

Certificate of Group Critical Illness Indemnity Insurance



Liberty Insurance
Underwriters Inc.

LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter "Liberty")

175 Berkeley Street, Boston, MA 02116

1-800-344-0197

Liberty certifies that certain **Eligible Persons** are insured for the benefits described in this Certificate. This insurance coverage is subject to the eligibility and effective date requirements described in the Eligibility and Effective Date section of this Certificate and to the terms and conditions of the Policy, and continuation of the Policy inforce.

IMPORTANT NOTICE

This Certificate is evidence of **Your** insurance coverage and that of any **Covered Dependent** under the Policy.

The Policy is a contract between Liberty and the **Policyholder**. It may be modified or terminated without notice to, or the consent of, **You** or any **Covered Person**. This Certificate replaces any certificate previously issued by Liberty to **You**.

Liberty is providing this Certificate at the request of the **Policyholder**. The **Policyholder** maintains the Policy, which includes a copy of this Certificate. The **Policyholder** will make the Policy available for **You** to review and copy, upon request. If there is any conflict between this Certificate and the Policy, the Policy will control in all respects.

RIGHT TO EXAMINE CERTIFICATE

You have the right to examine the insurance coverage provided under this Certificate. If, for any reason, **You** are not satisfied with the insurance coverage, **You** must notify **Us** in writing within 31 days after the **Coverage Effective Date** that **You** do not want to keep the insurance coverage. When **We** receive **Your** notice, **We** will consider the Certificate void as though it was never issued and any premium paid will be refunded. If **You** have received payment for any claim under this Certificate, **You** will be deemed to have accepted the Certificate.

NOTICE: THIS IS CRITICAL ILLNESS CANCER INDEMNITY INSURANCE COVERAGE. THIS IS A LIMITED POLICY - READ IT CAREFULLY

THIS IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

A PRE-EXISTING CONDITION LIMITATION MAY APPLY.

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Liberty.

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SCHEDULE OF BENEFITS

Policyholder Name: Emergency Management Alliance

Policy Number: GCI32571757

Certificate Number: GCI32571757 – All Plans

Governing Jurisdiction is Tennessee and subject to the laws of that State.

Type of Insurance Coverage:

Insurance Coverage for **You**

Insurance Coverage for **You** and **Your Spouse**

Insurance Coverage for **You** and **Your Dependent Child(ren)**

Family Coverage: Coverage for **You, Your Spouse, and Your Dependent Child(ren)**

Plan Choice Selected:

The Certificate includes a Schedule of Insurance for Plan 1, Plan 2 and Plan 3. Only the **Schedule of Benefits** for the Plan that **You** selected will apply to insurance coverage under this Certificate for **You** and any **Dependents**.

Schedule of Insurance:

FACE AMOUNT	Plan 1	Plan 2	Plan 3
You	\$10,000	\$20,000	\$30,000
Spouse	\$5,000	\$10,000	\$15,000
Each Dependent Child	\$2,500	\$5,000	\$7,500

TOTAL POLICY MAXIMUM	Plan 1	Plan 2	Plan 3
You	\$30,000	\$60,000	\$90,000
Spouse	\$15,000	\$30,000	\$45,000
Each Dependent Child	\$7,500	\$15,000	\$22,500

CRITICAL ILLNESS AND CRITICAL ILLNESS PROCEDURE DIAGNOSIS BENEFIT

The amount paid for each **Critical Illness** and **Critical Illness Procedure** under this **Critical Illness and Critical Illness Procedure** Diagnosis Benefit will be based on a percentage of the **Covered Person's** Face Amount listed above, subject to the terms and conditions of the Policy including any limitations and exclusions.

Benefit Waiting Period	30 days after the Coverage Effective Date
Full Benefit Cancer Benefit Waiting Period	30 days after the Coverage Effective Date
Partial Benefit Cancer Benefit Waiting Period	30 days after the Coverage Effective Date

CRITICAL ILLNESS

PERCENT OF FACE AMOUNT

FULL BENEFIT CANCER	100%
PARTIAL BENEFIT CANCER	25%
HEART ATTACK	100%
KIDNEY (RENAL) FAILURE	100%
STROKE	100%

CRITICAL ILLNESS PROCEDURES

CORONARY ARTERY BYPASS SURGERY	25%
ORGAN TRANSPLANT BENEFIT	100%

RECURRENCE BENEFIT

100% of the amount payable under the **Critical Illness** or **Critical Illness Procedure** or **Full Benefit Cancer** or **Partial Benefit Cancer** benefit

ADDITIONAL BENEFITS FOR ALL COVERED PERSONS

HEALTH SCREENING INDEMNITY BENEFIT

Minimum period of time **Your** insurance coverage must be inforce 1 month

Health Screening Indemnity Benefit Amount	\$50 per day
Health Screening Benefit Maximum	1 health screenings per Policy Year

DEFINITIONS

Certain words and terms used in the Policy and in this Certificate have specific meanings. When capitalized and bolded within the text of the Policy or the Certificate, these words and terms have the meanings set forth below. He, His, and Him refer to any individual, regardless of gender.

