



Limited Benefit Critical Illness Insurance

# Critical Illness Insurance

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 **American Fidelity  
Assurance Company**

Our Family, Dedicated To Yours.®

# Critical Illness Insurance

Surviving a critical illness, such as a heart attack or stroke, can come at a high price. With advances in technology to treat these diseases, the cost of treatment rises more and more every year. Even with medical insurance, the out-of-pocket expenses associated with a critical illness can affect anyone's finances.

The impact of a critical illness can be stressful for any family. American Fidelity Assurance Company's Limited Benefit Critical Illness Insurance can be the solution that helps you and your family focus on recovery, and may help you with paying bills. Our plan can assist with the expenses that may not be covered by standard medical insurance.

About every 34 seconds someone in the U.S. suffers a heart attack.<sup>1</sup>



About every 40 seconds someone in the U.S. suffers a stroke.<sup>1</sup>

<sup>1</sup> American Heart Association: Heart Disease and Stroke Statistics 2012 Update, December 2011.



1 out of 3 Americans

1 out of 3 Americans have one or more types of cardiovascular disease.<sup>2</sup>

<sup>2</sup> "The Real Risk That You'll Have A Critical Illness." American Association for Critical Illness Insurance. <http://www.criticalillnessinsuranceinfo.org/learning-center/critical-illness-coverage-facts.php>, n.d. web 5 Apr. 2011.

## How It Works

If you are diagnosed with a covered Critical Illness, such as a heart attack or stroke, this plan is designed to pay a lump sum benefit amount to help cover expenses. Also, this plan offers a Recurrent Diagnosis Benefit that can provide an additional 50% of the Critical Illness benefit amount after the second occurrence date of the specified Critical Illness.

American Fidelity's Critical Illness Insurance features:

- Benefits paid directly to you, to be used however you see fit.
- You own the policy and can keep the policy if you change employers.
- No required medical exams as part of the application process\*.

\* Issuance of the policy may depend on the answers to questions on application.

## Wellness Benefit

You can receive a benefit for your annual health screening test. This benefit features eight qualified tests, including, but not limited to, stress test, echocardiogram, electrocardiogram (EKG), and blood glucose testing.

Health Screening Benefit  
(per calendar year per Covered Person)

\$50

# Schedule of Benefits\*

Choose from three lump sum benefit amounts at the time of application:

\$15,000 • \$20,000 • \$25,000

| <b>Critical Illness Benefits</b><br><i>Pays once per Covered Person for each Critical Illness shown below.</i>                            | <b>Recurrent Diagnosis Benefit</b><br><i>Pays an additional 50% of the lump sum benefit amount.</i> |
|---|---|
| <b>Heart Attack Benefit</b><br>Pays full lump sum benefit amount.   | ✓   |
| <b>Coronary Artery Bypass Surgery Recommendation Benefit</b><br>Pays 25% of benefit amount. Payment will reduce the Heart Attack Benefit. | No Recurrent Diagnosis Benefit  |
| <b>Coronary Angioplasty Recommendation Benefit</b><br>Pays \$500 indemnity amount. Payment will reduce the Heart Attack Benefit.          | No Recurrent Diagnosis Benefit  |
| <b>Stroke Benefit (<i>Permanent damage due to a Stroke (in PA, Severe Stroke)</i>)</b><br>Pays full lump sum benefit amount.              | ✓   |
| <b>Major Burns Benefit</b><br>Pays full lump sum benefit amount.  | ✓   |
| <b>Paralysis Benefit (<i>Permanent due to a Covered Accident (In IN, an Accident)</i>)</b><br>Pays full lump sum benefit amount.          | ✓   |
| <b>Coma Benefit (<i>Due to a Covered Accident (In IN, an Accident)</i>)</b><br>Pays full lump sum benefit amount.                         | ✓   |
| <b>Major Organ Failure Benefit</b><br>Pays full lump sum benefit amount.  | ✓   |
| <b>End Stage Renal Failure Benefit</b><br>Pays full lump sum benefit amount.  | No Recurrent Diagnosis Benefit  |
| <b>Occupational HIV or Occupational Hepatitis B, C, or D Benefit</b><br>Pays full lump sum benefit amount.                                | No Recurrent Diagnosis Benefit  |

Coverage is available for you and your lawful spouse at 100% of the benefit amount and for your eligible child(ren), up to age 26 as defined in the policy, at 25% of the benefit amount.

