be required before benefits are paid under this Rider.

This Rider is subject to all the provisions of the Policy as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy or Certificate to which it is attached.


Secretary

9000 Cameron Parkway

Oklahoma City, Oklahoma 73114
Effective Date _____
(If different from the Policy or Certificate)

HOSPITAL INDEMNITY LIMITED BENEFIT RIDER

The Policy or Certificate to which this Rider is attached is hereby amended as follows:

You or **Your** as used throughout shall mean the Insured or the Insured's. **We**, **Us**, **Our** shall mean the Company.

RIDER SCHEDULE

Daily Hospital Confinement Benefit: \$150 per day, per confinement
Maximum Hospital Confinement Period: 90 days per confinement
Reduction in Benefits at Age 70: 50% of the Daily Hospital Confinement Benefit

If You are confined to a Hospital as an Inpatient due to a covered Injury or Sickness, the Daily Hospital Confinement Benefit listed in the Rider Schedule will be paid to You for the number of days You are hospital confined and are charged for room and board facilities, up to the Maximum Hospital Confinement Period.

Successive Hospital stays will be considered as one confinement if they are separated by less than 90 days of confinement to a Hospital.

Inpatient means You are admitted as a resident patient to a Hospital for at least 18 continuous hours and are being charged for room and board facilities.

The Hospital Confinement Benefit will not be payable for an Injury or Sickness incurred in the first 12 months of coverage if the Injury or Sickness is caused by or resulting from a Pre-Existing Condition as defined in the Policy.

EXCLUSIONS

In addition to the Exclusions listed in the Policy, no benefits will be payable under this Rider for any Hospital Confinement that is caused by or resulting from Mental Illness or Drug or Alcohol Abuse.

TERMINATION

Your coverage under this Rider will end on the earliest of:

- (a) the end of the last period for which premium payment has been made to Us; or
- (b) the date You notify Us in writing to terminate coverage; or
- (c) the date this Rider is discontinued; or
- (d) the date the Policy is discontinued.

This Rider is subject to all the provisions of the Policy as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy or Certificate to which it is attached.


Secretary

9000 Cameron Parkway

Oklahoma City, OK 73114

Effective Date: _____
(If different from the Policy or Certificate)

CRITICAL ILLNESS LIMITED BENEFIT RIDER

The Policy or Certificate to which this Rider is attached is hereby amended as follows:

You or **Your** as used throughout shall mean the Insured or the Insured's. **We, Us, Our** shall mean the Company.

RIDER SCHEDULE

MAXIMUM CRITICAL ILLNESS BENEFIT:	\$10,000
CRITICAL ILLNESS WAITING PERIOD:	30 days
CRITICAL ILLNESS:	Heart Attack Kidney Failure Major Organ Failure Paralysis Stroke
REDUCTION IN BENEFITS AT AGE 70:	50% of the Maximum Critical Illness Benefit

DEFINITIONS

Critical Illness means any of the Critical Illnesses listed in the Rider Schedule and defined in this Rider.

Critical Illness Waiting Period means the number of days shown in the Rider Schedule following the Effective Date of this Rider. No benefits will be paid for a Critical Illness when the Date of Diagnosis occurs during the Critical Illness Waiting Period.

Date of Diagnosis means the first date a Physician establishes the diagnosis of a Critical Illness through the use of objective clinical evidence.

Heart Attack means an acute myocardial infarction resulting in the sudden death of the heart muscle resulting from a blockage of one or more coronary arteries. A Physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms. The diagnosis must be based on an event, which consists of all of the following:

- (a) the sudden onset of symptoms consistent with a Heart Attack; and
- (b) elevation of cardiac (heart) biomarkers consistent with a Heart Attack; and
- (c) Electrocardiographic changes consistent with a Heart Attack.

The definition of Heart Attack does not include acute or chronic congestive heart failure, atherosclerotic heart disease, angina, including unstable angina, coronary disease or any other dysfunction of the cardiovascular system.

