

GROUP CRITICAL ILLNESS INSURANCE FOR YOUR **SUPPLEMENTAL INSURANCE NEEDS**

AGENT VERSION

not for consumer use



Group Critical Illness Insurance issued by:
SiriusPoint America Insurance 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
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GROUP CRITICAL ILLNESS INSURANCE 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 Critical Illness Insurance issued by SiriusPoint America 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 Critical Illness Insurance issued by SiriusPoint America 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 Critical Illness Insurance 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.
- You should record the sale (if sale is conducted by phone) from start to finish of the sale for your protection and the carrier's protection in case of a complaint.
- Give an accurate and true representation of the Group Critical Illness Insurance provided in the plan (including state variations).
- Give the member a copy of the state-specific Certificate **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. Blanket Group Accident, Group Hospital Indemnity, Group Critical Illness, 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, including any important conditions, limitations and exclusions relative to each coverage.
- 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.
- Do not try to circumvent the application by entering a wrong information such as: state that is available instead of the member's residing state, wrong date of birth's so that the member meets the age requirement, a child 18 and over with the siblings as their dependents, another person's agent code to complete the app due to non-appointment or not being licensed in a state, and changing answers on the application from a potential member to bypass any pass/fail application questions.

ELIGIBILITY

Looking for coverage for the member, member & spouse? Find out the eligibility requirements for enrollment in the Group Critical Illness Insurance issued by SiriusPoint America Insurance Company.

PRIMARY MEMBER

Ages 18 to under 65 years of age

ELIGIBLE DEPENDENTS

Spouse: Under 65

Dependent Children:

CI is NOT available to Dependent Children

*Note: Coverage is for Primary Member and Spouse Only and coverage ends when the covered member turns 65.



CLASS	CLASS ELIGIBILITY
Class 1	All active members of the Policyholder who have chosen to enroll themselves in the [INSERT PLAN NAME HERE] option and who have been insured under this Certificate for less than 12 continuous months following his effective date of coverage and immediately prior to a first diagnosis of a Critical Illness;
Class 2	All active members of the Policyholder who have chosen to enroll themselves in the [INSERT PLAN NAME HERE] option and who have been insured under this Certificate or under a prior plan of critical illness insurance sponsored by the Policyholder for at least 12 continuous months following his effective date of coverage and immediately prior to a first diagnosis of a Critical Illness; or
Class 3	a Dependent Spouse of an Eligible Person in either Class 1 or Class 2 above.

This is a very brief description of the Group Critical Illness Insurance issued by SiriusPoint America 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.

HIGHLIGHT ¹ OF SCHEDULE OF BENEFITS	GAP BASIC GAP 5000 GAP 5000+	GAP 10 GAP 10000	GAP 25 GAP 25000 GAP EDGE+
CLASS 1			
MEMBER Guarantee Issue Amount – Not Subject to Evidence of Insurability	\$1,000 [†]	\$1,000 [†]	\$2,500 [†]
CLASS 2			
MEMBER Guarantee Issue Amount – Not Subject to Evidence of Insurability	\$5,000 [†]	\$10,000 [†]	\$25,000 [†]
CLASS 3			
Dependent Spouses of Class 1 Members will receive the Class 1 benefit	\$1,000 [†]	\$1,000 [†]	\$2,500 [†]
Dependent Spouses of Class 2 Members will receive the Class 2 benefit	\$5,000 [†]	\$10,000 [†]	\$25,000 [†]
COVERED CRITICAL ILLNESSES	BENEFIT AMOUNT	BENEFIT AMOUNT	BENEFIT AMOUNT
Category 1 Cardiovascular-Related Critical Illnesses			
Heart Attack (myocardial infarction)	100%	100%	100%
Stroke	100%	100%	100%
Category 2 Cancer-Related Critical Illnesses			
Invasive Cancer	100%	100%	100%

The above benefits are payable for Critical Illnesses listed in any of the Categories above that are diagnosed while coverage under the Policy is in force. Unless otherwise indicated below, any benefit amount, benefit limit or benefit maximum applies to each Covered Person.

Initial Enrollment Period 31 days
Maximum Age: Member and Dependent coverage ends when the Member is age 65

[†]The Amount of Insurance is a lifetime benefit, payable **once** per Covered Person.

¹This is a very brief description of the Group Critical Illness Insurance and Covered Expenses issued by SiriusPoint America 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.

CRITICAL ILLNESS BENEFITS*

We will pay the benefits shown in the Schedule of Benefits, to a Covered Person who is diagnosed by a Physician with a Critical Illness in any of the Categories listed below, subject to all applicable conditions, exclusions and limitations, provided that:

1. the Critical Illness occurs and is diagnosed after the Covered Person's effective date of insurance; and
2. coverage for the Covered Person is in force under the Policy and this Certificate.

Benefits payable will equal the Amount of Insurance applicable to the Covered Person and shown in the Schedule of Benefits, multiplied by the percentage of the Benefit Amount applicable to the diagnosis of each Critical Illness shown in the Schedule of Benefits.

Covered Critical Illness Benefits will be paid subject to:

1. any benefit amount, benefit limit or benefit maximum applicable to the diagnosis of a Critical Illness shown in the Schedule of Benefits.

When a Critical Illness for which benefits are provided under the Policy and this Certificate is contributed to or caused by another Critical Illness, We will pay only one benefit. The benefit paid will be the larger of the two. If the benefits are equal, the Covered Person may choose the benefit to be paid.

CRITICAL ILLNESS BENEFITS - DC, MS & WY STATE VARIATIONS

We will pay the benefits shown in the Schedule of Benefits, to a Covered Person who is diagnosed by a Physician with a Critical Illness in any of the Categories listed below, subject to all applicable conditions, exclusions and limitations, provided that:

1. the Critical Illness occurs and is diagnosed after the Covered Person's effective date of insurance; and
2. coverage for the Covered Person is in force under the Policy and this Certificate.

Benefits payable will equal the Amount of Insurance applicable to the Covered Person and shown in the Schedule of Benefits, multiplied by the percentage of the Benefit Amount applicable to the diagnosis of each Critical Illness shown in the Schedule of Benefits.

Covered Critical Illness Benefits will be paid subject to:

1. any age reductions to the Amount of Insurance applicable to the Covered Person as shown in the Schedule of Benefits.

When a Critical Illness for which benefits are provided under the Policy and this Certificate is contributed to or caused by another Critical Illness, We will pay only one benefit. The benefit paid will be the larger of the two. If the benefits are equal, the Covered Person may choose the benefit to be paid.

CRITICAL ILLNESS BENEFITS - IL STATE VARIATION

We will pay the benefits shown in the Schedule of Benefits, to a Covered Person who is diagnosed by a Physician with a Critical Illness in any of the Categories listed below, subject to all applicable conditions, exclusions and limitations, provided that:

1. the Critical Illness occurs and is diagnosed after the Covered Person's effective date of insurance; and
2. coverage for the Covered Person is in force under the Policy and this Certificate.

Benefits payable will equal the Amount of Insurance applicable to the Covered Person and shown in the Schedule of Benefits, multiplied by the percentage of the Benefit Amount applicable to the diagnosis of each Critical Illness shown in the Schedule of Benefits.

Covered Critical Illness Benefits will be paid subject to:

1. any benefit amount, benefit limit or benefit maximum applicable to the diagnosis of a Critical Illness shown in the Schedule of Benefits.

When a Critical Illness for which benefits are provided under the Policy and this Certificate is caused by another Critical Illness, We will pay only one benefit. The benefit paid will be the larger of the two. If the benefits are equal, the Covered Person may choose the benefit to be paid.

*In the Colorado Certificate of Insurance, instead of Critical Illness Benefits as the title of this section, it is referred to as Benefits (What is Covered)

This is a very brief description of the Group Critical Illness Insurance issued by SiriusPoint America 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.

CRITICAL ILLNESS BENEFITS* (con't)

Covered Critical Illness Benefits

Category 1 – Cardiovascular-Related Critical Illnesses

Heart Attack Benefit

We will pay this benefit when We receive Proof of Loss with a Date of Diagnosis showing that a Covered Person is diagnosed with a Heart Attack that:

1. displays new EKG changes consistent with and supporting the diagnosis of a Heart Attack;
2. exhibits elevation of cardiac biomarkers / enzymes (such as Troponin and Creatine Kinase) above generally accepted laboratory levels of normal (in case of CPK, a CPK-MB measurement must be used); and
3. is confirmed by imaging studies such as thallium scans, MUGA scans or stress echocardiograms.

For the purposes of this benefit, the Date of Diagnosis means the date of ischemic death of an area of the heart muscle, as confirmed by criteria outlined above. The diagnosis must be made based on generally accepted principles of medicine.

We will not pay benefits for a Heart Attack that occurs during or within 48 hours after a cardiac or coronary artery procedure.

Stroke Benefit

We will pay this benefit when We receive Proof of Loss showing that a Covered Person is diagnosed with a Stroke based on all of the following criteria:

1. documented neurological impairment or deficits;
2. evidence of brain tissue damage shown by neuroimaging (CT, MRI, or PET Tomography or similar test); and
3. permanent neurological deficit measured three months or more after the event that results in a score of 2 or higher on the Modified Rankin Scale for stroke outcome.

Category 2 – Cancer-Related Critical Illnesses

Invasive Cancer Benefit

We will pay this benefit when We receive Proof of Loss, supported by a Pathological Diagnosis made more than **45 days (It is 30 days in North Carolina)** after the Covered Person's effective date of insurance, showing that a Covered Person suffers from Invasive Cancer.

We will accept a Clinical Diagnosis in place of a Pathological Diagnosis and pay this benefit only if:

1. a Pathological 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 cancer.

Proof of Loss must include the Date of Diagnosis. For the purposes of this benefit, Date of Diagnosis means the later of the date of:

- a. a Pathological Diagnosis;
- b. a Clinical Diagnosis, if acceptable as indicated above; or
- c. the day the tissue specimen, culture and/or titer(s) are taken, upon which the Clinical or Pathologic Diagnosis of Invasive Cancer is made.

We will not pay benefits based on a Tentative Diagnosis of Invasive Cancer.

*In the Colorado Certificate of Insurance, instead of Critical Illness Benefits as the title of this section, it is referred to as Benefits (What is Covered)

¹This is a very brief description of the Group Critical Illness Insurance issued by SiriusPoint America 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.

The definitions below are for all Group Critical Illness Insurance states issued by SiriusPoint America Insurance Company to United Business Association (**based on the TX Certificate of Insurance**). Some states may have variations or added definitions. Those variations and added definitions will be located between pages 13-16. 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.

DEFINITION TERM ¹	DEFINITION MEANING ¹
GROUP CRITICAL ILLNESS INSURANCE	
Accident	<p>Accident means a sudden, unforeseeable event that:</p> <ol style="list-style-type: none"> 1. directly and independently of all other causes results in bodily injury to a Covered Person; 2. occurs while coverage is in force for the Covered Person; 3. is not contributed to by Sickness, disease or bodily or mental infirmity; and 4. is not otherwise specifically excluded by name or description under the terms of the Policy and this Certificate. <p>Illinois has a variation based on the IL Certificate. See page 14 for variation of definition language. Indiana has a variation based on the IN Certificate. See page 14 for variation of definition language.</p>
Age	<p>Age means the Age of a Covered Person on His last birthday as of the Certificate Effective Date. His Age increases by one year on each Certificate anniversary.</p> <p>If coverage is effective after the Policy Effective Date, Age means the Age of a Covered Person as of His last birthday preceding His request for insurance coverage.</p>
Breslow Method	<p>Breslow Method means a method for determining the prognosis for a Covered Person with melanoma by measuring the thickness of such melanoma.</p>
Category	<p>Category means a set of Critical Illnesses shown in the Schedule of Benefits for which the Policy and this Certificate provide benefits.</p>
Certificate Effective Date	<p>Certificate Effective Date means the day on which coverage for the Primary Covered Person and other Covered Persons begins. Coverage will begin on the first day of the month following the date:</p> <ol style="list-style-type: none"> 1. Our Home Office has approved the Primary Covered Person's Enrollment Form; and 2. the Policyholder has paid the first premium. <p>Arkansas has a variation based on the AR Certificate. See page 13 for variation of definition language. Delaware has a variation based on the DE Certificate. See page 13 for variation of definition language. Louisiana has a variation based on the LA Certificate. See page 15 for variation of definition language. Nebraska has a variation based on the LA Certificate. See page 15 for variation of definition language. North Carolina has a variation based on the NC Certificate. See page 15 for variation of definition language.</p>
Class	<p>Class means a group of persons that We and the Policyholder have agreed to insure.</p>
Clinical Diagnosis	<p>Clinical Diagnosis means a clinical identification of Invasive Cancer based on history, laboratory study and symptoms.</p> <p>In the following states: AR, CO, DC, DE, GA, IL, KS, KY, LA, MS, NC, ND, NE, NV, OH, OK, RI, TN, VA, WI, WV & WY, the definition of Clinical Diagnosis replaces the above with the following:</p> <p>Clinical Diagnosis means a clinical identification of Invasive Cancer or Carcinoma in Situ based on history, laboratory study and symptoms.</p>
Company	<p>Company or We, Us, Our means SiriusPoint America Insurance Company, domiciled in New York, New York.</p>
Covered Person	<p>Covered Person means any of the following:</p> <ol style="list-style-type: none"> 1. the Primary Covered Person; or 2. any eligible Spouse whose coverage has become effective; or 3. any eligible Spouse whose coverage has become effective and who is timely added to the Primary Covered Person's Enrollment Form after the Primary Covered Person's effective date of insurance. <p>In the following states: AR, CO, DC, DE, GA, IL, KY, LA, MS, NC, ND, NE, NV, OH, OK, RI, TN, VA, WI, WV & WY the definition of Covered Person replaces the above with the following:</p> <p>Covered Person means any of the following:</p> <ol style="list-style-type: none"> 1. the Primary Covered Person; or 2. any eligible Spouse, as indicated in the Schedule of Benefits whose coverage has become effective; or 3. any eligible Spouse whose coverage has become effective and who is timely added to the Primary Covered Person's Enrollment Form after the Primary Covered Person's effective date of insurance.
Critical Illness	<p>Critical Illness means:</p> <ol style="list-style-type: none"> 1. Heart Attack; 2. Stroke; or 3. Invasive Cancer.