Active Member	means a Member in good standing according to the rules of the Policyholder .
Age	means a Covered Person's age attained on the Coverage Effective Date for him under the Policy. Thereafter, it is his age attained during the last Policy Year .
Benefit Waiting Period	means a time period following the Coverage Effective Date of the Policy during which benefits are not payable for either the Diagnosis of a Critical Illness or the performance of a Critical Illness Procedure . The Benefit Waiting Period may differ for each benefit available under the Policy. The Benefit Waiting Period for each benefit is listed in the Schedule of Benefits and is applicable to any increases in insurance coverage amounts. If the benefit is payable due to an Injury , the Benefit Waiting Period shall not apply.
Business Associate	means an individual who, within the six month period prior to the date of the Diagnosis of a Critical Illness or performance of a Critical Illness Procedure either shared ownership of a medical practice or shared office space with the Covered Person .
Certificateholder (You)	means an Eligible Person for whom an application, enrollment, or other form has been accepted by Liberty and the required premium has been paid when due, and for whom insurance coverage under the Policy remains inforce.
Child or Children	means Your biological children, stepchildren, adopted children, foster children, or any child for whom You are the legal guardian or are required by a court or administrative order to provide insurance coverage. In this Certificate, Children may refer to one Child .
Confined or Confinement	means the assignment to a bed as a resident Inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician for a period of no less than 23 continuous hours.
Coverage Effective Date	Your Coverage Effective Date is described in the Eligibility and Effective Date provision. The Coverage Effective Date for Your Spouse and/or Dependent Children is the date their insurance coverage becomes effective according to the Eligibility and Effective Date provision.
Covered Person	means the individual(s) for whom the required premium has been paid when due and for whom insurance coverage under the Policy remains inforce. Covered Person includes Covered Dependents .
Covered Dependent	means Your Spouse and/or Dependent Children for whom You have selected insurance coverage and for whom insurance coverage has become effective under Your Certificate.
Critical Illness	means any of the Critical Illnesses shown in the Schedule of Benefits . Each Critical Illness and the Diagnosis requirement are contained in the Critical Illness and Critical Illness Procedure Definitions and Descriptions section of the Policy.
Critical Illness Procedure	means the following procedures: Organ Transplant and Coronary Artery Bypass Surgery as defined in the Critical Illness and Critical Illness Procedure Definitions and Descriptions section of the Policy.
Dependent	means Your Spouse and/or Dependent Children .
Dependent Children	means all of Your Children who are unmarried and under 26 years of age. However, if any Dependent Child is incapable of self-sustaining employment due to intellectual or physical

disability and is dependent on **You** for support, such **Age** limit shall not apply. Proof of such incapacity and dependency must be furnished to **Us** within 31 days following the **Child's** 26th birthday, and not more frequently than annually following the two year period after the **Dependent Child** attains the limiting age.

Diagnosed/Diagnosis	means a definitive and unequivocal identification of a Critical Illness or the need for a Critical Illness Procedure ; <ol style="list-style-type: none">1. Made by a Physician who is certified by a recognized organization as a specialist in the relevant medical area;2. Which is based on diagnostic procedures and criteria that are generally accepted and published by board certified specialists in that area of specialty as of the date of the diagnosis; and3. Which meets any additional diagnostic criteria that may be set forth in the Critical Illness and Critical Illness Procedure Definitions and Descriptions section of this Certificate.
Domestic Partner	means an unmarried person of the same or opposite sex with whom You share a committed relationship and who, with You , are jointly responsible for each other's welfare and financial obligations, have shared the same residence for a period of at least 12-24 consecutive months immediately preceding the Coverage Effective Date , and each of whom are at least 18 years of age and mentally competent to consent to a contract, not related by blood to a degree that could prohibit legal marriage in the state of residence, and are not married to or legally separated from anyone else. A Domestic Partner certification must be completed and filed with the Policyholder before the partner can be designated as a Covered Dependent .
Eligible Person	means an individual who is part of an Eligible Class as stated in the Policy Schedule and has met the Eligibility Waiting Period in that Schedule.
Eligibility Waiting Period	means the number of continuous days that the Member must be an Active Member in an Eligible Class as shown in the Policy Schedule.
Enrollment Period	means the period designated by the Policyholder and Liberty during which an Eligible Person may enroll for insurance coverage.
Evidence of Insurability	means a statement of Your and any Dependent's medical history, on a form provided by Liberty, upon which acceptance for insurance coverage will be determined by Liberty.
Family Coverage	means insurance coverage inforce under the Policy on You, Your Spouse and Dependent Children : <ol style="list-style-type: none">1. Whom You have elected to cover under the Policy; and2. For whom the required premium has been paid.
Family Status Change	means any one of the following events that may occur: <ol style="list-style-type: none">1. Your marriage or divorce or legal separation;2. Your filing or rescinding of a Domestic Partner certification; 3. The birth of a Child to You;4. The adoption of a Child by You;5. The death of Your Spouse or Child;6. The commencement or termination of employment of Your Spouse;7. The change from part-time employment to full-time employment by You or Your Spouse;8. The change from full-time employment to part-time employment by You or Your Spouse; or9. The taking of unpaid leave of absence by You or Your Spouse.

