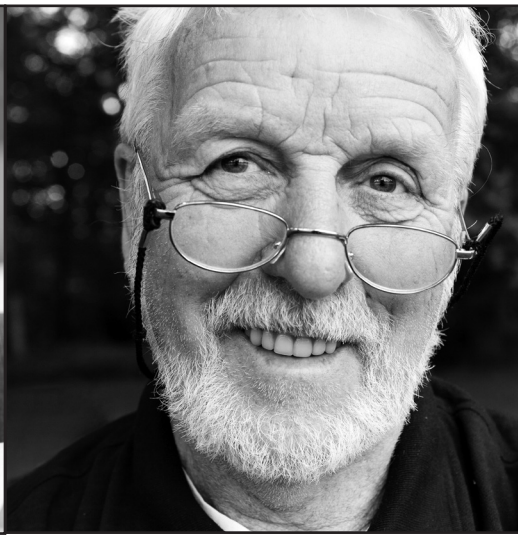
Cigna Supplemental Solutions®
Insured by Loyal American Life Insurance Company

Flexible Choice

CANCER *and* HEART ATTACK & STROKE

Customer Booklet for INDIANA

- OUTLINE(S) OF COVERAGE
- IMPORTANT NOTICE TO PERSONS ON MEDICARE
- REPLACEMENT NOTICE



Together, all the way.®

Cigna®

Loyal American
Life Insurance Company®
PO Box 5700, Scranton, PA 18505
Toll Free: 866-459-4272

OUTLINE OF COVERAGE FOR
LUMP SUM CANCER INSURANCE POLICY
FORM LY-LSC-BA-NB-IN

THE POLICY PROVIDES LIMITED BENEFITS.
BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE
NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE
If an Insured Person is eligible for Medicare, please review the "*Guide to Health Insurance for People with Medicare*" which is available from the Company.

1. ***READ YOUR POLICY CAREFULLY!*** The Outline of Coverage provides a very brief description of the important features of Your policy. This is not the insurance policy and only the actual provisions of the policy will control the rights and obligations of the parties to it. The policy itself sets forth, in detail, those rights and obligations applicable to both You and LOYAL AMERICAN LIFE INSURANCE COMPANY. It is very important, therefore, that You READ YOUR POLICY CAREFULLY.

2. ***SPECIFIED DISEASE COVERAGE*** is designed to provide, to persons insured, restricted coverage providing benefits ONLY when certain losses occur as a result of specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3. ***BENEFITS PROVIDED BY THE POLICY***

CANCER DIAGNOSIS BENEFIT Subject to the Reduction Schedule and Benefit Payment Conditions listed below, if an Insured Person receives a Diagnosis of Cancer from a Physician, We will pay You the Cancer Diagnosis Benefit Amount, shown on the Policy Schedule Page or policy endorsement. This benefit is payable once per Insured Person, per lifetime.

BENEFIT PAYMENT CONDITIONS Payment of the Cancer Diagnosis Benefit shall be subject to the following conditions:

a. Diagnosis must be made within the United States;
b. the Date of Diagnosis shall occur while the Insured Person is covered by the policy; and
c. payment shall be precluded by any general or specific exclusion, limitation, or reduction set forth in or attached to the policy (including, without limitation, the exclusion for any Pre-Existing Condition) or any failure by the Insured Person to meet any condition precedent.

REDUCTION SCHEDULE For any Cancer Diagnosed within the first thirty (30) Days after the Policy Effective Date, the Cancer Diagnosis Benefit Amount shall be reduced. The reduced Benefit Amount for Cancer will be ten percent (10%) of the Cancer Diagnosis Benefit Amount shown on the Policy Schedule Page or policy endorsement.

In the event an Insured Person is Diagnosed with Cancer within the first thirty (30) Days following their Policy Effective Date and the reduced Benefit Amount for Cancer is paid, no other benefits shall be payable and coverage for that Insured Person under the policy will terminate.

4. EXCLUSIONS AND LIMITATIONS

In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under the policy for:

a. any disease, Sickness, or incapacity other than Cancer as defined; this is so even though such disease, Sickness, or incapacity may have been complicated, affected (directly or indirectly), or caused by Cancer;
b. Diagnosis received outside the United States or its territories, unless otherwise specified in the policy; or
c. any illness specifically excluded from the definition of Cancer or Carcinoma in Situ.

PRE-EXISTING CONDITION(S) The benefits of the policy will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Policy Effective Date for each Insured Person.

5. TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED

GUARANTEED RENEWABLE FOR LIFE - The policy is guaranteed renewable for life. You may keep the coverage in force during Your lifetime by paying the premiums on time. We cannot cancel or refuse to renew the policy for any reason other than nonpayment of premium. At no time while You continue the policy in force may We place any restrictive riders on it without Your permission.

6. OPTIONAL BENEFIT RIDERS (additional Premiums required) **-** A checkmark in any of the boxes below indicates that You have selected the following optional coverage(s):

☐ **CANCER RECURRENCE BENEFIT RIDER (LY-CR-RD)**

Subject to the Benefit Payment Conditions listed below, a Cancer Recurrence Benefit is payable each time an Insured Person receives a Diagnosis for the recurrence of Cancer. However, for the Cancer Recurrence Benefit to be payable:

a. the Cancer Diagnosis Benefit Amount under the policy to which the Rider is attached shall have been previously paid for the Insured Person; and
b. the Insured Person shall not have received any Advice or Treatment for at least twenty-four (24) consecutive months prior to the Date of Diagnosis for the recurrence of Cancer.

The amount payable for the recurrence of Cancer is equal to the percentage times the Cancer Recurrence Benefit Amount shown on the Policy Schedule Page or policy endorsement. The percentage of the Cancer Recurrence Benefit Amount payable is shown in chart below.

