

Group Critical Illness Insurance Plan

The Group Critical Illness plan, underwritten by Continental American Insurance, an AFLAC company, is designed to help you and your family cope with and recover from the financial stress of surviving a critical illness or condition. The good news is that many people with critical illness survive these life-threatening battles. Unfortunately, as the recovery process begins, people become aware of the bills that have piled up. According to the 1998 Heart and Stroke Statistical Update by the American Heart Association:

STATISTICS

- **66%** of heart attack victims survive at least one year or longer. The death rate from heart attacks has declined more than half over the last 40 years.
- **75%** of stroke victims live at least one year following the stroke. The stroke survival rate has nearly tripled since 1950.
- **40%** of life-threatening cancer patients beat the disease and are alive five years from diagnosis.

KEY BENEFITS

- **First occurrence benefit** – lump sum benefits payable upon initial diagnosis of a covered illness or condition.
- **Additional occurrence benefit** – if an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered illnesses or procedures, the policy will pay the full benefit amount for any additional illness. Occurrences must be separated by at least 6 months (benefits cannot be paid twice for the same critical illness).*
- **Child coverage at no additional cost** – each dependent child ages 0-19 (22 if full-time student) is covered at 10 percent of the primary insured amount at no additional charge.

Plan Features

- Your Choice of Benefit Amounts – Benefit amounts available from \$5,000 to \$50,000 for Employees ages 18-69 and Spouses ages 18-64. (*Spouse benefit amount not to exceed employee benefit amount.*)
- Lump-sum Benefit – Benefits are paid directly to the insured following the diagnosis of each covered critical illness. Use your lump-sum benefit any way you see fit – there are no restrictions.
- Limited Underwriting – Approval is based on answers to simple medical questions contained on the application form.
- Portable Coverage – Keep the plan if you leave your job for any reason.
- Health Screening Benefit – This benefit pays up to \$50 per year for tests such as mammography, colonoscopy, chest x-ray, cholesterol test, and pap smear.**

COVERED CRITICAL ILLNESS

Benefits are payable upon diagnosis of the following critical illnesses

	Percentage of Face Amount Payable
Heart Attack (Myocardial Infarction)	100%
<i>Coronary Artery Bypass Surgery</i>	<i>25%</i>
Stroke	100%
Major Organ Transplant	100%
Renal Failure (End Stage)	100%
Cancer	100%
<i>Carcinoma in situ</i>	<i>25%</i>

This plan is limited benefit supplemental coverage and is not intended as a substitute for medical insurance

* Coverage may be continued until benefits have been paid in full for each covered illness.

** Please refer to the certificate for a complete list of tests.

SEE MORE INFORMATION ON REVERSE SIDE

The Benefit Alliance Plan

 Leslie & Associates, Inc.

Definitions

Major Organ Transplant

Means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.

Myocardial Infarction (Heart Attack)

Means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart attack does not include any other disease or injury involving the cardiovascular system. Cardiac Arrest not caused by a myocardial infarction is not a heart attack. The diagnosis must include all of the following criteria: 1). New and serial Electrocardiographic (EKG) findings consistent with Myocardial Infarction; and 2). Elevation of cardiac enzymes above generally accepted laboratory levels of normal [in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used]. 3). Confirmatory imaging studies such as thallium scans, MUGA scans, or stress ecocardiograms. 4). Chest Pain.

Stroke

Means Apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident, which is first manifested on or after the policy date. Stroke does not include Transient Ischemic Attacks and attacks of Vertebrobasilar Ischemia. We will pay a benefit for Stroke which produces permanent clinical neurological sequela persisting for at least 30 days following an initial diagnosis made after any applicable Waiting Period. We must receive evidence of the permanent neurological damage provided from Computed Axial Tomography (CAT scan) or Magnetic Resonance Imaging (MRI). Stroke does not mean head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

Cancer

Means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes leukemia. Excluded are Cancers such as: 1). Pre-malignant tumors or polyps; 2). Carcinoma in Situ (non-invasion); 3). Any skin cancers except melanomas; 4). Stage I Hodgkin's Disease; 5). Stage A Prostate Cancer; or 6). Melanoma that is diagnosed as Clark's Level I or II or Breslow less than .77 mm; 7). Basal Cell carcinoma and squamous cell carcinoma of the skin.

