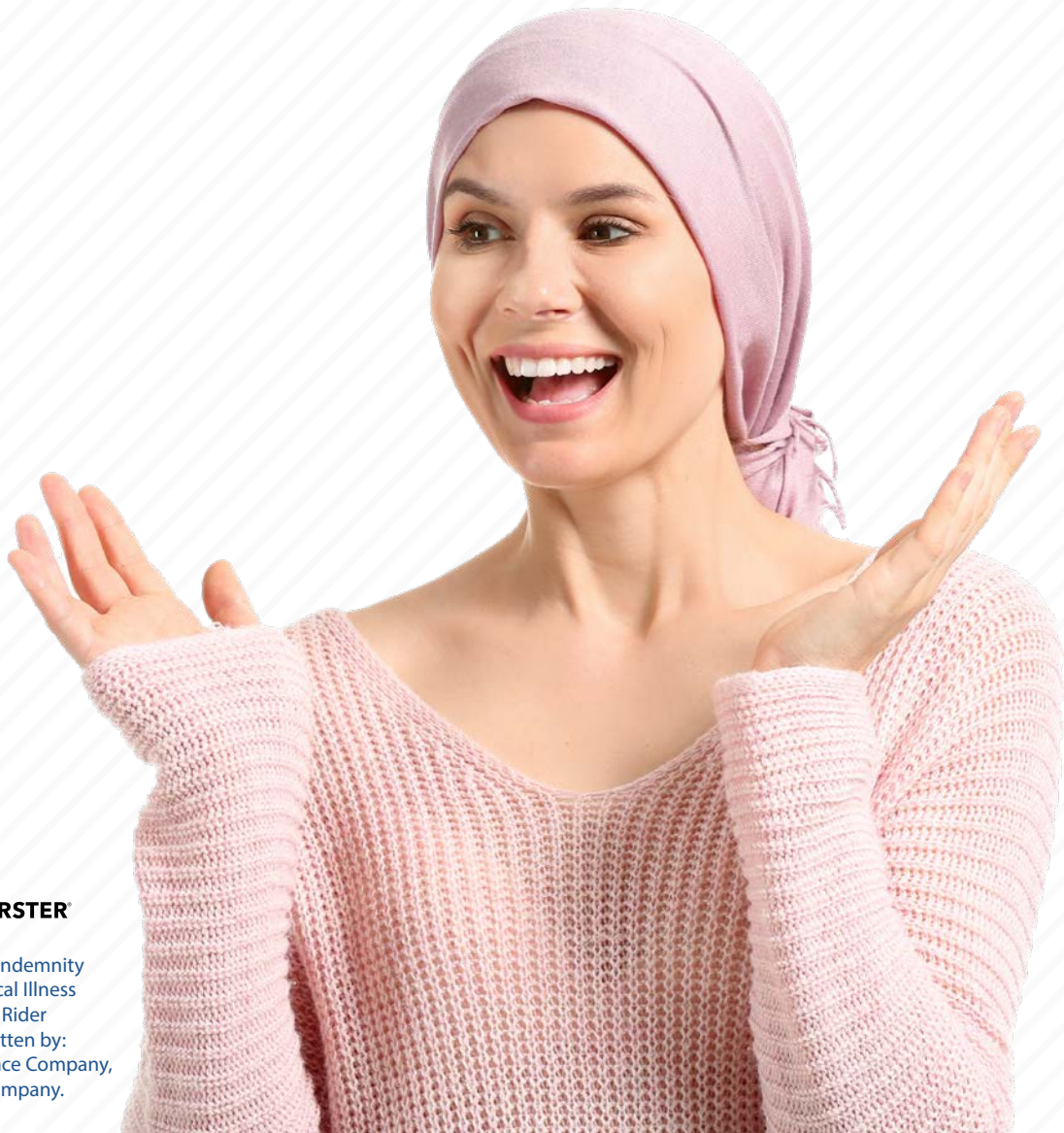


CRITICAL ILLNESS INSURANCE BENEFIT RIDER FOR YOUR **SUPPLEMENTAL INSURANCE NEEDS**

AGENT VERSION

not for consumer use



Group Hospital Fixed Indemnity
Invasive Cancer, Critical Illness
Insurance Benefit Rider

Insurance underwritten by:
United States Fire Insurance Company,
a Crum & Forster Company.

Billing, Fulfillment and
Customer Service
administered by the
Third-Party Administrator
H A Partners, Inc. and
HealthyAmerica
409 W Vickery Blvd
Ft Worth, TX 76104
866-438-4274

GROUP HOSPITAL FIXED INDEMNITY INSURANCE
Critical Illness Insurance Benefit Rider



AGENT GUIDE

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AGENT GUIDE

This guide is not for consumer use. This is an in-depth agent guide to get you familiar with the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider underwritten by United States Fire Insurance Company to the United Business Association. In this guide you will find:



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AGENT-SPECIFIC REQUIREMENTS

The following need to be included and compliance practices followed when conducting a sales presentation to market the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider issued by United States Fire Insurance Company.

SALES PROCESS

When enrolling a new member, make sure to read all the information on the enrollment application to the potential member.

This includes:

- Any Acknowledgments
- Disclosures
- Fraud Notices
- Limitations & Exclusions

The applicant must also be told during the enrollment process that they are joining the United Business Association along with the cost of the \$10 membership dues that are separate from any Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider premiums and membership plan costs.

The application needs to be reviewed, e-signed and accepted by the applicant. This includes any state specific information, disclosures, and forms, required for that member's state.

OTHER IMPORTANT COMPLIANCE GUIDELINES

- No-Auto Dialers for lead generation.
- Only sell in states you are licensed and appointed with the carrier.
- Keep a recording of the sale (if sale is conducted by phone) from start to finish of the sale. (We will conduct random audits every year of sales recording calls.)
- Give an accurate and true representation of the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider provided in the plan (including state variations).
- Give the member a copy of the state-specific Certificate Rider **BEFORE** you enroll the potential member so that they can review the group insurance coverage along with all the exclusions, limitations, terms, provisions and conditions.
- Abide by all state and federal laws and regulations with regards to any insurance marketed
- Make sure to explain the cost breakdown to member (Association Dues vs premium) don't lump entire cost or plans together (including additional plans you are selling outside of the UBA plans. Make sure it is clear to the member what they are actually buying and how the cost breaks down for each plan they are purchasing at the same time.) When selling multiple insurance plans, make sure to discuss each type of insurance (i.e. Group Accident, Group Hospital Fixed Indemnity, Critical Illness, Term life, etc. Discuss as separate insurance coverage even though they may be part of the same plan. Make sure to distinguish the coverage separately so that the member understands all of the insurance in their selected plan.)
- Do use the member's correct email address on the enrollment application. This is incredibly important because the email address allows the member to properly review the app, verify, read all state-specific disclaimers, e-sign the enrollment application, receive acceptance email along with link to the member portal which will include the member's ID Card, Certificate and any State Endorsements or Amendatory Riders along with any required State documents, copy of completed and signed application and forms and finally, the United Business Association Member Guide.
- Be certain to enter accurate information which is key to issuance such as a member's residing state, date of birth, the correct address for fulfillment materials, email address for e-signing and member portal access. You are only allowed to sell this group insurance if you are appointed with the carrier. Do not use another person's agent code to complete the app due to non-appointment or not being licensed in a state.

