



Voluntary Benefits

## **Annotated Contract**

Specified Critical  
Illness Insurance

*For broker reference only.  
Not for customer distribution.*



**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY  
1 FOUNTAIN SQUARE  
Chattanooga, Tennessee 37402**

**LIMITED BENEFIT HEALTH COVERAGE FOR  
SPECIFIED CRITICAL ILLNESS**

**Policy Number: G0000041  
Primary Insured: James P. Provident**

Insureds age 65 or older, or disabled, purchasing this coverage must be advised that this is not a Medicare Supplement, and are required to sign the Medicare Certification Form, which certifies they have received the "Guide to Health Insurance for People with Medicare", and "Important Notice to Persons on Medicare" at the point of sale.

**THIS POLICY OF COVERAGE IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from us.**

Plan renewal conditions

**GUARANTEED RENEWABLE SUBJECT TO PAYMENT OF FACE AMOUNT  
FOR SPECIFIED CRITICAL ILLNESS**

Unless otherwise indicated in this policy, this policy is guaranteed renewable as long as the required premiums are paid when due, subject to the Grace Period allowed, up to the date of payment for the available Face Amount for a Specified Critical Illness. We will make the benefit payments according to all the provisions of the policy, as included on this and the following pages of this policy. This contract is made in consideration of the application and the payment of premiums as provided.

**NOTICE OF THIRTY DAY RIGHT TO CANCEL**

If, for any reason, you are not satisfied with this policy, you can return it to us at our home office within 30 days after you receive it. At that time, you should ask us in writing to cancel it. We will consider this policy as if it never existed. Any premium paid by you will be refunded to you.

**READ THIS POLICY CAREFULLY**

Satisfaction guaranteed or full premium refund within 30 days of receipt.

This policy is a legal contract between you and Provident Life and Accident Insurance Company. Please read it carefully. We want you to be pleased with the coverage it provides. To understand your coverage, you must read this policy as a whole.

SUSAN N. ROTH  
Secretary

THOMAS WATJEN  
President

**THIS IS A LIMITED POLICY . PLEASE READ IT CAREFULLY**

L-21731

**This specimen is Unum's generic policy L-21731. The actual policy may vary by state and will include any state specific information.**

**POLICY GUIDE**

	<b>Page</b>
Policy Schedule.....	3
Definitions.....	4
Premiums .....	6
Specified Critical Illness Benefit.....	7
Exclusions.....	8
Claims.....	8
General Provisions.....	9

A copy of your application and any Supplementary Benefits are included at the back of this policy.

**POLICY SCHEDULE**

Policy Schedule pages list specific information for each policy.

**Primary Insured:** James P. Provident

**Identification Number:** G00000041

The date the application is signed and coverage becomes effective.

**Plan Effective Date:** January 1, 2002

**Class of Risk:** Non-Tobacco

The date the first premium is due.

**Premium Due Date:** February 1, 2002

**Issue Age:** 35

Employee rates are issue-age banded, age last birthday, tobacco and non-tobacco.

**Anniversary Date:** February 1, 2003 and each following February 1

**Total Premium Amount:** \$60.81

**Premium Mode:** Monthly

**BENEFITS FOR SPECIFIED CRITICAL ILLNESS**

**Face Amount \*:** \$50,000  
**Premium Amount:** \$21.00

The face amount reduces by 50%. Premiums are not reduced.

**\*A Face Amount reduction occurs on the Policy Date On Or Next Following Your 70th Birthday or 5 years after the Policy Date, whichever is later. This reduction is described in the Specified Critical Illness Benefit provision of this policy.**

The illnesses covered under the plan.

Specified Critical Illness	Percentage of Face Amount
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
End Stage Kidney (Renal) Failure	100%
Permanent Paralysis (due to Covered Accident)	100%
Major Organ Transplant Surgery	100%
Coronary Artery Bypass Surgery	25%

These are "100% illnesses" which provide for full benefit payment and will terminate coverage upon payout.

Coronary artery bypass surgery is paid at 25% and does not terminate coverage upon payout.

**POLICY SCHEDULE (Continued)**

**SUPPLEMENTARY BENEFITS**

(The premium(s) shown below is included in the Total Premium Amount)

**Spouse Specified Critical Illness Rider**

Covered Person: Spouse  
 Effective Date: January 1, 2002  
 Class of Risk: Non-Tobacco  
 Issue Age: 35  
 Face Amount: \$25,000  
 Premium: \$10.50

Covered Specified Critical Illnesses under this rider are the same as those shown in the Policy Schedule (Page 3) for the Primary Insured.

Available face amounts of \$5,000 to \$30,000 in increments of \$1,000

**Child Specified Critical Illness Rider**

Covered Person(s): Dependent Children  
 Effective Date: January 1, 2002  
 Face Amount: \$5,000  
 Premium: \$1.36

Covered Specified Critical Illnesses under this rider are the same as those shown in the Policy Schedule (Page 3) for the Primary Insured.

Available face amounts of \$2,500 or \$5,000.

This rider provides an enhancement to the list of covered specified critical illnesses.