Renal Failure

Means the end stage of renal failure presenting as chronic, irreversible failure of both of your kidneys to function. The Kidney failure must necessitate regular renal dialysis, hemo-dialysis or peritoneal dialysis (at least weekly); or which results in kidney transplantation. Renal failure is covered, provided it is not caused by a traumatic event, including surgical traumas.

Carcinoma in situ

Means Cancer that is in the natural or normal place, confined to the site without having invaded neighboring tissue. Cancer and/or carcinoma in situ must be diagnosed in one of two ways: 1). Pathological Diagnosis - A pathological diagnosis of cancer or carcinoma in situ is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done a certified pathologist whose diagnosis of malignancy is in keeping with the standards set by the American Board of Pathology. 2). Clinical Diagnosis - A clinical diagnosis of cancer or carcinoma in situ is based on the study of symptoms. We will pay benefits for a clinical diagnosis only if (a) A pathological diagnosis cannot be made because it is medically inappropriate or life threatening; (b) There is medical evidence to support the diagnosis; and (c) A doctor is treating the insured for cancer and/or carcinoma in situ.

Coronary Artery Bypass Surgery

Means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as, but not limited to balloon angioplasty, laser relief, stints or other non-surgical procedures.

NON-SMOKER MONTHLY PREMIUMS

AGE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-39	\$4.94	\$8.71	\$12.52	\$16.34	\$20.11	\$23.92	\$27.73	\$31.50	\$32.32	\$39.13
40-49	\$8.75	\$16.42	\$24.05	\$31.72	\$39.39	\$47.02	\$54.69	\$62.31	\$69.98	\$77.61
50-54	\$12.74	\$23.92	\$35.06	\$46.19	\$57.33	\$68.51	\$79.65	\$90.78	\$101.96	\$113.10
55-59	\$16.77	\$31.89	\$47.06	\$62.18	\$77.35	\$92.52	\$107.64	\$122.81	\$137.93	\$153.10
60-64	\$22.79	\$43.98	\$65.22	\$86.41	\$107.60	\$128.79	\$150.02	\$171.21	\$192.40	\$213.59
65-69	\$24.74	\$47.88	\$71.07	\$94.21	\$117.35	\$140.49	\$163.67	\$186.81	\$209.95	\$233.09

SMOKER MONTHLY PREMIUMS

AGE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-39	\$10.18	\$19.24	\$28.25	\$37.31	\$46.37	\$55.42	\$64.48	\$73.54	\$82.55	\$91.61
40-49	\$19.15	\$37.22	\$55.25	\$73.32	\$91.39	\$109.42	\$127.49	\$145.51	\$163.58	\$181.61
50-54	\$27.65	\$53.69	\$79.73	\$105.82	\$131.86	\$157.91	\$183.95	\$209.99	\$236.04	\$262.08
55-59	\$36.96	\$72.28	\$107.64	\$143.00	\$178.36	\$213.72	\$249.04	\$284.40	\$319.76	\$355.12
60-64	\$51.05	\$100.49	\$149.93	\$199.42	\$248.86	\$298.31	\$347.75	\$397.19	\$446.64	\$496.08
65-69	\$55.55	\$109.50	\$163.45	\$217.40	\$271.35	\$325.30	\$379.25	\$433.20	\$487.15	\$541.10

Limitations And Exclusions

This plan contains a 30-day "waiting-period". This means that no benefits are payable for any covered person who has been diagnosed before coverage has been in force 30 days from the effective date of coverage. If a covered person is first diagnosed during the "waiting period", benefits for that Critical Illness will apply only to loss commencing after two years from the effective date of coverage, or the covered person may elect to void the certificate from the beginning and receive a full refund of premium.

Benefits will not be paid for loss due to: 1). Intentionally self-inflicted injury or action; 2). Suicide or attempted suicide while sane or insane; 3). illegal activities or participation in an illegal occupation; 4). War, declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence; or 5). Substance abuse.

Pre-Existing Condition Limitation

"Pre-existing Condition" means a sickness or physical condition which, within the 12-month period prior to the effective date, resulted in the insured receiving medical advice or treatment. We will not pay benefits for any condition or illness starting within 12 months of the effective date which is caused by, contributed to, or resulting from a pre-existing condition. A claim for benefits for loss starting after 12 months from the effective date will not be reduced or denied on the grounds that it is caused by a pre-existing condition. A condition will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the effective date.