

Life Insurance Company of Alabama

302 Broad Street
Gadsden, Alabama 35901

800-226-2371

CANCER INDEMNITY POLICY

Form Number HC7509 GA

OUTLINE OF COVERAGE

THE POLICY PROVIDES LIMITED BENEFITS

THE POLICY IS A SPECIFIED DISEASE INDEMNITY POLICY WHICH ONLY PROVIDES BENEFITS FOR CANCER. IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS, CONDITION OR INCAPACITY.

THIS IS A LIMITED BENEFIT POLICY – PLEASE READ YOUR POLICY CAREFULLY - This outline of coverage provides a very brief description of some of the important features of the policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and the Company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

CANCER INSURANCE COVERAGE – Policies of this category are designed to provide persons insured, restricted coverage paying **ONLY** when certain losses occur as a result of cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.

BENEFITS

Qualifying For Benefits

Benefits are provided if the insured receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Policy Effective Date, We will pay the following Indemnity Benefits:

Daily Hospital Indemnity Benefit

We will pay the Daily Hospital Indemnity Benefit for each day the insured incurs the Specified Event required for the Daily Hospital Indemnity Benefit. The Specified Event required for the Daily Hospital Indemnity Benefit is confinement of an insured in a Hospital as an inpatient for the treatment of Cancer and occurs on the date(s) the insured is so confined. We will pay two (2) times the amount selected starting on the thirty-first (31st) day of continuous confinement. A day is defined as a 24-hour period with a minimum of an 18-hour confinement.

Private Nursing Service Indemnity Benefit

We will pay the Private Nursing Service Indemnity Benefit for each day an insured incurs the Specified Event required for the Private Nursing Service Indemnity Benefit. The Specified Event required for Private Nursing Indemnity is the receipt of required Private Nursing Services by an insured while confined in a Hospital as inpatient for the treatment of Cancer and occurs when the Private Nursing Services are rendered. The Private Nursing Services must be other than the nursing services regularly furnished by the Hospital and must be required and authorized by the attending Physician.

Extended Care Facility Indemnity Benefit

We will pay the Extended Care Facility Indemnity Benefit for each day an insured incurs the Specified Event required for the Extended Care Facility Indemnity Benefit. The Specified Event required for the Extended Care Facility Indemnity Benefit is confinement of an insured in an Extended Care Facility due or as a result of the treatment of Cancer and occurs on the date(s) the insured is so confined. The Extended Care Facility confinement must start within 30 days after the Daily Hospital Indemnity Benefit is payable. A day is defined as a 24-hour period with a minimum of an 18-hour confinement.

Home Health Care Indemnity Benefit

We will pay the Home Health Care Indemnity Benefit for each day an insured incurs the Specified Event required for the Home Health Care Indemnity Benefit. The Specified Event required for the Home Health Care Indemnity Benefit is receipt of Home Health Care Services under the direction of an attending Physician for the treatment of Cancer by an insured and occurs when the Home Health Care Services are rendered. The Home Health Care Indemnity Benefit is limited to 50 days per insured's lifetime. Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

Hospice Care Indemnity Benefit

We will pay the Hospice Care Indemnity Benefit for each day an insured who is terminally ill due to Cancer incurs the Specified Event required for the Hospice Care Indemnity Benefit. The Specified Event required for the Hospice Care Indemnity Benefit is the receipt of the services of a Hospice organization by an insured who is terminally ill due to Cancer. The Specified Event occurs when the terminally ill Insured receives Hospice services. The Hospice Care Indemnity Benefit is limited to 100 days per insured's lifetime. Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

Important Definitions

Cancer means disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. It also includes, but is not limited to leukemia, Hodgkin's disease and melanoma. Cancer must be determined by a Positive Medical Diagnosis. The term Cancer as related to this Policy, also includes the following associated conditions: Myelodysplastic Syndrome, Myeloproliferative Syndrome, and carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). These conditions must be determined by a Positive Medical Diagnosis. Any condition not specifically listed above is NOT considered Cancer. Premalignant conditions and conditions with malignant potential including, but not limited to, hyperplasia, dysplasia, anaplasia, atypism, leukoplakia, hypertrophy, and neoplasia are NOT considered to be Cancer.