ELIGIBILITY

Looking for coverage for the member or member & spouse? Find out the eligibility requirements for enrollment in the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider underwritten by United States Fire Insurance Company.

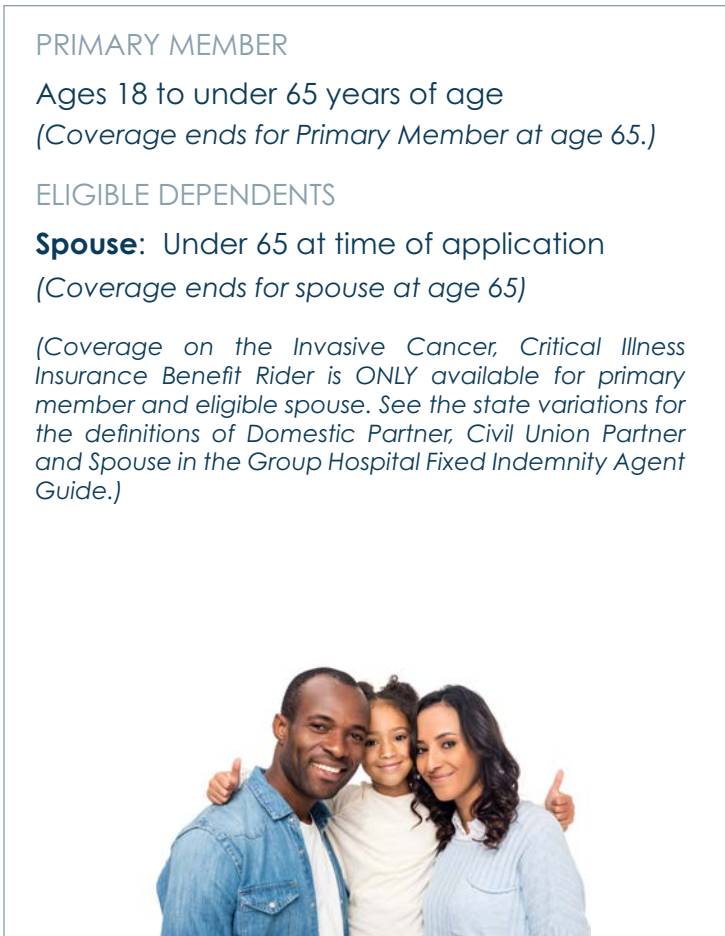
PRIMARY MEMBER

Ages 18 to under 65 years of age
(Coverage ends for Primary Member at age 65.)

ELIGIBLE DEPENDENTS

Spouse: Under 65 at time of application
(Coverage ends for spouse at age 65)

(Coverage on the Invasive Cancer, Critical Illness Insurance Benefit Rider is ONLY available for primary member and eligible spouse. See the state variations for the definitions of Domestic Partner, Civil Union Partner and Spouse in the Group Hospital Fixed Indemnity Agent Guide.)



Currently GAP+ is the only plan that is available for enrollment (as of 6/1/23). All other classes are for explaining coverage to current members already on the membership plans listed in the Schedule of Benefits. While all states or plans might be referenced, new sales may not be available in all states or plans. Specifically, **NM, PA & VT are ONLY referenced in this Agent Guide for explaining coverage to current member and NOT for new sales.**

This is a very brief description of the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Rider, the Rider will govern.

SCHEDULE OF BENEFITS¹

For Plans & States that includes the Group Hospital Fixed Indemnity Invasive Cancer, Critical Illness Insurance Benefit Rider underwritten by United States Fire Insurance Company

MAXIMUM BENEFIT AMOUNT

INVASIVE CANCER

HEART ATTACK (Myocardial Infarction)

STROKE

<p>GAP PLUS LEGACY GAP PLUS GAP & GAP+</p> <p>See Pages 6 & 7 for State Variations: for AL, IL, IN, MS, TN & VA</p>	<p>\$5,000.00 (after 1st yr from E-date)</p> <p>Benefit Reduction: \$500 .00 (within 1st yr from E-date)</p> <p>In Alabama: Days 1-60 \$500.00 Days 61+ \$5,000</p> <p>In Tennessee: Days 1-30 \$0.00 Days 31-90 \$500.00 Days 91-180 \$1,250.00 Days 181+ \$5,000.00</p>	<p>100% of the Maximum Benefit Amount</p>	<p>100% of the Maximum Benefit Amount</p>	<p>100% of the Maximum Benefit Amount</p>
<p>GAP PLUS 7350</p> <p>See Pages 6 & 7 for State Variations: for AL, IL, IN, MS, TN & VA</p>	<p>\$7,350.00 (after 1st yr from E-date)</p> <p>Benefit Reduction: \$735.00 (within 1st yr from E-date)</p> <p>In Alabama: Days 1-60 \$735.00 Days 61+ \$7,350.00</p> <p>In Tennessee: Days 1-30 \$0.00 Days 31-90 \$735.00 Days 91-180 \$1,837.50 Days 181+ \$7,350.00</p>	<p>100% of the Maximum Benefit Amount</p>	<p>100% of the Maximum Benefit Amount</p>	<p>100% of the Maximum Benefit Amount</p>
<p>GAP CI 10K</p> <p>See Pages 6 & 7 for State Variations: for AL, IL, IN, MS, TN & VA</p>	<p>\$10,000.00 (after 1st yr from E-date)</p> <p>Benefit Reduction: \$1000 .00 (within 1st yr from E-date)</p> <p>In Alabama: Days 1-60 \$1,000.00 Days 61+ \$10,000.00</p> <p>In Tennessee: Days 1-30 \$0.00 Days 31-90 \$1,000.00 Days 91-180 \$2,500.00 Days 181+ \$10,000.00</p>	<p>100% of the Maximum Benefit Amount</p>	<p>100% of the Maximum Benefit Amount</p>	<p>100% of the Maximum Benefit Amount</p>
<p>GAP CI 25K GAP MAX GAP MAX+ SUPER GAP SUPER GAP PLUS SUPER GAP+</p> <p>See Pages 6 & 7 for State Variations: for AL, IL, IN, MS, TN & VA</p>	<p>\$25,000.00 (after 1st yr from E-date)</p> <p>Benefit Reduction: \$2500 .00 (within 1st yr from E-date)</p> <p>In Alabama: Days 1-60 \$2,500.00 Days 61+ \$25,000.00</p> <p>In Tennessee: Days 1-30 \$0.00 Days 31-90 \$2,500.00 Days 91-180 \$6,250.00 Days 181+ \$25,000.00</p>	<p>100% of the Maximum Benefit Amount</p>	<p>100% of the Maximum Benefit Amount</p>	<p>100% of the Maximum Benefit Amount</p>