Time Period Without Advice or Treatment	% of Cancer Recurrence Benefit Amount Payable	Maximum Percentage of the Cancer Recurrence Benefit Amount
Less than 24 months	0%	100%
24 months or more but less than 5 years	25%	
5 years or more but less than 10 years	75%	
10 years or more	100%	

If an Insured Person receives benefits payable for the recurrence of Cancer that is less than 100% of the Cancer Recurrence Benefit Amount payable and later receives a Diagnosis for a different recurrence of Cancer, We will pay the specified percentage in the chart above, less any prior amounts paid or payable under this benefit. However, for the Cancer Recurrence Benefit to be payable, such Diagnosis of Cancer must be separated by at least twenty-four (24) consecutive months from an Insured Person's last Date of Diagnosis for Cancer under the Rider.

After payment of the maximum percentage of the Cancer Recurrence Benefit Amount for an Insured Person shown in the chart above, coverage for that Insured Person under the Rider will terminate.

BENEFIT PAYMENT CONDITIONS Payment of the Cancer Recurrence Benefit shall be subject to the following conditions:

a. Diagnosis must be made within the United States;
b. the Date of Diagnosis shall occur while the Insured Person is covered by the Rider; and
c. payment shall be precluded by any general or specific exclusion, limitation, or reduction set forth in the Rider or attached to the policy or any failure by the Insured Person to meet any condition precedent.

EXCLUSIONS AND LIMITATIONS The Rider is subject to the following Exclusions and Limitations, in addition to those outlined in the policy.

In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under the Rider for:

a. any disease, Sickness, or incapacity other than Cancer as defined; this is so even though such disease, Sickness, or incapacity may have been complicated, affected (directly or indirectly), or caused by Cancer;
b. Diagnosis received outside the United States or its territories, unless otherwise specified in the Rider; or
c. any illness specifically excluded from the definition of Cancer or Carcinoma in Situ.

☐ **LUMP SUM HEART AND STROKE RIDER (LY-LSH-RD-IN)**

We will pay the Heart and Stroke Diagnosis Benefit if an Insured Person receives a Diagnosis of any of the Qualifying Events shown in the chart below and subject to the definitions, terms, limitations, and exclusions set forth in the Rider and the following conditions:

a. the Diagnosis must be made within the United States;
b. the Date of Diagnosis is after the Waiting Period has expired;
c. the Date of Diagnosis shall occur while the Insured Person is covered by the Rider; and
d. payment shall be precluded by any general or specific exclusion, limitation, or reduction set forth in or attached to the Rider and the policy (including, without limitation, the exclusion for any Pre-Existing Condition) or any failure by the Insured Person to meet any condition precedent.

The amount payable for each Qualifying Event is equal to the percentage times the Heart and Stroke Diagnosis Benefit Amount shown on the Policy Schedule Page or policy endorsement. The percentage of the Heart and Stroke Diagnosis Benefit Amount payable for each Qualifying Event is shown beside the event in the chart below.

Qualifying Events	Percentage of Benefit Amount Payable for each Qualifying Event	Maximum Percentage of Benefit Amount Payable
Heart Attack	100%	100%
Heart Transplant	100%	
Stroke	100%	
Coronary Artery Bypass Surgery*	25%	
Aortic Surgery*	25%	
Heart Valve Replacement/Repair Surgery*	25%	
Angioplasty*	10%	
Stent*	10%	

*The Coronary Artery Bypass Surgery, Aortic Surgery, Heart Valve Replacement/Repair Surgery, Angioplasty, and Stent benefits are each payable only once in an Insured Person's lifetime.

If an Insured Person receives benefits payable for a Qualifying Event that is less than 100% of the Heart and Stroke Diagnosis Benefit Amount and later receives a Diagnosis for a different Qualifying Event, we will pay the specified percentage of the Qualifying Event in the chart above, less any prior amounts paid or payable under this benefit.

If the Date of Diagnosis of two (2) or more Qualifying Events is the same Day, We will pay only one (1) Heart and Stroke Diagnosis Benefit Amount. We will pay the larger of the Qualifying Event benefits Diagnosed on the same Day.

The Date of Diagnosis for two (2) or more surgical treatments performed at the same time and through a common incision or entry point are considered one (1) operation. We will pay the larger of the Qualifying Event benefits performed at the same time.

No benefits are payable for conditions other than the Qualifying Events defined in the Rider.

After payment of the maximum percentage of the Heart and Stroke Diagnosis Benefit Amount for an Insured Person shown in the chart above, coverage for that Insured Person under the Rider will terminate.

EXCLUSIONS AND LIMITATIONS The Rider is subject to the following Exclusions and Limitations, in addition to those outlined in the Policy.

No benefits will be payable under the Rider for:

a. any disease, Sickness, or incapacity other than Qualifying Events as defined; this is so even though such disease, Sickness, or incapacity may have been complicated, affected (directly or indirectly), or caused by a Qualifying Event;
b. a Qualifying Event Diagnosed during the Waiting Period;
c. Diagnosis received outside the United States or its territories, unless otherwise specified in the Rider;
d. intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
e. voluntary self-administration of any narcotic, drug, poison, gas, or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage; and
f. any illness specifically excluded from the definition of Qualifying Events listed in the Rider.

WAITING PERIOD The Rider has a thirty (30) Day Waiting Period. Waiting Period means the first thirty (30) Days following an Insured Person's Rider Effective Date. No benefits will be paid for a Qualifying Event that is Diagnosed during the Waiting Period. If an Insured Person is Diagnosed with a Qualifying Event during the Waiting Period, We will terminate the Insured Person's coverage under the Rider and refund the applicable portion of premium paid for that Insured Person's coverage.

PRE-EXISTING CONDITION(S) The benefits of the Rider will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Rider Effective Date for each Insured Person.

☐ **HOSPITAL AND INTENSIVE CARE UNIT INDEMNITY BENEFIT RIDER (LY-HICU-RD-IN)**

We will pay the Hospital Indemnity Benefit Amount shown on the Policy Schedule Page for each Day that an Insured Person is confined to a Hospital as an Inpatient. We will pay two (2) times the Hospital Indemnity Benefit amount for each Day an Insured Person is confined to the Intensive Care Unit of a Hospital as an Inpatient. For benefits to be payable, the Hospital Confinement must:

a. be due to an injury, Sickness, or Complication of Pregnancy;
b. begin while the Rider is in force for an Insured Person;
c. be for at least twenty-four (24) hours; and
d. be at the direction of and under the supervision of a Physician.