Hospital	<p>means an institution that meets all of the following:</p> <ol style="list-style-type: none"> 1. Is licensed as a hospital pursuant to applicable law; 2. Is primarily and continuously engaged in providing medical care and treatment to sick and injured persons; 3. Is managed under the supervision of a staff of medical doctors; 4. Provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.); 5. Has medical, diagnostic, and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis; and 6. Charges for its services. <p>The term Hospital does not include a clinic, facility, or unit of a hospital for:</p> <ol style="list-style-type: none"> 1. Rehabilitation, convalescent, custodial, educational, or nursing care; or 2. The treatment of alcoholism or drug addiction.
Immediate Family Member	<p>means a person who is related to the Covered Person, or a Dependent in any of the following ways: Spouse, Domestic Partner, brother-in-law, sister-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, parent (includes step-parent), grandparent (includes step-grandparent) brother or sister (includes step-brother, step-sister, half-brother, or half-sister), or child (includes legally adopted or step-child).</p>
Injury	<p>means an accidental bodily injury that is the direct result, independent of all other causes, of an accident (independent of Sickness, disease, mental incapacity, bodily infirmity, or any other causes). An injury must occur on or after the coverage effective date, while insurance coverage for the Covered Person under the Policy is in force.</p>
Inpatient	<p>means Confined overnight as a registered resident bed patient in a Hospital where at least one day's room and board is charged. The Confinement must be on the advice of a Physician.</p>
Manifests or Manifested	<p>means the emergence of a condition or symptom that would cause a reasonable person to seek medical advice, care, or treatment.</p>
Member	<p>means an individual who is a person who meets all of the conditions of membership of a Policyholder.</p>
Member of the Same Household	<p>means a person who maintains residence at the Primary Address of the Covered Person.</p>
Physician	<p>means an individual who:</p> <ol style="list-style-type: none"> 1. Is licensed as a doctor in the jurisdiction where the services are being performed; and 2. Is legally qualified to practice medicine; and 3. Renders care and treatment to the Covered Person that is appropriate for the condition and which is within the scope of the license.
Policy Year	<p>means each one year period beginning with Your Coverage Effective Date. Each anniversary of Your Coverage Effective Date begins a new Policy Year. All of Your Covered Dependent(s) will have the same Policy Year as You, even if they have a different Coverage Effective Date than You.</p>
Policyholder	<p>means the entity, named as the Policyholder on the Schedule of Benefits, to which Liberty issues the Policy.</p>
Premium Due Date	<p>means the date premiums are due to Liberty.</p>

Primary Address	means the dwelling where a person maintains residence for the majority of the time, whether the person owns or rents the dwelling.
Schedule of Benefits	means the Schedule of Benefits found at the beginning of this Certificate.
Sickness	means an illness or disease which requires treatment by a Physician .
Spouse	means Your legal Spouse . Your Domestic Partner will be covered on the same basis as a Spouse unless prohibited by state law.
Total Policy Maximum	means the total amount of benefits payable for all Critical Illnesses and Critical Illness Procedures covered under this Certificate or any certificate it replaces. Any additional benefits that do not apply to the Total Policy Maximum will be clearly stated in each Benefit Description. The Total Policy Maximum is shown in the Schedule of Benefits and applies on a per Covered Person lifetime basis.
Treatment	means consultation, care, or services provided by a Physician .
We, Us, Our	means Liberty Insurance Underwriters Inc. (“Liberty”).
You, Your	means the Certificateholder .

CRITICAL ILLNESS AND CRITICAL ILLNESS PROCEDURE DEFINITIONS AND DESCRIPTIONS

These definitions and descriptions make reference to standards and scales for classifying diseases and procedures that were developed by third parties that may change over time. If and to the extent that such standards change or new standards become generally accepted in the medical community in the United States, Liberty will apply such changed or new standards when it believes it appropriate to do so.

For the purpose of the Policy:

Full Benefit Cancer

means and is limited to a malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. The **Full Benefit Cancer** benefit also covers the following blood cancers: lymphoma, leukemia, and multiple myeloma. **Full Benefit Cancer** must be positively **Diagnosed** with pathologic confirmation. A Clinical **Diagnosis** will be accepted only if:

1. A pathologic diagnosis cannot be made because it is medically inappropriate or life threatening;
2. There is medical evidence to support the **Diagnosis**; and
3. A **Physician** is treating the **Covered Person** for a **Full Benefit Cancer**.