Only these states include the Invasive Cancer, Critical Illness Insurance Benefit Rider of the Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company:

AL, AR, AZ*, DC, DE, FL, GA, IL, IN, IA, KY, LA, MI, MS, NE, NM, NC, ND, OH, OK, PA, RI, SC, TN, TX*, VA, VT, WV, WI, & WY

*In AZ and Texas: only these plans included the CI Rider by US Fire: GAP PLUS, GAP, GAP+, GAP MAX+, & SUPER GAP+. For these 2 states, all other plans have a different CI carrier, Windsor Life Insurance Company.

(Note: **NM, PA and VT** are only referenced for explaining coverage to current members and not for new sales.)

¹This is a very brief description of the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider and Covered Expenses underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Rider, the Rider will govern.

BENEFITS PAID IN THE SCHEDULE OF BENEFITS

Below is a description of what will be paid based on the Schedule of Benefits (**see page 5**) in the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider underwritten by United States Fire Insurance Company. Note: Not all benefits are available for each state or each plan. (**Any reference to NM, PA or VT are for current member explanation ONLY and not for new sales.**)

We will pay the benefit shown in the Schedule of Benefits:

1. if the Covered Person is diagnosed for the first time by a Physician as having a Covered Condition and the diagnosis is made while the Coverage is in force; and
2. if the Covered Condition is not a Pre-Existing Condition; and
3. if the Covered Condition is first diagnosed after the Covered Person's Effective Date; and
4. if none of the exclusions or limitations described in the Coverage or Policy apply; and
5. if the Covered Person signs up for coverage prior to Age 65; and
6. if the Covered Person is less than Age 70.

The benefit amount will be reduced as described below:

1. if the Covered Condition is first diagnosed within 365 days from the Covered Person's Effective Date, the benefit amount is reduced (see Schedule of Benefits for reduction amount based on plan).
2. when the Covered Person reaches **Age 65 the benefit amount will be reduced by 100%**.

ALABAMA STATE VARIATION

We will pay the benefit shown in the Schedule of Benefits:

1. if the Covered Person is diagnosed by a Physician as having a Covered Condition and the diagnosis is made while the Coverage is in force; and
2. if the Covered Condition is not a Pre-Existing Condition; and
3. if the Covered Condition is diagnosed after the Covered Person's Rider Effective Date; and
4. if none of the exclusions or limitations described in the Coverage or Policy apply; and
5. if the Covered Person signs up for coverage prior to Age 65; and
6. if the Covered Person is less than Age 70.

The benefit amount will be reduced as described below:

1. If the Covered Condition is first diagnosed **within 60 days from the Covered Person's Rider Effective Date**, the benefit amount is reduced (see Schedule of Benefits for reduction amount based on plan).
2. when the Covered Person reaches **Age 65 the benefit amount will be reduced by 100%**.

ILLINOIS & MISSISSIPPI STATE VARIATION

We will pay the benefit shown in the Schedule of Benefits:

1. if the Covered Person is diagnosed by a Physician as having a Covered Condition and the diagnosis is made while the Coverage is in force; and
2. if the Covered Condition is not a Pre-Existing Condition; and
3. if the Covered Condition is diagnosed after the Covered Person's Rider Effective Date; and
4. if none of the exclusions or limitations described in the Coverage or Policy apply; and
5. if the Covered Person signs up for coverage prior to Age 65; and
6. if the Covered Person is less than Age 70.

The benefit amount will be reduced as described below:

1. if the Covered Condition is first diagnosed within 365 days from the Covered Person's Effective Date, the benefit amount is reduced (see schedule above for reduction amount based on plan)
2. when the Covered Person reaches **Age 65 the benefit amount will be reduced by 100%**.

This is a very brief description of the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Rider, the Rider will govern.

INDIANA & VIRGINIA STATE VARIATION

We will pay the benefit shown in the Schedule of Benefits:

1. if the Covered Person is diagnosed for the first time by a Physician as having a Covered Condition and the diagnosis is made while the Coverage is in force; and
2. if the Covered Condition is not a Pre-Existing Condition; and if the Covered Condition is a Pre-Existing Condition, benefits will be payable only upon the earlier to occur of the following:
 - (i) At the end of three hundred sixty-five (365) days, beginning on or after the Covered Person's Rider Effective Date, provided the Covered Person did not receive medical advice or treatment in connection with the disease or physical condition; or
 - (ii) At the end of a continuous two (2) year period following the Covered Person's Rider Effective Date.
3. if the Covered Condition is first diagnosed after the Covered Person's Rider Effective Date; and
4. if none of the exclusions or limitations described in the Coverage or Policy apply; and
5. if the Covered Person signs up for coverage prior to Age 65; and
6. if the Covered Person is less than Age 70.

The benefit amount will be reduced as described below:

1. if the Covered Condition is first diagnosed within 365 days from the Covered Person's Effective Date, the benefit amount is reduced (see schedule above for reduction amount based on plan)
2. when the Covered Person reaches **Age 65 the benefit amount will be reduced by 100%**.

TENNESSEE STATE VARIATION

We will pay the benefit shown in the Schedule of Benefits:

1. if the Covered Person is diagnosed for the first time by a Physician as having a Covered Condition and the diagnosis is made while the Coverage is in force; and
2. if the Covered Condition is not a Pre-Existing Condition; and if the Covered Condition is a Pre-Existing Condition, benefits will be payable only upon the earlier to occur of the following:
 - (i) At the end of three hundred sixty-five (365) days, beginning on or after the Covered Person's Rider Effective Date, provided the Covered Person did not receive medical advice or treatment in connection with the disease or physical condition; or
 - (ii) At the end of a continuous two (2) year period following the Covered Person's Rider Effective Date.
3. if the Covered Condition is first diagnosed after the Covered Person's Rider Effective Date; and
4. if none of the exclusions or limitations described in the Coverage or Policy apply; and
5. if the Covered Person signs up for coverage prior to Age 65; and
6. if the Covered Person is less than Age 70.