Benefits will not be payable beyond a Maximum Benefit Period of thirty (30) Days, as shown on the Policy Schedule Page, for any one (1) Period of Confinement.

Upon attainment of age sixty-five (65), coverage for each Insured Person will be reduced by fifty percent (50%) as shown on the Policy Schedule Page.

EXCLUSIONS AND LIMITATIONS The Rider is subject to the following Exclusions and Limitations in addition to those outlined in the policy.

In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under the Rider for Confinement or loss caused directly or indirectly by:

a. suicide (while sane or insane), attempted suicide, or intentionally self-inflicted injury;
b. war or act of war (whether declared or undeclared);
c. commission or attempt to commit an illegal activity or a felony;
d. commission of or active participation in a riot, insurrection, rebellion, or police action;
e. voluntary self-administration of any narcotic, drug, poison, gas, or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
f. operating any type of vehicle while under the influence of alcohol or any drug, narcotic, or other intoxicant. "Under the influence of alcohol," for purposes of this exclusion, means intoxicated as defined by the law of the state in which the injury occurred;
g. mental or emotional disorders, alcoholism, and drug addiction;
h. treatment outside the United States except for emergency care for acute onset of Sickness or accidental injury sustained while traveling for business or pleasure;
i. travel or activity outside the United States;
j. participation in any motorized race or contest of speed on sea, land, or air;
k. travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
l. participation in any high-risk activities such as bungee jumping, parachuting, skydiving, parasailing, hang-gliding, deep-sea scuba diving, parkour, free running, sail gliding, parakiting, or any similar activity;
m. flight in, boarding, or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly-scheduled commercial or charter airline;
n. practicing for or participating in any semiprofessional or professional competitive athletic contest for which such Insured Person receives any compensation or remuneration;
o. operating a motor vehicle without a valid motor vehicle operator's license, except while participating in a driver's education program;
p. the following conditions if they are diagnosed within six (6) months after the Rider Effective Date unless Confinement is on an emergency basis: a hernia, adenoids, tonsils, varicose veins, hemorrhoids, disorder of the reproductive organs, or elective sterilization;
q. routine pregnancy; however, Complications of Pregnancy will be considered the same as any other Sickness;
r. an elective abortion;
s. dental treatment of the teeth, gums, or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints, and services for dental malocclusion for any condition are not covered, except if provided for or in connection with an injury to sound natural teeth and a continuous course of dental treatment is started within six (6) months of the injury. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least fifty percent (50%) bony support, and are functional in the arch; or
t. cosmetic care, except when the Hospital Confinement is due to medically-necessary reconstructive plastic surgery. Medically-necessary reconstructive surgery is defined as:
    1. surgery as the result an injury; or
    2. surgery to restore a normal bodily function; or
    3. surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
    4. breast reconstruction following mastectomy.

Also, no benefits will be payable under the Rider for:

a. treatment for which no charges are made by the provider of same;
b. services which are primarily for rest care, convalescent care, or for rehabilitation; or
c. any injury or Sickness paid for under any state or federal Workers' Compensation, Employers' Liability Law, or similar law.

PRE-EXISTING CONDITION(S) The benefits of the Rider will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Rider Effective Date for each Insured Person.

☐ **HOSPITAL INDEMNITY BENEFIT RIDER (LY-HI-RD-IN)**

We will pay the Hospital Indemnity Benefit Amount shown on the Policy Schedule Page for each Day that an Insured Person is Hospital Confined. For benefits to be payable, the Hospital Confinement must:

a. be due to an injury, Sickness, or Complication of Pregnancy;
b. begin while the Rider is in force for an Insured Person;
c. be for at least twenty-four (24) hours; and
d. be at the direction of and under the supervision of a Physician.

Benefits will not be payable beyond a Maximum Benefit Period of thirty (30) Days, as shown on the Policy Schedule Page, for any one (1) Period of Confinement.

Upon attainment of age sixty-five (65), coverage for each Insured Person will be reduced by fifty percent (50%) as shown on the Policy Schedule Page.

EXCLUSIONS AND LIMITATIONS The Rider is subject to the following Exclusions and Limitations in addition to those outlined in the policy.

In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under the Rider for Confinement or loss caused directly or indirectly by:

a. suicide (while sane or insane), attempted suicide, or intentionally self-inflicted injury;
b. war or act of war (whether declared or undeclared);
c. commission or attempt to commit an illegal activity or a felony;
d. commission of or active participation in a riot, insurrection, rebellion, or police action;
e. voluntary self-administration of any narcotic, drug, poison, gas, or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
f. operating any type of vehicle while under the influence of alcohol or any drug, narcotic, or other intoxicant. "Under the influence of alcohol," for purposes of this exclusion, means intoxicated as defined by the law of the state in which the injury occurred;
g. mental or emotional disorders, alcoholism, and drug addiction;
h. treatment outside the United States except for emergency care for acute onset of Sickness or accidental injury sustained while traveling for business or pleasure;
i. travel or activity outside the United States;
j. participation in any motorized race or contest of speed on sea, land, or air;
k. travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
l. participation in any high-risk activities such as bungee jumping, parachuting, skydiving, parasailing, hang-gliding, deep-sea scuba diving, parkour, free running, sail gliding, parakiting, or any similar activity;
m. flight in, boarding, or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly-scheduled commercial or charter airline;

n. practicing for or participating in any semiprofessional or professional competitive athletic contest for which such Insured Person receives any compensation or remuneration;
o. operating a motor vehicle without a valid motor vehicle operator's license, except while participating in a driver's education program;
p. the following conditions if they are diagnosed within six (6) months after the Rider Effective Date unless Confinement is on an emergency basis: a hernia, adenoids, tonsils, varicose veins, hemorrhoids, disorder of the reproductive organs, or elective sterilization;
q. routine pregnancy; however, Complications of Pregnancy will be considered the same as any other Sickness;
r. an elective abortion;
s. dental treatment of the teeth, gums, or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints, and services for dental malocclusion for any condition are not covered, except if provided for or in connection with an injury to sound natural teeth and a continuous course of dental treatment is started within six (6) months of the injury. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least fifty percent (50%) bony support, and are functional in the arch; or
t. cosmetic care, except when the Hospital Confinement is due to medically-necessary reconstructive plastic surgery. Medically-necessary reconstructive surgery is defined as:
    1. surgery as the result an injury; or
    2. surgery to restore a normal bodily function; or
    3. surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
    4. breast reconstruction following mastectomy.