The following malignancies are excluded:

1. Chronic lymphocytic leukemia classified as Rai Stage 0;
2. All tumors that are histologically described as nonmalignant, benign, pre-malignant, noninvasive, dysplasia (all grades), or carcinoma in situ (America Joint Committee on Cancer (AJCC) TisN0M0);
3. All skin cancers, unless AJCC T3N0M0 or with any metastasis to lymph nodes or other organ systems, or the tumor is a malignant melanoma AJCC T1bN0M0 or higher;
4. Prostate cancer AJCC T1aN0M0;
5. Papillary carcinoma of the thyroid AJCC T1aN0M0;
6. Noninvasive papillary cancer of the bladder TaN0M0 or lower; and
7. Evidence of cancer cells or cancer genetic material detected by molecular or biochemical probes only (including but not limited to proteomic or DNA/RNA-based techniques) with no lesion amenable to tissue diagnosis.

Partial Benefit Cancer

means and is limited to the following:

1. **Carcinoma in situ**, which for the purposes of the Policy, means a malignant neoplasm limited to the epithelium and confined within the basement membrane (classification TisN0M0 on the America Joint Committee on Cancer (AJCC) TNM cancer staging system);
2. Chronic lymphocytic leukemia classified as Rai stage 0;
3. Early stage melanoma, which for the purposes of the Policy means a malignant melanoma AJCC T1aN0M0;
4. Early stage prostate cancer, which for the purposes of the Policy means AJCC T1aN0M0;
5. Papillary carcinoma of the thyroid AJCC T1aN0M0
6. Noninvasive papillary cancer of the bladder AJCC TaN0M0.

Partial Benefit Cancer does not include:

1. Carcinoma and melanoma in situ of the skin; and
2. Evidence of cancer cells or cancer genetic material detected by molecular or

biochemical probes only (including but not limited to proteomic or DNA/RNA-based techniques) with no lesion amenable to tissue diagnosis.

Partial Benefit Cancer, except for Rai Stage 0, must be positively **Diagnosed** with pathologic confirmation. This benefit will not be paid based on a cytology finding.

Coronary Artery Bypass Surgery

means surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Procedures that are done with a catheter inserted into an artery, such as balloon or laser angioplasty, atherectomy, or coronary stenting, are not covered.

Heart Attack

means an Acute Myocardial Infarction that results in the death of heart muscle due to inadequate blood supply; provided that there is a detection of a rise and/or fall of cardiac biomarker values (preferably cardiac troponin with at least one value above the 99th percentile upper reference limit URL); and at least one of the following is satisfied:

1. Symptoms of ischemia;
2. Development of pathologic Q waves in the electrocardiogram (ECG);
3. New or presumed new significant ST-segment-T wave (ST-T) changes or new left bundle branch block (LBBB);
4. Identification of an intracoronary thrombus; or
5. Imaging evidence of new loss of viable myocardium or a new regional wall motion abnormality.

Kidney (Renal) Failure

means chronic, irreversible failure of both kidneys to function, as a result of which either regular renal or peritoneal dialysis, or renal transplant is initiated.

Organ Transplant

means a human to human **Organ Transplant** procedure from a donor to the **Covered Person**:

1. Of allogenic (from another person) bone marrow or stem cells solely for treatment of bone marrow failure;
2. Transplant of an entire heart, lung, or pancreas; or
3. A total or partial liver transplant.

The following shall not be considered an **Organ Transplant**:

1. Transplant of any other organs, parts of organs, tissues, or cells;
2. Transplant of bone marrow or stem cells due to bone marrow failure that results from the treatment process for **Full Benefit Cancer** or **Partial Benefit Cancer**;
3. Autologous bone marrow transplant in which the **Covered Person's** own bone marrow is used; or
4. Bone marrow transplant as treatment for Aplastic Anemia.

Stroke

Stroke means the infarction or death of brain tissue caused by the loss of blood supply or a bleed within the brain due to an acute cerebrovascular event which is evidenced by new (acute) damage to brain tissue appearing on imaging in a location that accounts for a new permanent, neurological deficit affecting a specific area or areas of the body.

Stroke does not include the following:

1. Diagnosis of stroke by imaging only without an acute neurologic event attributable to the damage to brain tissue;
2. Transient ischemic attack or migraine; or
3. Any cerebral injury that results, in whole or part, from trauma or hypoxia.

ELIGIBILITY AND EFFECTIVE DATE

Eligible Class of Persons

A person may not be insured as a **Covered Dependent** and as a **Certificateholder** under this Policy.

Class 1: All **Active Members** of the **Policyholder**.