## Enhance Your Plan

Enhance your base plan coverage with an optional rider that provides additional benefits.

### Hospital Confinement Benefit Rider

The Hospital Confinement Rider can help by providing a daily benefit directly to you to use however you see fit.

- Pays an indemnity amount of \$100 per day of confinement in a Hospital for at least 18 consecutive hours, up to 30 days per Covered Person.

\* Refer to Plan Benefit Highlights section in this brochure for more Benefit Descriptions and limits on the Critical Illness Insurance plan. The premium and amount of benefits provided vary based upon the plan selected.

# Plan Benefit Highlights

## Health Screening Benefit

Pays \$50 when a Covered Person receives one of the following Health Screening Tests:

- Blood test for triglycerides
- Doppler ultrasound
- Echocardiogram
- Electrocardiogram (EKG)
- Fasting blood glucose test
- Serum cholesterol test to determine HDL and LDL levels
- Exercise or Pharmacologic stress test
- Neuroimaging studies

This policy pays for one test per Covered Person per Calendar Year regardless of the number of tests a Covered Person receives during the Calendar Year. This benefit is available without a diagnosis of a Critical Illness. This benefit does not reduce the Critical Illness lump sum benefit amount.

## Critical Illness Benefit

Pays once per Covered Person for each Critical Illness. Each Critical Illness must be separated by at least 180 days following the first Critical Illness Occurrence Date.

## Heart Attack

Pays following a Heart Attack due to Coronary Artery Disease. Any previous amounts paid for a Coronary Artery Bypass Surgery Recommendation and/or a Coronary Angioplasty Recommendation will be deducted from the amount payable under this benefit. **A Heart Attack is not congestive heart failure, atherosclerotic heart disease, angina, cardiac arrest, or any other dysfunction of the cardiovascular system.**

## Coronary Artery Bypass Surgery Recommendation

Pays following a Physician's recommendation for such surgery to occur within 60 days immediately following the date of the recommendation due to Coronary Artery Disease. This benefit is payable only once per Covered Person per lifetime.

## Coronary Angioplasty Recommendation

Pays following a Physician's recommendation for such surgery to occur within 60 days due to Coronary Artery Disease. This benefit is payable only once per Covered Person per lifetime.

For all heart-related benefits combined, we will not pay more than 100% of the Critical Illness lump sum benefit amount.

## Stroke *(Permanent Damage Due To A Stroke)*

*(In PA, Permanent Damage Due To A Severe Stroke)*

Permanent damage must be due to a (In **PA**, severe) stroke and persist for a minimum of 30 consecutive days before this benefit is payable.

## Major Burns

Pays following the date the third or fourth-degree burns occurred. Such burns must cover at least 50% of the total body surface. First or second-degree burns are not payable under this policy.

## Paralysis *(Permanent Due To A Covered Accident (In IN, an Accident))*

Injuries to the spinal cord due to a Covered Accident (In **IN**, an Accident), which result in paraplegia or quadriplegia must be diagnosed by a Physician and persist for a minimum of 90 consecutive days before this benefit is payable.

## Coma *(Due To A Covered Accident (In IN, an Accident))*

The Coma must be due to a Covered Accident (In **IN**, an Accident) and persist for a minimum of 14 consecutive days before this benefit is payable. Coma does not include a coma induced by, or at the request of a Physician, or a coma resulting from causes other than a Covered Accident (In **IN**, an Accident).

## Major Organ Failure

Pays following the date the Covered Person is placed on the United Network for Organ Sharing (UNOS) list for a transplant of the heart, liver, lung or entire pancreas.

## End Stage Renal Failure

Pays following a Physician's diagnosis of End Stage Renal Failure. Failure of one kidney is not End Stage Renal Failure, unless the Covered Person has only one kidney. End Stage Renal Failure does not include renal failure caused by any surgical accidents.