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.** Definitions of each Covered Expense is provided in the Certificate of Insurance. Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

The definitions below are for all Group Critical Illness Insurance states issued by SiriusPoint America Insurance Company to United Business Association **(based on the TX Certificate of Insurance)**. Some states may have variations or added definitions. Those variations and added definitions will be located between pages 13-16. 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.

DEFINITION TERM ¹	DEFINITION MEANING ¹
GROUP CRITICAL ILLNESS INSURANCE	
Enrollment Form	Enrollment Form means the form designated by Us that a person in an eligible Class must complete and submit in order to request enrollment in the Policy. Enrollment Forms are available from the Policyholder and must be submitted to the Policyholder to be forwarded to Us or Our authorized representative.
Evidence of Insurability	Evidence of Insurability means a form accepted by Us or Our authorized representative showing that an Eligible Member or an Eligible Dependent meets Our requirements to be insured under the Policy.
Heart Attack (Myocardial Infarction)	Heart Attack (Myocardial Infarction) means the death of a portion of the heart muscle resulting from blockage of one or more coronary arteries. The term Heart Attack does not include the following: <ol style="list-style-type: none"> 1. an EKG change consistent with transient ischemic change; 2. angina; 3. chance finding of EKG changes suggestive of a previous Heart Attack; or 4. the death of the heart muscle coincidental with death from other causes.
He, His, Him	He, His, Him refers to any individual, male or female. Oklahoma does <u>not</u> have this definition in the OK Certificate.
Illness	Illness means Sickness or disease of a Covered Person.
Initial Enrollment Period	Initial Enrollment Period means the period of time during which a Primary Covered Person is first eligible to enroll under the Policy.
Injury	Injury means bodily injury sustained which: <ol style="list-style-type: none"> 1. results directly and independently of all other causes from an Accident; 2. occurs while coverage is in force for the Covered Person; 3. is not caused or contributed to by Sickness; and 4. is not otherwise specifically excluded by name or description under the terms of the Policy and this Certificate. Illinois has a variation based on the IL Certificate. See page 14 for variation of definition language. Indiana has a variation based on the IN Certificate. See page 14 for variation of definition language.
Invasive Cancer	Invasive Cancer means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of local or distant tissue. The term Invasive Cancer also includes Leukemia, Lymphoma and malignant melanoma with a maximum thickness of more than 1.0 mm. as determined by histological examination using the Breslow Method. The term Invasive Cancer does not include the following: <ol style="list-style-type: none"> 1. Carcinoma in Situ; 2. All skin cancers, unless there is evidence of metastasis; or 3. Malignant melanoma of less than 1.0 mm. maximum thickness as determined by histological examination using the Breslow Method. North Carolina has a variation based on the NC Certificate. See page 16 for variation of definition language.

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.** Definitions of each Covered Expense is provided in the Certificate of Insurance. Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

The definitions below are for all Group Critical Illness Insurance states issued by SiriusPoint America Insurance Company to United Business Association (**based on the TX Certificate of Insurance**). Some states may have variations or added definitions. Those variations and added definitions will be located between pages 13-16. 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.

DEFINITION TERM ¹	DEFINITION MEANING ¹
GROUP CRITICAL ILLNESS INSURANCE	
Member	Member means a person who meets all of the conditions of membership and is in good standing with the Policyholder.
Modified Rankin Scale	Modified Rankin Scale means a commonly used scale for measuring the degree of disability or dependence in the daily activities of people who have suffered a Stroke. The Modified Rankin Scale runs from 0 to 6 with 0 indicating no symptoms and 6 indicating that the patient has passed away. A score of 5 indicates severe disability causing the Covered Person to be bedridden, incontinent and in need of constant nursing care.
Pathological Diagnosis	Pathological Diagnosis means identification of cancer based on a microscopic study of fixed tissue or preparations from the hemi (blood) system. A certified pathologist, in keeping with the standards set by the American Board of Pathology, must make a Pathological Diagnosis.
Physician	<p>Physician means a medical doctor or other person recognized by law or regulation in the state where His services are rendered. The person must be licensed to practice medicine, prescribe and administer drugs or to perform surgery in the United States.</p> <p>The term Physician does not include:</p> <ol style="list-style-type: none"> 1. the Primary Covered Person; 2. a person related to Him by blood or marriage; or 3. a medical doctor or other person practicing outside of the United States. <p>Georgia has a variation based on the GA Certificate. See page 13 for variation of definition language. Mississippi has a variation based on the MS Certificate. See page 15 for variation of definition language.</p>
Policy	Policy means the Group Policy issued to the Policyholder.
Policyholder	Policyholder means the entity, in whose name the Policy is issued, as identified on this Certificate's face page.
Policy Effective Date	Policy Effective Date means the date that coverage begins under the Policy.
Primary Covered Person	<p>Primary Covered Person means the person who has completed and signed the Enrollment Form and who has been accepted for coverage by Us.</p> <p>In the following states: AR the definition of Primary Covered Person replaces the above with the following: Primary Covered Person means the person who has completed and signed the Enrollment Form and who has been accepted for coverage by Us. This is the person whose name appears on this Certificate's face page.</p>
Pre-existing Condition	<p>Pre-existing Condition means any of the following which a Physician has treated or for which a Physician has advised treatment of the Covered Person within 12 months before the Covered Person's effective date of insurance:</p> <ol style="list-style-type: none"> 1. Heart Attack; 2. Stroke; or 3. Invasive Cancer. <p>Colorado has a variation based on the CO Certificate. See page 13 for variation of definition language. Wyoming has a variation based on the WY Certificate. See page 16 for variation of definition language.</p>
Proof of Loss	Proof of Loss means information provided to Us, or Our authorized representative, by a claimant that is necessary to properly process and pay a claim.

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DEFINITION TERM ¹	DEFINITION MEANING ¹
GROUP CRITICAL ILLNESS INSURANCE	
Schedule of Benefits	Schedule of Benefits means the pages so labeled in this Certificate.
Sickness	Sickness means Illness caused by a Critical Disease: <ol style="list-style-type: none"> 1. for which benefits are provided by the Policy and this Certificate; and 2. that requires the care of a Physician.
Spouse	Spouse means the Primary Covered Person's Spouse, provided the Primary Covered Person and His Spouse are not legally separated or divorced. Colorado has a variation based on the CO Certificate. See page 13 for variation of definition language. District of Columbia has a variation based on the DC Certificate. See page 13 for variation of definition language. Delaware has a variation based on the DE Certificate. See page 13 for variation of definition language. Georgia has a variation based on the GA Certificate. See page 13 for variation of definition language. Illinois has a variation based on the IL Certificate. See page 14 for variation of definition language. Nebraska has a variation based on the NE Certificate. See page 15 for variation of definition language. Nevada has a variation based on the NV Certificate. See page 15 for variation of definition language.
Stroke or Cerebrovascular Accident (CVA)	Stroke, or Cerebrovascular Accident (CVA), means death of brain tissue due to a cerebrovascular event resulting in neurological damage including infarction, hemorrhage or embolization of brain tissue from an extra cranial source for at least 60 days. The term Stroke does not mean a transient ischemic attack, transient global amnesia, chronic cerebrovascular insufficiency, attacks of vertebrobasilar ischemia or a cerebrovascular event resulting from accidental injury.
Tentative Diagnosis	Tentative Diagnosis means a diagnosis of Invasive Cancer based upon dated medical records. In the following states: AR, CO, DC, DE, GA, IL, KS, KY, LA, MS, NC, ND, NE, NV, OH, OK, RI, TN, VA, WI, WV & WY , the definition of Tentative Diagnosis replaces the above with the following: Tentative Diagnosis means a diagnosis of Invasive Cancer or Carcinoma in Situ based upon dated medical records.
You, Your, Member or Primary Covered Person	You, Your, Member or Primary Covered Person mean the individual who is eligible to enroll for insurance and for whom coverage is provided under the Policy and this Certificate.

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

CIVIL UNION	PG 13 (DISTRICT OF COLUMBIA)
CIVIL UNION PARTNER	PG 14 (ILLINOIS)
INTOXICATED	PG 14 (ILLINOIS)

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STATE VARIATIONS AND ADDITIONS

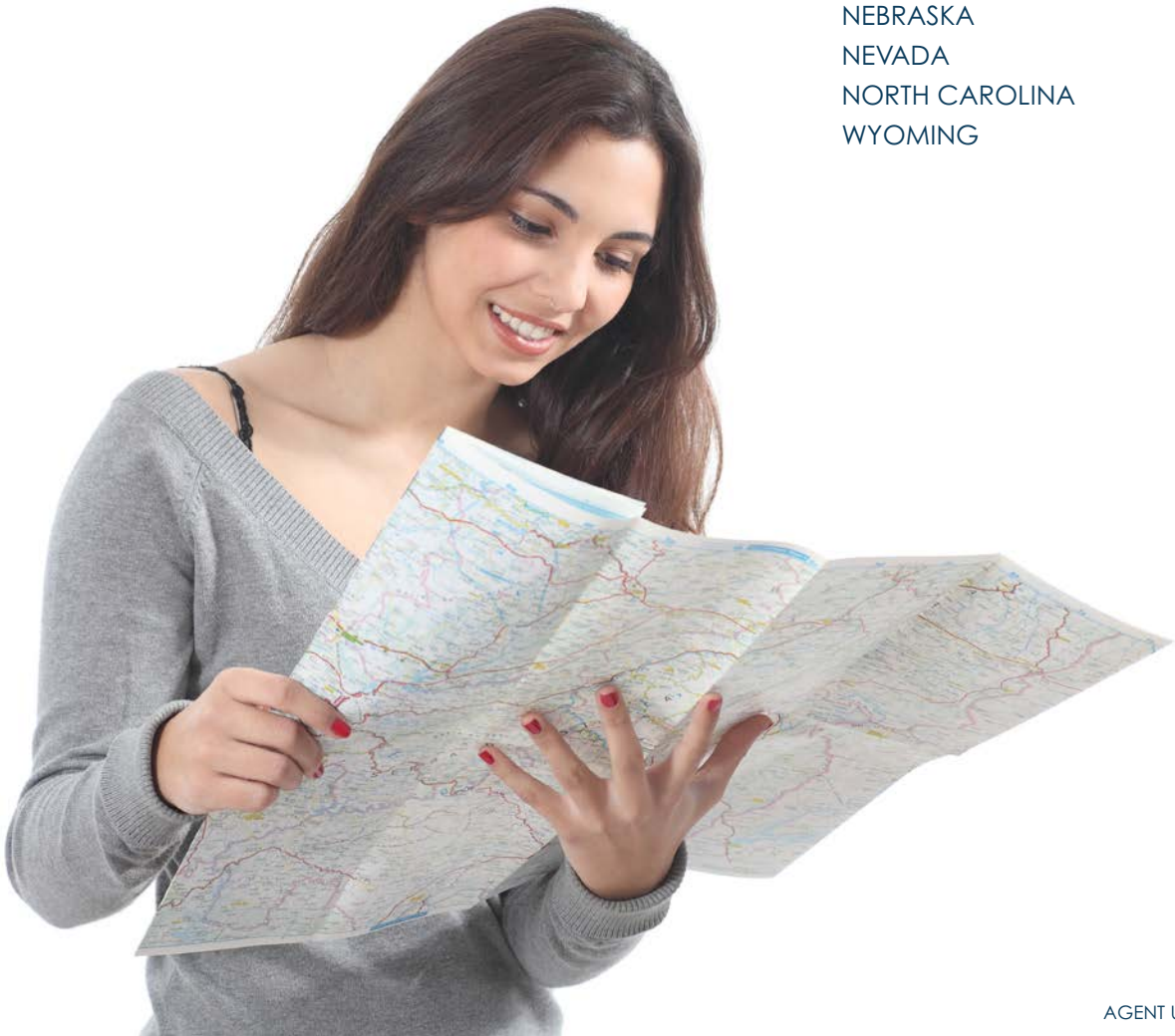
DEFINITION STATE VARIATIONS

In this section of the agent guide (pages 13-16), all of the state variations that are different from the definitions listed between pages 8-11 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

ARKANSAS	PG 13
COLORADO	PG 13
DISTRICT OF COLUMBIA (DC)	PG 13
DELAWARE	PG 13
GEORGIA	PG 13
ILLINOIS	PG 14
INDIANA	PG 14
LOUISIANA	PG 15
MISSISSIPPI	PG 15
NEBRASKA	PG 15
NEVADA	PG 15
NORTH CAROLINA	PGS 15-16
WYOMING	PG 16