Dependent Child or Dependent Children means any unmarried child (natural, step or adopted) of Yours who: 1) is less than nineteen (19) years old and living with You; or 2) is less than twenty-six (26) years old and attending an accredited school as a full time student. Such child must be legally dependent upon You for principal support and maintenance; or 3) is or becomes incapable of self-support because of mental or physical handicap while covered under this Policy and prior to attaining limiting age for Dependent Child(ren) under (1) or (2) above. The child must be legally dependent upon You for support and maintenance. We must receive proof of incapacity within thirty-one (31) days after coverage would otherwise terminate. Coverage will then continue as long as Your insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the two (2) year period following the child's attainment of the limiting age; or is not living with You, but You are legally required to support such child, and the child would otherwise qualify under (1), (2) or (3) above.

Diagnosis Date is the day the tissue specimen, biopsy, culture, titer or blood sample is taken upon which the Positive Medical Diagnosis of Cancer is based; it is NOT the date the Positive Medical Diagnosis is communicated to the Insured.

Indemnity Benefit means any insurance benefit paid under the Policy as a result of the occurrence of a Specified Event. The benefit amount is a stated fixed amount in the Policy and is NOT dependent on any external monetary amount or cost.

Positive Medical Diagnosis means a pathological diagnosis of Cancer by a Physician. The diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The pathologist making the diagnosis will base judgment solely on the criteria of "malignancy" as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen. Pathologic interpretation of the histology of skin lesions will be accepted from a licensed dermatologist. A clinical diagnosis of Cancer by a Physician will be accepted as evidence that Cancer exists in a Insured when a pathological diagnosis cannot be made for medically necessary reasons, provided medical evidence substantially documents the diagnosis and the insured receives definitive treatment for Cancer. If the requisite pathological clinical diagnosis can only be made postmortem, liability shall be assumed retroactively, not to exceed 45 days prior to the date of death.

Specified Event means a treatment, confinement, service, expense, or diagnosis as specified in the Policy or attached Rider that causes a Insured to be eligible for one or more benefits of the Policy or attached Riders.

Exclusions and Limitations

The Policy and all attached Riders contains a thirty (30) day waiting period. This means that no benefits are payable for any Insured who has Cancer diagnosed before coverage has been in force thirty (30) days from the Effective Date shown in the Policy Schedule. If a Insured has Cancer diagnosed during the waiting period, benefits for treatment of that Cancer will apply only to treatment occurring after two (2) years from the Effective Date of the Policy and Riders or, at Your option, You may elect to void the Policy from its beginning and receive a full refund of premium.

All treatment for Cancer must be accepted or approved by the American Medical Association, the American Cancer Society or the Food and Drug Administration (FDA) as a treatment for Cancer.

We will NOT pay any Indemnity Benefit for Specified Events related to Cancer with a Diagnosis Date prior to the 30th day after the Policy Effective Date or attached Rider Effective Dates.

Indemnity Benefits under the Policy or any attached Riders are NOT payable for Specified Events that occur outside the United States of America or its territories.

Confinement in a Hospital as an inpatient does NOT include:

- 1) confinements of less than 18-hours; or
- 2) treatment on an out-patient basis; or
- 3) Emergency Room treatment; or
- 4) the same day outpatient benefits, Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits are payable; or
- 5) the day of discharge from the Hospital except where the day of discharge and the day of admission are the same and the confinement was for at least 18-hours.

The Daily Hospital Indemnity Benefit is payable for only one Hospital confinement at a time per Insured even if the confinement is caused by more than one Cancer.

The Private Nursing Service Indemnity Benefit is NOT payable for Private Nursing Services provided by Immediate Family Members.