**Specified Critical Illness—Cancer and Carcinoma In Situ Rider**

Covered Person(s):	Primary Insured	Spouse	Dependent Children
Effective Date:	January 1, 2002		
Class of Risk:	Non-Tobacco	Non-Tobacco	
Issue Age:	35	35	
Face Amount:	\$50,000	\$25,000	\$5,000
Premium:	\$14.00	\$7.00	\$1.40
Waiting Period:	30 Days following the Effective Date of this rider		

Insureds are eligible for benefits 30 days after the effective date of coverage.

**Health Screening Benefit Rider**

Covered Person(s):	Primary Insured	Spouse	Dependent Children
Effective Date:	January 1, 2002		
Premium:	\$1.70	\$1.70	\$2.15
Benefit:	\$50 Per Calendar Year per Covered Person(s)		
Waiting Period:	30 Days following the Effective Date of this rider		

If chosen by the employer, all covered insureds automatically receive this rider.

**DEFINITIONS**

These terms are used throughout this Policy.

**Covered Accident** means an accident resulting in bodily harm that:

- (1) occurs after the Policy Effective Date;
- (2) occurs while this policy is in force; and
- (3) is not excluded by specific description in this policy.

Date of Diagnosis for a specified critical illness is...

**Date of Diagnosis** for a Specified Critical Illness is:

- (1) for Heart Attack (Myocardial Infarction), the date that the ischemic death of a portion of the heart muscle occurred based on the criteria listed under the Heart Attack (Myocardial Infarction) definition;
- (2) for Stroke, the date a Stroke occurred based on permanent neurological deficits and neuroimaging studies;
- (3) for End Stage (Kidney) Renal Failure, the date that your Physician recommends that you begin renal dialysis;
- (4) for Major Organ Transplant Surgery or Coronary Artery Bypass Surgery, the date the surgery occurs for covered transplants or covered coronary artery bypass surgery; or
- (5) for Permanent Paralysis (due to Covered Accident), the date the Physician confirms the permanent paralysis continued for a period of 180 consecutive days.

**Physician** means a person who is licensed by law, and is acting within the scope of such license, to perform services for which benefits are provided by this certificate of coverage. A Physician cannot be you or a member of your immediate family, a business or professional partner, or any person who has a financial affiliation or business interest with you.

The date the first premium for the policy is due.

**Policy Date** means the date the first premium is due. The Policy Date is shown in the Policy Schedule. This date will be used to determine plan years, months, and anniversaries.

The date the application is signed and coverage becomes effective.

**Policy Effective Date** means the date the application was signed by the Primary Insured and is the date coverage becomes effective.

**Primary Insured** means the person who completed and signed the application and is covered under this policy . The name of the Primary Insured appears on Page 1 and in the Policy Schedule.

**DEFINITIONS (Continued)****Specified Critical Illness** means:

- (1) **Coronary Artery Bypass Surgery** — undergoing a surgical procedure to correct narrowing or blockage of one or more coronary arteries utilizing venous or arterial grafts;
- (2) **End Stage (Kidney) Renal Failure** — chronic irreversible failure of the function of both kidneys such that regular hemodialysis or peritoneal dialysis is required to sustain life;
- (3) **Heart Attack (Myocardial Infarction)** — the ischemic death of a portion of the heart muscle as a result of inadequate blood supply. The diagnosis must be based on the following criteria:
  - (a) elevation of cardiac enzymes; and
  - (b) associated new electrocardiographic (EKG) changes consistent with ischemic injury or other clinical information to support diagnosis of a Heart Attack (Myocardial Infarction) such as confirmatory imaging studies like thallium scans, MUGA scans, or stress echocardiograms.

In the event of death, an autopsy confirmation and/or death certificate identifying Heart Attack (Myocardial Infarction) as the cause of death will be accepted;
- (4) **Major Organ Transplant** — undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas;
- (5) **Permanent Paralysis (due to Covered Accident)** — the complete and permanent loss of the use of two or more limbs through paralysis for a continuous period of 180 days, as confirmed by a Physician. The paralysis must be caused by a Covered Accident; and
- (6) **Stroke** — a cerebrovascular event resulting in permanent neurological damage to brain tissue that results in a permanent neurological deficit, including infarction, hemorrhage or embolization of brain tissue from an extracranial source. Transient ischemic attacks are specifically excluded. The diagnosis must be based on:
  - (a) permanent neurological deficits; and
  - (b) confirmatory neuroimaging studies.

**We, Us, Our** means Provident Life and Accident Insurance Company. Our home office is 1 Fountain Square; Chattanooga, Tennessee 37402.

**You, Your** means the Primary Insured, who is the owner of this policy.

The policy covers these specified critical illnesses.



**PREMIUMS**

**Premium Payments.** The premiums are shown in the Policy Schedule and must be paid to us at our home office.

If you do not pay the premiums when they are due or within the Grace Period, this policy will end at the end of the Grace Period. The premium due dates are based on: 1) The Policy Date shown in the Policy Schedule; and 2) Premium made which is how often you pay the premiums.

**Grace Period.** After the first premium, if a premium is not paid on or before the date it is due, it may be paid during the next 31 days. These 31 days are called the Grace Period. During the Grace Period, this coverage will stay in force. If the premium is not paid before the Grace Period ends, the coverage provided by this policy will terminate.