DEFINITION TERM ¹	DEFINITION MEANING ¹
ARKANSAS	
Certificate Effective Date	<p>Certificate Effective Date means the day on which coverage for the Primary Covered Person and other Covered Persons begins as shown on this Certificate's face page. Coverage will begin on the first day of the month following the date:</p> <ol style="list-style-type: none"> 1. Our Home Office has approved the Primary Covered Person's Enrollment Form; and 2. the Policyholder has paid the first premium.
COLORADO	
Pre-existing Conditions	<p>Pre-existing Condition means any of the following which a Physician has treated or for which a Physician has advised treatment of the Covered Person within 6 months before the Covered Person's effective date of insurance:</p> <ol style="list-style-type: none"> 1. Heart Attack; 2. Stroke; 3. Invasive Cancer.
Spouse	<p>Spouse means the Primary Covered Person's Spouse, provided the Primary Covered Person and His Spouse are not legally separated or divorced.</p> <p>The term Spouse, where referenced in the Policy, shall also mean and include the Primary Covered Person's civil union partner as defined by state law.</p>
DISTRICT OF COLUMBIA (DC)	
Civil Union	Civil Union means a same-sex relationship similar to marriage that is recognized by law.
Spouse	<p>Spouse means the Primary Covered Person's Spouse, provided the Primary Covered Person and His Spouse are not legally separated or divorced.</p> <p>The term Spouse, where referenced in the Policy, shall also mean and include the Primary Covered Person's Civil Union partner as defined by state law.</p>
DELAWARE	
Certificate Effective Date	<p>Certificate Effective Date means the day on which coverage for the Primary Covered Person and other Covered Persons begins as shown on this Certificate's face page. Coverage will begin on the first day of the month following the date:</p> <ol style="list-style-type: none"> 1. Our Home Office has approved the Primary Covered Person's Enrollment Form; and 2. the Policyholder has paid the first premium.
Spouse	<p>Spouse means the Primary Covered Person's Spouse, provided the Primary Covered Person and His Spouse are not legally separated or divorced. Spouse, wherever used, includes a person of the same or opposite sex with whom the Primary Covered Person is in a legal relationship that is recognized as a Delaware civil union.</p>
GEORGIA	
Physician	<p>Physician means a practitioner of the healing arts who is:</p> <ol style="list-style-type: none"> 1. recognized by applicable state law; 2. practicing in the United States within the scope of His license; 3. certified or credentialed by the appropriate medical or professional board that provides certification or credentials for practitioners who perform the type of treatment or service appropriate for Your condition; and 4. possesses the necessary training and qualifications according to generally accepted medical standards to evaluate and treat Your condition. <p>The term Physician does not include:</p> <ol style="list-style-type: none"> 1. the Primary Covered Person; 2. a person related to Him by blood or marriage; or
Spouse	<p>Spouse means the Primary Covered Person's Spouse, provided the Primary Covered Person and His Spouse are not divorced.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.** Definitions of each Covered Expense is provided in the Certificate of Insurance. 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
ILLINOIS	
Accident	<p>Accident means a sudden, unforeseeable event that:</p> <ol style="list-style-type: none"> 1. directly results in bodily injury to a Covered Person; 2. occurs while coverage is in force for the Covered Person; 3. is not characterized by Sickness, disease or bodily or mental infirmity; and 4. is not otherwise specifically excluded by name or description under the terms of the Policy and this Certificate.
Civil Union Partner	<p>Civil Union Partner means a person of the same or opposite sex as the Primary Covered Person who has applied with the county clerk for a civil union with the Primary Covered Person, received a certificate of civil union with the Primary Covered Person from the county clerk and who has established a civil union with the Primary Covered Person pursuant to the provisions of Illinois law; provided that the civil union was not entered into prior to:</p> <ol style="list-style-type: none"> 1. both parties attaining 18 years of age or 2. the dissolution of a marriage or civil union or substantially similar legal relationship of one of the parties; and provided that the civil union is not between: <ol style="list-style-type: none"> a. an ancestor and a descendant; b. siblings, whether the relationship is by the half or the whole blood or by adoption; c. an aunt or uncle and a niece or nephew, whether the relationship is by the half or the whole blood or by adoption; or d. first cousins.
Injury	<p>Injury means bodily injury sustained which:</p> <ol style="list-style-type: none"> 1. results directly from an Accident; 2. occurs while coverage is in force for the Covered Person; 3. is not caused or characterized by Sickness; and 4. is not otherwise specifically excluded by name or description under the terms of the Policy and this Certificate.
Intoxicated	<p>Intoxicated means that which is defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred.</p>
Spouse	<p>Spouse means the Primary Covered Person's Spouse, provided the Primary Covered Person and His Spouse are not legally separated or divorced or the Primary Covered Person's Civil Union Partner.</p>
INDIANA	
Accident	<p>Accident means a sudden, unforeseeable event that:</p> <ol style="list-style-type: none"> 1. directly and independently of all other causes results in bodily injury to a Covered Person; 2. is not contributed to by Sickness, disease or bodily or mental infirmity; and 3. is not otherwise specifically excluded by name or description under the terms of the Policy and this Certificate.
Injury	<p>Injury means bodily injury sustained which:</p> <ol style="list-style-type: none"> 1. results directly and independently of all other causes from an Accident; 2. is not caused or contributed to by Sickness; and 3. is not otherwise specifically excluded by name or description under the terms of the Policy and this Certificate.

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.** Definitions of each Covered Expense is provided in the Certificate of Insurance. 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
LOUISIANA	
Certificate Effective Date	<p>Certificate Effective Date means the day on which coverage for the Primary Covered Person and other Covered Persons begins as shown on this Certificate's face page. Coverage will begin on the first day of the month following the date:</p> <ol style="list-style-type: none"> 1. Our Home Office has approved the Primary Covered Person's Enrollment Form; and 2. the Policyholder has paid the first premium.
MISSISSIPPI	
Physician	<p>Physician means a medical doctor or other person recognized by law or regulation in the state where His services are rendered, including a licensed nurse practitioner. The person must be licensed to practice medicine, prescribe and administer drugs or to perform surgery in the United States.</p> <p>The term Physician does not include:</p> <ol style="list-style-type: none"> 1. the Primary Covered Person; 2. a member of the Primary Covered Person's immediate family related to Him by blood or marriage; or 3. a medical doctor or other person practicing outside of the United States.
NEBRASKA	
Certificate Effective Date	<p>Certificate Effective Date means the day on which coverage for the Primary Covered Person and other Covered Persons begins as shown on this Certificate's face page. Coverage will begin on the first day of the month following the date:</p> <ol style="list-style-type: none"> 1. Our Home Office has approved the Primary Covered Person's Enrollment Form; and 2. the Policyholder has paid the first premium.
Spouse	<p>Spouse means the Primary Covered Person's Spouse, provided the Primary Covered Person and His Spouse are not legally separated or divorced.</p> <p>The term Spouse, where referenced in the Policy, shall also mean and include the Primary Covered Person's civil union partner as defined by state law.</p>
NEVADA	
Spouse	<p>Spouse means the Primary Covered Person's Spouse, provided the Primary Covered Person and His Spouse are not legally separated or divorced.</p> <p>The term Spouse, where referenced in the Policy, shall also mean and include the Primary Covered Person's civil union partner as defined by state law.</p>
NORTH CAROLINA	
Certificate Effective Date	<p>Certificate Effective Date means the day on which coverage for the Primary Covered Person and other Covered Persons begins no later than 90 days after the first day of employment. Coverage will begin on the first day of the month following the date:</p> <ol style="list-style-type: none"> 1. Our Home Office has approved the Primary Covered Person's Enrollment Form; and 2. the Policyholder has paid the first premium.

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.** Definitions of each Covered Expense is provided in the Certificate of Insurance. 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
NORTH CAROLINA	
Invasive Cancer	<p>Invasive Cancer means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of local or distant tissue. The term Invasive Cancer also includes Leukemia, Lymphoma and malignant melanoma with a maximum thickness of more than 1.0 mm. as determined by histological examination using the Breslow Method. Clinical Diagnosis of Invasive Cancer will be accepted when a pathological Diagnosis cannot be made, provided medical evidence substantially documents the Diagnosis of Invasive Cancer. Postmortem Diagnosis is acceptable, subject to the conditions in the Critical Illness benefits. Invasive Cancer must be positively Diagnosed by a Physician certified to practice pathological anatomy or osteopathic pathology, upon the basis of a 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.</p> <p>Clinical diagnosis of cancer shall be accepted as evidence that cancer exists in an insured when a pathological diagnosis cannot be made, provided the medical evidence substantially documents the diagnosis of cancer and the insured received definitive treatment for cancer. If the requisite pathological clinical diagnosis can only be made postmortem, liability shall be assumed retroactively beginning with the date of the terminal admission to the hospital for not less than 45 days before the date of death. A clinical diagnosis of cancer shall not be excluded if, in the opinion of the attending physician, a positive diagnosis cannot otherwise be made without jeopardizing the life of the claimant.</p> <p>The term Invasive Cancer does not include the following:</p> <ol style="list-style-type: none"> 1. Carcinoma in Situ; 2. All skin cancers, unless there is evidence of metastasis; or 3. Malignant melanoma of less than 1.0 mm. maximum thickness as determined by histological examination using the Breslow Method.
WYOMING	
Pre-existing Condition	<p>Pre-existing Condition means any of the following which a Physician has treated or for which a Physician has advised treatment of the Covered Person within 6 months before the Covered Person's effective date of insurance:</p> <ol style="list-style-type: none"> 1. Heart Attack; 2. Stroke; 3. Invasive Cancer.

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.** Definitions of each Covered Expense is provided in the Certificate of Insurance. Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.



'This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.** Definitions of each Covered Expense is provided in the Certificate of Insurance. Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

LIMITATIONS & EXCLUSIONS*

Exclusions

No benefits will be payable for any of the following unless coverage is specifically provided for and described by name in the Certificate.:

Below Limitations & Exclusions are based on the TX Certificate of Insurance. Any state variations in the Limitations and Exclusions will shown below that Limitation & Exclusion.

1. A Critical Illness diagnosed outside of the United States.
2. Any Critical Illness suffered by a Covered Person that is caused by, contributed to, or that occurs during any of the following.
 - a. Any intentionally self-inflicted injury;
 - b. Suicide, or attempted suicide, while sane or insane;
 - c. Active duty military service;
 - d. Participation in the commission or attempted commission of a felony;
 - e. Active participation in a riot or insurrection;
 - f. Being intoxicated or under the influence of alcohol, drugs or any narcotic (including overdose) unless administered on, and taken in accordance with, the instructions of a Physician;
 - g. Psychosis; or
 - h. Alcoholism or drug addiction.

(Alabama, 2h replaces the exclusion language with the following: Intoxication or drug addiction.)

(Colorado, 2a replaces the exclusion language with the following: Any intentionally self-inflicted injury, while sane;)

(Illinois, 2d replaces the exclusion language with the following: Any loss to which the cause was the Insured's participation in the commission or attempted commission of a felony;)

(Illinois, 2f replaces the exclusion language with the following: Being Intoxicated or under the influence of alcohol, drugs or any narcotic (including overdose), as defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred, unless administered on, and taken in accordance with, the instructions of a Physician;)

(Illinois, 2h replaces the exclusion language with the following: Alcoholism or drug addiction, as defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred.)

(Kansas, 2d replaces the exclusion language with the following: Loss to which a contributing cause was participation in the commission or attempted commission of a felony or being engaged in an illegal occupation;)

(Louisiana, 2f replaces the exclusion language with the following: Being intoxicated or under the influence of alcohol or narcotics (including overdose) unless administered on, and taken in accordance with, the instructions of a Physician;)

(Missouri, 2b replaces the exclusion language with the following: Suicide, or attempted suicide, while sane;)

(Rhode Island, 2d replaces the exclusion language with the following: Contributing cause was the participation in the commission or attempted commission of a felony or illegal occupation;)

*In the Colorado Certificate of Insurance, instead of Limitations and Exclusions as the title of this section, it is referred to as Limitations and Exclusions (What is Not Covered and Pre-existing Conditions)

Pre-Existing Condition Limitations

We will not pay benefits for a Critical Illness caused or contributed to by, or resulting from, a Pre-existing Condition.

This Limitation will not apply to a Critical Illness that occurs after coverage under this Certificate is in force for the Covered Person for at least **12 months (6 months for CO)** after the Covered Person's most recent effective date of insurance.

If coverage under this Certificate replaces a prior plan of critical illness insurance sponsored by the Policyholder and the Covered Person does not satisfy this Certificate's Pre-existing Condition Limitation, but can satisfy their prior plan's preexisting condition limitation giving credit for all time insured under both policies, then We will pay the lesser of:

1. benefits under this Certificate without application of the pre-existing conditions limitation; or
2. benefits of the prior plan.

The following conditions must be met:

1. The Primary Covered Person was validly covered under the prior plan on the Policy Effective Date;
2. the applicable premium is paid; and
3. the prior coverage is terminated upon issuance of this coverage.

Pre-Existing Condition Limitation - ILLINOIS STATE VARIATION

We will not pay benefits for a Critical Illness caused by, or resulting from, a Pre-existing Condition.

This Limitation will not apply to a Critical Illness that occurs after coverage under this Certificate is in force for the Covered Person for at least 12 months after the Covered Person's most recent effective date of insurance.

If coverage under this Certificate replaces a prior plan of critical illness insurance sponsored by the Policyholder, a person who is otherwise a member of an eligible class under the Policy shall be covered without regard to any Actively-at-Work or Evidence of Insurability requirement if:

1. such person was validly covered under the prior plan on the Policy Effective Date;
2. the applicable premium is paid; and
3. the prior coverage is terminated upon issuance of this coverage.

If coverage under this Certificate replaces a prior plan of critical illness insurance sponsored by the Policyholder and the Covered Person does not satisfy this Certificate's Pre-existing Condition Limitation, but can satisfy their prior plan's preexisting condition limitation giving credit for all time insured under both policies, then We will pay the lesser of:

1. benefits under this Certificate without application of the pre-existing conditions limitation; or
2. benefits of the prior plan.

The following conditions must be met:

1. The Primary Covered Person was validly covered under the prior plan on the Policy Effective Date;
2. the applicable premium is paid; and
3. the prior coverage is terminated upon issuance of this coverage.