Also, no benefits will be payable under the Rider for:
a. treatment for which no charges are made by the provider of same;
b. services which are primarily for rest care, convalescent care, or for rehabilitation; or
c. any injury or Sickness paid for under any state or federal Workers' Compensation, Employers' Liability Law, or similar law.

PRE-EXISTING CONDITION(S) The benefits of the Rider will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Rider Effective Date for each Insured Person.

☐ **INTENSIVE CARE UNIT INDEMNITY BENEFIT RIDER (LY-ICU-RD-IN)**

We will pay the Intensive Care Unit Indemnity Benefit Amount shown on the Policy Schedule Page for each Day that an Insured Person is confined to the Intensive Care Unit of a Hospital as an Inpatient. For benefits to be payable, the Intensive Care Unit Confinement must:
a. be due to an injury, Sickness, or Complication of Pregnancy;
b. begin while the Rider is in force for an Insured Person;
c. be for at least twenty-four (24) hours; and
d. be at the direction of and under the supervision of a Physician.

Benefits will not be payable beyond a Maximum Benefit Period of thirty (30) Days, as shown on the Policy Schedule Page, for any one (1) Period of Confinement.

Upon attainment of age sixty-five (65), coverage for each Insured Person will be reduced by fifty percent (50%) as shown on the Policy Schedule Page.

EXCLUSIONS AND LIMITATIONS The Rider is subject to the following Exclusions and Limitations in addition to those outlined in the policy.

In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under the Rider for Confinement or loss caused directly or indirectly by:

a. suicide (while sane or insane), attempted suicide, or intentionally self-inflicted injury;
b. war or act of war (whether declared or undeclared);
c. commission or attempt to commit an illegal activity or a felony;
d. commission of or active participation in a riot, insurrection, rebellion, or police action;
e. voluntary self-administration of any narcotic, drug, poison, gas, or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
f. operating any type of vehicle while under the influence of alcohol or any drug, narcotic, or other intoxicant. "Under the influence of alcohol," for purposes of this exclusion, means intoxicated as defined by the law of the state in which the injury occurred;
g. mental or emotional disorders, alcoholism, and drug addiction;
h. treatment outside the United States except for emergency care for acute onset of Sickness or accidental injury sustained while traveling for business or pleasure;
i. travel or activity outside the United States;
j. participation in any motorized race or contest of speed on sea, land, or air;
k. travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
l. participation in any high-risk activities such as bungee jumping, parachuting, skydiving, parasailing, hang-gliding, deep-sea scuba diving, parkour, free running, sail gliding, parakiting, or any similar activity;
m. flight in, boarding, or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly-scheduled commercial or charter airline;
n. practicing for or participating in any semiprofessional or professional competitive athletic contest for which such Insured Person receives any compensation or remuneration;
o. operating a motor vehicle without a valid motor vehicle operator's license, except while participating in a driver's education program;
p. the following conditions if they are diagnosed within six (6) months after the Rider Effective Date unless Confinement is on an emergency basis: a hernia, adenoids, tonsils, varicose veins, hemorrhoids, disorder of the reproductive organs, or elective sterilization;
q. routine pregnancy; however, Complications of Pregnancy will be considered the same as any other Sickness;
r. an elective abortion;
s. dental treatment of the teeth, gums, or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints, and services for dental malocclusion for any condition are not covered, except if provided for or in connection with an injury to sound natural teeth and a continuous course of dental treatment is started within six (6) months of the injury. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least fifty percent (50%) bony support, and are functional in the arch; or
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Also, no benefits will be payable under the Rider for:

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c. any injury or Sickness paid for under any state or federal Workers' Compensation, Employers' Liability Law, or similar law.

PRE-EXISTING CONDITION(S) The benefits of the Rider will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Rider Effective Date for each Insured Person.

☐ **RETURN OF PREMIUM RIDER (Form # LY-ROP-D)**

In the event You die while the rider is in force, a return of premium benefit may be payable to Your named Beneficiary or estate. If the rider is added to the policy after the policy was issued, only the premium paid for the policy on or after the Rider Effective Date will be returned. The return of premium benefit is Original Premium less Claims Paid.

The benefit provided by the rider is payable only once during the entire time that the policy and the rider is in force.

If a payable claim is incurred on a date when the return of premium benefit would otherwise be payable, regardless of whether it has been reported or adjudicated, We will:

a. pay the claim, if it is payable upon the terms of the policy or rider, and then reduce the return of premium benefit by the sum of all Claims Paid; or
b. pay the return of premium benefit, and then reduce the claim by the amount of the return of premium benefit; or
c. pay the return of premium benefit if the claim is not payable upon the terms of the Policy or Rider.

7. YOUR TOTAL ANNUAL PREMIUM (at time of Application)

The modal premiums for the coverage(s) outlined above are:

Lump Sum Cancer Insurance Policy	$_____
Cancer Recurrence Benefit Rider	$_____
Lump Sum Heart and Stroke Rider	$_____
Hospital and Intensive Care Unit Indemnity Benefit Rider	$_____
Hospital Indemnity Benefit Rider	$_____
Intensive Care Unit Indemnity Benefit Rider	$_____
Return of Premium Rider	$_____
TOTAL	$_____

8. VOLUNTARY NON-BINDING ARBITRATION PROVISION **–** Your Policy contains a Voluntary Non-Binding Arbitration Provision which may affect Your rights. Please read Your Policy and all attached Riders carefully.

