

A LUMP SUM BENEFIT

First Diagnosis Cancer Benefit Policy

from

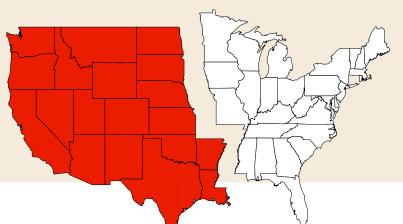
UNITED TEACHER ASSOCIATES INSURANCE COMPANY (UTA)



Chances are you or someone you love will be affected by **CANCER** at some point in your life.

The American Cancer Society says more than **93 million Americans** alive today will get cancer in their lifetime¹...

...the equivalent of **every man, woman and child** now living in these states².









¹American Cancer Society, Cancer Facts & Figures 2004 pgs. 1-3; ²melissadata.com - U.S.Demographics, from 2000 U.S Census data. The above facts are based on U.S. population and are for information purposes only and do not imply coverage provided under this policy or endorsement of the American Cancer Society. The American Cancer Society does not endorse any product or service.

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CANCER: Basic Facts

Who can get cancer?

According to the American Cancer Society¹, anyone. Since incidence rises with age, most cases affect adults in mid-life or older.

How many people are surviving cancer? In the 1940s, about one in four patients had any hope of long-term survival. This year, four out of ten patients will survive five or more years after diagnosis. Most important, 100,000 more lives could be saved each year with early detection and treatment.

CANCER:

- An estimated 1,368,000 people were diagnosed with cancer in 2004
- More than 18 million new cancer cases have been diagnosed since 1990
- Will strike 1 out of every 2 men and 1 out of every 3 women
- The 5-year survival rate for all cancers combined is 63%

FACT...

The overall annual cost for cancer is \$189.5 billion. \$64.2 billion (34%) was for medical expenses, but nearly twice this amount, \$125.3 billion (66%), was for non-medical costs.

Medical vs. Non-Medical Expenses

MEDICAL EXPENSES

- Doctor
- Nurse
- Drugs and Medicine
- Daily Hospital Room Charge
- Surgery
- Radiation/Chemotherapy

NON-MEDICAL EXPENSES

- · Loss of income
- Family member loss of income
- On-going fixed costs such as rent or mortgage, groceries, utility bills, etc.
- Insurance deductibles and copayments
- Travel and hotel expenses
- Child Care expenses
- Home Care during treatments
- Cosmetic Surgery
- Non-Covered Experimental Treatments

According to the American Cancer Society, your traditional medical or Medicare coverage may be good, but it will only cover 34% of the costs associated with cancer.

Here's the GOOD NEWS

There are advanced treatments available to increase your chance of cancer survival. However, sometimes these advanced treatments are not available locally, and the cost of travel and care can be overwhelming. Couldn't you use all the money you can get if you're diagnosed with cancer?

How would you pay for out-of-pocket cancer expenses?

Major Medical, HMO, Medicare, Medicaid, use your own assets or rely on your family?

Transfer the Risk to UTA

On First Diagnosis of Internal Cancer or Malignant Melanoma

BENEFITS

The United Teacher Associates First Diagnosis Cancer Benefit Policy pays a maximum benefit amount due in cash as listed in the policy schedule of between \$25,000 - \$50,000 on First Diagnosis of Internal Cancer or Malignant Melanoma.

You can select the lump sum payment benefit that best fits your needs:

\$50,000, \$40,000, \$30,000 & \$25,000

- The money comes directly to you in cash, all at one time in one lump sum payment.
- You know exactly how much money you can count on receiving to pay for expenses there are no surprises.
- Guaranteed renewable for life.
- Coverage available for individual, single parent, or family.

- You may receive your total cash benefit whether or not you are hospitalized or receive treatment.
- Continuous coverage even if you change jobs or retire.
- This policy pays in addition to any other existing coverage you may have and the benefits are paid directly to you.

RIDERS

First Diagnosis Heart Attack & First Major Heart Surgery Rider*

(Rider Form Number RD-10501-FDH)

\$10,000-\$50,000 on first diagnosis of heart attack and first major heart surgery. If First Major Heart Surgery is performed prior to the payment of the First Diagnosis Heart Attack Benefit, we will pay a First Major Heart Surgery Benefit equal to 20% of the First Diagnosis Heart Attack Benefit you select. The remaining 80% of the First Diagnosis Heart Attack Benefit will be payable upon a later first diagnosis of a heart attack under the terms of the rider.

^{*} Optional riders available for additional premium

THIS IS A LIMITED BENEFIT - CANCER ONLY POLICY

RENEWABILITY CONDITIONS: The policy is guaranteed renewable. Premium rates may be changed on a class or state basis.

CANCELLATION: Upon Your cancellation of the policy, We will refund premiums paid for any period beyond the end of the policy month in which the cancellation occurred.

If this is a Single Parent plan or an Individual plan, upon the death of the Insured or the payment of the Cancer First Diagnosis Benefit Amount for the insured, the coverage ceases. We will refund the pro-rata portion of any premium paid. If this is a Family Plan, upon the death of the Insured or the payment of the Cancer First Diagnosis Benefit Amount for the Insured, the coverage will be changed to a Single Parent Plan. The Insured's spouse will become the Insured.

POLICY LIMITATIONS AND EXCLUSIONS: This policy provides benefits only for first diagnosis of internal cancer or malignant melanoma (this excludes all other skin cancer). This policy does not cover any other disease or sickness or incapacity. No benefit is payable for the diagnosis of skin cancer other than malignant melanoma. The Cancer First Diagnosis Benefit Insurance and the Dread Disease Benefit Rider contain a 30-day "waiting period" which means that no benefits are available until the policy has been in force at least 30 days from the "effective date" shown in the policy schedule. Cancer and Dread Disease diagnosed within the 30-day "waiting period" will not be covered.

Benefit amounts will not be paid for any diagnosis resulting from a pre-existing condition. A PRE-EXISTING CONDITION means a condition misstated or not revealed which: (a) manifests itself prior to the Effective Date of the policy; or (b) was diagnosed by a Physician prior to the Effective Date of the policy and for which medical advice or treatment was recommended by or received from a Physician prior to the Effective Date of the policy. During the first two (2) years after the Effective Date, this policy does not cover any Diagnosis caused by or resulting from Pre-Existing Conditions.

30-DAY right TO EXAMINE POLICY: you have 30 days to review the policy after your receive it. If for any reason you are not satisfied, you may return it to us for a full refund of the premium you paid.

Policy Form Number: CF-940101-UTA-SC with Amendment Form Number CF-940101-UTA-BIA