Pre-Existing Condition Limitation - WYOMING STATE VARIATION

We will not pay benefits for a Critical Illness caused or contributed to by, or resulting from, a Pre-existing Condition for which medical advice, diagnosis, care or treatment was recommended or received during the six (6) months before the effective date of coverage.

This Limitation will not apply to a Critical Illness that occurs after coverage under this Certificate is in force for the Covered Person for at least 12 months after the Covered Person's most recent effective date of insurance.

If coverage under this Certificate replaces a prior plan of critical illness insurance sponsored by the Policyholder and the Covered Person does not satisfy this Certificate's Pre-existing Condition Limitation, but can satisfy their prior plan's preexisting condition limitation giving credit for all time insured under both policies, then We will pay the lesser of:

1. benefits under this Certificate without application of the pre-existing conditions limitation; or
2. benefits of the prior plan.

The following conditions must be met:

1. The Primary Covered Person was validly covered under the prior plan on the Policy Effective Date;
2. the applicable premium is paid; and
3. the prior coverage is terminated upon issuance of this coverage.

The provisions below are for all Group Critical Illness Insurance states issued by SiriusPoint America Insurance Company to United Business Association (based on the TX Certificate of Insurance). Some states may have variations or added provisions. Those variations and added provisions will be located between pages 28-51. 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.

PROVISION ²	PROVISION DESCRIPTION ²
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	All provisions below are based on the TX Version of the Eligibility, Effective Date & Termination Provision Section. Any State Variations will list the state & Page # to view
Certificate Effective Date	<p>Certificate Effective Date</p> <p>We agree to provide the Critical Illness Insurance Benefits described in this Certificate in consideration of the Policyholder's application and payment of the Premium when due. Insurance begins on the Certificate Effective Date shown on this Certificate's first page.</p> <p>Mississippi has a variation based on the MS Certificate. See page 37 for variation of provision language.</p>
Individual Coverage - Eligibility	<p>Individual Coverage - Eligibility</p> <p>To be eligible for insurance under the Policy as a Primary Covered Person, a person must be a member of an eligible Class as defined in the Schedule of Benefits.</p>
Enrollment	<p>Enrollment</p> <p>An individual who is a member of an eligible Class may enroll for coverage as a Primary Covered Person during the Initial Enrollment Period as shown in the Schedule of Benefits that follows the later of:</p> <ol style="list-style-type: none"> 1. the Policy Effective Date; 2. the date the individual first becomes a member of an eligible Class; 3. the date the individual completes the Waiting Period shown in the Schedule of Benefits, if applicable.
Primary Covered Person Effective Date	<p>Primary Covered Person Effective Date</p> <p>Your effective date of coverage under the Policy will be determined follows:</p> <ol style="list-style-type: none"> 1. If You enroll for coverage when the Policyholder applies for coverage, Your coverage will effective on the Policy Effective Date. 2. If You become eligible after the Policy Effective Date and enroll during a Waiting Period or an Initial Enrollment Period, Your coverage will be effective the first of the month next following the later of the end of any applicable Waiting Period, Initial Enrollment Period and receipt of the Enrollment Form by Us. <p>North Carolina has a variation based on the NC Certificate. See page 41 for variation of provision language.</p>
Family Coverage - Eligibility	<p>Family Coverage - Eligibility</p> <p>Family members eligible for coverage are:</p> <ol style="list-style-type: none"> 1. the Primary Covered Person; 2. His Spouse; <p>A Spouse who is an eligible Member may be covered as a Primary Covered Person or a Covered Dependent, but not both.</p> <p>Arkansas has a variation based on the AR Certificate. See page 28 for variation of provision language. District of Columbia has a variation based on the DC Certificate. See page 30 for variation of provision language. Delaware has a variation based on the DE Certificate. See page 31 for variation of provision language. Kentucky has a variation based on the KY Certificate. See page 36 for variation of provision language. Louisiana has a variation based on the LA Certificate. See page 36 for variation of provision language. Nebraska has a variation based on the NE Certificate. See page 39 for variation of provision language. Nevada has a variation based on the NV Certificate. See page 40 for variation of provision language. North Carolina has a variation based on the NC Certificate. See page 41 for variation of provision language. North Dakota has a variation based on the ND Certificate. See page 43 for variation of provision language. Tennessee has a variation based on the TN Certificate. See page 46 for variation of provision language. Virginia has a variation based on the VA Certificate. See page 48 for variation of provision language. Wyoming has a variation based on the WY Certificate. See page 51 for variation of provision language.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

The provisions below are for all Group Critical Illness Insurance states issued by SiriusPoint America Insurance Company to United Business Association (based on the TX Certificate of Insurance). Some states may have variations or added provisions. Those variations and added provisions will be located between pages 28-51. 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.

PROVISION ²	PROVISION DESCRIPTION ²
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	All provisions below are based on the TX Version of the Eligibility, Effective Date & Termination Provision Section. Any State Variations will list the state & Page # to view
Spouse Effective Date	<p>Spouse Effective Date The effective date of Spouse coverage under the Policy depends on when You enroll the Spouse. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> 1. If the Spouse is eligible for coverage when the Policyholder applies for coverage, the coverage will become effective on the Policy Effective Date if You enroll the Spouse for coverage at that time; 2. If You first become eligible after the Policy Effective Date and You enroll the Spouse during Your Initial Enrollment Period, the coverage will be effective on the same date that Your coverage becomes effective; 3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form; <p>Arkansas has a variation based on the AR Certificate. See page 28 for variation of provision language. Colorado has a variation based on the CO Certificate. See page 30 for variation of provision language. District of Columbia has a variation based on the DC Certificate. See page 31 for variation of provision language. Delaware has a variation based on the DE Certificate. See page 32 for variation of provision language. Kentucky has a variation based on the KY Certificate. See page 36 for variation of provision language. Louisiana has a variation based on the LA Certificate. See page 36 for variation of provision language. Mississippi has a variation based on the MS Certificate. See page 37 for variation of provision language. Nebraska has a variation based on the NE Certificate. See page 39 for variation of provision language. Nevada has a variation based on the NV Certificate. See page 40 for variation of provision language. North Carolina has a variation based on the NC Certificate. See page 42 for variation of provision language. North Dakota has a variation based on the ND Certificate. See page 43 for variation of provision language. Ohio has a variation based on the OH Certificate. See page 44 for variation of provision language. Oklahoma has a variation based on the OK Certificate. See page 45 for variation of provision language. Rhode Island has a variation based on the RI Certificate. See page 45 for variation of provision language. Tennessee has a variation based on the TN Certificate. See page 46 for variation of provision language. Virginia has a variation based on the VA Certificate. See page 48 for variation of provision language. West Virginia has a variation based on the WV Certificate. See page 49 for variation of provision language. Wisconsin has a variation based on the WI Certificate. See page 50 for variation of provision language. Wyoming has a variation based on the WY Certificate. See page 51 for variation of provision language.</p>
Termination of Member's Coverage	<p>Termination of a Member's Coverage A Member's insurance under the Policy will automatically terminate on the earliest of the following dates:</p> <ol style="list-style-type: none"> 1. the date that the Policy terminates; 2. the date of termination of any section or part of the Policy and this Certificate with respect to insurance under such section or part; 3. the premium due date coinciding with or next following the date that the Member ceases to be a member of an eligible Class; 4. the date the Member reaches the Maximum Age shown in the Schedule of Benefits; 5. any premium due date, if premium remains unpaid by the end of the Grace Period; and 6. the date the Policyholder no longer meets participation requirements. <p>Termination of coverage will not affect a claim for a loss that occurred while coverage was in force under the Policy. However, in no instance will benefit payments extend beyond the date any benefit amount, benefit limit or benefit maximum shown in the Schedule of Benefits and applicable to the diagnosis of a Critical Illness is reached.</p> <p>Nevada has a variation based on the NV Certificate. See page 41 for variation of provision language. Virginia has a variation based on the VA Certificate. See page 48 for variation of provision language.</p>
Spouse Termination	<p>Spouse Termination If the Primary Covered Person's Spouse is a Covered Person, His coverage will end:</p> <ol style="list-style-type: none"> 1. with respect to a covered Spouse, on the date He is divorced from the Primary Covered Person; or 2. on the date the Primary Covered Person dies; or 3. on the date the required premium for the Spouse's coverage is not paid. <p>Illinois has a variation based on the IL Certificate. See page 33 for variation of provision language. Virginia has a variation based on the VA Certificate. See page 48 for variation of provision language.</p>

The following states have **additional Eligibility, Effective Date and Termination Provisions**. See below for state-specific Additional Provision and Page Numbers:

SPOUSAL CONTINUATION OF COVERAGE

PG 33 (ILLINOIS)

DISCONTINUANCE AND REPLACEMENT

PG 33 (ILLINOIS)

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

AGENT USE ONLY - NOT FOR CONSUMER USE 21

The provisions below are for all Group Critical Illness Insurance states issued by SiriusPoint America Insurance Company to United Business Association (based on the TX Certificate of Insurance). Some states may have variations or added provisions. Those variations and added provisions will be located between pages 28-51. 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.

PROVISION ²	PROVISION DESCRIPTION ²
CLAIMS PROVISIONS*	All provisions below are based on the TX Version of the Claims Provision Section. Any State Variations will list the state & Page # to view
Notice of Claim	<p>Notice of Claim Written or authorized electronic/telephonic notice must be given to Us or Our authorized representative within 90 days after a Covered Person's loss or as soon as reasonably possible thereafter. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at Our Home Office in New York, New York, such other place as We may designate for the purpose, or to Our authorized representative. Notice should include the Policyholder's name and policy number and the Covered Person's name and address.</p> <p>Nebraska has a variation based on the NE Certificate. See page 40 for variation of provision language.</p> <p>Ohio has a variation based on the OH Certificate. See page 44 for variation of provision language.</p>
Claim Forms	<p>Claim Forms We will send forms to the claimant for filing proof of loss when We receive the notice of claim. If claim forms are not sent within 15 days after We receive notice, the proof requirements will be met by the claimant upon submitting, within the time fixed in this Certificate for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which claim is made.</p> <p>Georgia has a variation based on the GA Certificate. See page 32 for variation of provision language.</p> <p>Kansas has a variation based on the KS Certificate. See page 35 for variation of provision language.</p> <p>Virginia has a variation based on the VA Certificate. See page 48 for variation of provision language.</p>
Proof of Loss	<p>Proof of Loss Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our Home Office or to Our authorized representative, within 90 days of the loss for which claim is made. Failure to furnish proof within the time required will not invalidate or reduce a claim if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.</p> <p>Missouri has a variation based on the MO Certificate. See page 38 for variation of provision language.</p> <p>North Carolina has a variation based on the NC Certificate. See page 42 for variation of provision language.</p> <p>Wisconsin has a variation based on the WI Certificate. See page 50 for variation of provision language.</p>
Time of Payment of Claims	<p>Time of Payment of Claims We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate. For benefits other than those for which a periodic payment is made, in no event will benefits be paid later than 60 days after We receive due written proof of loss.</p> <p>Alabama has a variation based on the AL Certificate. See page 28 for variation of provision language.</p> <p>Arkansas has a variation based on the AR Certificate. See page 29 for variation of provision language.</p> <p>Arizona has a variation based on the AZ Certificate. See page 29 for variation of provision language.</p> <p>Colorado has a variation based on the CO Certificate. See page 30 for variation of provision language.</p> <p>District of Columbia has a variation based on the DC Certificate. See page 31 for variation of provision language.</p> <p>Delaware has a variation based on the DE Certificate. See page 32 for variation of provision language.</p> <p>Georgia has a variation based on the GA Certificate. See page 32 for variation of provision language.</p> <p>Illinois has a variation based on the IL Certificate. See page 34 for variation of provision language.</p> <p>Indiana has a variation based on the IN Certificate. See page 35 for variation of provision language.</p> <p>Kansas has a variation based on the KS Certificate. See page 35 for variation of provision language.</p> <p>Kentucky has a variation based on the KY Certificate. See page 36 for variation of provision language.</p> <p>Louisiana has a variation based on the LA Certificate. See page 37 for variation of provision language.</p> <p>Mississippi has a variation based on the MS Certificate. See page 38 for variation of provision language.</p> <p>Missouri has a variation based on the MO Certificate. See page 39 for variation of provision language.</p> <p>Nebraska has a variation based on the NE Certificate. See page 40 for variation of provision language.</p> <p>Nevada has a variation based on the NV Certificate. See page 41 for variation of provision language.</p> <p>North Carolina has a variation based on the NC Certificate. See page 42 for variation of provision language.</p> <p>North Dakota has a variation based on the ND Certificate. See page 43 for variation of provision language.</p> <p>Ohio has a variation based on the OH Certificate. See page 44 for variation of provision language.</p> <p>Oklahoma has a variation based on the OK Certificate. See page 45 for variation of provision language.</p> <p>Rhode Island has a variation based on the RI Certificate. See page 46 for variation of provision language.</p> <p>Tennessee has a variation based on the TN Certificate. See page 47 for variation of provision language.</p> <p>Virginia has a variation based on the VA Certificate. See page 48 for variation of provision language.</p> <p>West Virginia has a variation based on the WV Certificate. See page 50 for variation of provision language.</p> <p>Wisconsin has a variation based on the WI Certificate. See page 50 for variation of provision language.</p> <p>Wyoming has a variation based on the WY Certificate. See page 51 for variation of provision language.</p>

*In the Colorado Certificate of Insurance, instead of Claims Provisions as the title of this section, it is referred to as Claims Provisions (How to File a Claim)

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

The provisions below are for all Group Critical Illness Insurance states issued by SiriusPoint America Insurance Company to United Business Association (based on the TX Certificate of Insurance). Some states may have variations or added provisions. Those variations and added provisions will be located between pages 28-51. 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.