Eligibility Requirements for Insurance Coverage

Member Eligibility Date for Insurance Coverage:

The date the **Member** becomes an **Eligible Person**.

Dependent Eligibility Date for Insurance Coverage:

If **You** have enrolled and are in an Eligible Class for **Dependent** insurance coverage **You** may enroll **Your Dependents**:

1. at the time **You** enroll;
2. during an **Enrollment Period**; or
3. upon a **Family Status Change**.

A person may not be insured as a **Covered Dependent** and as a **Certificateholder** under this Policy.

Effective Date for Insurance Coverage

Insurance Coverage will be effective at 12:01 a.m. in the Governing Jurisdiction shown in the **Schedule of Benefits** on the day determined as follows:

Employee Coverage Effective Date:

An **Eligible Person's** insurance coverage becomes effective on the first day of the month following the latest of the following dates:

1. **Your** Eligibility Date if **You** have enrolled for insurance coverage;
2. The date **You** enroll for insurance coverage other than an annual **Enrollment Period**; or
3. The first day of the next **Policy Year** if **You** enrolled during an annual **Enrollment Period**;

Dependent Coverage Effective Date:

A **Dependent's** insurance coverage becomes effective on the first day of the month following the latest of the following dates:

1. **Your** Eligibility Date if **You** have enrolled for insurance coverage;
2. The date **You** enroll **Your Dependents** for insurance coverage other than an annual **Enrollment Period**; or
3. The first day of the next **Policy Year** if **You** enrolled **Your Dependents** during an annual **Enrollment Period**.

Dependent Coverage for Newborn or Adopted Child; Effective Date

Your Dependent Child(ren) who are born or placed in your home for adoption while **You** are covered under the Policy are covered for 31 days from the moment of live birth or adoption date of placement.

If **You** do not have **Dependent Child(ren)** insurance coverage at the time of the birth or adoption date of placement, **You** must notify **Us** within 31 days of the newly eligible **Dependent Child's** birth or adoption date of placement and pay the required additional premium for **Your Dependent Child(ren)'s** insurance coverage to continue beyond 31 days.

Once **Dependent** insurance coverage is in effect for at least one **Dependent Child**, any additional child who becomes **Your Dependent Child** will be insured from the date the child becomes **Your Dependent Child**. **You** do not need to enroll such additional **Dependent Children** for them to become insured with **Dependent** insurance coverage.

Re-Enrollment Period

During each Re-Enrollment Period, **You** may keep **Your** insurance coverage at the same level or increase or decrease **Your** insurance coverage, subject to any **Evidence of Insurability** requirements.

Increases and decreases will be effective as of the next **Policy Year**.

If **You** do not enroll for a change in **Your** insurance coverage option during any Re-Enrollment Period **You** will continue to be insured for the same coverage option during the next **Policy Year**, and may not change your insurance coverage unless **You** experience a **Family Status Change**.

Family Status Change

If **You** experience a **Family Status Change**, **You** may keep **Your** insurance coverage at the same level or increase or decrease **Your** coverage, subject to any **Evidence of Insurability** requirements.

You must apply for the change in coverage within 31 days of the date of the Family Status Change. Such changes in coverage must be due to or consistent with the reason for the Family Status Change. A change in coverage is consistent with a Family Status Change only if it is necessary or appropriate as the result of the Family Status Change.

Delayed Effective Date for Member Insurance Coverage

The **Coverage Effective Date** of any initial, increased, or additional insurance coverage will be delayed for an individual if he is not an **Active Member** because of **Injury** or **Sickness**. The initial, increased, or additional insurance coverage will become effective on the date the individual is an **Active Member**.

Delayed Effective Date for Spouse Insurance Coverage

If a **Spouse** is **Confined** in a **Hospital**, or is a resident of a skilled nursing facility or rehabilitation facility on the date any initial, increased, or additional insurance coverage is to take effect, such insurance coverage will take effect only when the **Confinement** or residency ends.

If a **Spouse** has applied for or is receiving disability benefits of any kind, insurance coverage will take effect when the disability has ended.

TERMINATION

Termination Date of Your Insurance Coverage

Your insurance coverage under the Policy will terminate on the earliest of the following dates:

1. The **Premium Due Date**, if premiums are not paid when due, subject to the Premiums provision;
2. The date the Policy terminates;
3. The end of the **Policy Year** in which **You** attain **Age 70**;
4. The date **You** reach **Your Total Policy Maximum**;
5. The date **You** cease to be a member of an Eligible Class as stated on the Policy Schedule;
6. The date **We** receive written instructions from **You** to discontinue **Your** insurance coverage under the Policy; or
7. The date **You** die.

Termination of insurance coverage will not affect a claim that was incurred while **Your** coverage was in force under the Policy.