The Private Nursing Service Indemnity Benefit is only payable if a Daily Hospital Indemnity Benefit is also payable.

Confinement in an Extended Care Facility does NOT include:

- 1) confinements of less than 18-hours; or
- 2) treatment on an out-patient basis; or
- 3) the same day a Daily Hospital Indemnity Benefit, a Home Health Care Indemnity Benefit or a Hospice Care Indemnity Benefit is payable; or
- 4) the day of discharge from the Extended Care Facility.

The Extended Care Facility Indemnity Benefit is only payable for Specified Events occurring as a result of a confinement in an Extended Care Facility that occurs within the thirty (30) days immediately after a Daily Hospital Indemnity Benefit is payable.

The Extended Care Facility Indemnity Benefit is limited to 30 days per calendar year per Insured.

The Home Health Care Indemnity Benefit is limited to 50 days per Insured's lifetime.

The Hospice Care Indemnity Benefit is limited to 100 days per Insured's lifetime.

Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits, will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

Renewability

The Policy is Guaranteed Renewable during your lifetime. It may be renewed on any premium due date by paying the renewal premium. It must be paid on or before its due date, or within the thirty-one (31) days that follow. We cannot refuse to renew the Policy or place any restrictions on it if the premium is paid on time.

Premium.

We may change the premium rates for the Policy. We cannot change the premium rates unless we change them for the Policy form for every insured within a state in the same class. If we change the premium rates, we will notify the insured in writing sixty (60) days before the change becomes effective in accordance with the statutes of the State of Georgia. We will notify the insured at his last known address according to our records. Premium for the policy is guaranteed not to change during the first twelve (12) months of coverage and shall not be increased more than once in a six (6) month period.

Benefit Amount Selections

Cancer Indemnity Insurance Base Plan

Individual Individual/Spouse 1 Parent Family 2 Parent Family

Daily Hospital Indemnity Benefit [\$200] [\$100]

Included Riders

Radiation & Chemotherapy Rider [\$2,000] [\$1,000] [\$500]

This rider provides an indemnity benefit for Radiation & Chemotherapy. In addition benefits are available for Immunotherapy, Drugs and Medicines.

Cancer Screening Wellness Benefit & Diagnostic Testing Indemnity Rider [\$100] \$[50]

This rider provides an indemnity benefit for cancer screening tests and diagnostic testing.

Surgical Benefits Rider [\$3,250]

This rider provides an indemnity benefit per operation. In addition benefits are available for anesthesia, blood, prosthesis, second and third opinions and reconstruction.

Transportation Rider

This rider provides benefits for round trip transportation. In addition an ambulance and lodging benefit is available.

Stem Cell or Bone Marrow Transplant Rider [\$5,000]

This rider provides benefits for stem cell or bone marrow transplants.

PREMIUM

Base Policy and Included Riders \$ _____

Optional Riders

First Occurrence Cancer Lump Sum Limited Rider

Individual Individual/Spouse 1 Parent Family 2 Parent Family

[\$5,000] [\$2,500] [\$1,250]

This rider provides an indemnity benefit once when diagnosed with internal cancer. \$ _____

First Occurrence Building Benefit Rider

Individual Individual/Spouse 1 Parent Family 2 Parent Family

[\$5,000] [\$2,500] [\$1,250]

This rider provides an indemnity benefit once when diagnosed with internal cancer. The indemnity benefit increase each month until reaching age 65. \$ _____

Specified Disease Rider

Individual Individual/Spouse 1 Parent Family 2 Parent Family

This rider pays an indemnity benefit for the first 30 days of a continuous hospital confinement when confined for certain Specified Diseases. The benefit amount increases after 30 days. \$ _____

Hospital Intensive Care Rider

Individual Individual/Spouse 1 Parent Family 2 Parent Family

[\$300] [\$450] [\$600] \$ _____

This rider pays an indemnity benefit when confined in an Intensive Care Unit. \$ _____

Total Premium \$ _____