PROVISION ²	PROVISION DESCRIPTION ²
CLAIMS PROVISIONS*	All provisions below are based on the TX Version of the Claims Provision Section. Any State Variations will list the state & Page # to view
Payment of Claims	<p>Payment of Claims</p> <p>All benefits will be paid in United States currency. All proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person. If the Covered Person dies before all payments due have been made, all remaining amounts payable will be paid to the Covered Person's estate.</p> <p>If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for His property, a payment not exceeding \$1,000 may be made at Our option to any relative by blood or connection by marriage of the payee who has submitted reliable documentary evidence and, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. Any payment We make in good faith fully discharges Our liability to the extent of the payment made.</p> <p>If the Covered Person provides Us with a written release to do so, we may, at Our option, pay benefits directly to the institution or person rendering treatment or services covered under the Policy.</p> <p>Illinois has a variation based on the IL Certificate. See page 34 for variation of provision language.</p> <p>Kansas has a variation based on the KS Certificate. See page 35 for variation of provision language.</p> <p>Missouri has a variation based on the MO Certificate. See page 39 for variation of provision language.</p> <p>Ohio has a variation based on the OH Certificate. See page 44 for variation of provision language.</p> <p>Rhode Island has a variation based on the RI Certificate. See page 46 for variation of provision language.</p> <p>Tennessee has a variation based on the TN Certificate. See page 47 for variation of provision language.</p> <p>Virginia has a variation based on the VA Certificate. See page 49 for variation of provision language.</p> <p>West Virginia has a variation based on the WV Certificate. See page 50 for variation of provision language.</p> <p>Wyoming has a variation based on the WY Certificate. See page 51 for variation of provision language.</p>
Physical Examination	<p>Physical Examination</p> <p>We, at Our own expense, have the right and opportunity to examine a Covered Person when and as often as We may reasonably require while a claim is pending.</p> <p>District of Columbia has a variation based on the DC Certificate. See page 31 for variation of provision language.</p>
Legal Actions	<p>Legal Actions</p> <p>No action at law or in equity will be brought to recover benefits under the Policy less than 60 days after satisfactory proof of loss has been furnished as required by the Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.</p> <p>Alabama has a variation based on the AL Certificate. See page 28 for variation of provision language.</p> <p>Delaware has a variation based on the DE Certificate. See page 32 for variation of provision language.</p> <p>Kansas has a variation based on the KS Certificate. See page 35 for variation of provision language.</p> <p>Louisiana has a variation based on the LA Certificate. See page 37 for variation of provision language.</p>
Recovery of Overpayment	<p>Recovery of Overpayment</p> <p>If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.</p> <ol style="list-style-type: none"> 1. A request for lump sum payment of the overpaid amount. 2. A reduction of any amounts payable under the Policy. <p>If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.</p> <p>Kansas does <u>not</u> have this provision in the KS Certificate.</p> <p>Missouri has a variation based on the MO Certificate. See page 39 for variation of provision language.</p> <p>Oklahoma has a variation based on the OK Certificate. See page 45 for variation of provision language.</p> <p>Tennessee has a variation based on the TN Certificate. See page 47 for variation of provision language.</p>

The following states have **additional Claims Provisions**. See below for state-specific Additional Provision and Page Numbers:

ERRORS RELATED TO YOUR COVERAGE	PG 35 (KANSAS)
TEXAS DEPARTMENT OF HUMAN SERVICES	PG 47 (TEXAS)

*In the Colorado Certificate of Insurance, instead of Claims Provisions as the title of this section, it is referred to as Claims Provisions (How to File a Claim)

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

The provisions below are for all Group Critical Illness Insurance states issued by SiriusPoint America Insurance Company to United Business Association (based on the TX Certificate of Insurance). Some states may have variations or added provisions. Those variations and added provisions will be located between pages 28-51. 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.

PROVISION ²	PROVISION DESCRIPTION ²
ADMINISTRATIVE PROVISIONS*	All provisions below are based on the TX Version of the Administrative Provision Section. Any State Variations will list the state & Page # to view
Grace Period	<p>Grace Period</p> <p>A Policy Grace Period of 31 days will be granted for payment of required premiums due after the first premium, unless:</p> <ol style="list-style-type: none"> 1. the Policyholder has given Us advance written notice of intent to discontinue coverage in accordance with the terms of the Policy; or 2. We do not intend to renew the Policy beyond the period for which premium has been accepted; and 3. written notice of Our intention not to renew is delivered to the Policyholder at least 31 days before the premium is due. <p>The Policy and Certificates under the Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The Policyholder is liable to Us for any unpaid premium for the time the Policy was in force.</p> <p>Georgia has a variation based on the GA Certificate. See page 32 for variation of provision language.</p> <p>Louisiana has a variation based on the LA Certificate. See page 37 for variation of provision language.</p> <p>Nevada has a variation based on the NV Certificate. See page 41 for variation of provision language.</p> <p>North Carolina has a variation based on the NC Certificate. See page 42 for variation of provision language.</p> <p>Wisconsin has a variation based on the WI Certificate. See page 51 for variation of provision language.</p>
Premiums	<p>Premiums</p> <p>Premium rates are expressed in, and premiums are payable in, United States currency. The premiums for the Policy will be based on the rates set forth in this Certificate, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected. We will provide notifications of premiums due or premium change, by mail to the most current address in our files, to the Policyholder.</p> <p>Louisiana has a variation based on the LA Certificate. See page 37 for variation of provision language.</p> <p>Mississippi has a variation based on the MS Certificate. See page 38 for variation of provision language.</p> <p>Nevada has a variation based on the NV Certificate. See page 41 for variation of provision language.</p> <p>North Carolina has a variation based on the NC Certificate. See page 42 for variation of provision language.</p>
Premium Payment	<p>Premium Payment</p> <p>The total premium paid by the Policyholder is the sum of premiums for all Covered Persons including any amounts contributed toward the cost of the coverage by Covered Persons. The initial premium is due on the Policy Effective Date and each succeeding premium is due on the next succeeding Premium Due Date, as shown in the Schedule of Benefits, unless the Policyholder and We agree to another mode of premium payment. Premiums are paid at Our Home Office or to Our authorized representative.</p> <p>If any premium is not paid when due, the Policy will be cancelled as of the Premium Due Date of the unpaid premium, except as provided in the Grace Period provision.</p> <p>Illinois has a variation based on the IL Certificate. See page 34 for variation of provision language.</p>

*In the Colorado Certificate of Insurance, instead of Administrative Provisions as the title of this section, it is referred to as Premium Payment Responsibility.

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

The provisions below are for all Group Critical Illness Insurance states issued by SiriusPoint America Insurance Company to United Business Association (based on the TX Certificate of Insurance). Some states may have variations or added provisions. Those variations and added provisions will be located between pages 28-51. 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.

PROVISION ²	PROVISION DESCRIPTION ²
GENERAL PROVISIONS	All provisions below are based on the TX Version of the General Provision Section. Any State Variations will list the state & Page # to view
Entire Contract Changes	<p>Entire Contract; Changes</p> <p>The Policy, the Policyholder's Application, and any attached Riders or Amendments along with this Certificate make up the entire contract. A copy of the Primary Covered Person's Enrollment Form will also be attached.</p> <p>No change in the Policy or this Certificate will be valid until approved by an officer of the Company. The change must be signed by an officer of the Company and attached to the Policy. No agent may change the Policy or waive any of its provisions.</p> <p>Colorado has a variation based on the CO Certificate. See page 30 for variation of provision language.</p>
Misstatement of Age	<p>Misstatement of Age</p> <p>If premiums for a Covered Person are based on Age and the Covered Person's Age has been misstated, there will be a fair adjustment of premiums based on His true Age. If the benefits for which the Covered Person is insured are based on Age and the Covered Person's Age has been misstated, there will be an adjustment of said benefit based on His true Age. We may require satisfactory proof of Age before paying any claim.</p>
Assignment	<p>Assignment</p> <p>The rights and benefits under this Policy may not be assigned and any attempt to assign will be void.</p> <p>This insurance may not be levied on, attached, garnished, or otherwise taken for a person's debts unless contrary to law.</p> <p>Illinois has a variation based on the IL Certificate. See page 34 for variation of provision language.</p> <p>Mississippi has a variation based on the MS Certificate. See page 38 for variation of provision language.</p>
Incontestability	<p>Incontestability</p> <p>In the absence of fraud, all statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.</p> <p>After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance.</p> <p>In the event of death or incapacity, Your representative shall be given a copy.</p> <p>Alabama has a variation based on the AL Certificate. See page 28 for variation of provision language.</p> <p>Arkansas has a variation based on the AR Certificate. See page 29 for variation of provision language.</p> <p>Arizona has a variation based on the AZ Certificate. See page 29 for variation of provision language.</p> <p>Colorado has a variation based on the CO Certificate. See page 30 for variation of provision language.</p> <p>District of Columbia has a variation based on the DC Certificate. See page 31 for variation of provision language.</p> <p>Indiana has a variation based on the IN Certificate. See page 35 for variation of provision language.</p> <p>Louisiana has a variation based on the LA Certificate. See page 37 for variation of provision language.</p> <p>Missouri has a variation based on the MO Certificate. See page 39 for variation of provision language.</p> <p>Nebraska has a variation based on the NE Certificate. See page 40 for variation of provision language.</p> <p>North Carolina has a variation based on the NC Certificate. See page 43 for variation of provision language.</p> <p>North Dakota has a variation based on the ND Certificate. See page 43 for variation of provision language.</p> <p>Rhode Island has a variation based on the RI Certificate. See page 46 for variation of provision language.</p> <p>Tennessee has a variation based on the TN Certificate. See page 47 for variation of provision language.</p> <p>Virginia has a variation based on the VA Certificate. See page 49 for variation of provision language.</p> <p>Wyoming has a variation based on the WY Certificate. See page 51 for variation of provision language.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

The provisions below are for all Group Critical Illness Insurance states issued by SiriusPoint America Insurance Company to United Business Association (based on the TX Certificate of Insurance). Some states may have variations or added provisions. Those variations and added provisions will be located between pages 28-51. 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.

PROVISION ²	PROVISION DESCRIPTION ²
GENERAL PROVISIONS	All provisions below are based on the TX Version of the General Provision Section. Any State Variations will list the state & Page # to view
Conformity with State Statutes	<p>Conformity with State Statutes</p> <p>Any provision of the Policy and any Certificate, which, on its effective date, is in conflict with the statutes of the state in which the Policy or Certificate is delivered, is hereby amended to conform to the minimum requirements of those statutes.</p> <p>Illinois has a variation based on the IL Certificate. See page 34 for variation of provision language.</p> <p>Indiana has a variation based on the IN Certificate. See page 35 for variation of provision language.</p> <p>Kansas has a variation based on the KS Certificate. See page 36 for variation of provision language.</p> <p>Mississippi has a variation based on the MS Certificate. See page 38 for variation of provision language.</p> <p>Nebraska has a variation based on the NE Certificate. See page 40 for variation of provision language.</p> <p>North Carolina has a variation based on the NC Certificate. See page 43 for variation of provision language.</p> <p>Ohio has a variation based on the OH Certificate. See page 44 for variation of provision language.</p> <p>Oklahoma has a variation based on the OK Certificate. See page 45 for variation of provision language.</p> <p>Rhode Island has a variation based on the RI Certificate. See page 46 for variation of provision language.</p> <p>West Virginia has a variation based on the WV Certificate. See page 50 for variation of provision language.</p>
Clerical Error	<p>Clerical Error</p> <p>Clerical error, whether by the Policyholder or Us, will not void the insurance of any Covered Person if that insurance would otherwise have been in effect or extend the insurance of any Covered Person if that insurance would otherwise have ended or been reduced as provided in the Policy.</p>
Workers' Compensation Insurance	<p>Workers' Compensation Insurance</p> <p>The Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation law.</p>

The following states have **additional General Provisions**. See below for state-specific Additional Provision and Page Numbers:

CHANGE IN BENEFICIARY	PG 42 (NORTH CAROLINA)
CLAIMS EXPERIENCE	PG 49 (VIRGINIA)

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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

PROVISION VARIATIONS

In this section of the agent guide (pages 28-51), all of the state variations that are different from the provisions listed between pages 20-26 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

ALABAMA	PG 28
ARKANSAS	PGS 28-29
ARIZONA	PG 29
COLORADO	PG 30
DISTRICT OF COLUMBIA (DC)	PGS 30-31
DELAWARE	PGS 31-32
GEORGIA	PG 32
ILLINOIS	PGS 33-34
INDIANA	PG 35
KANSAS	PGS 35-36
KENTUCKY	PG 36
LOUISIANA	PGS 36-37
MISSISSIPPI	PGS 37-38
MISSOURI	PGS 38-39
NEBRASKA	PGS 39-40
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NORTH CAROLINA	PGS 41-43
NORTH DAKOTA	PG 43
OHIO	PG 44
OKLAHOMA	PG 45
RHODE ISLAND	PGS 45-46
TENNESSEE	PGS 46-47
TEXAS	PG 47
VIRGINIA	PGS 48-49
WEST VIRGINIA	PGS 49-50
WISCONSIN	PGS 50-51
WYOMING	PG 51



PROVISION ²	PROVISION DESCRIPTION ²
ALABAMA	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
Legal Actions	<p>Legal Actions</p> <p>No action at law or in equity will be brought to recover benefits under the Policy less than 60 days after satisfactory proof of loss has been furnished as required by the Policy. No such action will be brought more than six (6) years after the time such written proof of loss must be furnished.</p>
GENERAL PROVISIONS	
Incontestability	<p>Incontestability</p> <p>In the absence of fraud, all statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a signed copy of the instrument containing the Covered Person's statement is, or has been, furnished to the Policyholder, the Covered Person or Beneficiary.</p> <p>After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance.</p> <p>In the event of death or incapacity, Your representative shall be given a copy.</p>
ARKANSAS	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Family Coverage - Eligibility	<p>Family Coverage - Eligibility</p> <p>Family members eligible for coverage are:</p> <ol style="list-style-type: none"> 1. the Primary Covered Person; 2. His Spouse. <p>A Spouse who is a Member may be covered as a Primary Covered Person or a Covered Dependent, but not both.</p>
Spouse Effective Date	<p>Spouse Effective Date</p> <p>The effective date of Spouse coverage under the Policy, depends on when You enroll the Spouse. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> 1. If the Spouse are eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You enroll the Spouse for coverage at that time; 2. If You first become eligible after the Policy Effective Date and You enroll the Spouse during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective; 3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form;

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

PROVISION ²	PROVISION DESCRIPTION ²
ARKANSAS	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
GENERAL PROVISIONS	
Incontestability	<p>Incontestability</p> <p>In the absence of fraud, all statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.</p> <p>After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or material misrepresentation.</p> <p>In the event of death or incapacity, Your representative shall be given a copy.</p>
ARIZONA	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately but not later than 60 days upon receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
GENERAL PROVISIONS	
Incontestability	<p>Incontestability</p> <ol style="list-style-type: none"> 1. The validity of the Policy may not be contested, except for nonpayment of premiums, after the Policy has been in force for two years after its date of issue; and 2. A statement made by any individual covered by the Policy relating to the individual's insurability may not be used in contesting the validity of the insurance with respect to which the statement was made: <ol style="list-style-type: none"> a) after the insurance has been in force before the contest for two years during the individual's lifetime; and b) unless the statement is contained in a written instrument signed by the individual making the statement.