Termination Date for Your Dependent

A **Covered Dependent's** insurance coverage under the Policy will terminate on the earliest of the following dates:

1. The date **Your** insurance coverage under the Policy ends;
2. The date the person ceases to qualify as a **Dependent** or for a **Spouse**, the end of the **Policy Year** in which the **Spouse** attains **Age 70**;
3. The **Premium Due Date**, if premiums are not paid when due (subject to the Premiums provision);
4. The date **You** are no longer eligible for **Dependent** insurance coverage;
5. The date **Dependent** insurance coverage is no longer provided by the Policy;
6. The date **We** receive written instructions from **You** to discontinue **Dependent** insurance coverage;
7. The date the Policy terminates;
8. The date the **Dependent** reaches his **Total Policy Maximum**; or
9. The date **Your Dependent** dies.

Termination of insurance coverage will not affect a claim that was incurred while **Your Dependent** insurance coverage was in force under the Policy.

BENEFITS AND COVERAGES

This section describes the benefits provided by the Policy. Benefit amounts, benefit periods, and any applicable aggregate and benefit-specific maximums are shown in the **Schedule of Benefits**. These Benefits and Coverages are subject to the terms, conditions, exclusions and limitations contained in the Policy and any specific terms, conditions, and limitations applicable to the specific Benefit or Coverage.

CRITICAL ILLNESS DIAGNOSIS AND CRITICAL ILLNESS PROCEDURE BENEFIT

If a **Covered Person** is **Diagnosed** with a **Critical Illness** or undergoes a **Critical Illness Procedure**, Liberty will pay the Critical Illness Diagnosis and Critical Illness Procedure Benefit Amount applicable to that specific **Critical Illness** or **Critical Illness Procedure** as shown in the **Schedule of Benefits**.

Benefits are subject to the Reduction Schedule as shown in the **Schedule of Benefits** and the benefit payment conditions listed below.

Payment of this benefit is subject to the following:

1. The **Diagnosis** of the **Critical Illness** must be made or confirmed in the United States, its territories, and possessions, and any **Critical Illness Procedure** must be performed in the United States, its territories, and possessions;
2. The **Diagnosis** of the **Critical Illness** must be made, or the need for the **Critical Illness Procedure** must be **Diagnosed** and that **Critical Illness Procedure** must be performed, while the **Covered Person's** insurance coverage is in force under the Policy;
3. The **Critical Illness**, or the need for and performance of the **Critical Illness Procedure**, first **Manifests** after the **Benefit Waiting Period** applicable to that specific **Critical Illness** or **Critical Illness Procedure**, if any, has been met;
4. **Diagnosis** of the **Critical Illness** is made, or the **Critical Illness Procedure** is performed, during the **Covered Person's** life;
5. If a **Critical Illness** and **Critical Illness Procedure Diagnosis** Benefit is payable to a **Covered Person**, additional **Critical Illness Diagnosis** and **Critical Illness Procedure** Benefits may be payable to the **Covered Person** if:
 - a. The subsequent **Critical Illness** or **Critical Illness Procedure** is not the same as the initial **Critical Illness** or **Critical Illness Procedure** shown in the **Schedule of Benefits**;
 - b. The subsequent **Critical Illness** or **Critical Illness Procedure** is medically separate from the initial **Critical Illness** or **Critical Illness Procedure** and has been **Diagnosed** or performed more than 180 days after the date of such prior **Diagnosis** or performance; and
 - c. The subsequent **Critical Illness** or **Critical Illness Procedure** is not related to, or otherwise a result of, the initial **Critical Illness** or **Critical Illness Procedure**;
6. If a **Covered Person** is **Diagnosed** with a **Critical Illness** or undergoes a **Critical Illness Procedure** for which a **Critical Illness Diagnosis** and **Critical Illness Procedure** is payable and, within 180 days is **Diagnosed** with a different **Critical Illness** or undergoes a different **Critical Illness Procedure**, the amount **We** will pay for the subsequent **Diagnosis** or **Critical Illness Procedure** will be reduced by the amount paid under this benefit for the initial **Critical Illness** or **Critical Illness Procedure**, which may result in no further benefit being paid; **and**
7. No more than the **Total Policy Maximum** will be paid for all **Critical Illness** and **Critical Illness Procedure** benefits under the Policy.

RECURRENCE BENEFIT

If We pay a **Critical Illness** and **Critical Illness Procedure Diagnosis** Benefit to a **Covered Person**, and the **Covered Person** is **Diagnosed** with a new and separate **Diagnosis** for the same **Critical Illness** or must undergo the same **Critical Illness Procedure** for a new and separate condition, **We** will pay a Recurrence Benefit, subject to:

1. The date of the subsequent **Diagnosis** is at least 365 days after the original **Diagnosis** of the initial **Critical Illness** or performance of the **Critical Illness Procedure**;
2. The **Covered Person** is fully recovered from the original **Critical Illness** or **Critical Illness Procedure**;
3. The recurrence **Diagnosis** of the **Critical Illness** is made or confirmed in the United States its territories and possessions or the **Critical Illness Procedure** is performed in the United States its territories, and possessions;
4. The recurrence **Diagnosis** of the **Critical Illness** is made, or the need for the **Critical Illness Procedure** first **Manifests** and is performed, while the **Covered Person's** insurance coverage is in force under the Policy;
5. The **Covered Person** must be treatment-free with no evidence of that **Full Benefit Cancer** or **Partial Benefit Cancer**, whichever may apply, found by the treating oncologist for a period of at least 180 days prior to the subsequent **Diagnosis**. For the purposes of this insurance coverage, "treatment-free" means that all primary cancer treatment (including chemo and radiation therapy) has been completed. Routine follow-up examinations and maintenance medications are not considered treatment. The **Diagnosis** of a separate, unrelated **Full Benefit Cancer** or **Partial Benefit Cancer** is not subject to this additional requirement.;
6. The recurrence **Diagnosis** of the **Critical Illness** is made while the **Covered Person** is alive; and
7. No more than the **Total Policy Maximum** will be paid for all **Critical Illness** and **Critical Illness Procedure** benefits under the Policy.

ADDITIONAL BENEFITS

HEALTH SCREENING BENEFIT

If a **Covered Person** undergoes a preventive test upon the advice of a **Physician**, **We** will pay the Health Screening Benefit Amount for each day screenings are performed as shown in the **Schedule of Benefits** subject to the following:

1. The **Covered Person's** insurance coverage must be in effect for the period of time shown in the **Schedule of Benefits** before any Health Screening Benefit is payable;
2. The maximum number of days for which **We** will pay a Health Screening Benefit is the Health Screening Benefit Maximum listed in the **Schedule of Benefits**; The Health Screening Benefit is payable independent of all other benefit payments and does not apply to the **Total Policy Maximum**, if any, shown in the **Schedule of Benefits**; and
3. Preventive services covered under the Health Screening Benefit are limited to those listed below:

Biopsies for cancer	Doppler screening for cancer	Pap smear or thin prep pap test
Blood test to determine total cholesterol	Doppler screening for peripheral vascular disease	Prostate-specific antigen test (PSA)
Blood test for triglycerides	Echocardiogram	Serum protein electrophoresis (blood test for myeloma)
Bone marrow testing	Electrocardiogram (EKG)	Skin cancer biopsy
Breast MRI	Endoscopy	Skin cancer screening
Breast ultrasound	Fasting blood glucose test	Skin exam
Breast sonogram	Fasting plasma glucose test	Stress test on bicycle or treadmill
Cancer antigen 15-3 blood test for breast cancer (CA 15-3)	Flexible sigmoidoscopy	Tests for sexually transmitted infections (STIs)
Cancer antigen 125 blood test for ovarian cancer (CA 125)	Hemoccult stool analysis	Thermography
Carcinoembryonic antigen blood test for colon cancer (CEA)	Mammography	Two-hour post-load plasma glucose test
Carotid Doppler	Hemoglobin A1C	Ultrasounds for cancer detection
Chest x-ray	Human papillomavirus (HPV) vaccination	Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
Clinical testicular exam	Lipid panel	Virtual colonoscopy
Colonoscopy	Digital rectal exam (DRE)	Oral cancer screening

LIMITATION

PRE-EXISTING CONDITION LIMITATION

Pre-Existing Condition means:

1. The existence of a condition or symptom that would cause a reasonable person to seek medical advice, care, or treatment within the 6 month period before the **Covered Person's Coverage Effective Date**; or
2. A condition or symptom for which medical advice, care, or treatment was recommended by or received from a **Physician** within the 6 month period before the **Covered Person's Coverage Effective Date**, regardless of whether such advice, care, or treatment was followed by the **Covered Person**.

We will not pay benefits for Critical Illnesses or Critical Illness Procedures that are caused by, contributed to, or resulting from a Pre-Existing Condition unless the Diagnosis of the Critical Illness or the performance of such Critical Illness Procedure occurs more than 12 months after the Covered Person's Coverage Effective Date.

EXCLUSIONS

In addition to any benefit-specific exclusions, **We** will not pay **Critical Illness** or **Critical Illness Procedure** benefits for any loss which directly or indirectly, in whole or in part, is caused by, contributed to, or results from any of the following:

1. The **Covered Person's** intentionally self-inflicted injury, suicide, intentional restriction of oxygen to the brain or any attempt thereof while sane or insane;
2. The **Covered Person's** intoxication, or voluntary ingestion, including inhalation, snorting, inserting, or otherwise consuming any narcotic or drug including an "over the counter" drug unless prescribed or taken under the direction of a **Physician** and taken in accordance with the prescribed usage and dosage;
3. The **Covered Person's** voluntary ingestion, including inhalation, snorting, inserting, or otherwise consuming of poison, gas, or fumes;
4. The **Covered Person's** commission of, or attempt to commit, a felony, or engagement in an illegal occupation;
5. The **Covered Person's** commission of or active participation in a riot or insurrection;
6. Declared or undeclared war or act of war or any act of declared or undeclared war; or
7. Services or treatment rendered by any person who is:
 - a. the **Covered Person**;
 - b. a **Member** of the **Same Household**;
 - c. an **Immediate Family Member** of the **Covered Person**; or
 - d. a **Business Associate** of the **Covered Person**.