Kidney Failure (Renal Failure) means the diagnosis by a Physician of the irreversible failure of both kidneys from any cause that necessitates treatment by renal dialysis or kidney transplantation.

Major Organ Failure means diagnosis of organ failure of the liver, both lungs, pancreas, or heart resulting in You being placed on the UNOS (United Network for Organ Sharing) list for transplantation. If You are on the UNOS list for transplantation for more than one organ transplant only a single benefit will be paid.

Paralysis means that You have experienced the complete loss of use of two or more limbs for at least 180 consecutive days as a result of a neurological injury. Paralysis must be expected to be permanent and must be diagnosed by a Physician board certified in Neurology. Limb is defined as a complete arm or leg. Paralysis as a result of Stroke is excluded.

Stroke means a sudden neurological impairment of sensory and/or motor functions due to aneurysm rupture, acute cerebral occlusion, or acute cerebral hemorrhage from a cerebral artery, which results in permanent damage to the nervous system. Stroke must be diagnosed by a Physician based on neuroimaging consistent with an acute or subacute abnormality or other neurodiagnostic study and presence of neurological deficits persisting for a period of 30 days or greater. Stroke does not mean head injury, subdural hematoma, transient ischemic attack, multi-infarct dementia, or chronic cerebrovascular insufficiency.

BENEFITS

We will pay You the Maximum Critical Illness Benefit shown on the Rider Schedule if You are diagnosed with one of the Critical Illnesses defined in this Rider and:

- (a) the Date of Diagnosis is after the 30 day Critical Illness Waiting Period;
- (b) the Date of Diagnosis occurs while this Rider is in force; and
- (c) the Critical Illness is not excluded by name or specific description in this Rider.

This benefit will be paid only once during Your lifetime regardless of the number of Critical Illnesses diagnosed. Proof of diagnosis must be submitted before benefits are paid.

At age 70 the Maximum Critical Illness Benefit will reduce by 50%.

If You are eligible to receive the Critical Illness Benefit, but die before the benefit amount is paid, the benefit will be paid to Your designated beneficiary or, if none, the benefit will be paid to Your estate.

EXCLUSIONS

In addition to the Exclusions listed in the Certificate to which this Rider is attached, no benefits will be paid for any loss caused by or resulting from:

- (a) a Critical Illness when the Date of Diagnosis occurs during the Waiting Period;
- (b) a Critical Illness diagnosed outside of the United States; or
- (c) a Sickness or Injury not specifically defined in this Rider.

PRE-EXISTING CONDITION EXCLUSION

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness Date of Diagnosis occurs before You have been continuously covered under this Rider for 12 consecutive months.

This exclusion will not apply to a Critical Illness caused by or resulting from a Pre-Existing Condition when the Critical Illness Date of Diagnosis occurs after You have been continuously covered under this Rider for 12 consecutive months.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which You have experienced any of the following:

- (a) treatment;
- (b) incurred expense;
- (c) took medication;
- (d) received care or services including diagnostic testing or related measures; or
- (e) received a diagnosis or advice from a Physician,

during the 12-month period immediately before the Effective Date of this Rider. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness.

TERMINATION

Your coverage under this Rider will end on the earliest of:

- (a) the date the Maximum Critical Illness Benefit is paid; or
- (b) the end of the last period for which premium payment has been made to Us; or
- (c) the date You notify Us in writing to terminate coverage; or
- (d) the date this Rider is discontinued; or
- (e) the date the Policy is discontinued.

This Rider is subject to all the provisions of the Policy as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy or Certificate to which it is attached.


Secretary

9000 Cameron Parkway

Oklahoma City, OK 73114

Effective Date: _____

(If different from the Policy or Certificate)

SPOUSAL ACCIDENT ONLY DISABILITY INCOME RIDER

The Policy or Certificate to which this Rider is attached is hereby amended as follows:

You or **Your** as used throughout shall mean the Insured or the Insured's. **We**, **Us**, **Our** shall mean the Company.