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Loyal American
Life Insurance Company®
PO Box 5700, Scranton, PA 18505
Toll Free: 866-459-4272

OUTLINE OF COVERAGE FOR LUMP SUM HEART AND STROKE INSURANCE POLICY FORM LY-LSH-BA-NB-IN

THE POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

If an Insured Person is eligible for Medicare, please review the "*Guide to Health Insurance for People with Medicare*" which is available from the Company.

1. ***READ YOUR POLICY CAREFULLY!*** The Outline of Coverage provides a very brief description of the important features of Your policy. This is not the insurance policy and only the actual provisions of the policy will control the rights and obligations of the parties to it. The policy itself sets forth, in detail, those rights and obligations applicable to both You and LOYAL AMERICAN LIFE INSURANCE COMPANY. It is very important, therefore, that You READ YOUR POLICY CAREFULLY.

2. ***SPECIFIED DISEASE COVERAGE*** is designed to provide, to persons insured, restricted coverage providing benefits ONLY when certain losses occur as a result of specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3. ***BENEFITS PROVIDED BY THE POLICY***

   HEART AND STROKE DIAGNOSIS BENEFIT We will pay the Heart and Stroke Diagnosis Benefit if an Insured Person receives a Diagnosis of any of the Qualifying Events shown in the chart below and subject to the definitions, terms, limitations and exclusions set forth in the policy and the following conditions:
   a. the Diagnosis must be made within the United States;
   b. the Date of Diagnosis is after the Waiting Period has expired;
   c. the Date of Diagnosis shall occur while the Insured Person is covered by the policy; and
   d. payment shall be precluded by any general or specific exclusion, limitation, or reduction set forth in or attached to the policy (including, without limitation, the exclusion for any Pre-Existing Condition) or any failure by the Insured Person to meet any condition precedent.

   The amount payable for each Qualifying Event is equal to the percentage times the Heart and Stroke Diagnosis Benefit Amount shown on the Policy Schedule Page or policy endorsement. The percentage of the Heart and Stroke Diagnosis Benefit Amount payable for each Qualifying Event is shown beside the event in the chart below.

Qualifying Events	Percentage of Benefit Amount Payable for each Qualifying Event	Maximum Percentage of Benefit Amount Payable
Heart Attack	100%	100%
Heart Transplant	100%	
Stroke	100%	
Coronary Artery Bypass Surgery*	25%	
Aortic Surgery*	25%	
Heart Valve Replacement/Repair Surgery*	25%	
Angioplasty*	10%	
Stent*	10%	

*The Coronary Artery Bypass Surgery, Aortic Surgery, Heart Valve Replacement/Repair Surgery, Angioplasty, and Stent benefits are each payable only once in an Insured Person's lifetime.

If an Insured Person receives benefits payable for a Qualifying Event that is less than 100% of the Heart and Stroke Diagnosis Benefit Amount and later receives a Diagnosis for a different Qualifying Event, we will pay the specified percentage of the Qualifying Event in the chart above, less any prior amounts paid or payable under this benefit.

If the Date of Diagnosis of two (2) or more Qualifying Events is the same Day, We will pay only one (1) Heart and Stroke Diagnosis Benefit Amount. We will pay the larger of the Qualifying Event benefits Diagnosed on the same Day.

The Date of Diagnosis for two (2) or more surgical treatments performed at the same time and through a common incision or entry point are considered one (1) operation. We will pay the larger of the Qualifying Event benefits performed at the same time.

No benefits are payable for conditions other than the Qualifying Events defined in the policy.

4. ***EXCLUSIONS AND LIMITATIONS***

In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under the policy for:

a. any disease, Sickness, or incapacity other than Qualifying Events as defined; this is so even though such disease, Sickness, or incapacity may have been complicated, affected (directly or indirectly), or caused by a Qualifying Event;
b. a Qualifying Event Diagnosed during the Waiting Period;
c. Diagnosis received outside the United States or its territories, unless otherwise specified in the policy;
d. intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
e. voluntary self-administration of any narcotic, drug, poison, gas, or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage; and
f. any illness specifically excluded from the definition of Qualifying Events listed in the policy.

WAITING PERIOD This policy has a thirty (30) Day Waiting Period. Waiting Period means the first thirty (30) Days following an Insured Person's Policy Effective Date. No benefits will be paid for a Qualifying Event that is Diagnosed during the Waiting Period. If an Insured Person is Diagnosed with a Qualifying Event during the Waiting Period, We will terminate the Insured Person's coverage under this policy and refund the applicable portion of premium paid for that Insured Person's coverage.

PRE-EXISTING CONDITION(S) The benefits of this policy will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Policy Effective Date for each Insured Person.

5. TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED

GUARANTEED RENEWABLE FOR LIFE - The policy is guaranteed renewable for life. You may keep the coverage in force during Your lifetime by paying the premiums on time. We cannot cancel or refuse to renew the policy for any reason other than nonpayment of premium. At no time while You continue the policy in force may We place any restrictive riders on it without Your permission.

6. OPTIONAL BENEFIT RIDERS (additional Premiums required) **-** A checkmark in any of the boxes below indicates that You have selected the following optional coverage(s):

☐ **HEART AND STROKE RESTORATION BENEFIT RIDER (LY-HR-RD)**

When 100% of the Heart and Stroke Diagnosis Benefit Amount under the policy to which the Rider is attached has been paid for an Insured Person, We will pay You the Heart and Stroke Restoration Benefit when an Insured Person receives a Diagnosis of a Heart Attack, Stroke, or Heart Transplant. However, for the Heart and Stroke Restoration Benefit to be payable, such Heart and Stroke Restoration Benefit Diagnosis must be separated by at least twenty-four (24) consecutive months from an Insured Person's last Date of Diagnosis for a Heart Attack, Stroke, or Heart Transplant under the policy to which the Rider is attached.