CLAIM PROVISIONS

Notice of Claim

Notice of claim must be given to **Us** within 30 days following the **Diagnosis** or the occurrence or start of an event covered under the Policy. If that is not possible, **We** must be notified as soon as it is reasonably possible to do so. Such notice of claim must be received in a form or format satisfactory to **Us**, including such identifying information that **We** may request. Any notices that may be required to be provided under this subsection may be provided in electronic or paper form.

When applicable, within 15 days of receiving a notice of claim, **We** will send **You** the claim forms. If **You** do not receive the forms within 15 days after notice of claim is provided, **You** may begin to submit written Proof of Loss without waiting for the claim forms.

Proof of Loss

Proof of Loss means the documentation that supports a claim. This information is often found in standardized medical documents and typically includes medical records and a statement by a treating physician.

Satisfactory Proof of Loss must be given to **Us** within 90 days of the date of the **Diagnosis** or the occurrence or start of an event covered under the Policy.

Failure to give Proof of Loss within such time shall not invalidate or reduce any claim if it was not reasonably possible to do so. **We** will not accept Proof of Loss any later than one year from the time proof is otherwise required or the occurrence or start of an event covered under the Policy, except in the absence of **Your** legal capacity.

In addition, **We** may require authorizations to obtain medical and psychiatric information as well as non-medical information.

Physical Examination and Autopsy

We may have a **Covered Person** examined as often as reasonably necessary while a claim is pending. In the case of death, **We** may also require an autopsy, unless prohibited by law. **We** will cover all costs for physical examinations or autopsy if required by **Us**.

Time of Payment of Claims

Benefits payable under the Policy will be paid after **We** receive due Proof of Loss satisfactory to **Us** and a completed claim form. **We** shall have the authority to make all determinations regarding claims for benefits under the Policy, which shall include, but not be limited to, decisions of eligibility for insurance coverage or benefits, the amount of any benefits due, and the interpretation of the terms of the Policy.

We will pay or deny claims immediately upon receipt of all information **We** require to properly adjudicate the claim.

Payment of Claim

Benefits will be paid to **You**, or **Your** legally appointed guardian if **You** are not legally able to accept such benefits. Benefits will be paid to **Your** estate, in the event any payment is owed at the time of **Your** death. **We** will be discharged to the extent of any such payment made in good faith.

Legal Action

The **Member** or Claimant cannot take legal action against **Us** for benefits under the Policy:

1. Within 60 days after he has sent **Us** written **Proof of Loss**, or
2. More than three years from the time written proof is required to be given.

Economic Sanctions

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit the Company from providing insurance, including, but not limited to, the payment of claims.

Recovery of Overpayment

If benefits are overpaid, **We** have the right to recover the amount overpaid within 18 months from the date the claim was paid by either of the following methods:

1. A request for lump sum payment of the overpaid amount; or
2. A reduction of any amounts payable under the Policy.

If there is an overpayment due when **You** die, **We** may recover the overpayment from **Your** estate.

GENERAL PROVISIONS

Assignment

The rights and benefits under the Policy are not assignable, except as required by law or as permitted by Liberty. This insurance coverage may not be levied on, attached, garnished, or otherwise taken for a person's debts unless contrary to law.

Clerical Error

A **Covered Person's** insurance coverage will not be affected by error or delay in keeping records of insurance under the Policy.

Entire Contract

Your insurance coverage is provided under the terms of a Group **Critical Illness** Indemnity Insurance Policy. This Certificate, the Policy, **Your** application, enrollment form, **Evidence of Insurability**, or other forms signed by **You**, the **Policyholder's** application, and any endorsements to or amendments of the Policy constitute the entire contract.

Examination of the Policy

The Policy will be available for inspection at the **Policyholder's** office during regular business hours.

Incontestability

Subject to the Policy's Incontestability provision, after a **Covered Person** has been insured under the Policy for two years from the **Coverage Effective Date**, no statement made by the **Covered Person**, except a fraudulent one, will be used to contest a claim incurred under the Policy after the two-year period. Liberty may only contest insurance coverage if the misstatement is made in a written instrument signed by the **Covered Person** and a copy is given to the **Covered Person**.

Misstatement of Fact or Age

If the **Policyholder** or **Certificateholder** has misstated any fact, all amounts payable under the Policy will be determined as if such fact had been correctly stated, to the extent that the appropriate premium was paid.