## Occupational HIV or Occupational Hepatitis B, C, or D

Pays following the date of a positive antibody test for HIV or Hepatitis B, C, or D, due to an occupational accidental exposure to HIV or Hepatitis B, C, or D. Only one Critical Illness benefit amount for either Occupational HIV or Occupational Hepatitis B, C, or D is payable.

# Plan Benefit Highlights, cont'd

## Recurrent Diagnosis Benefit

Pays 50% of the Critical Illness benefit amount following the second Occurrence Date for a Heart Attack, Permanent Damage Due To A (in **PA**, Severe) Stroke, Major Organ Failure, Coma Due To A Covered Accident (In **IN**, an Accident), Permanent Paralysis Due To A Covered Accident (In **IN**, an Accident), or Major Burns for which a Critical Illness benefit amount was previously paid under this policy.

A second Occurrence Date must be separated by at least 180 days following the first Occurrence Date of that same Critical Illness and occur while the policy is in force before benefits will be payable. Once a Recurrent Diagnosis Benefit has been paid for a Critical Illness, no further benefits for that same Critical Illness will be payable.

## Guaranteed Renewable

The policy and riders are guaranteed renewable until the Primary Insured reaches age 75 as long as you pay premiums when due or within the premium grace period. We have the right to change premiums by class (in **PA**, We will give you 30 days written notice prior to any change in premium rates.).

## Plan Coverage Options

**Individual:** The Insured, age 18 through 70, at the date of policy issue, is the only Covered Person.

**Individual & Spouse:** The Insured, age 18 through 70, at the date of policy issue, and lawful spouse, age 18 through 70, as defined in the policy.

**Individual & Children:** The Insured, age 18 through 70, at the date of policy issue, and each Eligible Child under age 26, as defined in the policy.

**Family:** The Insured and spouse, age 18 through 70, at the date of policy issue, and Eligible Children under age 26, as defined in the policy.

## Optional Hospital Confinement Benefit Rider

Pays an indemnity amount of \$100 per day of confinement in a Hospital for at least 18 consecutive hours, up to 31 days per Covered Person.

Successive Hospital stays will be considered as one confinement if they are: 1) due to the same or related Sickness or bodily injury; and 2) separated by less than 30 (in **PA**, 31) days. This benefit will not be paid for outpatient treatment or a stay in an Emergency Room, or Hospital Confinements due to pregnancy, including Cesarean delivery, any postpartum or routine services rendered to mother and child after birth. Complications of Pregnancy will be covered as any other Sickness. A Hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial care, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or for drug or alcohol addiction.

# Limitations and Exclusions

## Base Policy

The Critical Illness benefit amount is payable once per Covered Person for each Critical Illness shown on the Schedule of Benefits. After the Occurrence Date of the first Critical Illness payable under this policy or any attached rider, a benefit for each subsequent Critical Illness will only be payable if the Occurrence Date is for a Critical Illness for which a Critical Illness benefit amount has not been previously paid. The subsequent Critical Illness must be separated by more than 180 days following the last Critical Illness Occurrence Date, and occurs while the Covered Person is insured under the policy or rider.

A Heart Attack is an acute myocardial infarction due to Coronary Artery Disease resulting in the ischemic death of a portion of the heart muscle. A Physician must make the diagnosis within 72 hours of the onset of symptoms. A positive diagnosis must be supported by three or more of the following criteria: the sudden onset of symptoms consistent with an acute myocardial infarction; EKG changes indicative of an acute myocardial infarction; elevation of biochemical markers of myocardial necrosis; and/or confirmatory imaging studies. A Heart Attack is not Congestive Heart Failure, Atherosclerotic Heart Disease, Angina, Cardiac Arrest, or any other Dysfunction of the Cardiovascular System.

No benefits are payable for any Critical Illness with an Occurrence Date during the first 12 months of the Covered Person's coverage under this policy, (in **PA**, subject to the Time Limit on Certain Defenses) if the Critical Illness is the result of a Pre-Existing Condition. "Pre-Existing Condition" means a condition for which, within 12 months prior to the Covered Person's Effective Date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession.