The benefit amount will be reduced as described below:

1. a. if the Covered Condition is first diagnosed **within 30 days from the Covered Person's Rider Effective Date, a waiting period applies and no benefits are payable.**
 - b. if the Covered Condition is first diagnosed **within 31-90 days from the Covered Person's Rider Effective Date, We will pay 10% of the maximum total benefit amount** listed in the Schedule of Benefits (depending on plan).
 - c. if the Covered Condition is first diagnosed **within 91-180 days from the Covered Person's Rider Effective Date, We will pay 25% of the maximum total benefit amount** listed in the Schedule of Benefits (depending on plan).
 - d. **after 180 days, We will pay the total maximum benefit amount listed in the Schedule of Benefits** (depending on plan).
2. when the Covered Person reaches **Age 65, the benefit amount will be reduced by 100%**.

¹This is a very brief description of the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider and Covered Expenses underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Rider, the Rider will govern.

COVERED CRITICAL ILLNESSES

The following conditions are payable under the Group Hospital Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit rider underwritten by United States Fire Insurance Company.. If a condition is not shown below, no benefits will be paid for that illness. Below descriptions are based on the TX Certificate of Insurance. Any state variation in the language of the descriptions will be shown along with a linking page number for you to view the variation. Note: Not all benefits are available for each state or each plan. **(Any reference to NM, PA, or VT are for current member explanation ONLY and not for new sales.)**

Covered Critical Illnesses ¹	DESCRIPTION OF COVERED CRITICAL ILLNESS ¹
Invasive Cancer	<p>Invasive Cancer</p> <p>Includes only those types of cancer manifested by the presence of a malignant tumor, characterized by the uncontrolled growth and spread of malignant cells that invade tissue, blood or the lymphatic system. As used herein, Leukemia and Hodgkin's Disease (except Stage I Hodgkin's Disease) shall be considered Invasive Cancer.</p> <p>This does <u>not</u> include:</p> <ol style="list-style-type: none"> 1. Skin cancer or melanoma that is not invasive; 2. All tumors of prostate unless the Gleason score is greater than 6 or having progressed to at least clinical TNM classification T2 N0 M0; 3. Cancer in situ; 4. Carcinoid of the appendix; 5. Stage 0 transitional carcinoma of the urinary bladder; or 6. Any other pre-malignant lesions, benign tumors, or polyps. <p>Invasive Cancer must be diagnosed by a Physician certified to practice pathological anatomy or osteopathic pathology and must be based on microscopic examination of fixed tissues or preparations from the hemic system. Such diagnosis shall be based solely on the accepted criteria of malignancy, after a study of the histocytologic architecture or pattern of the suspected tumor, tissue, and/or specimen. Clinical Diagnosis of Invasive Cancer will be accepted as evidence that Invasive Cancer exists when a Pathological Diagnosis cannot be made, provided the medical evidence substantially documents the Clinical Diagnosis of Invasive Cancer and the Covered Person receives treatment for Invasive Cancer.</p> <p>District of Columbia has a variation based on the DC Certificate Rider. See page 11 for variation of definition. Virginia has a variation based on the VA Certificate Rider. See page 11 for variation of definition.</p>

¹This is a very brief description of the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Rider, the Rider will govern.

COVERED CRITICAL ILLNESSES

The following conditions are payable under the Group Hospital Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit rider underwritten by United States Fire Insurance Company.. If a condition is not shown below, no benefits will be paid for that illness. Below descriptions are based on the TX Certificate of Insurance. Any state variation in the language of the descriptions will be shown along with a linking page number for you to view the variation. Note: Not all benefits are available for each state or each plan. **(Any reference to NM, PA, or VT are for current member explanation ONLY and not for new sales.)**

Covered Critical Illnesses ¹	DESCRIPTION OF COVERED CRITICAL ILLNESS ¹
<p>Heart Attack (Myocardial Infarction)</p>	<p>Heart Attack (Myocardial Infarction)</p> <p>Means an acute myocardial infarction resulting in the death of a portion of the heart muscle (myocardium) due to a blockage of one or more of the coronary arteries and resulting in the loss of normal function of the heart. The Diagnosis of the heart attack must be made by a Physician board certified in Cardiology and based on both of.</p> <ol style="list-style-type: none"> 1. New clinical presentation and/or electrocardiographic changes consistent with an evolving heart attack; and 2. Serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a diagnosis of heart attack. <p>Established (old) Myocardial Infarction is excluded.</p>
<p>Stroke</p>	<p>Stroke</p> <p>Means an acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least thirty (30) days. This definition of Stroke shall specifically exclude transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits. The diagnosis of a Stroke must be made by a Physician board-certified in Neurology.</p>

¹This is a very brief description of the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider and Covered Expenses underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Rider, the Rider will govern.

STATE VARIATIONS AND ADDITIONS

COVERED CRITICAL ILLNESSES STATE VARIATIONS

In this section of the agent guide (page 11), all of the state variations that are different from the covered critical illnesses listed between pages 8-9 are detailed. The descriptions are done alphabetically. You will find all variations or additions for that state within each state section. Some states may carry over to multiple pages depending on the amount of variations or additions.

Make sure that BEFORE you discuss the right coverage, terms, definitions, limitations and exclusions with a client that you are reviewing the state-specific version so that you are giving the member the correct information for their home state.