RIDER SCHEDULE

MONTHLY BENEFIT AMOUNT:	\$1,500
ELIMINATION PERIOD:	30 consecutive days
MAXIMUM BENEFIT PERIOD:	2 years

RIDER DEFINITIONS

DISABILITY (or Disabled) means due to an Injury Your Spouse is not working and is unable to perform the material and substantial duties of his or her occupation.

ELIMINATION PERIOD means the number of consecutive days listed in the Rider Schedule for which Your Spouse must be Disabled before he or she is eligible to begin receiving a Monthly Benefit. No benefits are payable during this period.

FULL TIME EMPLOYMENT (or Full Time) means Your Spouse is employed an average of 25 or more hours per week for pay or benefits. Full Time Employment does not include any hours Your Spouse is working while self-employed.

INJURY means physical harm or damage to the body sustained by Your Spouse which:

- (a) results directly from an accidental bodily injury;
- (b) is independent of disease or bodily infirmity; and
- (c) takes place while this rider is in force.

MAXIMUM BENEFIT PERIOD means the Maximum Benefit Period listed in the Rider Schedule for which a Monthly Benefit will be paid for any one period of Disability or Successive Disability.

MONTHLY BENEFIT means the benefit amount listed in the Rider Schedule.

REGULAR AND APPROPRIATE CARE means:

- (a) Your Spouse personally visits a Physician as frequently as medically required, according to standard medical practice, to effectively manage and treat Your Spouse's disabling condition(s); and
- (b) Your Spouse is receiving appropriate treatment and care for his or her disabling condition(s), which conforms with standard medical practice, by a Physician whose specialty or experience is the most appropriate for such disabling condition(s), according to standard medical practice.

SPOUSE means the person You are lawfully married to who is less than age 70.

SUCCESSIVE DISABILITIES are those Disabilities which result from the same or related causes for which Your Spouse's benefits are payable under this Rider and will be considered one period of Disability unless the Disabilities are separated by at least 90 consecutive days.

A Disability due to a different or unrelated cause will be considered a new period of Disability.

Any Disability which begins after termination of this Rider and/or the Policy to which it is attached:

- (a) will not be considered a Successive Disability; and
- (b) will not be covered under this Rider.

ELIGIBILITY AND EFFECTIVE DATE

Coverage under this Rider will begin on the later of the requested Effective Date or the date We approve the written application, provided that:

Your Spouse:

- (a) has no other group disability income coverage in force;
- (b) is less than age 70;
- (c) is engaged in Full Time Employment on the date this Rider becomes effective; and
- (d) is able to perform the material and substantial duties of his or her occupation on the date this Rider becomes effective,

and;

- (a) Your coverage under the Policy is in force and You are on Active Employment; and
- (b) the required premium has been paid.

BENEFITS

The Monthly Benefit amount listed in the Rider Schedule will be paid to You if:

- (a) Your Spouse is Disabled due to a covered Injury that occurs while this Rider is in force;
- (b) Your Spouse's Disability begins within 90 days of the covered Injury;
- (c) Your Spouse has satisfied the Elimination Period stated in the Rider Schedule; and
- (d) Your Spouse becomes Disabled while this Rider is in force.

Benefits for Your Spouse will be provided for each period, up to the Maximum Benefit Period, that Your Spouse remains Disabled due to a covered Injury and under the Regular and Appropriate Care of a Physician which continues beyond the Elimination Period. We will require proof of Your Spouse's employment. We will also require proof of Your Spouse's continuing Disability.

Monthly Benefits will be provided for only one Disability when:

- (a) more than one Disability exists at the same time; or
- (b) a Disability results from two or more causes.

Disability will be considered to have begun on the date Your Spouse was seen and treated by a Physician following continuous cessation of work.