No benefits will be paid for any Critical Illness resulting from or caused, whether directly or indirectly, by: 1) war or any act caused by war, whether declared or undeclared, or active service in the armed forces; 2) an intentionally self-inflicted injury; 3) suicide or attempted suicide, while sane or insane, (in **PA**, attempted suicide, while sane or insane does not apply); 4) participating in a riot, insurrection, or rebellion (in **PA**, participating in a riot, or insurrection); 5) being intoxicated or under the influence of any narcotic unless administered by a Physician (in **PA**, on the advice of) or taken according to the Physician's instructions (in **PA**, or taken according to the Physician's instructions, does not apply) ("intoxication" means that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the Critical Illness occurred); 6) committing, or attempting to commit, an illegal act that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the act takes place) (in **PA**, does not apply); 7) being incarcerated in any type of penal institution (in **PA**, does not apply); 8) alcoholism or drug addiction (in **PA**, does not apply); 9) a

diagnosis received outside the United States, or its territories, that cannot be confirmed by a Physician licensed and practicing in the United States.

## Optional Hospital Confinement Benefit Rider

No benefits are payable for any Hospital Confinements during the first 12 months of the Covered Person's coverage under this rider if the Hospital Confinement is the result of a Pre-Existing Condition (in **PA**, (including pre-existing pregnancy). Complications of Pregnancy will be covered as any other covered Sickness). "Pre-Existing Condition" means a condition for which, within 12 months prior to the Covered Person's Effective Date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession.

For the purpose of this rider, no benefits will be paid for loss incurred for Sickness, or injuries received in an Accident, that is caused, whether directly or indirectly, by or occurs as a result of: 1) an intentionally self-inflicted injury; 2) suicide or attempted suicide, whether sane or insane (In **PA**, or attempted suicide, whether sane or insane does not apply); 3) war or any act caused by war, whether declared or undeclared, or active service in the armed forces; 4) participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by (In **PA**, on the advice of) a Physician or taken according to the Physician's instructions (In **PA**, or taken according to the Physician's instructions does not apply) ("intoxication" means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred); 5) participating in a riot, (In **PA**, or rebellion, does not apply), insurrection, or rebellion; 6) committing, or attempting to commit, an illegal act that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the act takes place (In **PA**, does not apply)); 7) alcoholism or drug addiction (In **PA**, does not apply); 8) dental care or dental procedures, unless due to a Covered (In **IN**, due to an) Accident; 9) routine newborn care, including routine nursery confinements; 10) pregnancy, including Cesarean delivery, any postpartum or routine services rendered to mother and child after birth (Complications of Pregnancy will be covered as any other Sickness.); 11) a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind; 12) cosmetic surgery, including complications of cosmetic surgery: (Correction of congenital birth defects or anomalies of a child, or reconstructive surgery related to a covered Sickness or injury will be covered as any other Sickness or injury.); 13) elective surgery, including complications of elective surgery (In **PA** for the first six-months following the Effective Date of coverage; (Elective surgery includes cataract operations, strabismus operations, tonsillectomies, adenoidectomies, herniotomies, arthrotomies, hemorrhoidectomies, laminectomies, varicose veins, gall bladder, and appendectomies concurrent with a gall bladder operation.); 14) medical treatment received outside the United

# Limitations and Exclusions, cont'd

States or its territories; 15) services rendered by a member of the Covered Person's Immediate Family, as defined in the policy; 16) participation in any sport as a professional; 17) participation in any contest of speed in a power driven vehicle as a professional (In PA, does not apply).

This is a brief description of the coverage and does not constitute the actual policy. For actual benefits, limitations, exclusions and other provisions, please refer to the policy. (In PA, This is a

supplement to health insurance. It is NOT a substitute for Hospital or Medical Expense insurance, a Health Maintenance Organization (HMO) contract, or major medical expense insurance. This policy is not a Medicare supplement policy.) **This coverage does NOT replace Workers' Compensation Insurance. This product is inappropriate for people who are eligible for Medicaid coverage.** Availability of riders may vary by state and employer. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed.

