

CANCER FIRST OCCURRENCE

Cancer Insurance Policy

\$5,000 to \$50,000

This policy provides a one time benefit due to the initial diagnosis of Cancer.

How Many People Are Expected to Die of Cancer This Year?*

In 2009, more than 1,500 people a day. Cancer is the second most common cause of death in the US, exceeded only by heart disease. In the US, cancer accounts for nearly 1 of every 4 deaths.

What Percentage of People Survive Cancer?*

The 5-year relative survival rate for all cancers diagnosed between 1996-2004 is 66% up from 50% 1975-1977.

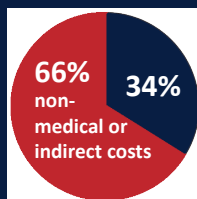
Protection Through Early Detection and Prevention*

What you eat and drink, how active you are, and other lifestyle behaviors all can affect your risk for cancer. Find out more about these risks and what you can do to reduce them thru the American Cancer Society Website, <http://www.cancer.org>

** Source, American Cancer Society, Cancer Facts & Figures 2009*

If You Are Diagnosed With Cancer

The cancer first occurrence benefit policy pays the amount you select from \$5,000 to \$50,000.



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.

Why Does This Policy Deserve Your Consideration?

- It is guaranteed renewable for life.
- It pays regardless of other insurance you may have.
- Payment is made directly to you.
- Benefits are paid whether you receive treatment or not.
- Benefits do not change when you reach age 65.
- You do not have to be hospitalized to receive your benefits.
- Benefit amount is the same even if treatment is provided in a government hospital, VA hospital, health maintenance organization (HMO), clinic, or any other facility.
- The Family Plan pays the same FOB benefit for each covered family member.



Choose Your Benefit Amount:

- \$5,000
- \$10,000
- \$20,000
- \$30,000
- \$40,000
- \$50,000

You select the insurance plan best for your needs.

This is a Supplemental Policy. 30 Day Right To Examine Policy.

You have thirty (30) days to examine the policy and have your premiums refunded.

GUARANTEED RENEWABLE FOR LIFE

The only way the policy can be canceled is for failure to pay premiums or upon the payment of the benefit amount; however, any remaining covered dependents shall remain covered until the benefit amount is paid subject to the Termination of Insurance section of the policy. The company reserves the right to change the premiums on all policies of this form in the entire state. Dependent unmarried children are covered to age 21 or 25 if a full-time student (in ND, age 22 or age 26). In TN, dependent unmarried children are covered to age 24.

LIMITATIONS AND EXCLUSIONS

- (1) The First Occurrence Benefit pays a benefit only for the first diagnosis of internal cancer or malignant melanoma (this excludes all other skin cancer). Pathologic proof thereof must be submitted. The policy does not provide benefits for any other disease or sickness or incapacity. In AR, MD, ND, SC, and WV, clinical diagnosis of Cancer shall be accepted as evidence that Cancer exists when a pathological diagnosis cannot be made or is medically inappropriate (in AR, "medically inappropriate" does not apply), provided such medical evidence substantially documents the diagnosis of Cancer, and the Covered Person receives medically necessary care as the result of Cancer.
- (2) The First Occurrence Benefit contains a 30 day "waiting period". That means that the First Occurrence Benefit is not payable to anyone who has Cancer diagnosed before the policy has been in force 30 days from the "Effective Date" as shown in the Policy Schedule. If a Covered Person has Cancer first diagnosed during the "waiting period", the Covered Person may void the policy from the beginning and receive a full refund of premium, continue coverage for payment of benefits for Cancer diagnosed after the 30 day waiting period, or elect the \$250 benefit. In OK, however, we will pay a benefit of 10% of the total amount of First Occurrence Benefits purchased if Cancer is diagnosed before the policy has been in force 30 days from the "Effective Date" as shown in the Policy Schedule, or the Covered Person may void the policy from the beginning and receive a full refund of premium.
- (3) The policy will not pay benefits if the diagnosis of Cancer is made by you or a member of your immediate family or household.
- (4) The policy will not pay benefits if the diagnosis of Cancer is made outside the United States or its Territories.

OPTIONAL RIDER BENEFITS

These riders are optional and have an additional cost.

Intensive Care Unit Rider Forms ICR97, (including state variations), ICR97OK and ICR02

(This rider is not available in AR, MD, SC, TN, and WY)

Available from ages 18-64

Pays a daily benefit of \$300 or \$600 for a maximum of 45 days during any one hospitalization when confined to a Hospital Intensive Care Unit for injury or sickness.

Limitations and Exclusions - Benefits reduced 50% at age 70

Subject to the provision entitled "Time Limit on Certain Defenses," the Rider will not pay for Intensive Care confinements where the cause for such confinement is (1) in any type of hospital room, ward or unit other than an ICU; (2) due to any attempt at suicide or intentionally self-inflicted injury; (3) due to injuries sustained in consequence of a Covered Person committing a felony (does not apply in OK) or under the influence of drugs not administered on the advice of a physician; (4) (does not apply in NC, and OK) a result of alcoholism or drug addiction; or (5) a heart condition or aggravated by a heart condition and the Covered Person had received medical advice, treatment or diagnosis of a heart attack, heart condition, heart trouble, or any abnormal condition of his heart prior to the Effective Date of the Rider.

Cancer Screening Benefit Rider Forms CSB98 and CSB02, (including state variations)

(This rider is not available in MD and WY)

Available from ages 18-64

At your option, we can provide coverage for screening tests. Since the 5-year relative survival rate for all Cancers combined is 63% (rates varying greatly by cancer type and stage at diagnosis)*, it's important to use this benefit for annual tests. We'll pay a maximum benefit amount of \$50 per calendar year for each Covered Person. That means even if you are never diagnosed with Cancer, you may collect on the screening benefit of the rider!

Covered tests include:

- ◆ CA125 Ovarian Cancer
- ◆ Flexible Sigmoidoscopy
- ◆ Chest X-Ray
- ◆ Hemocult Stool Specimen
- ◆ Serum Protein Electrophoresis
- ◆ PSA Prostate Cancer
- ◆ Pap Smear (test only)
- ◆ Mammography
- ◆ Colonoscopy

The cited facts represent the U. S. population, are for information only and do not imply coverage under the policy or endorsement of the company or the policy by the American Cancer Society.

Policy Form Number: FOB98, (including state variations), FOB98OK, and FOB02, (including state variations)

Underwritten by: Central United Life Insurance Company
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