**Our Right to Change Premiums.** We have the right to change the premium we charge for this policy. However, we cannot single you out for a rate change. If we make a change, it will be made on all similar policies in force in your state with the same class and form number. If we plan to make a change, we will send you a notice at least 31 days before we make it. We will not change your premium rate more than once in a 12 month period.

**Unpaid Premium.** Upon the payment of a claim under this policy, any premium then due and unpaid may be deducted from your claim payment.

**Changing the Way You Pay for This Coverage.** If you would like to change the way you pay for this policy, you can notify us in writing at our home office. You may pay premiums by payroll deduction (if applicable), automatic bank draft, or by quarterly, semiannual or annual payments.

**Reinstatement.** If you do not pay a premium by the end of the Grace Period, this policy will no longer be in force. However, you may be able to put it back in force. This is called Reinstatement. If we accept a later premium and do not require a reinstatement application, this policy will be reinstated on the date you pay the premium. If we require a reinstatement application, this policy will be reinstated on the date we approve it. If we do not notify you that we have approved or disapproved the reinstatement application, this coverage will be reinstated within 45 days of the date your application is received.

The reinstated policy will cover specified critical illnesses which have a Date of Diagnosis more than 10 days after the reinstatement date.

We have the right to make changes in this policy before we reinstate it. Any changes will be made in or attached to the reinstated policy we send to you. In every other way, your rights and our rights will be the same.

**SPECIFIED CRITICAL ILLNESS BENEFIT**

We will pay this benefit if you are diagnosed with one of the specified critical illnesses shown in the Policy Schedule if:

- (1) the Date of Diagnosis is while this policy is in force;
- (2) it is not excluded by name or specific description in this policy; and
- (3) it is not excluded by an amendment to this policy.

Percentages of the face amount paid for a covered specified critical illness.

We will pay 100% of the Face Amount (less any amount previously paid for Coronary Artery Bypass Surgery or any other applicable supplementary benefit attached to this policy) if you are diagnosed with one of the following:

- (1) Heart Attack (Myocardial Infarction);
- (2) Stroke;
- (3) End Stage (Kidney) Renal Failure;
- (4) Major Organ Transplant; or
- (5) Permanent Paralysis (due to Covered Accident).

Benefits are limited to illnesses defined in the policy.

We will pay 25% of the Face Amount if you have Coronary Artery Bypass Surgery. We will pay the benefit for Coronary Artery Bypass Surgery only once per lifetime. If you receive a benefit for Coronary Artery Bypass Surgery and are later diagnosed with a different covered Specified Critical Illness, we will pay the Face Amount less the amount you received for Coronary Artery Bypass Surgery or any other applicable supplementary benefit attached to this policy.

Premiums will not be reduced as a result of this specified critical illness benefit reduction provision.

No benefits are payable for conditions other than the specified critical illnesses defined in the policy.

**Specified Critical Illness Benefit Reduction.** The Face Amount shown in the Policy Schedule will reduce by 50% on the policy anniversary on or next following your 70th birthday or 5 years after the Policy Date, whichever is later. This will be your new Face Amount.

If you received a benefit payment prior to this benefit reduction for any partial benefits such as Coronary Artery Bypass Surgery, your new Face Amount will be  $50\% \times (A \text{ minus } B)$  where:

- A** is the Face Amount shown in the Policy Schedule; and
- B** is any partial benefit payment already received.

If you receive a benefit payment for a covered Specified Critical Illness after this benefit reduction, the Percentage of the Face Amount, as shown in the Policy Schedule, is multiplied by the new Face Amount.

**EXCLUSIONS**

We will not pay benefits for a Specified Critical Illness that occurs as a result of:

- (1) transient ischemic attacks;
- (2) balloon angioplasty; laser relief or other like procedures;
- (3) your participating or attempting to participate in an illegal activity;
- (4) your committing or attempting to commit suicide or injuring yourself intentionally, whether you are sane or not;
- (5) your practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or
- (6) your involvement in any period of armed conflict, even if it is not declared.

**CLAIMS**

**How to File A Claim.** You must complete a claim form within 90 days after the covered loss begins or as soon as it is reasonably possible. Send the claim form along with proof of loss to us at our home office.

If you do not have a claim form you must give us a written statement describing your loss within 90 days after the covered loss begins or as soon as it is reasonably possible. The statement should include your full name and address and the identification number as shown in the Policy Schedule. It can also include proof of loss and how the loss occurred. Send the statement to us at our home office. When we receive the statement describing your loss, we will send you claim forms within 15 days. If you do not receive claim forms, your written statement along with the proof of loss will be used to process your claim.

**Proof of Loss.** You must give us written proof of loss within 90 days after the covered loss begins. Written proof of loss must include documentation furnished by a Physician and supported by clinical, radiological, histological, pathological and/or laboratory evidence of the Specified Critical Illness.

If you are unable to give us written proof of loss within 90 days, it will not have a bearing on your claim if proof is given to us as soon as it is reasonably possible. In any event, proof must be given no later than 1 year from the time stated, unless you are legally incapacitated and unable to do so.

Some illnesses/events not covered by the policy.