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

PROVISION ²	PROVISION DESCRIPTION ²
COLORADO	
ELIGIBILITY & EFFECTIVE DATE	
Spouse Effective Date	<p>Spouse Effective Date</p> <p>The effective date of Spouse coverage under the Policy, depends on when You enroll the Spouse. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> 1. If the Spouse is eligible for coverage when the Policyholder applies for coverage, the coverage will become effective on the Policy Effective Date if You enroll the Spouse for coverage at that time; 2. If You first become eligible after the Policy Effective Date and You enroll the Spouse during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective; 3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
GENERAL PROVISIONS	
Entire Contract Changes	<p>Entire Contract; Changes</p> <p>The Policy, the Policyholder's Application, and any attached Riders or Amendments along with this Certificate make up the entire contract. A copy of the Primary Covered Person's Enrollment Form will also be attached.</p> <p>No change in the Policy or this Certificate will be valid until approved by an officer of the Company. The change must be signed by an officer of the Company and attached to the Policy. Any such change which reduces or eliminates coverage shall have been either requested in writing or signed by the Policyholder. No agent may change the Policy or waive any of its provisions.</p>
Incontestability	<p>Incontestability</p> <p>In the absence of fraud, all statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a signed copy of the written instrument containing the statement is, or has been, furnished to the claimant.</p> <p>After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance.</p> <p>In the event of death or incapacity, Your beneficiary or representative shall be given a copy.</p>
DISTRICT OF COLUMBIA (DC)	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Family Coverage - Eligibility	<p>Family Coverage - Eligibility</p> <p>Family members eligible for coverage are:</p> <ol style="list-style-type: none"> 1. the Primary Covered Person; 2. His Spouse. <p>A Spouse who is a Member may be covered as a Primary Covered Person or a Covered Dependent, but not both.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

PROVISION ²	PROVISION DESCRIPTION ²
DISTRICT OF COLUMBIA (DC)	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse Effective Date	<p>Spouse Effective Date</p> <p>The effective date of Spouse coverage under the Policy, depends on when You enroll the Spouse. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> 1. If the Spouse is eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You enroll the Spouse for coverage at that time; 2. If You first become eligible after the Policy Effective Date and You enroll the Spouse during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective; 3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
Physical Examination and Autopsy	<p>Physical Examination and Autopsy</p> <p>We, at Our own expense, have the right and opportunity to examine a Covered Person when and as often as We may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.</p>
GENERAL PROVISIONS	
Incontestability	<p>Incontestability</p> <p>In the absence of fraud, all statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.</p> <p>After three years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance.</p> <p>In the event of death or incapacity, Your representative shall be given a copy.</p>
DELAWARE	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Family Coverage - Eligibility	<p>Family Coverage - Eligibility</p> <p>Family members eligible for coverage are:</p> <ol style="list-style-type: none"> 1. the Primary Covered Person; 2. His Spouse. <p>A Spouse who is a Member may be covered as a Primary Covered Person or a Covered Dependent, but not both.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

PROVISION ²	PROVISION DESCRIPTION ²
DELAWARE	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse Effective Date	<p>Spouse Effective Date</p> <p>The effective date of Spouse coverage under the Policy, depends on when You enroll the Spouse. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> 1.If the Spouse is eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You enroll the Spouse for coverage at that time; 2.If You first become eligible after the Policy Effective Date and You enroll the Spouse during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective; 3.If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately, and in no event, later than 60 days after receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
Legal Actions	<p>Legal Actions</p> <p>No action at law or in equity will be brought to recover benefits under the Policy less than 90 days after satisfactory proof of loss has been furnished as required by the Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.</p>
GEORGIA	
CLAIMS PROVISIONS	
Claim Forms	<p>Claim Forms</p> <p>We will send forms to the claimant for filing proof of loss when We receive the notice of claim. If claim forms are not sent within 10 working days after we receive notice, the proof requirements will be met by the claimant upon submitting, within the time fixed in this Certificate for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which claim is made.</p>
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss, but no more than 30 calendar days for paper claims and 15 days for electronic claims. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate. If We dispute any portion of the claim, We shall have 30 working days for paper claims and 15 calendar days for electronic claims to either mail payment for the claim or a letter or notice denying it in whole or in part, giving Our reasons for denial. If We fail to process claims accordingly, We will add interest to the claim payment in the amount of 12% per annum.</p>
ADMINISTRATIVE PROVISIONS	
Grace Period	<p>Grace Period</p> <p>A Policy Grace Period of 31 will be granted for payment of required premiums due after the first premium, unless:</p> <ol style="list-style-type: none"> 1. the Policyholder has given Us advance written notice of intent to discontinue coverage in accordance with the terms of the Policy; or 2. We do not intend to renew the Policy beyond the period for which premium has been accepted; and 3. written notice of Our intention not to renew is delivered to the Policyholder at least 60 days before the premium is due. <p>The Policy and Certificates under the Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The Policyholder is liable to Us for any unpaid premium for the time the Policy was in force.</p>

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PROVISION ²	PROVISION DESCRIPTION ²
ILLINOIS	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse Termination	<p>Spouse Termination</p> <p>If the Primary Covered Person's Spouse is a Covered Person, His coverage will end:</p> <ol style="list-style-type: none"> 1. with respect to a covered Spouse, on the date He is divorced from the Primary Covered Person; or 2. 90 days after the date the Primary Covered Person dies; or 3. on the date the required premium for the Spouse coverage is not paid
Spousal Continuation of Coverage	<p>Spousal Continuation of Coverage</p> <p>A Spouse has the right to continue coverage under the Policy if coverage should terminate because:</p> <ol style="list-style-type: none"> 1. the Primary Covered Person dies; or 2. the Primary Covered Person and Spouse legally dissolve their marriage; or 3. the Primary Covered Person retires, and the Spouse is at least age 55 at the time of retirement. <p>The Spouse must be covered under the Policy on the day prior to the qualifying event described in 1-3 above.</p> <p>The Spouse must notify the Policyholder and Us in writing of the dissolution of marriage or the death or retirement of the Primary Covered Person within 30 days of the qualifying event.</p> <p>The Policyholder must notify Us in writing within 15 days after receiving a request for Spousal Continuation. The Policyholder must send the Spouse, a copy of the notice that is sent to Us at the Spouse's residence address. We will then notify the Spouse of the right to continuation by certified mail, return receipt requested, within 30 days after receipt of the notice from the Policyholder. The information will include:</p> <ol style="list-style-type: none"> 1. the Spousal Continuation Election Form; 2. the amount of the premium; 3. the method and place of premium payments; <p>The Spouse must return the Continuation Election Form and the first premium within 30 days after the date it is received.</p> <p>If the former Spouse is under age 55, the premium for Spousal Continuation coverage is the amount that would be charged if the Spouse were the Primary Covered Person. The Spouse is responsible for the entire premium. This amount includes any contribution that the Policyholder would normally make on behalf of an active Primary Covered Person.</p> <p>If the Primary Covered Person's Spouse or former Spouse is age 55 or older, for the initial two years of Spousal Continuation coverage, the premium is the amount that would be charged if the Spouse or former Spouse were an employee of the Policyholder. The Spouse or former Spouse is responsible for the entire premium. This amount includes any contribution the Policyholder would normally make on behalf of an active Primary Covered Person. After the initial two years of coverage, the premium may be adjusted to include a 20% administration fee.</p> <p>Continuation resulting from a Primary Covered Person's death or divorce will be offered for a duration of coverage for 2 years if the Spouse is under age 55 at time of election. If the Spouse is age 55 or older at the time of election, coverage will be provided until the Spouse is eligible for Medicare.</p> <p>Continuation resulting from the Primary Covered Person's retirement is only available to Spouses who are age 55 or older at the time of the retirement. Coverage will be provided until the Spouse is eligible for Medicare.</p> <p>Spousal Continuation may terminate earlier than the specified time frames if:</p> <ol style="list-style-type: none"> 1. the Spouse fails to make timely premium payments; 2. the Policy would terminate even though the Spouse were still married to the Primary Covered Person (unless the Primary Covered Person retires during the election period); 3. the Spouse became insured under any other group health plan; 4. the Spouse remarries. <p>Upon the termination of Spousal Continuation coverage, the Spouse may be able to convert the coverage to an individual conversion policy.</p>
Discontinuance and Replacement	<p>Discontinuance and Replacement</p> <p>If You are totally disabled at the time the group Policy terminates, benefits will be provided for, and limited to, Actual Charges described in this Certificate, which are related to the total disability. Benefits will be provided when no coverage is available under the succeeding carrier's policy whether due to the absence of coverage in the policy or a preexisting condition. Benefits will be provided for a period of no more than 12 months from the date of termination. It is Your responsibility to notify Us, and to provide, when requested by Us, written documentation of such disability.</p>

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PROVISION ²	PROVISION DESCRIPTION ²
ILLINOIS	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate. If the claim is not paid within 30 days of receipt of acceptable proof of loss, interest will accrue at rate of 9% per annum from the 30th day until the date of payment. We will not pay interest amounting to less than one dollar. Any interest payments will be made within 30 days of the date the claim is paid.</p>
Payment of Claims	<p>Payment of Claims</p> <p>All benefits will be paid in United States currency. All proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person. If the Covered Person dies before all payments due have been made, all remaining amounts payable will be paid to the Covered Person's estate or beneficiary.</p> <p>If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for His property, a payment not exceeding \$1,000 may be made at Our option to any relative by blood or connection by marriage of the payee who has submitted reliable documentary evidence and, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. Any payment We make in good faith fully discharges Our liability to the extent of the payment made.</p> <p>If the Covered Person provides Us with a written release to do so, we may, at Our option, pay benefits directly to the institution or person rendering treatment or services covered under the Policy.</p>
ADMINISTRATIVE PROVISIONS	
Premium Payment	<p>Premium Payment</p> <p>The total premium paid by the Policyholder is the sum of premiums for all Covered Persons including any amounts submitted toward the cost of the coverage by Covered Persons. The initial premium is due on the Policy Effective Date and each succeeding premium is due on the next succeeding Premium Due Date, as shown in the Schedule of Benefits, unless the Policyholder and We agree to another mode of premium payment. Premiums are paid at Our Home Office or to Our authorized representative.</p> <p>If any premium is not paid when due, the Policy will be cancelled as of the Premium Due Date of the unpaid premium, except as provided in the Grace Period provision.</p>
GENERAL PROVISIONS	
Assignment	<p>Assignment</p> <p>You, or any Covered Person, may assign His rights, privileges and benefits under this Policy to the institution or person rendering services as allowed in the Payment of Claims provision. We will be bound by an assignment of the Covered Person's insurance under this Policy only when the original assignment or a certified copy of the assignment, signed by the Covered Person as assignor and any irrevocable beneficiary, is filed with Us. The assignee may exercise all rights and receive all benefits assigned only while the assignment remains in effect and insurance under this Policy for the assignor remains in force. The assignee takes only such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of this Policy.</p> <p>This insurance may not be levied on, attached, garnished, or otherwise taken for a person's debts unless contrary to law.</p>
Conformity with State Statutes	<p>Conformity with State Statutes</p> <p>Any provision of the Policy and any Certificate, which, on its effective date, is in conflict with the statutes of the state in which the Insured resides on such date, is hereby amended to conform to the minimum requirements of those statutes.</p>