QUICK STATE PAGES REFERENCE

DISTRICT OF COLUMBIA PG 11

VIRGINIA PG 11



Covered Critical Illnesses ¹	DESCRIPTION OF COVERED CRITICAL ILLNESS ¹
DISTRICT OF COLUMBIA	
Invasive Cancer	<p>Invasive Cancer</p> <p>Includes only those types of cancer manifested by the presence of a malignant tumor, characterized by the uncontrolled growth and spread of malignant cells that invade tissue, blood or the lymphatic system. As used herein, Leukemia and Hodgkin's Disease (except Stage I Hodgkin's Disease) shall be considered Invasive Cancer.</p> <p>This does <u>not</u> include:</p> <ol style="list-style-type: none"> 1. Skin cancer or melanoma that is not invasive 2. All tumors of prostate unless the Gleason score is greater than 6 or having progressed to at least 3. Cancer in situ; 4. Carcinoid of the appendix; 5. Stage 0 transitional carcinoma of the urinary bladder; or 6. Any other pre-malignant lesions, benign tumors, or polyps. <p>Invasive Cancer must be diagnosed by a Physician certified to practice pathological anatomy or osteopathic pathology and must be based on microscopic examination of fixed tissues or preparations from the hemic system. Such diagnosis shall be based solely on the accepted criteria of malignancy, after a study of the histocytologic architecture or pattern of the suspected tumor, tissue, and/or specimen. Clinical Diagnosis of Invasive Cancer will be accepted as evidence that Invasive Cancer exists when a Pathological Diagnosis cannot be made, provided the medical evidence substantially documents the Clinical Diagnosis of Invasive Cancer and the Covered Person receives treatment for Invasive Cancer.</p>
VIRGINIA	
Invasive Cancer	<p>Invasive Cancer</p> <p>Includes only those types of cancer manifested by the presence of a malignant tumor, characterized by the uncontrolled growth and spread of malignant cells that invade tissue, blood or the lymphatic system. As used herein, Leukemia and Hodgkin's Disease (except Stage I Hodgkin's Disease) shall be considered Invasive Cancer.</p> <p>This does not include:</p> <ol style="list-style-type: none"> 1. Skin cancer or melanoma that is not invasive [and less than [1-5.1] mm Breslow Thickness;] 2. All tumors of prostate unless the Gleason score is greater than 6 or having progressed to at least clinical TNM classification T2 N0 M0; 3. Cancer in situ; 4. Carcinoid of the appendix; 5. Stage 0 transitional carcinoma of the urinary bladder; or 6. Any other pre-malignant lesions, benign tumors, or polyps. <p>Invasive Cancer must be diagnosed by a Physician certified to practice pathological anatomy or osteopathic pathology and must be based on microscopic examination of fixed tissues or preparations from the hemic system. Such diagnosis shall be based solely on the accepted criteria of malignancy, after a study of the histocytologic architecture or pattern of the suspected tumor, tissue, and/or specimen. Clinical Diagnosis of Invasive Cancer will be accepted as evidence that Invasive Cancer exists when a Pathological Diagnosis cannot be made, provided the medical evidence substantially documents the Clinical Diagnosis of Invasive Cancer and the Covered Person receives treatment for</p>

¹This is a very brief description of the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider and Covered Expenses underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Rider, the Rider will govern.

The definitions below are for all Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider states underwritten by United State Fire Insurance Company to United Business Association (**based on the TX Certificate of Insurance Rider**). Some states may have variations or added definitions. Those variations and added definitions will be located on page 14. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state. **(Any reference to NM, PA or VT are for current member explanation ONLY and not for new sales.)**

DEFINITION TERM ¹	DEFINITION MEANING ¹
INVASIVE CANCER, CRITICAL ILLNESS INSURANCE BENEFIT RIDER	
Clinical Diagnosis	Clinical Diagnosis means a clinical identification of Invasive Cancer or In-Situ Cancer based on history, laboratory study and symptoms.
Covered Condition	Covered Condition means any of the coverages listed under the Schedule of Benefits for this Rider.
Diagnosis	<p>Diagnosis means the definitive establishment, acceptable to us, of the condition listed in this benefit rider through the use of clinical and/or laboratory findings and subject to the terms and conditions of the coverage. The Diagnosis must be made by a Physician who is a board-certified specialist where required under the terms of the coverage.</p> <p>We reserve the right to request a Physician of our choice to review any Invasive Cancer, Critical Illness diagnosis in the event of a dispute or disagreement regarding the appropriateness or correctness of such diagnosis. We reserve the right to require the Covered Person to submit to an examination to confirm a disputed diagnosis. We also reserve the right to request that an independent and acknowledged expert in the applicable field of medicine review the evidence used in making any disputed diagnosis. We will pay for any such requested examination or review.</p>
Pathological Diagnosis	Pathological Diagnosis means an identification of cancer based on a microscopic study of fixed tissue or preparations from the hemi(blood) system.
Pre-existing Condition	<p>Pre-existing Condition(s) means a condition for which medical advice, Diagnosis, care or treatment was recommended or received within the 12 month period before the Covered Person's Rider Effective Date. A Pre- Existing Condition is excluded from coverage for period of 12 months following the Covered Person's Rider Effective Date. If the Covered Person is Diagnosed with a condition listed in this rider that is determined to be a Pre-Existing Condition, no benefit amount is payable for that listed condition. We may have the Covered Person examined by a Physician of Our choosing at Our expense.</p> <p>Illinois has a variation based on the IL Certificate Rider. See page 14 for variation of definition.</p> <p>North Carolina has a variation based on the NC Certificate Rider. See page 14 for variation of definition.</p> <p>Virginia has a variation based on the VA Certificate Rider. See page 14 for variation of definition.</p>

The following states have **additional definitions**. See below for state-specific Additional Definition and Page Numbers:

- Waiting Period PG 14 (DISTRICT OF COLUMBIA)
- Late Enrollee PG 14 (ILLINOIS)

¹This is a very brief description of the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider issued by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

STATE VARIATIONS AND ADDITIONS

DEFINITION STATE VARIATIONS

In this section of the agent guide (page 14), all of the state variations that are different from the definitions listed on page 12 are detailed. The descriptions are done alphabetically. You will find all variations or additions for that state within each state section. Some states may carry over to multiple pages depending on the amount of variations or additions.

Make sure that BEFORE you discuss the right coverage, terms, definitions, limitations and exclusions with a client that you are reviewing the state-specific version so that you are giving the member the correct information for their home state.

QUICK STATE PAGES REFERENCE

DISTRICT OF COLUMBIA	PG 14
ILLINOIS	PG 14
NORTH CAROLINA	PG 14
VIRGINIA	PG 14



¹This is a very brief description of the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider and Covered Expenses issued by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

DEFINITION TERM ¹	DEFINITION MEANING ¹
DISTRICT OF COLUMBIA (DC)	
Waiting Period	<p>Waiting Period means the continuous period of time beginning on the later of the Covered Person's Rider Effective Date or the reinstatement date, and ending 0 days from the Covered Person's Rider Effective Date. The Covered Person must be covered continuously under this benefit rider before the benefit amount may be payable and the condition must first occur after the Waiting Period. If the Covered Person's condition first occurs during the Waiting Period, no benefits will be payable, the benefit will terminate, and We will refund to the Covered Person all premiums paid for this benefit without interest.</p> <p>A condition shall be considered to have first occurred when symptoms or laboratory and/or clinical findings that lead to the Diagnosis of a condition are first documented in the Covered Person's medical records regardless of the date upon which the Diagnosis is actually made.</p>
ILLINOIS	
Late Enrollee	<p>Late Enrollee is an eligible person or dependent who does not enroll for coverage during the initial or open enrollment period.</p>
Pre-existing Condition	<p>Pre-existing Condition(s) means a condition for which medical advice, Diagnosis, care or treatment was recommended or received within the 6 month period before the Covered Person's Rider Effective Date, and no more than 12 months for a Late Enrollee. If the Covered Person is Diagnosed with a Covered Condition listed in this rider that is determined to be a Pre-Existing Condition, no benefit amount is payable for that listed condition. We may have the Covered Person examined by a Physician of Our choosing at Our expense.</p>
NORTH CAROLINA	
Pre-existing Condition	<p>Pre-existing Condition(s) means a condition for which medical advice, Diagnosis, care or treatment was recommended or received within the 12 month period before the Covered Person's Rider Effective Date. A Pre- Existing Condition is excluded from coverage for period of 12 months following the Covered Person's Rider Effective Date. We may have the Covered Person examined by a Physician of Our choosing at Our expense.</p>
VIRGINIA	
Pre-existing Condition	<p>Pre-existing Condition(s) means a condition for which medical advice, Diagnosis, care or treatment was recommended or received within the 12 month period before the Covered Person's Rider Effective Date. A Pre-Existing Condition is excluded from coverage for period of 12 months following the Covered Person's Rider Effective Date. We may have the Covered Person examined by a Physician of Our choosing at Our expense.</p>