Claim parameters

**CLAIMS (Continued)**

**Payment of Claims.** After we receive written proof of loss and process your claim, we will pay any benefits due. When making a benefit determination under this policy, we have discretionary authority to determine your eligibility for the benefits and to interpret the terms and provisions of this policy. Benefits will be paid to you unless such benefits have been assigned. Any accrued benefits unpaid at your death will be paid to the named beneficiary, if any, otherwise to your estate.

If benefits are payable to your estate or to a person who cannot give a valid release, we can pay up to \$1,000 to someone related to you by blood or marriage (or to your beneficiary) whom we believe has a right to it. We will be discharged to the extent of any such payment made in good faith.

**Physical Examinations and Autopsy.** We can require that you be examined by a Physician, at our expense, as often as it is reasonably necessary while your claim is pending. We can also require an autopsy, at our expense, in the event of your death in those states where this is allowed.

**Legal Actions.** No legal action may be brought to recover on this policy:

- (1) Before 60 days after you send us written proof of loss; or
- (2) More than 3 years after the time has passed in which we require written proof of loss.

**GENERAL PROVISIONS**

**Entire Contract; Changes.** The policy is a legal contract between you and us. We provide the insurance coverage as stated in this policy. We do this in return for application and payment of required premiums. Policy, as used herein, means the entire contract. The entire contract consists of:

- (1) the policy, including the Policy Schedule;
- (2) the attached copy of your application;
- (3) any attached supplementary benefits or amendments, which add provisions or change the terms of the entire contract.

**Changes To This Policy.** Any change to this policy must be written and signed by one of our executive officers at our home office. No agent, broker or anyone else may change or waive any terms or provisions.

**GENERAL PROVISIONS (Continued)**

**Misstatement of Age.** If your age has been misstated in your application and this policy could have been issued at your correct age, the benefits will be those the premiums paid would have bought at the correct age. If your age has been misstated in the application, and if based on your correct age this policy would not have been issued, we will refund those premiums and this policy will be considered never to have been issued.

**Time Limit on Certain Defenses.** We rely on the statements made by you in your application to issue this policy and pay benefits. After 2 years from the Policy Effective Date, no misstatements or omissions, except fraudulent misstatements or omissions made in your application, will be used to void this policy or to deny a claim for any loss.

No claim for loss that starts after two years from the Policy Effective Date will be reduced or denied on the grounds that specified critical illnesses, not excluded from coverage by name or specific description, had existed prior to the Policy Effective Date.

**Assignment.** You can assign any rights you have under this policy. However, no assignment is binding on us until we receive a copy of it. Each assignment will be subject to any payments made or action taken by us before we received such assignment. We are not responsible for the validity of any assignment.

The Policy will terminate when a "100% illness" has been paid.

**Termination of Policy.** This policy will terminate on the earliest of the following:

- (1) written request by you to terminate this coverage;
- (2) failure to pay the premiums for this policy, subject to the Grace Period allowed;
- (3) payment of the available Face Amount as defined in the policy or in any other attached supplementary benefit;
- (4) your death.

**Conformity with State Statutes:** Any provision of this policy that, on the Policy Effective Date, is in conflict with the laws of the state in which the application is signed, is amended to conform to the minimum requirements of those laws.

## Description of Riders Begins Here

Page 1

### SUPPLEMENTARY BENEFIT

#### SPOUSE SPECIFIED CRITICAL ILLNESS RIDER

##### THIS IS A LIMITED RIDER - READ IT CAREFULLY

**THIS RIDER IS NOT ATTACHED TO A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from us.**

**About this Rider.** This rider provides a Spouse Specified Critical Illness Benefit for the Spouse named on the application. We have issued this rider as part of the policy to which it is attached. It is issued in consideration of your application for the policy and the payment of the additional premium as shown in the Policy Schedule. All terms of the policy apply to this rider except as provided herein.

**Spouse Specified Critical Illness Benefit.** We will pay the Face Amount, as shown in the Policy Schedule, if the Spouse is diagnosed with one of the specified critical illnesses, as shown in the Policy Schedule, if:

- (1) the Date of Diagnosis is while this rider is in force;
- (2) it is not excluded by name or specific description in this rider; and
- (3) it is not excluded by amendment to this rider.

We will pay 100% of the Face Amount (less any amounts previously paid for Coronary Artery Bypass Surgery or any other applicable supplementary benefit attached to the policy) if the Spouse is diagnosed with one of the following:

- (1) Heart Attack (Myocardial Infarction);
- (2) Stroke;
- (3) End Stage Kidney (Renal) Failure;
- (4) Permanent Paralysis (due to Covered Accident); or
- (5) Major Organ Transplant.

We will pay 25% of the Face Amount if the Spouse has Coronary Artery Bypass Surgery. We will pay the benefit for Coronary Artery Bypass Surgery only once per lifetime. If we pay a benefit for Coronary Artery Bypass Surgery and the Spouse is later diagnosed with a different covered Specified Critical Illness, we will pay the Face Amount less the amount received for Coronary Artery Bypass Surgery or any other applicable supplementary benefit attached to the policy.

No benefits are payable for conditions other than the specified critical illnesses shown in the Policy Schedule.

Coverage for a spouse is provided by this rider.

Covered spouse is the spouse named on the application. Unum complies with all state civil union and domestic partner laws when applicable.