The amount payable for the Diagnosis of a Heart Attack, Stroke, or Heart Transplant is equal to the percentage times the Heart and Stroke Restoration Benefit Amount shown on the Policy Schedule Page or policy endorsement. The percentage of the Heart and Stroke Restoration Benefit Amount payable is shown in the chart below.

Time Period From Last Date of Diagnosis for a Heart Attack, Stroke, or Heart Transplant	% of Restoration Benefit Amount Payable for a Heart Attack, Stroke, or Heart Transplant	Maximum Percentage of Benefit Amount Payable
Less than 24 months	0%	100%
24 months or more but less than 5 years	25%	
5 years or more but less than 10 years	75%	
10 years or more	100%	

If an Insured Person receives benefits payable for a Heart Attack, Stroke, or Heart Transplant that is less than 100% of the Heart and Stroke Restoration Benefit Amount payable and later receives a Diagnosis for a different Heart Attack, Stroke, or Heart Transplant, We will pay the specified percentage in the chart above, less any prior amounts paid or payable under this benefit. However, for the Heart and Stroke Restoration Benefit to be payable, such Heart and Stroke Restoration Benefit Diagnosis must be separated by at least twenty-four (24) consecutive months from an Insured Person's last Date of Diagnosis for a Heart Attack, Stroke, or Heart Transplant under the Rider.

After payment of the maximum percentage of the Heart and Stroke Restoration Benefit Amount for an Insured Person shown in the chart above, coverage for that Insured Person will terminate under the Rider.

EXCLUSIONS AND LIMITATIONS The exclusions and limitations that apply to the Rider are the same as the Exclusions and Limitations of the Policy.

☐ **LUMP SUM CANCER RIDER (LY-LSC-RD-IN)**

CANCER DIAGNOSIS BENEFIT Subject to the Reduction Schedule and Benefit Payment Conditions listed below, if an Insured Person receives a Diagnosis of Cancer from a Physician, We will pay You the Cancer Diagnosis Benefit Amount, shown on the Policy Schedule Page or policy endorsement. After payment of the Cancer Diagnosis Benefit Amount for an Insured Person, coverage for that Insured Person under the Rider will terminate.

BENEFIT PAYMENT CONDITIONS Payment of the Cancer Diagnosis Benefit shall be subject to the following conditions:

a. Diagnosis must be made within the United States;
b. the Date of Diagnosis shall occur while the Insured Person is covered by the Rider; and
c. payment shall be precluded by any general or specific exclusion, limitation, or reduction set forth in the Rider and the policy (including, without limitation, the exclusion for any Pre-Existing Condition) or any failure by the Insured Person to meet any condition precedent.

REDUCTION SCHEDULE The Cancer Diagnosis Benefit Amount shall be reduced during the first thirty (30) Days immediately following the Rider Effective Date. The reduced Benefit Amount for Cancer will be ten percent (10%) of the Cancer Diagnosis Benefit Amount shown on the Policy Schedule Page or policy endorsement.

In the event an Insured Person is Diagnosed with Cancer within the first thirty (30) Days following their Rider Effective Date and the reduced Benefit Amount for Cancer is paid, no other benefits shall be payable and coverage for that Insured Person under the Rider will terminate.

EXCLUSIONS AND LIMITATIONS
The Rider is subject to the following Exclusions and Limitations, in addition to those outlined in the policy.

In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under the Rider for:

a. any disease, Sickness, or incapacity other than Cancer as defined; this is so even though such disease, Sickness, or incapacity may have been complicated, affected (directly or indirectly), or caused by Cancer;
b. Diagnosis received outside the United States or its territories, unless otherwise specified in the Rider; or
c. any illness specifically excluded from the definition of Cancer or Carcinoma in Situ.

PRE-EXISTING CONDITION(S) The benefits of the Rider will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Rider Effective Date for each Insured Person.

☐ **HOSPITAL AND INTENSIVE CARE UNIT INDEMNITY BENEFIT RIDER (LY-HICU-RD-IN)**

We will pay the Hospital Indemnity Benefit Amount shown on the Policy Schedule Page for each Day that an Insured Person is confined to a Hospital as an Inpatient. We will pay two (2) times the Hospital Indemnity Benefit amount for each Day an Insured Person is confined to the Intensive Care Unit of a Hospital as an Inpatient. For benefits to be payable, the Hospital Confinement must:

a. be due to an injury, Sickness, or Complication of Pregnancy;
b. begin while the Rider is in force for an Insured Person;
c. be for at least twenty-four (24) hours; and
d. be at the direction of and under the supervision of a Physician.

Benefits will not be payable beyond a Maximum Benefit Period of thirty (30) Days, as shown on the Policy Schedule Page, for any one (1) Period of Confinement.

Upon attainment of age sixty-five (65), coverage for each Insured Person will be reduced by fifty percent (50%) as shown on the Policy Schedule Page.

EXCLUSIONS AND LIMITATIONS The Rider is subject to the following Exclusions and Limitations in addition to those outlined in the policy.

In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under the Rider for Confinement or loss caused directly or indirectly by:

a. suicide (while sane or insane), attempted suicide, or intentionally self-inflicted injury;
b. war or act of war (whether declared or undeclared);
c. commission or attempt to commit an illegal activity or a felony;
d. commission of or active participation in a riot, insurrection, rebellion, or police action;
e. voluntary self-administration of any narcotic, drug, poison, gas, or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
f. operating any type of vehicle while under the influence of alcohol or any drug, narcotic, or other intoxicant. "Under the influence of alcohol," for purposes of this exclusion, means intoxicated as defined by the law of the state in which the injury occurred;
g. mental or emotional disorders, alcoholism, and drug addiction;
h. treatment outside the United States except for emergency care for acute onset of Sickness or accidental injury sustained while traveling for business or pleasure;