¹This is a very brief description of the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider issued by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

LIMITATIONS & EXCLUSIONS

In addition to the Common Exclusions listed in the Policy, no benefits will be paid for:

Below Limitations & Exclusions are based on the TX Certificate of Insurance Rider. Any state variations in the Limitations and Exclusions will be shown below that Limitation & Exclusion. Any reference to NM, PA & VT limitations and exclusions are only used for explaining coverage to current members and not for new sales.

1. Benign tumors or polyps that are histological described as non-malignant, pre-malignant or non-invasive.
2. All tumors, benign or malignant, in the presence of HIV infection.
None of the following states have this #2 exclusion listed above: **AL, AR, AZ, DC, DE, FL, GA, IL, IN, IA, KY, LA, MI, MS, NE, NM, NC, ND, OH, OK, PA, RI, SC, TN, VA, VT, WV, WI & WY**
(Illinois #2 exclusion is similar in language to the #3 exclusion below, however the language is slightly different. The IL #2 exclusion language replaces the language with the following: Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.)
3. Participation in the commission or attempted commission of a felony.
All of the following states have this exact #3 exclusion as the Certificate Rider's #2 exclusion: **AL, AR, AZ, DC, DE, FL, GA, IL (with slight variation), IN, IA, KY, LA, MI, MS, NE, NM, NC, ND, OH, OK, PA, RI, SC, TN, VA, VT, WV, WI & WY**
4. Voluntary participation in a riot or insurrection.
All of the following states have this exact #4 exclusion as the Certificate Rider's #3 exclusion: **AL, AR, AZ, DC, DE, FL, GA, IL, IN, IA, KY, LA, MI, MS, NE, NM, NC, ND, OH, OK, PA, RI, SC, TN, VA, VT, WV, WI & WY**
5. Refusing certain types of recommended medical treatment as follows:
 - a. A Physician has recommended treatment with angioplasty or coronary artery bypass graft for coronary artery disease, the Covered Person refuses this treatment, and the Covered Person suffers a heart attack.
 - b. A Physician has recommended treatment for a brain aneurysm or carotid artery stenosis, the Covered Person refuses treatment, and the Covered Person suffers a stroke.
 - c. A Physician has recommended a diagnostic biopsy or diagnostic/therapeutic excision of a mass or lesion suspected of being cancerous, the Covered Person refuses, and the Covered Person develops cancer.
All of the following states have this exact #5 exclusion as the Certificate Rider's #4 exclusion: **AL, AR, AZ, DC, DE, FL, GA, IL, IN, IA, KY, LA, MI, MS, NE, NM, NC, ND, OH, OK, PA, RI, SC, TN, VA, VT, WV, WI & WY**
6. Conditions that have not been Diagnosed by a Physician.
All of the following states have this exact #6 exclusion as the Certificate Rider's #5 exclusion: **AL, AR, AZ, DC, DE, FL, GA, IL, IN, IA, KY, LA, MI, MS, NE, NM, NC, ND, OH, OK, PA, RI, SC, TN, VA, VT, WV, WI & WY**
7. Conditions that were diagnosed after the benefit rider has been terminated.
All of the following states have this exact #7 exclusion as the Certificate Rider's #6 exclusion: **AL, AR, AZ, DC, DE, FL, GA, IL, IN, IA, KY, LA, MI, MS, NE, NM, NC, ND, OH, OK, PA, RI, SC, TN, VA, VT, WV, WI & WY**
8. If the Covered Person's date of birth or age was misstated on the application and, using the correct date of birth or age, the benefit would not have become effective or would have terminated prior to Diagnosis of a listed condition.
All of the following states have this exact #8 exclusion as the Certificate Rider's #7 exclusion: **AL, AR, AZ, DC, DE, FL, GA, IL, IN, IA, KY, LA, MI, MS, NE, NM, NC, ND, OH, OK, PA, RI, SC, TN, VA, VT, WV, WI & WY**
9. Pre-existing Conditions.
All of the following states have this exact #8 exclusion as the Certificate Rider's #8 exclusion: **AL, AR, AZ, DC, DE, FL, GA, IL, IN, IA, KY, LA, MI, MS, NE, NM, NC, ND, OH, OK, PA, RI, SC, TN, VA, VT, WV, WI & WY**
(Illinois does NOT have this exclusion in the IL Certificate of Insurance Rider.)

PAYMENT OF BENEFITS

Below is a description of the Payment of Benefits section in the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider underwritten by United States Fire Insurance Company. Note: Not all benefits are available for each state or each plan. **(Any reference to NM, PA or VT are for current member explanation ONLY and not for new sales.)**

PAYMENT OF BENEFITS

In addition to the policy claim provisions, payment of the benefit amount is subject to all of the following conditions:

1. The sum of the benefit amounts payable under this benefit rider and any other Invasive Cancer, Critical Illness policy and Invasive Cancer, Critical Illness policies issued by Us on the life of the Covered Person may not exceed **[the maximum benefit amount listed in the Schedule of Benefits depending on plan -see page 5]**.
2. Only one benefit payment is allowed during the lifetime of the Covered Person, as defined by the terms and conditions of this benefit rider. After the payment is made to the Covered Person, this benefit will terminate for that particular Covered Person only.

IMPORTANT NOTE:

There are **no** state variations for the above Payment of Benefits section based on the state-specific Certificate Riders. All state Riders had the **same** above language.

The only variable that changes on the above Payment of Benefits section is on #1 in which the maximum benefit amount on the Rider is different for each plan for the states that include the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider underwritten by United States Fire Insurance Company.

¹This is a very brief description of the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider issued by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.