These are "100% illnesses" which provide for full benefit payment and will terminate this rider upon payout.

Coronary artery bypass surgery is paid at 25% and does not terminate this rider upon payout.

Benefits are limited to illnesses defined in this rider.

**This specimen is Unum's generic rider L-21734. The actual rider may vary by state and will include any state specific provision.**

## SUPPLEMENTARY BENEFIT

## SPOUSE SPECIFIED CRITICAL ILLNESS RIDER (Cont'd)

Premiums will not be reduced as a result of this specified critical illness benefit reduction provision.

**Spouse Specified Critical Illness Benefit Reduction.** The Face Amount shown in the Policy Schedule will reduce by 50% on the rider's anniversary date on or next following the Spouse's 70th birthday or 5 years after this rider has been in force, whichever is later. This will be the Spouse's new Face Amount.

If the Spouse received a benefit payment prior to this benefit reduction for any partial benefits such as Coronary Artery Bypass Surgery, the Spouse's new Face Amount will be  $50\% \times (A \text{ minus } B)$  where:

- A** is the Face Amount shown in the Policy Schedule; and
- B** is any partial benefit payment already received.

If the Spouse receives a benefit payment for a covered Specified Critical Illness after this benefit reduction, the Percentage of the Face Amount, as shown in the Policy Schedule, is multiplied by the new Face Amount.

**Spouse** is shown in the Policy Schedule and is named on the application which is attached to and made a part of the policy. The Spouse must be the person married to the Primary Insured on the Effective Date of this rider.

**Reinstatement.** If the premium is not paid by the end of the Grace Period, this rider will terminate on the same date as the policy. If the Primary Insured reinstates the policy, this rider will also reinstate. A reinstated rider will cover specified critical illnesses or surgeries that have a Date of Diagnosis more than 10 days after the reinstatement date.

The Spouse rider may be converted to a stand-alone policy at original age.

**Right to Convert.** The Spouse may convert this rider if:

- (1) the policy terminates other than for nonpayment of premiums;
- (2) the Primary Insured and the Spouse are legally divorced; or
- (3) the Primary Insured dies.

The Spouse must request conversion of this rider in writing within 31 days of such event. We will not require evidence of insurability. On the conversion date, this rider must be in force with all due premiums paid. If the Spouse had special exclusions under this rider or the policy, the same ones will apply to the policy. If any benefit that has a limit has been paid under this rider, it will be excluded under the conversion policy.

**SUPPLEMENTARY BENEFIT**

**SPOUSE SPECIFIED CRITICAL ILLNESS RIDER (Cont'd)**

The converted face amount cannot exceed the face amount of the original rider.

**The Conversion Policy.** The conversion policy will be a specified critical illness insurance policy offered by us at the time. The face amount of the conversion policy may not exceed the available face amount of this rider. We will base the premium for the conversion policy on the age of the Spouse when this rider was originally issued.

**Misstatement of Age.** If the Spouse's age has been misstated on the application and this rider could have been issued at the Spouse's correct age, the benefits will be those the premiums paid would have bought at the correct age. If the Spouse's age has been misstated on the application, and if based on the Spouse's correct age this rider would not have been issued, we will refund those premiums and this rider will be considered never to have been issued.

**Effective Date.** The coverage provided by this rider will begin on the same date as the policy if they are issued at the same time. This date is shown in the Policy Schedule as the Policy Effective Date. If added at a later date, the effective date of this rider will be shown on the corresponding application for this rider. Such application is attached to and made a part of the policy.

This rider will terminate when a "100% illness" has been paid.

**Termination of Rider.** This rider will terminate on the earliest of:

- (1) the failure to pay premiums for this rider, subject to the Grace Period allowed;
- (2) the date the policy terminates;
- (3) the date we receive the Primary Insured's written request for termination; or
- (4) payment of the available Face Amount for this rider or in any other supplementary benefit attached to the policy.

SUSAN N. ROTH  
Secretary

THOMAS WATJEN  
President



**SUPPLEMENTARY BENEFIT**

**CHILD SPECIFIED CRITICAL ILLNESS RIDER**

Coverage for children is provided by this rider.

**THIS IS A LIMITED RIDER - READ IT CAREFULLY**  
**THIS RIDER IS NOT ATTACHED TO A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from us.**

**About this Rider.** This rider provides a Child Specified Critical Illness Benefit for the Primary Insured's dependent children. We have issued this rider as part of the policy to which it is attached. It is issued in consideration of your application for policy and the payment of the additional premium as shown in the Policy Schedule. All terms of the policy apply to this rider except as provided herein.

**Child Specified Critical Illness Benefit.** We will pay the Face Amount, as shown in the Policy Schedule, if the Child is diagnosed with one of the specified critical illnesses, as shown in the Policy Schedule, if:

- (1) the Date of Diagnosis is while this rider is in force;
- (2) it is not excluded by name or specific description in this rider; and
- (3) it is not excluded by amendment to this rider.

**"100% illnesses"**  
There are no partial benefits on the Child rider. All benefits are paid at 100%, including coronary artery bypass surgery.