## Hospital Confinement Benefit Rider Monthly Premiums

| NON-NICOTINE |            |                     |                       |         |
|--------------|------------|---------------------|-----------------------|---------|
| Age          | Individual | Individual & Spouse | Individual & Children | Family  |
| 18-25        | \$1.18     | \$2.54              | \$3.88                | \$4.92  |
| 26-30        | \$1.60     | \$3.38              | \$4.52                | \$5.80  |
| 31-35        | \$2.40     | \$5.08              | \$5.58                | \$7.82  |
| 36-40        | \$3.30     | \$6.82              | \$6.44                | \$9.58  |
| 41-45        | \$4.36     | \$8.86              | \$7.34                | \$11.66 |
| 46-50        | \$5.66     | \$11.28             | \$8.36                | \$14.12 |
| 51-55        | \$6.98     | \$13.80             | \$9.44                | \$16.66 |
| 56-60        | \$9.10     | \$17.98             | \$11.50               | \$20.98 |
| 61-65        | \$11.36    | \$22.46             | \$13.62               | \$25.46 |
| 66-70        | \$12.68    | \$25.48             | \$15.08               | \$28.50 |

| NICOTINE |            |                     |                       |         |
|----------|------------|---------------------|-----------------------|---------|
| Age      | Individual | Individual & Spouse | Individual & Children | Family  |
| 18-25    | \$1.46     | \$3.16              | \$4.84                | \$6.20  |
| 26-30    | \$2.18     | \$4.52              | \$5.72                | \$7.56  |
| 31-35    | \$3.44     | \$7.04              | \$7.34                | \$10.56 |
| 36-40    | \$5.04     | \$10.18             | \$8.74                | \$13.70 |
| 41-45    | \$7.14     | \$14.10             | \$10.38               | \$17.72 |
| 46-50    | \$9.68     | \$18.88             | \$12.32               | \$22.50 |
| 51-55    | \$12.24    | \$23.80             | \$14.36               | \$27.46 |
| 56-60    | \$16.16    | \$31.60             | \$17.96               | \$35.46 |
| 61-65    | \$20.00    | \$39.18             | \$21.44               | \$43.06 |
| 66-70    | \$22.40    | \$42.46             | \$23.34               | \$47.06 |

# Critical Illness Base Plan Monthly Premiums

| NON-NICOTINE    |            |                     |                       |          |
|-----------------|------------|---------------------|-----------------------|----------|
| Age             | Individual | Individual & Spouse | Individual & Children | Family   |
| <b>\$15,000</b> |            |                     |                       |          |
| 18-25           | \$9.48     | \$13.04             | \$10.48               | \$14.04  |
| 26-30           | \$10.34    | \$14.84             | \$11.34               | \$15.84  |
| 31-35           | \$11.94    | \$18.48             | \$12.94               | \$19.48  |
| 36-40           | \$14.40    | \$23.28             | \$15.40               | \$24.28  |
| 41-45           | \$18.12    | \$30.36             | \$19.12               | \$31.36  |
| 46-50           | \$22.32    | \$38.38             | \$23.32               | \$39.38  |
| 51-55           | \$26.64    | \$46.84             | \$27.64               | \$47.84  |
| 56-60           | \$32.04    | \$57.68             | \$33.04               | \$58.68  |
| 61-65           | \$40.08    | \$72.80             | \$41.08               | \$73.80  |
| 66-70           | \$50.70    | \$93.04             | \$51.70               | \$94.04  |
| <b>\$20,000</b> |            |                     |                       |          |
| 18-25           | \$10.42    | \$14.76             | \$11.68               | \$16.02  |
| 26-30           | \$11.60    | \$17.16             | \$12.86               | \$18.42  |
| 31-35           | \$13.82    | \$22.24             | \$15.08               | \$23.50  |
| 36-40           | \$17.22    | \$28.54             | \$18.48               | \$29.80  |
| 41-45           | \$22.12    | \$37.86             | \$23.38               | \$39.12  |
| 46-50           | \$27.66    | \$48.44             | \$28.92               | \$49.70  |
| 51-55           | \$33.34    | \$59.60             | \$34.60               | \$60.86  |
| 56-60           | \$40.44    | \$73.90             | \$41.70               | \$75.16  |
| 61-65           | \$50.80    | \$93.58             | \$52.06               | \$94.84  |
| 66-70           | \$64.74    | \$120.22            | \$66.00               | \$121.48 |
| <b>\$25,000</b> |            |                     |                       |          |
| 18-25           | \$11.36    | \$16.48             | \$12.86               | \$17.98  |
| 26-30           | \$12.86    | \$19.46             | \$14.36               | \$20.96  |
| 31-35           | \$15.88    | \$26.00             | \$17.38               | \$27.50  |
| 36-40           | \$20.06    | \$33.80             | \$21.56               | \$35.30  |
| 41-45           | \$26.12    | \$45.36             | \$27.62               | \$46.86  |
| 46-50           | \$33.00    | \$58.50             | \$34.50               | \$60.00  |
| 51-55           | \$40.06    | \$72.36             | \$41.56               | \$73.86  |
| 56-60           | \$48.84    | \$90.10             | \$50.34               | \$91.60  |
| 61-65           | \$61.54    | \$114.38            | \$63.04               | \$115.88 |
| 66-70           | \$78.78    | \$147.38            | \$80.28               | \$148.88 |