i. travel or activity outside the United States;
j. participation in any motorized race or contest of speed on sea, land, or air;
k. travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
l. participation in any high-risk activities such as bungee jumping, parachuting, skydiving, parasailing, hang-gliding, deep-sea scuba diving, parkour, free running, sail gliding, parakiting, or any similar activity;
m. flight in, boarding, or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly-scheduled commercial or charter airline;
n. practicing for or participating in any semiprofessional or professional competitive athletic contest for which such Insured Person receives any compensation or remuneration;
o. operating a motor vehicle without a valid motor vehicle operator's license, except while participating in a driver's education program;
p. the following conditions if they are diagnosed within six (6) months after the Rider Effective Date unless Confinement is on an emergency basis: a hernia, adenoids, tonsils, varicose veins, hemorrhoids, disorder of the reproductive organs, or elective sterilization;
q. routine pregnancy; however, Complications of Pregnancy will be considered the same as any other Sickness;
r. an elective abortion;
s. dental treatment of the teeth, gums, or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints, and services for dental malocclusion for any condition are not covered, except if provided for or in connection with an injury to sound natural teeth and a continuous course of dental treatment is started within six (6) months of the injury. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least fifty percent (50%) bony support, and are functional in the arch; or
t. cosmetic care, except when the Hospital Confinement is due to medically-necessary reconstructive plastic surgery. Medically-necessary reconstructive surgery is defined as:
    1. surgery as the result an injury; or
    2. surgery to restore a normal bodily function; or
    3. surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
    4. breast reconstruction following mastectomy.

Also, no benefits will be payable under the Rider for:
a. treatment for which no charges are made by the provider of same;
b. services which are primarily for rest care, convalescent care, or for rehabilitation; or
c. any injury or Sickness paid for under any state or federal Workers' Compensation, Employers' Liability Law, or similar law.

PRE-EXISTING CONDITION(S) The benefits of the Rider will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Rider Effective Date for each Insured Person.

☐ **HOSPITAL INDEMNITY BENEFIT RIDER (LY-HI-RD-IN)**

We will pay the Hospital Indemnity Benefit Amount shown on the Policy Schedule Page for each Day that an Insured Person is Hospital Confined. For benefits to be payable, the Hospital Confinement must:

a. be due to an injury, Sickness, or Complication of Pregnancy;
b. begin while the Rider is in force for an Insured Person;
c. be for at least twenty-four (24) hours; and
d. be at the direction of and under the supervision of a Physician.

Benefits will not be payable beyond a Maximum Benefit Period of thirty (30) Days, as shown on the Policy Schedule Page, for any one (1) Period of Confinement.

Upon attainment of age sixty-five (65), coverage for each Insured Person will be reduced by fifty percent (50%) as shown on the Policy Schedule Page.

EXCLUSIONS AND LIMITATIONS The Rider is subject to the following Exclusions and Limitations in addition to those outlined in the policy.

In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under the Rider for Confinement or loss caused directly or indirectly by:

a. suicide (while sane or insane), attempted suicide, or intentionally self-inflicted injury;
b. war or act of war (whether declared or undeclared);
c. commission or attempt to commit an illegal activity or a felony;
d. commission of or active participation in a riot, insurrection, rebellion, or police action;
e. voluntary self-administration of any narcotic, drug, poison, gas, or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
f. operating any type of vehicle while under the influence of alcohol or any drug, narcotic, or other intoxicant. "Under the influence of alcohol," for purposes of this exclusion, means intoxicated as defined by the law of the state in which the injury occurred;
g. mental or emotional disorders, alcoholism, and drug addiction;
h. treatment outside the United States except for emergency care for acute onset of Sickness or accidental injury sustained while traveling for business or pleasure;
i. travel or activity outside the United States;
j. participation in any motorized race or contest of speed on sea, land, or air;
k. travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
l. participation in any high-risk activities such as bungee jumping, parachuting, skydiving, parasailing, hang-gliding, deep-sea scuba diving, parkour, free running, sail gliding, parakiting, or any similar activity;
m. flight in, boarding, or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly-scheduled commercial or charter airline;
n. practicing for or participating in any semiprofessional or professional competitive athletic contest for which such Insured Person receives any compensation or remuneration;
o. operating a motor vehicle without a valid motor vehicle operator's license, except while participating in a driver's education program;
p. the following conditions if they are diagnosed within six (6) months after the Rider Effective Date unless Confinement is on an emergency basis: a hernia, adenoids, tonsils, varicose veins, hemorrhoids, disorder of the reproductive organs, or elective sterilization;

q. routine pregnancy; however, Complications of Pregnancy will be considered the same as any other Sickness;
r. an elective abortion;
s. dental treatment of the teeth, gums, or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints, and services for dental malocclusion for any condition are not covered, except if provided for or in connection with an injury to sound natural teeth and a continuous course of dental treatment is started within six (6) months of the injury. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least fifty percent (50%) bony support, and are functional in the arch; or
t. cosmetic care, except when the Hospital Confinement is due to medically-necessary reconstructive plastic surgery. Medically-necessary reconstructive surgery is defined as:
    1. surgery as the result an injury; or
    2. surgery to restore a normal bodily function; or
    3. surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
    4. breast reconstruction following mastectomy.

Also, no benefits will be payable under the Rider for:
a. treatment for which no charges are made by the provider of same;
b. services which are primarily for rest care, convalescent care, or for rehabilitation; or
c. any injury or Sickness paid for under any state or federal Workers' Compensation, Employers' Liability Law, or similar law.

PRE-EXISTING CONDITION(S) The benefits of the Rider will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Rider Effective Date for each Insured Person.

☐ **INTENSIVE CARE UNIT INDEMNITY BENEFIT RIDER (LY-ICU-RD-IN)**

We will pay the Intensive Care Unit Indemnity Benefit Amount shown on the Policy Schedule Page for each Day that an Insured Person is confined to the Intensive Care Unit of a Hospital as an Inpatient. For benefits to be payable, the Intensive Care Unit Confinement must:
a. be due to an injury, Sickness, or Complication of Pregnancy;
b. begin while the Rider is in force for an Insured Person;
c. be for at least twenty-four (24) hours; and
d. be at the direction of and under the supervision of a Physician.