We will pay 100% of the Face Amount if the Child is diagnosed with one of the following:

- (1) Heart Attack (Myocardial Infarction);
- (2) Stroke;
- (3) End Stage Kidney (Renal) Failure;
- (4) Permanent Paralysis (due to Covered Accident);
- (5) Major Organ Transplant; or
- (6) Coronary Artery Bypass Surgery.

Benefits are limited to illnesses defined in this rider.

No benefits are payable for conditions other than the specified critical illnesses shown in the Policy Schedule.

Covered children must meet the definition as provided in this rider.

**Child** means an unmarried child who is under 25 years of age and who is residing with and dependent upon you, as shown in the application for this rider, for at least 50% of this support as of the Effective Date of this rider. The child must be either:

- (1) your child, stepchild, or legally adopted child, including a child placed with you for the purposes of adoption; or
- (2) any other child related to you by blood or marriage (unless either of the child's parents also resides with you).

**This specimen is Unum's generic rider L-21734. The actual rider may vary by state and will include any state specific revisions.**

**SUPPLEMENTARY BENEFIT**

**CHILD SPECIFIED CRITICAL ILLNESS RIDER (Cont'd)**

Your dependent children who meet these conditions become insured for coverage under this rider and remain so until reaching age 25 or becoming married. It is your responsibility to notify us when your last dependent child is no longer eligible for coverage as defined on the preceding page.

**Reinstatement.** If the premium is not paid by the end of the Grace Period, this rider will terminate on the same date as the policy. If the Primary Insured reinstates the policy, this rider will also reinstate. A reinstated rider will cover specified critical illnesses or surgeries that have a Date of Diagnosis more than 10 days after the reinstatement date.

**Effective Date.** The coverage provided by this rider will begin on the same date as the policy if they are issued at the same time. This date is shown in the Policy Schedule as the Policy Effective Date. If added at a later date, the effective date of this rider will be shown on the corresponding application for this rider. Such application is attached to and made a part of the policy.

**Termination of Rider.** This rider will terminate on the earliest of:

- (1) the failure to pay premiums for this rider, subject to the Grace Period allowed;
- (2) the date the policy terminates; or
- (3) the date we receive the Primary Insured's written request for termination.

Coverage on a dependent child terminates when he/she reaches age 25, becomes married, or when the available Face Amount for this rider is paid.



SUSAN N. ROTH  
Secretary



THOMAS WATJEN  
President

Coverage for insured children terminates based on these criteria.

**SUPPLEMENTARY BENEFIT**

**SPECIFIED CRITICAL ILLNESS  
CANCER AND CARCINOMA IN SITU RIDER**

This rider provides an enhancement to the list of covered specified critical illnesses.

**THIS IS A LIMITED RIDER - READ IT CAREFULLY**  
**THIS RIDER IS NOT ATTACHED TO A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from us.**

**About this Rider.** [This rider provides a Cancer and Carcinoma in Situ Benefit for the Covered Person(s) shown in the Policy Schedule. ] We have issued this rider as part of the policy to which it is attached. It is issued in consideration of your application policy and the payment of the additional premium as shown in the Policy Schedule. All terms of the policy apply to this rider except as provided herein.

**Cancer and Carcinoma in Situ Benefit.** We will pay the Face Amount, as shown in the Policy Schedule, if the Covered Person(s) are diagnosed with Cancer or Carcinoma in Situ if:

- (1) the Date of Diagnosis is after the Waiting Period;
- (2) the first Date of Diagnosis is while this rider is in force;
- (3) it is not excluded by name or specific description in this rider; and
- (4) it is not excluded by amendment to this rider.

Insureds are eligible for benefits 30 days after the effective date of the rider.

The **Waiting Period** is shown in the Policy Schedule. No benefits will be paid for Cancer or Carcinoma in Situ if the Date of Diagnosis occurs during the Waiting Period. If the Date of Diagnosis of Cancer or Carcinoma in Situ occurs during the Waiting Period, this rider may be returned for a full refund of premium.

Percentages of the face amount paid if the insured is diagnosed with cancer or carcinoma in situ.

We will pay **100%** of the available Face Amount (less any amounts previously paid for diagnosis of Carcinoma in Situ or Coronary Artery Bypass Surgery) if a Covered Person(s) is diagnosed with Cancer.

We will pay **25%** of the Face Amount if the Primary Insured or Spouse, as shown in the Policy Schedule, is diagnosed with Carcinoma in Situ. For coverage on a dependent child, if applicable, we will pay 100% of the Face Amount if the dependent child is diagnosed with Carcinoma in Situ. We will pay the benefit for Carcinoma in Situ only once per lifetime per Covered Person. If the Primary Insured or Spouse, as shown in the Policy Schedule, receives a benefit for Carcinoma in Situ and is later diagnosed with Cancer or with a different covered Specified Critical Illness as shown in the Policy Schedule, we will pay the benefit less the amount received for Carcinoma in Situ or Coronary Artery Bypass Surgery.

**This specimen is Unum’s rider L-21735. The actual rider may vary by state and will include any state specific provisions.**

**SUPPLEMENTARY BENEFIT**

**SPECIFIED CRITICAL ILLNESS  
CANCER AND CARCINOMA IN SITU RIDER (Cont'd)**

Premiums will not be reduced as a result of this cancer and carcinoma in situ benefit reduction provision.