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PROVISION ²	PROVISION DESCRIPTION ²
INDIANA	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss not more than 45 days if the claim is filed on paper, or 30 days if the claim is filed electronically, after receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
GENERAL PROVISIONS	
Incontestability	<p>Incontestability</p> <p>All statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.</p> <p>After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested non-payment of the required premiums.</p> <p>In the event of death or incapacity, Your representative shall be given a copy.</p>
Conformity with State Statutes	<p>Conformity with State Statutes</p> <p>Any provision of the Policy and any Certificate, which, on its effective date, is in conflict with the statutes of the state in which the Covered Person resides on such date, is hereby amended to conform to the minimum requirements of those statutes.</p>
KANSAS	
CLAIMS PROVISIONS	
Claim Forms	<p>Claim Forms</p> <p>We will send forms to the claimant for filing proof of loss when We receive the notice of claim. If claim forms are not sent within 15 days after the giving of such notice, the proof requirements will be met by the claimant upon submitting, within the time fixed in this Certificate for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which claim is made.</p>
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
Payment of Claims	<p>Payment of Claims</p> <p>All benefits will be paid in United States currency. All proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person. If the Covered Person dies before all payments due have been made, all remaining amounts payable will be paid to the Covered Person's beneficiary or estate. If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for His property, a payment not exceeding \$1,000 may be made at Our option to any relative by blood or connection by marriage of the payee who has submitted reliable documentary evidence and, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. Any payment We make in good faith fully discharges Our liability to the extent of the payment made.</p> <p>If the Covered Person provides Us with a written release to do so, We may, at Our option, pay benefits directly to the institution or person rendering treatment or services covered under the Policy.</p>
Legal Actions	<p>Legal Actions</p> <p>No action at law or in equity will be brought to recover benefits under the Policy less than 60 days after satisfactory proof of loss has been furnished as required by the Policy. No such action will be brought more than five (5) years after the time such written proof of loss must be furnished.</p>
Errors Related to Your Coverage	<p>Errors Related to Your Coverage</p> <p>We have the right to correct benefit payments that are made in error. You have the responsibility to return any overpayments to Us. We have the responsibility to make additional payments if any underpayments have been made.</p>

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PROVISION ²	PROVISION DESCRIPTION ²
KANSAS	
GENERAL PROVISIONS	
Conformity with State Statutes	<p>Conformity with State Statutes</p> <p>Any provision of the Policy and any Certificate, which, on its effective date, is in conflict with the statutes of the state in which the Covered Person resides on such date, is hereby amended to conform to the minimum requirements of those statutes.</p>
KENTUCKY	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Family Coverage - Eligibility	<p>Family Coverage - Eligibility</p> <p>Family members eligible for coverage are:</p> <ol style="list-style-type: none"> 1. the Primary Covered Person; 2. His Spouse; <p>A Spouse who is a Member may be covered as a Primary Covered Person or a Covered Dependent, but not both.</p>
Spouse Effective Date	<p>Spouse Effective Date</p> <p>The effective date of Spouse coverage under the Policy depends on when You enroll the Spouse. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> 1. If the Spouse is eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You enroll the Spouse for coverage at that time; 2. If You first become eligible after the Policy Effective Date and You enroll the Spouse during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective; 3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form;
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>All benefits payable under the Policy shall be paid no more than 30 days from the date upon which notice and proof of claim are furnished to Us. If we fail to make a good faith attempt to settle a claim within the time prescribed, the value of the final settlement shall bear interest at the rate of 12% per annum from and after the expiration of the 30 day period. If We fail to settle a claim within the time prescribed and the delay was without reasonable foundation, the Insured shall be entitled to be reimbursed for his reasonable attorney's fees incurred. No part of the fee for representing the claimant in connection with this claim shall be charged against benefits otherwise due the claimant.</p>
LOUISIANA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Family Coverage - Eligibility	<p>Family Coverage - Eligibility</p> <p>Family members eligible for coverage are:</p> <ol style="list-style-type: none"> 1. the Primary Covered Person; 2. His Spouse. <p>A Spouse who is an Member may be covered as a Primary Covered Person or a Covered Dependent, but not both.</p>
Spouse Effective Date	<p>Spouse Effective Date</p> <p>The effective date of Spouse coverage under the Policy, depends on when You enroll the Spouse. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> 1. If the Spouse is eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You enroll the Spouse for coverage at that time; 2. If You first become eligible after the Policy Effective Date and You enroll the Spouse during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective; 3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.

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PROVISION ²	PROVISION DESCRIPTION ²
LOUISIANA	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
Legal Actions	<p>Legal Actions</p> <p>No action at law or in equity will be brought to recover benefits under the Policy less than 60 days after satisfactory proof of loss has been furnished as required by the Policy. No such action will be brought more than 1 year after the time such written proof of loss must be furnished.</p>
ADMINISTRATIVE PROVISIONS	
Grace Period	<p>Grace Period</p> <p>A Policy Grace Period of 31 days will be granted for payment of required premiums due after the first premium, unless:</p> <ol style="list-style-type: none"> 1. the Policyholder has given Us advance written notice of intent to discontinue coverage in accordance with the terms of the Policy; or 2. We do not intend to renew the Policy beyond the period for which premium has been accepted; and 3. written notice of Our intention not to renew is delivered to the Policyholder at least 60 days before the premium is due. <p>The Policy and Certificates under the Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The Policyholder is liable to Us for any unpaid premium for the time the Policy was in force.</p>
Premiums	<p>Premiums</p> <p>Premium rates are expressed in, and premiums are payable in, United States currency. The premiums for the Policy will be based on the rates set forth in this Certificate, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected. We will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the Policyholder. We will notify the Policyholder in writing at least 45 days before any increase of 20% or more in the premium rates.</p>
GENERAL PROVISIONS	
Incontestability	<p>Incontestability</p> <p>In the absence of fraud, all statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.</p> <p>After three years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance.</p> <p>In the event of death or incapacity, Your representative shall be given a copy.</p>
MISSISSIPPI	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Certificate	<p>Certificate Effective Date</p> <p>We agree to provide the Critical Illness Insurance Benefits described in this Certificate in consideration of the Policyholder's application and payment of the Initial Premium when due. Insurance begins on the Certificate Effective Date shown on this Certificate's first page.</p>
Spouse Effective Date	<p>Spouse Effective Date</p> <p>The effective date of Spouse coverage under the Policy, depends on when You enroll the Spouse. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> 1. If the Spouse is eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You enroll the Spouse for coverage at that time; 2. If You first become eligible after the Policy Effective Date and You enroll the Spouse during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective; 3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.

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PROVISION ²	PROVISION DESCRIPTION ²
MISSISSIPPI	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss. We will pay benefits within 35 days (25 days for claims submitted electronically) after receipt of due written proof of loss in the form of a "clean claim" for benefits provided under the Policy. For purposes of this provision, a "clean claim" is one that does not require further information, adjustment or alteration by the provider of the service or the Covered Person in order to be processed and paid by Us.</p> <p>If full payment is not received on a clean claim, We will notify the Covered Person no later than 35 days (25 days for claims submitted electronically) days upon receipt of claim, the reason why claim is pending, being denied, or what additional information is needed. Upon receipt of additional information, the claim shall be paid within 20 days. If the claim is not denied for valid and proper reasons by the end of the applicable time period, We will pay interest on accrued benefits at the rate of 1.5% interest per month accruing from the day after payment was due on the amount of the benefits that remain unpaid until the claim is finally settled or adjudicated. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
ADMINISTRATIVE PROVISIONS	
Premiums	<p>Premiums</p> <p>Premium rates are expressed in, and premiums are payable in, United States currency. The premiums for the Policy will be based on the rates set forth in this Certificate, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected. We will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the Policyholder at least 60 days prior to a change.</p>
GENERAL PROVISIONS	
Assignment	<p>Assignment</p> <p>You, or any Covered Person, may assign His rights, privileges and benefits under this Policy to the institution or person rendering services as allowed in the Payment of Claims provision. We will be bound by an assignment of the Covered Person's insurance under this Policy only when the original assignment or a certified copy of the assignment, signed by the Covered Person as assignor and any irrevocable beneficiary, is filed with Us. The assignee may exercise all rights and receive all benefits assigned only while the assignment remains in effect and insurance under this Policy for the assignor remains in force. The assignee takes only such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of this Policy.</p> <p>This insurance may not be levied on, attached, garnished, or otherwise taken for a person's debts unless contrary to law.</p>
Conformity with State Statutes	<p>Conformity with State Statutes</p> <p>Any provision of the Policy and any Certificate, which, on its effective date, is in conflict with the statutes of the state in which the Covered Person resides on such date, is hereby amended to conform to the minimum requirements of those statutes.</p>
MISSOURI	
CLAIMS PROVISIONS	
Proof of Loss	<p>Proof of Loss</p> <p>Written or authorized electronic proof of loss must be given to Us at Our Home Office or to Our authorized representative, within 90 days of the loss for which claim is made. Failure to furnish proof within the time required will not invalidate or reduce a claim if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

PROVISION ²	PROVISION DESCRIPTION ²
MISSOURI	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately and in no event, later than 30 days after receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
Payment of Claims	<p>Payment of Claims</p> <p>All benefits will be paid in United States currency. All proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person. If the Covered Person dies before all payments due have been made, all remaining amounts payable will be paid to the Covered Person's estate.</p> <p>If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for His property, a payment not exceeding \$1,000 may be made at Our option to any relative by blood or connection by marriage of the payee who has submitted reliable documentary evidence and, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.</p> <p>If the Covered Person provides Us with a written release to do so, we may, at Our option, pay benefits directly to the institution or person rendering treatment or services covered under the Policy.</p>
Recovery of Overpayment	<p>Recovery of Overpayment</p> <p>If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.</p> <ol style="list-style-type: none"> 1. A request for lump sum payment of the overpaid amount. 2. A reduction of any amounts payable under the Policy. <p>If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.</p> <p>Our right to recover any overpayment is limited to 12 months following the date the overpayment was made unless the provider of service committed fraud or misrepresentation to obtain the overpayment.</p>
GENERAL PROVISIONS	
Incontestability	<p>Incontestability</p> <p>All statements You have made to obtain insurance under the Policy are considered representations and not warranties.</p> <p>No statement will be used to deny benefits, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.</p> <p>After two years from Your effective date of insurance, no such statement will cause the insurance to be contested except for nonpayment of premiums.</p> <p>In the event of death or incapacity, Your representative shall be given a copy.</p>
NEBRASKA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Family Coverage - Eligibility	<p>Family Coverage - Eligibility</p> <p>Family members eligible for coverage are:</p> <ol style="list-style-type: none"> 1. the Primary Covered Person; 2. His Spouse. <p>A Spouse who is an Member may be covered as a Primary Covered Person or a Covered Dependent, but not both.</p>
Spouse Effective Date	<p>Spouse Effective Date</p> <p>The effective date of Spouse coverage under the Policy, depends on when You enroll the Spouse. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> 1. If the Spouse is eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You enroll the Spouse for coverage at that time; 2. If You first become eligible after the Policy Effective Date and You enroll the Spouse during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective; 3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

PROVISION ²	PROVISION DESCRIPTION ²
NEBRASKA	
CLAIMS PROVISIONS	
Notice of Claim	<p>Notice of Claim</p> <p>Written or authorized electronic/telephonic notice must be given to Us or Our authorized representative within 90 days after a Covered Person's loss or as soon as reasonably possible thereafter. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice given by or on behalf of the Covered Person or Covered Person's beneficiary should be sent to Us at Our Home Office in New York, New York, such other place as We may designate for the purpose, or to Our authorized representative. Notice should include the Policyholder's name and policy number and the Covered Person's name and address.</p>
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
GENERAL PROVISIONS	
Incontestability	<p>Incontestability</p> <p>In the absence of fraud, all statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.</p> <p>After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for a fraudulent statement made by the applicant in the application.</p> <p>In the event of death or incapacity, Your representative shall be given a copy.</p>
Conformity with State and Federal Statutes	<p>Conformity with State and Federal Statutes</p> <p>Any provision of the Policy and any Certificate, which, on its effective date, is in conflict with the statutes of the state in which the Covered Person resides on such date, is hereby amended to conform to the minimum requirements of those statutes.</p>
NEVADA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Family Coverage - Eligibility	<p>Family Coverage - Eligibility</p> <p>Family members eligible for coverage are:</p> <ol style="list-style-type: none"> 1. the Primary Covered Person; 2. His Spouse. <p>A Spouse who is a Member may be covered as a Primary Covered Person or a Covered Dependent, but not both</p>
Spouse Effective Date	<p>Spouse Effective Date</p> <p>The effective date of Spouse coverage under the Policy depends on when You enroll the Spouse. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> 1. If the Spouse is eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You enroll the Spouse for coverage at that time; 2. If You first become eligible after the Policy Effective Date and You enroll the Spouse during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective; 3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

PROVISION ²	PROVISION DESCRIPTION ²
NEVADA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Termination of Member's Coverage	<p>Termination of a Member's Coverage</p> <p>A Member's insurance under the Policy will automatically terminate on the earliest of the following dates:</p> <ol style="list-style-type: none"> 1. the date that the Policy terminates; 2. the date of termination of any section or part of the Policy and this Certificate with respect to insurance under such section or part; 3. the premium due date coinciding with or next following the date that the Member ceases to be a member of an eligible Class; 4. the date the Member reaches the Maximum Age shown in the Schedule of Benefits; 5. any premium due date, if premium remains unpaid by the end of the Grace Period; and 6. the date the Policyholder no longer meets participation requirements.
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
ADMINISTRATIVE PROVISIONS	
Grace Period	<p>Grace Period</p> <p>A Policy Grace Period of 31 days will be granted for payment of required premiums due after the first premium, unless:</p> <ol style="list-style-type: none"> 1. the Policyholder has given Us advance written notice of intent to discontinue coverage in accordance with the terms of the Policy; or 2. We do not intend to renew the Policy beyond the period for which premium has been accepted; and 3. written notice of Our intention not to renew is delivered to the Policyholder at least 60 days before the premium is due. <p>The Policy and Certificates under the Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance retroactively terminates effective on the last day for which premium is paid.</p>
Premiums	<p>Premiums</p> <p>Premium rates are expressed in, and premiums are payable in, United States currency. The premiums for the Policy will be based on the rates set forth in this Certificate, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected. We will provide notifications of premiums due or premium changes, with at least sixty (60) days advance notice by mail to the most current address in our files, to the Policyholder.</p>
NORTH CAROLINA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Primary Covered Person Effective Date	<p>Primary Covered Person Effective Date</p> <p>Your effective date of coverage under the Policy will be determined follows:</p> <ol style="list-style-type: none"> 1. If You enroll for coverage when the Policyholder applies for coverage, Your coverage will effective on the Policy Effective Date. 2. If You become eligible after the Policy Effective Date and enroll during a Waiting Period or an Initial Enrollment Period, Your coverage will be effective no later than 90 days after the first day of employment following the later of the end of any applicable Waiting Period, Initial Enrollment Period and receipt of the Enrollment Form by Us.
Family Coverage - Eligibility	<p>Family Coverage - Eligibility</p> <p>Family members eligible for coverage are:</p> <ol style="list-style-type: none"> 1. the Primary Covered Person; 2. His Spouse. <p>A Spouse who is a Member may be covered as a Primary Covered Person or a Covered Dependent, but not both.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