Benefits will not be payable beyond a Maximum Benefit Period of thirty (30) Days, as shown on the Policy Schedule Page, for any one (1) Period of Confinement.

Upon attainment of age sixty-five (65), coverage for each Insured Person will be reduced by fifty percent (50%) as shown on the Policy Schedule Page.

EXCLUSIONS AND LIMITATIONS The Rider is subject to the following Exclusions and Limitations in addition to those outlined in the policy.

In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under the Rider for Confinement or loss caused directly or indirectly by:

a. suicide (while sane or insane), attempted suicide, or intentionally self-inflicted injury;
b. war or act of war (whether declared or undeclared);
c. commission or attempt to commit an illegal activity or a felony;
d. commission of or active participation in a riot, insurrection, rebellion, or police action;
e. voluntary self-administration of any narcotic, drug, poison, gas, or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
f. operating any type of vehicle while under the influence of alcohol or any drug, narcotic, or other intoxicant. "Under the influence of alcohol," for purposes of this exclusion, means intoxicated as defined by the law of the state in which the injury occurred;
g. mental or emotional disorders, alcoholism, and drug addiction;
h. treatment outside the United States except for emergency care for acute onset of Sickness or accidental injury sustained while traveling for business or pleasure;
i. travel or activity outside the United States;
j. participation in any motorized race or contest of speed on sea, land, or air;
k. travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
l. participation in any high-risk activities such as bungee jumping, parachuting, skydiving, parasailing, hang-gliding, deep-sea scuba diving, parkour, free running, sail gliding, parakiting, or any similar activity;
m. flight in, boarding, or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly-scheduled commercial or charter airline;
n. practicing for or participating in any semiprofessional or professional competitive athletic contest for which such Insured Person receives any compensation or remuneration;
o. operating a motor vehicle without a valid motor vehicle operator's license, except while participating in a driver's education program;
p. the following conditions if they are diagnosed within six (6) months after the Rider Effective Date unless Confinement is on an emergency basis: a hernia, adenoids, tonsils, varicose veins, hemorrhoids, disorder of the reproductive organs, or elective sterilization;
q. routine pregnancy; however, Complications of Pregnancy will be considered the same as any other Sickness;
r. an elective abortion;
s. dental treatment of the teeth, gums, or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints, and services for dental malocclusion for any condition are not covered, except if provided for or in connection with an injury to sound natural teeth and a continuous course of dental treatment is started within six (6) months of the injury. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least fifty percent (50%) bony support, and are functional in the arch; or
t. cosmetic care, except when the Hospital Confinement is due to medically-necessary reconstructive plastic surgery. Medically-necessary reconstructive surgery is defined as:
    1. surgery as the result an injury; or
    2. surgery to restore a normal bodily function; or
    3. surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
    4. breast reconstruction following mastectomy.

Also, no benefits will be payable under the Rider for:

a. treatment for which no charges are made by the provider of same;
b. services which are primarily for rest care, convalescent care, or for rehabilitation; or
c. any injury or Sickness paid for under any state or federal Workers' Compensation, Employers' Liability Law, or similar law.

PRE-EXISTING CONDITION(S) The benefits of the Rider will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Rider Effective Date for each Insured Person.

☐ **RETURN OF PREMIUM RIDER (Form # LY-ROP-D)**

In the event You die while the Rider is in force, a return of premium benefit may be payable to Your named Beneficiary or estate. If the Rider is added to the policy after the policy was issued, only the premium paid for the policy on or after the Rider Effective Date will be returned. The return of premium benefit is Original Premium less Claims Paid.

The benefit provided by the Rider is payable only once during the entire time that the policy and the Rider is in force.

If a payable claim is incurred on a date when the return of premium benefit would otherwise be payable, regardless of whether it has been reported or adjudicated, We will:

a. pay the claim, if it is payable upon the terms of the policy or rider, and then reduce the return of premium benefit by the sum of all Claims Paid; or
b. pay the return of premium benefit, and then reduce the claim by the amount of the return of premium benefit; or
c. pay the return of premium benefit if the claim is not payable upon the terms of the Policy or Rider.

7. YOUR TOTAL ANNUAL PREMIUM (at time of Application)

The modal premiums for the coverage(s) outlined above are:

Lump Sum Heart and Stroke Insurance Policy	$_____
Heart and Stroke Restoration Benefit Rider	$_____
Lump Sum Cancer Rider	$_____
Hospital and Intensive Care Unit Indemnity Benefit Rider	$_____
Hospital Indemnity Benefit Rider	$_____
Intensive Care Unit Indemnity Benefit Rider	$_____
Return of Premium Rider	$_____
TOTAL	$_____

8. VOLUNTARY NON-BINDING ARBITRATION PROVISION **–** Your Policy contains a Voluntary Non-Binding Arbitration Provision which may affect Your rights. Please read Your Policy and all attached Riders carefully.

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LOYAL AMERICAN LIFE INSURANCE COMPANY®
PO Box 5700, Scranton, PA 18505-5700

SPECIFIED CRITICAL ILLNESS INSURANCE POLICY
MEDICARE DUPLICATION NOTICE

IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions for one of the specified diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits because Medicare generally pays for most of the expenses for the diagnosis and treatment of the specific conditions or diagnosis named in the policy.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- outpatient prescription drugs if you are enrolled in Medicare Part D
- other approved items and services

Before You Buy This Insurance

√ Check the coverage in all health insurance policies you already have.

√ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.

√ For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program.

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Loyal American Life Insurance Company®
PO Box 5725, Scranton, PA 18505-5725 • Toll Free: 866-459-4272

NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE

According to your application and information you have furnished, you intend to lapse or otherwise terminate existing accident and sickness insurance and replace it with a policy to be issued by Loyal American Life Insurance Company®. Your new policy provides 30 days in which you may decide, without cost, whether or not you decide to keep this policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

1. Health conditions which you may presently have may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.

2. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.

3. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical/health history. Failure to include all material medical information on any application may provide a basis for the Company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

The above "Notice to Applicant" was delivered to me on:

_____
Date

_____
Applicant's Signature