**Cancer and Carcinoma in Situ Benefit Reduction.** The Face Amount for the Covered Person(s) shown in the Policy Schedule will reduce by 50% on the rider anniversary on or next following the Covered Person(s) 70th birthday or 5 years after this rider has been in force, whichever is later. This will be the Covered Person(s) new Face Amount.

The Face Amount shown in the Policy Schedule for dependent children, if applicable, will not be reduced.

If the Covered Person(s) received a benefit payment prior to this benefit reduction for any partial benefits such as Carcinoma in Situ, the Covered Person(s) new Face Amount will be 50% x ( **A** minus **B** ) where:

- A** is the Face Amount shown in the Policy Schedule; and
- B** is any partial benefit payment already received.

If the Covered Person(s) receives a benefit payment for Cancer and/or Carcinoma in Situ after this benefit reduction, the appropriate percentage applicable prior to this benefit reduction will be multiplied by the new Face Amount.

Definition of cancer

**Cancer** means a disease which is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells. The following are not to be construed as Cancer for purposes of this rider:

- (1) pre-malignant condition or conditions with malignant potential;
- (2) Carcinoma in Situ; that is, in the natural or normal place, confined to the site of origin without having invaded neighboring tissue;
- (3) basal cell carcinoma and squamous cell carcinoma of the skin; or
- (4) melanoma that is diagnosed as Clark's Level I or II or Breslow less than .75mm.

Definition of carcinoma in situ

**Carcinoma in Situ** means Cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

**SUPPLEMENTARY BENEFIT****SPECIFIED CRITICAL ILLNESS  
CANCER AND CARCINOMA IN SITU RIDER (Cont'd)**

Cancer and/or Carcinoma in Situ must be diagnosed in one of two ways:

- (1) **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; and
  - (b) there is medical evidence to support the diagnosis; and
  - (c) a Physician is treating the Covered Person for Cancer and/or Carcinoma in Situ; or
- (2) **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 by a certified Pathologist whose diagnosis of malignancy is in keeping with the standards set up by the American Board of Pathology.

Coverage is only available for persons covered by a specified critical illness policy or specified critical illness rider.

**Covered Person(s)**, as shown in the Policy Schedule, if applicable, are defined as:

- (1) the Primary Insured;
- (2) the Primary Insured's lawful Spouse named on the application;
- (3) any child, stepchild, legally adopted child of the Primary Insured, including a child placed with the Primary Insured for the purposes of adoption, or any other child related to the Primary Insured by blood or marriage (unless either of the child's parents also resides with the Primary Insured). The child must be: (1) unmarried; and (2) under 25 years of age; and (3) is residing with and dependent upon the Primary Insured as shown in the application for this rider, for at least 50% of this support as of the Effective Date of this rider.

Your dependent children who meet these conditions become insured for coverage under this rider and remain so until reaching age 25 or becoming married. It is your responsibility to notify us when your last dependent child is no longer eligible for coverage as defined above.

**Date of Diagnosis** is the day the tissue specimen, blood samples and/or titer(s) are taken on which the first diagnosis of Cancer or Carcinoma in Situ is based.

**Pathologist** means a Physician, as defined in the policy, who is licensed to practice pathological anatomy by the American Board of Pathology. A Pathologist also means an osteopathic pathologist who is certified by the Osteopathic Board of Pathology.

**SUPPLEMENTARY BENEFIT**

**SPECIFIED CRITICAL ILLNESS  
CANCER AND CARCINOMA IN SITU RIDER (Cont'd)**

Pre-malignant cells detected through a biopsy or other diagnostic testing prior to applying for coverage.

**Exclusions.** We will not pay benefits described in this rider for any of the following:  
(1) diagnosis of Cancer or Carcinoma in Situ during the Waiting Period;  
(2) pre-malignant condition or conditions with malignant potential;  
(3) basal cell carcinoma and squamous cell carcinoma of the skin; or  
(4) melanoma that is diagnosed as Clark's Level I or II or Breslow less than .75mm.

**Reinstatement.** If the premium is not paid by the end of the Grace Period, this rider will terminate on the same date as the policy. If the Primary Insured reinstates the policy, this rider will also reinstate. A reinstated rider will only cover Cancer or Carcinoma in Situ that has a Date of Diagnosis more than 10 days after the reinstatement date.

**Effective Date.** The coverage provided by this rider will begin on the same date as the policy if they are issued at the same time. This date is shown in the Policy Schedule as the Policy Effective Date. If added at a later date, the effective date of this rider will be shown on the corresponding application for this rider. Such application is attached to and made a part of the policy.

If "100% illness" is paid out under this rider, then the specified critical illness policy or rider for that insured also terminates.

**Termination of Rider.** This rider will terminate on the earliest of:  
(1) the failure to pay premiums for this rider, subject to the Grace Period allowed;  
(2) the date the policy terminates;  
(3) the date we receive the Primary Insured's written request for termination; or  
(4) payment of the available Face Amount for this rider is paid once per Covered Person.

Coverage on a dependent child terminates when he/she reaches age 25, becomes married, or when the available Face Amount for this rider is paid.

If coverage under this rider for both the Primary Insured and the Spouse, if applicable, has terminated, coverage on the dependent children will also terminate.