If any Disability Benefit is to be paid for less than a full month, the amount of benefit will be reduced pro rata on the basis that one day's benefit equals one-thirtieth (1/30) the Disability Benefit.

LIMITATIONS AND EXCLUSIONS

This Rider does not provide benefits for Your Spouse for any Disability, fatal or non-fatal, which results from any of the following:

- (a) Intentionally self-inflicted Injury while sane or insane.
- (b) An act of war, declared or undeclared.
- (c) Injury sustained or contracted while in the service of the armed forces of any country.
- (d) Committing a felony.
- (e) Penal incarceration. We will not pay benefits during any period for which Your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while Your Spouse is incarcerated in a penal or correctional institution.
- (f) Injury arising out of and in the course of any occupation for wage or profit or for which Your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this Policy for any period during which Your Spouse is entitled to Workers' Compensation benefits.
- (g) Participation in any sport for wage or profit.
- (h) Participation in any contest of speed in a power driven vehicle for wage or profit.

No benefits are payable for Your Spouse under this Rider for a Disability from an Injury that occurred outside of the United States or its territories.

No benefit will be provided for any period in which Your Spouse is not under the Regular and Appropriate Care of a Physician.

No benefits will be paid to You for any Injury to Your Spouse which is caused by or resulting from spousal abuse.

TERMINATION OF RIDER

Your Spouse's coverage under this Rider will end on the earliest of:

- (a) the date the Certificate to which this Rider is attached terminates; or
- (b) the end of the last period for which premium payment has been made to Us; or
- (c) the date You notify Us in writing to terminate coverage; or
- (d) the date Your Spouse no longer meets the Eligibility requirements as stated in this Rider; or
- (e) the date which a divorce, annulment, or legal separation is obtained; or
- (f) the end of the month following Your Spouse's 70th birthday; or
- (g) the date Your Spouse dies; or
- (h) the date this Rider is discontinued; or
- (i) the date the Policy is discontinued.

This Rider is subject to all the provisions of the Policy as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy or Certificate to which it is attached.


Secretary

STATEMENT OF ERISA RIGHTS

As a participant in the Plan, You are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

- (1) examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents, including insurance contracts and copies of all documents filed by the Plan with the U.S. Department of Labor, such as detailed annual reports and Plan descriptions.
- (2) obtain copies of all Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- (3) receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

In addition to creating certain rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Employee Benefit Plan. The people who operate Your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of You and other Plan participants and beneficiaries. No one, including Your employer, or any other person, may fire You or otherwise discriminate against You in any way to prevent You from obtaining a benefit or exercising Your rights under ERISA. If Your claim for a benefit is denied in whole or in part, You must receive a written explanation of the reason for the denial. You have the right to have the Plan review and reconsider Your claim.

Under ERISA, there are steps You can take to enforce the above rights. For instance, if You request materials from the Plan and do not receive them within 30 days, You may file suit in a federal court. In such case, the court may require the Plan Administrator to provide the materials and pay You up to \$110 a day until You receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If You have a claim for benefits which is denied or ignored, in whole or in part, You may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if You are discriminated against for asserting Your rights, You may seek assistance from the U.S. Department of Labor, or You may file suit in a federal court. The court will decide who should pay court costs and legal fees. If You are successful, the court may order the person You have sued to pay these court costs and fees. If You lose, the court may order You to pay these costs and fees, for example, if it finds Your claim is frivolous.

The Plan Administrator has full discretion and authority to determine the benefits and amounts payable and to construe and interpret all terms and provisions of this Plan.

If You have any questions about the Plan, You should contact the Plan Administrator. If You have any questions about this statement or about Your rights under ERISA, You may also contact:

U.S. Department of Labor
Employee Benefits Security Administration
200 Constitution Avenue N.W.
Room N5625
Washington, D.C. 20210
(202) 219-8776

NOTICE OF THE RIGHT TO APPEAL

Any adverse benefit determination will be explained in writing and the explanation should include:

- (1) the specific reason for the adverse benefit determination;
- (2) reference to the Plan provision upon which the adverse benefit determination was based;
- (3) a description of any additional information You might be required to provide and an explanation of why it is needed; and
- (4) an explanation of the Plan's claim review procedures.