| NICOTINE        |            |                     |                       |          |
|-----------------|------------|---------------------|-----------------------|----------|
| Age             | Individual | Individual & Spouse | Individual & Children | Family   |
| <b>\$15,000</b> |            |                     |                       |          |
| 18-25           | \$11.10    | \$15.60             | \$12.10               | \$16.60  |
| 26-30           | \$12.90    | \$18.98             | \$13.90               | \$19.98  |
| 31-35           | \$16.68    | \$26.48             | \$17.68               | \$27.48  |
| 36-40           | \$21.68    | \$35.24             | \$22.68               | \$36.24  |
| 41-45           | \$28.92    | \$48.28             | \$29.92               | \$49.28  |
| 46-50           | \$36.92    | \$62.80             | \$37.92               | \$63.80  |
| 51-55           | \$44.94    | \$77.94             | \$45.94               | \$78.94  |
| 56-60           | \$54.76    | \$97.30             | \$55.76               | \$98.30  |
| 61-65           | \$68.88    | \$123.48            | \$69.88               | \$124.48 |
| 66-70           | \$88.00    | \$159.20            | \$89.00               | \$160.20 |
| <b>\$20,000</b> |            |                     |                       |          |
| 18-25           | \$12.56    | \$18.14             | \$13.82               | \$19.40  |
| 26-30           | \$14.98    | \$22.62             | \$16.24               | \$23.88  |
| 31-35           | \$20.28    | \$32.84             | \$21.54               | \$34.10  |
| 36-40           | \$26.84    | \$44.36             | \$28.10               | \$45.62  |
| 41-45           | \$36.40    | \$61.56             | \$37.66               | \$62.82  |
| 46-50           | \$46.96    | \$80.74             | \$48.22               | \$82.00  |
| 51-55           | \$57.54    | \$100.72            | \$58.80               | \$101.98 |
| 56-60           | \$70.52    | \$126.30            | \$71.78               | \$127.56 |
| 61-65           | \$88.88    | \$160.62            | \$90.14               | \$161.88 |
| 66-70           | \$114.02   | \$207.64            | \$115.28              | \$208.90 |
| <b>\$25,000</b> |            |                     |                       |          |
| 18-25           | \$14.02    | \$20.68             | \$15.52               | \$22.18  |
| 26-30           | \$17.06    | \$26.34             | \$18.56               | \$27.84  |
| 31-35           | \$23.88    | \$39.18             | \$25.38               | \$40.68  |
| 36-40           | \$32.02    | \$53.48             | \$33.52               | \$54.98  |
| 41-45           | \$43.88    | \$74.84             | \$45.38               | \$76.34  |
| 46-50           | \$57.00    | \$98.68             | \$58.50               | \$100.18 |
| 51-55           | \$70.16    | \$123.50            | \$71.66               | \$125.00 |
| 56-60           | \$86.26    | \$155.30            | \$87.76               | \$156.80 |
| 61-65           | \$108.90   | \$198.34            | \$110.40              | \$199.84 |
| 66-70           | \$140.04   | \$256.12            | \$141.54              | \$257.62 |



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CRIT11 Series (IN, PA)

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