Coverage under this rider for the Spouse can be converted to a specified critical illness insurance policy being offered by us at the time of conversion. If any benefit that has a limit has been paid under this rider, it will be excluded under the conversion policy.

SUSAN N. ROTH  
Secretary

THOMAS WATJEN  
President

# Employer elected, each person covered by critical illness will be covered by the Health Screening Benefit Rider.

## SUPPLEMENTARY BENEFIT

### HEALTH SCREENING BENEFIT RIDER

This rider provides payment of \$50 per calendar year per covered person.

#### **THIS IS A LIMITED RIDER - READ IT CAREFULLY**

**THIS RIDER IS NOT ATTACHED TO A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from us.**

**About this Rider.** This rider provides a Health Screening Benefit for the Covered Person(s) shown in the Policy Schedule. We have issued this rider as part of the policy to which it is attached. It is issued in consideration of your application for policy and the payment of the additional premium as shown in the Policy Schedule. All terms of the policy apply to this rider except as provided herein.

**Health Screening Benefit.** We will pay this benefit amount once per calendar year per Covered Person, as shown in the Policy Schedule, if the Covered Person has one of the following Health Screening Tests performed:

- (1) while this rider is in force; and
- (2) after the Waiting Period. No benefits will be paid for a covered health screening test performed during or prior to the Waiting Period. The Waiting Period is shown in the Policy Schedule.

We will pay this benefit regardless of the results of the health screening test. Written proof of such test may include one or more of these: a physician's statement, a doctor bill or a hospital bill. There is no limit to the number of years you can receive benefits for Health Screening Tests, as long as this rider and the policy are in force. Payment of this benefit will not reduce the Face Amount of the policy.

Insureds are eligible for benefits 30 days after the effective date of the rider.

#### **Health Screening Tests** are:

1. Blood test for triglycerides;
2. Bone marrow aspiration/biopsy;
3. Breast ultrasound;
4. CA 15-3 (blood test for breast cancer);
5. CA125 (blood test for ovarian cancer);
6. CEA (blood test for colon cancer);
7. Chest x-ray;
8. Colonoscopy;
9. Fasting blood glucose test;
10. Flexible sigmoidoscopy;

Health Screening Tests covered by this rider.

**This specimen is Unum's generic rider L-21732. The actual policy may vary by state and will include any state specific provision.**

**SUPPLEMENTARY BENEFIT****HEALTH SCREENING BENEFIT RIDER (Cont'd)**

11. Hemocult stool analysis;
12. Mammography;
13. Pap smear;
14. PSA (blood test for prostate cancer);
15. Serum cholesterol test to determine level of HDL and LDL;
16. Serum Protein Electrophoresis (blood test for myeloma);
17. Skin cancer biopsy;
18. Stress test on a bicycle or treadmill;
19. Thermography; or
20. Thin prep pap test.

**Covered Person(s)**, as shown in the Policy Schedule, if applicable, are defined as:

- (1) the Primary Insured;
- (2) the Primary Insured's lawful Spouse named on the application;
- (3) any child, stepchild, legally adopted child of the Primary Insured, including a child placed with the Primary Insured for the purposes of adoption, or any other child related to the Primary Insured by blood or marriage (unless either of the child's parents also resides with the Primary Insured). The child must be: (1) unmarried; and (2) under 25 years of age; and 3) is residing with and dependent upon the Primary Insured as shown in the application for this rider, for at least 50% of this support as of the Effective Date of this rider.

Your dependent children who meet these conditions become insured for coverage under this rider and remain so until reaching age 25 or becoming married. It is your responsibility to notify us when your last dependent child is no longer eligible for coverage as defined above.

**Reinstatement.** If the premium is not paid by the end of the Grace Period, this rider will terminate on the same date as the policy. If the Primary Insured reinstates the policy, this rider will also reinstate. The reinstated rider will provide coverage for covered Health Screening Tests that occur more than 10 days after the reinstatement date.

**This specimen is Unum's rider L-21732.**



**SUPPLEMENTARY BENEFIT**

**HEALTH SCREENING BENEFIT RIDER (Cont'd)**

**Effective Date.** The coverage provided by this rider will begin on the same date as the policy if they are issued at the same time. This date is shown in the Policy Schedule as the Policy Effective Date. If added at a later date, the effective date of this rider will be shown on the corresponding application for this rider. Such application is attached to and made a part of the policy.

**Termination of Rider.** This rider will terminate on the earliest of:

- (1) the failure to pay premiums for this rider, subject to the Grace Period allowed;
- (2) the date the policy terminates; or
- (3) the date we receive the Primary Insured's written request for termination.

Coverage on a dependent child terminates when he/she reaches age 25 or becomes married.

If coverage under this rider for both the Primary Insured and the Spouse, if applicable, has terminated, coverage on the dependent children will also terminate.



SUSAN N. ROTH  
Secretary



THOMAS WATJEN  
President

Coverage under the Health Screening Benefit rider terminates based on these criteria.

This specimen is Unum's rider L-21732.







**Underwritten by:**

Provident Life and Accident Insurance Company  
1 Fountain Square, Chattanooga, TN 37402  
unum.com

© 2008 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.