INSURANCE PREMIUMS FOR INVASIVE CANCER, CRITICAL ILLNESS INSURANCE BENEFIT RIDER UNDERWRITTEN BY UNITED STATES FIRE INSURANCE COMPANY

GAP PLUS LEGACY & GAP CI 10K (Only states that have US FIRE CI)	Insurance Premiums [†] (per month)
Individual	\$3.14
Individual + Spouse	\$6.28

GAP PLUS 7350 (Only states that have US FIRE CI)	Insurance Premiums [†] (per month)
Individual	\$3.64
Individual + Spouse	\$7.27

GAP PLUS, GAP, & GAP+ (this is for all of these plans - they only had US FIRE CI)	Insurance Premiums [†] (per month)
Individual	\$3.00
Individual + Spouse	\$6.00

[†]This is only the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider Premiums for these plans. There could be **other insurance premiums** for different types of group insurance and/or **non-insurance Benefit Boost subscriptions costs** included in the total overall plan cost on the enrollment application. The member must join the United Business Association to enroll in any of the Group Hospital Fixed Indemnity Insurance plans that included the Invasive Cancer, Critical Illness Insurance Benefit Rider offered on the UBA Enrollment. UBA dues are **in addition** to the overall member plan cost and are **\$10 per month** for the entire family.

**NOTE: THIS IS NOT THE PLAN COST OF THE PLAN.
IT IS JUST THE INSURANCE PREMIUMS FOR THE INVASIVE CANCER, CRITICAL ILLNESS INSURANCE BENEFIT RIDER.**

These states were **NOT** US FIRE Invasive Cancer, Critical Illness Insurance Benefit Rider States:
AZ (except these plans: GAP, GAP+, GAP PLUS, GAP MAX+ & SUPER GAP+ in which US FIRE is the CI insurance Rider carrier)
CA, MO, ID, KS, NJ (no plans in these states had US FIRE CI Insurance Rider & are not being marketed. Just for info purposes only for current members)
TX (except these plans: GAP, GAP+, GAP PLUS, GAP MAX+ & SUPER GAP+ in which US FIRE is the CI insurance Rider carrier)

**INSURANCE PREMIUMS FOR
INVASIVE CANCER, CRITICAL ILLNESS INSURANCE BENEFIT RIDER
UNDERWRITTEN BY UNITED STATES FIRE INSURANCE COMPANY**

GAP MAX & GAP MAX+ (Only states that have US FIRE CI)	Insurance Premiums [†] (per month)
Individual	\$7.86
Individual + Spouse	\$15.73

SUPER GAP & GAP CI 25K (Only states that have US FIRE CI)	Insurance Premiums [†] (per month)
Individual	\$7.86
Individual + Spouse	\$15.73

SUPER GAP PLUS & SUPER GAP+ (Only states that have US FIRE CI)	Insurance Premiums [†] (per month)
Individual	\$7.86
Individual + Spouse	\$15.73

[†]This is only the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider Premiums for these plans. There could be **other insurance premiums** for different types of group insurance and/or **non-insurance Benefit Boost subscriptions costs** included in the total overall plan cost on the enrollment application. The member must join the United Business Association to enroll in any of the Group Hospital Fixed Indemnity Insurance plans that included the Invasive Cancer, Critical Illness Insurance Benefit Rider offered on the UBA Enrollment. UBA dues are **in addition** to the overall member plan cost and are **\$10 per month** for the entire family.

**NOTE: THIS IS NOT THE PLAN COST OF THE PLAN.
IT IS JUST THE INSURANCE PREMIUMS FOR THE INVASIVE CANCER, CRITICAL ILLNESS INSURANCE BENEFIT RIDER.**

These states were **NOT** US FIRE Invasive Cancer, Critical Illness Insurance Benefit Rider States:
AZ (except these plans: GAP, GAP+, GAP PLUS, GAP MAX+ & SUPER GAP+ in which US FIRE is the CI insurance Rider carrier)
CA, MO, ID, KS, NJ (no plans in these states had US FIRE CI Insurance Rider & are not being marketed. Just for info purposes only for current members)
TX (except these plans: GAP, GAP+, GAP PLUS, GAP MAX+ & SUPER GAP+ in which US FIRE is the CI insurance Rider carrier)

DISCLAIMERS FOR CRITICAL ILLNESS INSURANCE BENEFIT RIDER

Below are the disclaimers that need to be disclosed to a potential member when doing a Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider sale that is underwritten by United States Fire Insurance Company.

MAIN DISCLAIMER

This is a brief description of various group association insurance products and is not an insurance contract, nor part of the Certificate of Insurance and is subject to the terms, conditions, limitations, and exclusions of the Group Policy, Certificate(s) of Insurance & Rider. Coverage may vary or may not be available in all states. You'll find complete coverage details in the Certificate(s) of Insurance & Rider. Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider is underwritten by United States Fire Insurance Company, Eatontown, NJ. The insurance described in this document provides limited benefits. Limited benefit plans are insurance products with reduced benefits intended to help supplement comprehensive health insurance plans. The insurance coverage is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, the insurance coverage is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

Optional Supplemental UBA Gap Disclaimer

The optional supplemental UBA Gap Products available to members to add to their membership in the United Business Association allows the member to enhance their overall membership opportunities. These optional supplemental UBA Gap Products are not intended to supplement, not replace, comprehensive health insurance coverage. UBA Gap products are not major medical insurance and should not be purchased to replace any major medical insurance, Cobra, Medicare, Medicaid, or Medical Disability coverage that you have in place currently. UBA Gap products do not satisfy the requirement of minimum essential coverage under the Affordable Care Act and does not qualify or generate a 1095-A tax form.

Group Hospital Fixed Indemnity Insurance Attestation Question on Enrollment Application:

Required to be YES in these states: AZ, CA, DC, GA, IL, NJ, & NV.

(Note: We no longer market the Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company in CA and NJ are only included in agent guide for description purposes for current members but not for new sales. We have never marketed in the state of Nevada.)

Does each person to be enrolled have comprehensive health benefits from an individual or group health insurance policy or an HMO or employer plan providing for essential health benefits?

Group Hospital Fixed Indemnity Insurance Disclaimer

You hereby request Group Fixed Indemnity Insurance that includes the Invasive Cancer, Critical Illness Insurance Benefit Rider, underwritten by United States Fire Insurance Company, Eatontown, NJ.

You understand the insurance described provides limited benefits and that this insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act. You understand that the information contained herein is a summary of the coverage offered a Certificate of Insurance & Rider along with your membership guide will be made available to you upon enrollment. You will receive a UBA Gap ID. card in the mail along with a welcome letter that includes your effective date for your membership plan.

You attest that you have read and understood the limitations and exclusions of this coverage:

(You should have emailed them a copy of the Certificate of Insurance Rider for the state in which they reside to review prior to the sale being completed. It is best practices to keep a copy of the email which included a copy of the state-specific Certificate of Insurance Rider that you sent the potential member for your records during the sales process in case of future complaint. It will help prove that you gave the member the information up front and that the member understood what they are purchasing.)