You, Your beneficiary, or a duly authorized representative may appeal any adverse benefit determination by filing a written request to the Plan Administrator. 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 process.

Your request for review must be filed within 180 days after receipt of the written notice of adverse benefit determination. A decision on review will be rendered by the Plan Administrator, no later than 45 days after receipt of Your request for review. If there are special circumstances beyond the control of the Plan, the decision on review shall be rendered as soon as possible, but an extension of 45 days is allowed in such instances. This decision shall also include specific references to the pertinent Plan provisions on which the decision was based. If an internal rule, guideline, protocol or similar criteria was relied upon in the making of the determination, a copy of such rule, guideline, protocol or other similar criteria shall be provided free of charge to the claimant upon request.

Copies of the Plan's Claim procedures are obtainable, without charge, upon written request to the Plan Administrator.

FACTS**WHAT DOES AMERICAN FIDELITY CORPORATION (AFC) DO WITH YOUR PERSONAL INFORMATION?**

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
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What?	<p>The types of information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security number and income • account transactions and medical information • insurance claim history and employment information
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How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons AFC chooses to share; and whether you can limit the sharing.
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Reasons we can share your personal information	Does AFC share?	Can you limit this sharing?
For our everyday business purposes – Such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report it to credit bureaus	Yes	No
For our marketing purposes – To offer our own products and services to you	Yes	No
For our affiliates to market to you	No	We don't share your information for this purpose
For our affiliates' everyday business purposes – Information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes – Other information about your insurability	Yes	No
For our affiliates' everyday business purposes – Other information about your creditworthiness	No	We don't share your information for this purpose
For joint marketing with other financial companies	No	We don't share your information for this purpose
For non-affiliated third parties to market to you	No	We don't share your information for this purpose

Questions?	Call 1-866-554-4722 or go to americanfidelity.com .
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Who we are	
Who is providing this notice?	American Fidelity Corporation (AFC)
What we do	
How does AFC collect my personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> • Provide information to us in the application process. • Transact business with us, our affiliates, or others, such as additional products or services purchased, etc. • Have information provided by your employer, group plan sponsor, or association for any group product you may have. • Have information provided by consumer reporting agencies, such as credit relationships and history. • Have information provided from other sources outside AFC such as medical information, motor vehicle reports, etc. • Visit AFC's non-public Online Service Center Web Site.
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> • Sharing for affiliates' everyday business purposes – information about your creditworthiness • Sharing for non-affiliated third parties to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and non-financial companies. AFC's affiliates include:</p> <ul style="list-style-type: none"> • American Public Life Insurance Company • American Fidelity Administrative Services, LLC • Health Services Administration, LLC • American Fidelity Assurance Company • American Fidelity General Agency, Inc. • American Fidelity Property Company • American Fidelity Securities, Inc. • Balliet's, LLC
Non-affiliated third parties	<p>Companies not related by common ownership or control. They can be financial and non-financial companies.</p> <ul style="list-style-type: none"> • AFC does not share with non-affiliates so they can market to you.
Joint marketing	<p>A formal agreement between non-affiliated third parties that together market financial products or services to you.</p> <ul style="list-style-type: none"> • AFC does not jointly market financial products or services.
Other important information	
<p>AFC maintains appropriate physical, electronic, and procedural safeguards to maintain the confidentiality and security of your nonpublic personal information. We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. Physical and electronic files are kept in secure areas. We educate our employees about the importance of confidentiality and customer privacy. We also enforce employee privacy responsibilities. We apply the same privacy policies to former customers that we apply to current customers.</p>	