DISCLAIMERS FOR CRITICAL ILLNESS INSURANCE BENEFIT RIDER

Below are the disclaimers that need to be disclosed to a potential member when doing a Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider sale that is underwritten by United States Fire Insurance Company.

PAYMENT AUTHORIZATION

You authorize H A Partners, Inc. to initiate charges to your credit card in the total monthly amount shown for the plans or products you've selected. This authorization will remain in effect until H A Partners, Inc. receives notice from you that it should be cancelled.

UBA Membership and all optional supplemental UBA products are subscription based enrollments. You will continue to be drafted every month until you cancel by submitting a cancellation request via online form or email, or by phone at 866-438-4274.

Your total initial payment, which includes your first monthly payment for these selected products as well as any applicable administrative fees or one-time enrollments fees, will be charged immediately when your application is processed. Subsequent monthly payments will be charged on the 5th each month if your effective date is the 1st, or the 15th each month if your effective date is the 15th. If other UBA products have been purchased along with UBA membership, you will be charged only one monthly payment for the total cost of all purchased products. Your credit card statements will show these transactions as paid to "UBA GAP 866-438-4274".

You agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, it may result in forfeiture of your membership, and neither H A Partners, Inc. nor your financial institution shall be held liable whatsoever.

You agree that it is your responsibility to check the transactions occurring on your account every month and to cancel with us when desired. Every month we pay for the membership services and the insurance premiums for any applicable group insurance programs on your behalf, whether or not you use the membership services or file a claim with the group insurance programs (if applicable). Please refer to our Refund Policy for details on refunds.

You will receive your ID. Cards in the mail within 14 days of purchase. Digital copies of your ID. Cards, as well as all Membership Guides, Certificates of Insurance & Riders pertaining to the plans or products you've purchased, will be immediately available for download upon completion of your application. Please take the time to review all Guides and Certificates to ensure you fully understand your products and plan benefits, including any limitations, exclusions, definitions, or state variations.

You understand that the UBA membership, any optional supplemental UBA products you selected for this enrollment application are separate from any other health plans or insurance coverage you may have purchased or applied for elsewhere.

SATISFACTION GUARANTEED

We want you to be completely satisfied. If you have any problems, or any questions about your UBA Membership or any product benefits, please call your Personal Membership Concierge at 1-866-438-4274.

If you are not completely satisfied with your UBA Membership, any supplemental UBA Gap or Benefit Boost products, you can cancel at any time in the first thirty (30) days for a full refund of paid premiums or membership dues. Cancellation requests can be made by email (info@ubamembers.com), phone (866-438-4274), or through the Member Portal (members.UBAapplication.com). Any refunds are processed within 7-10 business days from date of request. **Please be aware that premiums & dues cannot be refunded if a claim has been filed for a group insurance benefit.** We showcase our name UBA GAP and our number 866-438-4274 on all transactions (all together like this UBAGAP8664384274) on your account statement, and it is your responsibility to check the transactions occurring on your account every month and to cancel with us when desired. Every month we pay for the membership services and the insurance premiums for any applicable optional supplemental group insurance programs on your behalf, whether you use the membership services or file a claim with the group insurance programs.

SCRIPT FOR CRITICAL ILLNESS INSURANCE BENEFIT RIDER

Below is an outline of a script along with the verification / applicant signature script to follow when conducting sales for the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider that is underwritten by United States Fire Insurance Company. As long as the general practice and points of the script is followed, it doesn't have to be word for word since all conversations flow in different ways with different sales. All main points of the script outline must be part of the required sales recording that must be completed and saved for every new member. This will help protect you for any potential complaints you could have in the future from a disgruntled or unhappy member.

BASIC STARTING SCRIPT OUTLINE (an outline of points that need to be addressed in recording)

The [PLAN NAME] includes Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider underwritten by United States Fire Insurance Company and includes the following:

- Schedule of Benefits information for the [PLAN NAME] chosen (page 5 in Agent Guide for reference)
- Explain the benefits available as part of the Group Hospital Fixed Indemnity Invasive Cancer, Critical Illness Insurance Benefit Rider- specific to that state (pages 6-9 in Agent Guide for reference)
- Send the member a PDF copy of the state-specific Certificate of Insurance & Rider by email so that they can review the insurance details along with the Limitations and Exclusions so that you can answer any questions that they might have on the coverage. Make sure that discuss this point that you have sent them a copy of the Certificate to review in your sales presentation.
- Answer any questions based on the STATE in which the member resides. Read all disclaimers. Then complete the application or send your unique link for them to complete the application. Instruct and explain to the potential member that they will receive an email for the verification, application review and e-signature to complete and that the application process will not be completed unless the application is reviewed, accepted and e-signed by them.
- Follow the Application Signature for Recording Script before ending the sales call recording. Keep recording of sales call. We will conduct random audits each year and your call could be requested for review.

APPLICANT SIGNATURE FOR RECORDING

You attest to the best of your knowledge and belief that the answers to the questions on the Enrollment application are true and complete. You understand that the Group Hospital Fixed Indemnity Insurance Invasive Cancer, Critical Illness Insurance Benefit Rider provided as part of [PLAN NAME] is issued and underwritten by United States Fire Insurance Company.

Sign your application by completing the verification review and e-signature process from the email or text link that you received. Your signature will be saved to your application along with your IP address and the current date & time. You agree that your electronic signature will serve as your original signature, and by signing you agree to all acknowledgments, agreements, authorizations, and certifications that have been presented to you based on the memberships, plans, or products you've selected.

You hereby request to enroll in [PLAN NAME] and the UBA Membership through United Business Association. You have reviewed both [PLAN NAME] and the UBA Membership. You understand and agree to all terms and conditions, limitations and exclusions and state availability of coverage that may apply to the plans you are purchasing. You authorize H A Partners, Inc., the Administrator of these products, to charge all monthly premiums / dues for these products to the credit card or bank account you provided. You attest that you are the owner of, an authorized signer on, or have been granted express authority to use, the credit card or bank account provided for this purchase. You understand that it is your responsibility to check the transactions occurring on your account every month. You understand and agree that membership services and the insurance premiums for any applicable group insurance programs are paid for on your behalf, whether or not you use the membership services or file a claim with any applicable group insurance programs. You agree that this Authorization is to remain in full force until revoked by me in writing to 409 W Vickery Blvd, Fort Worth, TX 76104, by email at info@ubamembers.com, cancellation form at ubamembers.com, or by phone 866-438-4274.

You understand that if the Enrollment is accepted by the Company, coverage will begin on the Requested Effective Date, subject to the payment of the required premium. Coverage will not become effective unless you meet all eligibility requirements on the date of the enrollment and the effective date of coverage.

(NOTE: Review with the potential member all state specific disclaimers and fraud warnings.)