PROVISION ²	PROVISION DESCRIPTION ²
NORTH CAROLINA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse Effective Date	<p>Spouse Effective Date</p> <p>The effective date of Spouse coverage the Policy, depends on when You enroll the Spouse. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> 1. If the Spouse is eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You enroll the Spouse for coverage at that time; 2. If You first become eligible after the Policy Effective Date and You enroll the Spouse during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective, no later than 90 days after the first day of employment. 3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form;
CLAIMS PROVISIONS	
Proof of Loss	<p>Proof of Loss</p> <p>Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our Home Office or to Our authorized representative, within 180 days of the loss for which claim is made. Failure to furnish proof within the time required will not invalidate or reduce a claim if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.</p>
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately and in no event later than 30 days, upon receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
ADMINISTRATIVE PROVISIONS	
Grace Period	<p>Grace Period</p> <p>A Policy Grace Period of 31 days will be granted for payment of required premiums due after the first premium, unless:</p> <ol style="list-style-type: none"> 1. the Policyholder has given Us advance written notice of intent to discontinue coverage in accordance with the terms of the Policy; or 2. We do not intend to renew the Policy beyond the period for which premium has been accepted; and 3. written notice of Our intention not to renew is delivered to the Policyholder at least 45 days before the premium is due. <p>The Policy and Certificates under the Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The Policyholder is liable to Us for any unpaid premium for the time the Policy was in force.</p>
Premiums	<p>Premiums</p> <p>Premium rates are expressed in, and premiums are payable in, United States currency. The premiums for the Policy will be based on the rates set forth in this Certificate, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected. We will provide notifications to the Policyholder in writing at least forty-five 45 days in advance of premiums due or premium changes, by mail to the most current address in our files.</p>
GENERAL PROVISIONS	
Change in Beneficiary	<p>Change in Beneficiary</p> <p>Unless the Covered Person makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the Covered Person and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of the Policy or to any change of beneficiary or beneficiaries, or to any other changes in the Policy.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

PROVISION ²	PROVISION DESCRIPTION ²
NORTH CAROLINA	
GENERAL PROVISIONS	
Incontestability	<p>Incontestability</p> <p>All statements You have made to obtain insurance under the Policy are considered representations and not warranties.</p> <p>No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.</p> <p>After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for non-payment of premium.</p> <p>In the event of death or incapacity, Your representative shall be given a copy.</p>
Conformity with State Statutes	<p>Conformity with State Statutes</p> <p>Any provision of the Policy and any Certificate, which, on its effective date, is in conflict with the statutes of the state in which the Covered Person resides on such date, is hereby amended to conform to the minimum requirements of those statutes.</p>
NORTH DAKOTA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Family Coverage - Eligibility	<p>Family Coverage - Eligibility</p> <p>Family members eligible for coverage are:</p> <ol style="list-style-type: none"> 1. the Primary Covered Person; 2. His Spouse. <p>A Spouse who is a Member may be covered as a Primary Covered Person or a Covered Dependent, but not both.</p>
Spouse Effective Date	<p>Spouse Effective Date</p> <p>The effective date of Spouse coverage under the Policy, depends on when You enroll the Spouse. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> 1. If the Spouse is eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You enroll the Spouse for coverage at that time; 2. If You first become eligible after the Policy Effective Date and You enroll the Spouse during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective; 3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately, and in no event later than 60 days after receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
GENERAL PROVISIONS	
Incontestability	<p>Incontestability</p> <p>In the absence of fraud, all statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a signed copy of the written instrument containing the statement is, or has been, furnished to the claimant.</p> <p>After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance.</p> <p>In the event of death or incapacity, Your beneficiary or representative shall be given a copy.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

PROVISION ²	PROVISION DESCRIPTION ²
OHIO	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse Effective Date	<p>Spouse Effective Date</p> <p>The effective date of Spouse coverage under the Policy, depends on when You enroll the Spouse. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> 1. If the Spouse is eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You enroll the Spouse for coverage at that time; 2. If You first become eligible after the Policy Effective Date and You enroll the Spouse during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective; 3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.
CLAIMS PROVISIONS	
Notice of Claim	<p>Notice of Claim</p> <p>Written or authorized electronic/telephonic notice must be given to Us or Our authorized representative within 90 days after a Covered Person's loss or as soon as reasonably possible thereafter. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice given by or on behalf of the Covered Person or beneficiary to Us at Our Home Office in New York, New York, or such other place as We may designate for the purpose, or to Our authorized representative with information sufficient to identify the Covered Person, will be deemed notice to the Company. Notice should include the Policyholder's name and policy number and the Covered Person's name and address.</p>
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
Payment of Claims	<p>Payment of Claims</p> <p>All benefits will be paid in United States currency. All proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person. If the Covered Person dies before all payments due have been made, all remaining amounts payable will be paid to the Covered Person's estate.</p> <p>If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for His property, a payment not exceeding \$1,000 may be made at Our option to any relative by blood or connection by marriage of the payee or beneficiary who has submitted reliable documentary evidence and, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. Any payment We make in good faith fully discharges Our liability to the extent of the payment made.</p> <p>If the Covered Person provides Us with a written release to do so, we may, at Our option, pay benefits directly to the institution or person rendering treatment or services covered under the Policy.</p>
GENERAL PROVISIONS	
Conformity with State Statutes	<p>Conformity with State Statutes</p> <p>Any provision of the Policy and any Certificate, which, on its effective date, is in conflict with the statutes of the state in which the Insured resides on such date, is hereby amended to conform to the minimum requirements of those statutes.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

PROVISION ²	PROVISION DESCRIPTION ²
OKLAHOMA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse Effective Date	<p>Spouse Effective Date The effective date of Spouse coverage under the Policy depends on when You enroll the Spouse. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> 1.If the Spouse is eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You enroll the Spouse for coverage at that time; 2.If You first become eligible after the Policy Effective Date and You enroll the Spouse during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective; 3.If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
Recovery of Overpayment	<p>Recovery of Overpayment If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.</p> <ol style="list-style-type: none"> 1. A request for lump sum payment of the overpaid amount. 2. A reduction of any amounts payable under the Policy. <p>Such deduction shall not be made more than twenty-four (24) months after benefits are paid with respect to a Covered Person except payment made because of fraud committed by a Covered Person or by a provider; or if the Covered Person or provider has otherwise agreed to make a refund of the claim overpayment.</p> <p>If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.</p>
GENERAL PROVISIONS	
Conformity with State Statutes	<p>Conformity with State Statutes Any provision of the Policy and any Certificate, which, on its effective date, is in conflict with the statutes of the state in which the insured resides, when the Policy or Certificate is delivered, is hereby amended to conform to the minimum requirements of those statutes.</p>
RHODE ISLAND	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse Effective Date	<p>Spouse Effective Date The effective date of Spouse coverage under the Policy depends on when You enroll the Spouse. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> 1.If the Spouse are eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You enroll the Spouse coverage at that time; 2.If You first become eligible after the Policy Effective Date and You enroll the Spouse during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective; 3.If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

PROVISION ²	PROVISION DESCRIPTION ²
RHODE ISLAND	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
Payment of Claims	<p>Payment of Claims</p> <p>All benefits will be paid in United States currency. All proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person. If the Covered Person dies before all payments due have been made, all remaining amounts payable will be paid to the Covered Person's estate or beneficiary.</p> <p>If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for His property, a payment not exceeding \$1,000 may be made at Our option to any relative by blood or connection by marriage of the payee or beneficiary, who has submitted reliable documentary evidence and, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. Any payment We make in good faith fully discharges Our liability to the extent of the payment made.</p> <p>If the Covered Person provides Us with a written release to do so, we may, at Our option, pay benefits directly to the institution or person rendering treatment or services covered under the Policy.</p>
GENERAL PROVISIONS	
Incontestability	<p>Incontestability</p> <p>All statements You have made to obtain insurance under the Policy are considered representations and not warranties.</p> <p>No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.</p> <p>After three (3) years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for non-payment of premiums. or lack of eligibility for insurance.</p> <p>In the event of death or incapacity, Your representative shall be given a copy.</p>
Conformity with State Statutes	<p>Conformity with State Statutes</p> <p>Any provision of the Policy and any Certificate, which, on its effective date, is in conflict with the statutes of the state in which the Covered Person resides on that date, is hereby amended to conform to the minimum requirements of those statutes.</p>
TENNESSEE	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Family Coverage - Eligibility	<p>Family Coverage - Eligibility</p> <p>Family members eligible for coverage are:</p> <ol style="list-style-type: none"> 1. the Primary Covered Person; 2. His Spouse. <p>A Spouse who is a Member may be covered as a Primary Covered Person or a Covered Dependent, but not both</p>
Spouse Effective Date	<p>Spouse Effective Date</p> <p>The effective date of Spouse coverage under the Policy depends on when You enroll the Spouse. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> 1. If the Spouse is eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You enroll the Spouse for coverage at that time; 2. If You first become eligible after the Policy Effective Date and You enroll the Spouse during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective; 3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form;

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

PROVISION ²	PROVISION DESCRIPTION ²
TENNESSEE	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss. Subject to due written or authorized electronic proof of loss, all accrued indemnities for loss for which this Policy provides periodic amounts will be paid not less frequently than monthly. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
Payment of Claims	<p>Payment of Claims</p> <p>All benefits will be paid in United States currency. All proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person. If the Covered Person dies before all payments due have been made, all remaining amounts payable will be paid to the Covered Person's estate.</p> <p>If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for His property, a payment not exceeding \$1,000 may be made at Our option to any relative by blood or connection by marriage of the payee or beneficiary who has submitted reliable documentary evidence and, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. Any payment We make in good faith fully discharges Our liability to the extent of the payment made.</p> <p>If the Covered Person provides Us with a written release to do so, We may, at Our option, pay benefits directly to the institution or person rendering treatment or services covered under the Policy.</p>
Recovery of Overpayment	<p>Recovery of Overpayment</p> <p>If benefits are overpaid, We have the right to recover the amount overpaid within 18 months of payment of a claim, and at any time if the Covered Person does not provide complete information, was not eligible for coverage, or material misstatements or fraud have occurred, by either of the following methods.</p> <ol style="list-style-type: none"> 1. A request for lump sum payment of the overpaid amount. 2. A reduction of any amounts payable under the Policy. <p>If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.</p>
GENERAL PROVISIONS	
Incontestability	<p>Incontestability</p> <p>In the absence of fraud, all statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless contained in writing and a copy of the instrument containing the statement is, or has been, furnished to the claimant.</p> <p>After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance.</p> <p>In the event of death or incapacity, Your representative shall be given a copy.</p>
TEXAS	
CLAIMS PROVISIONS	
Texas Department of Human Services	<p>Texas Department of Human Services: In the event that the Texas Department of Human Services is paying benefits on behalf of a Covered Person, We will pay benefits under the Policy for the Covered Person to the Texas Department of Human Services.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

PROVISION ²	PROVISION DESCRIPTION ²
VIRGINIA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Family Coverage - Eligibility	<p>Family Coverage - Eligibility</p> <p>Family members eligible for coverage are:</p> <ol style="list-style-type: none"> 1. the Primary Covered Person; 2. His Spouse. <p>A Spouse who is a Member may be covered as a Primary Covered Person or a Covered Dependent, but not both.</p>
Spouse Effective Date	<p>Spouse Effective Date</p> <p>The effective date of Spouse coverage under the Policy, depends on when You enroll the Spouse. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> 1. If the Spouse is eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You enroll the Spouse for coverage at that time; 2. If You first become eligible after the Policy Effective Date and You enroll the Spouse during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective; 3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.
Termination of Member's Coverage	<p>Termination of a Member's Coverage</p> <p>A Member's insurance under the Policy will automatically terminate on the earliest of the following dates:</p> <ol style="list-style-type: none"> 1. the date that the Policy terminates; 2. the date of termination of any section or part of the Policy and this Certificate with respect to insurance under such section or part; 3. the premium due date coinciding with or next following the date that the Member ceases to be a member of an eligible Class; 4. the date the Member reaches the Maximum Age shown in the Schedule of Benefits; 5. the last day of the Grace Period if the premium remains unpaid; and 6. the date the Policyholder no longer meets participation requirements. <p>Termination of coverage will not affect a claim for a loss that occurred while coverage was in force under the Policy.</p> <p>However, in no instance will benefit payments extend beyond the date any benefit amount, benefit limit or benefit maximum shown in the Schedule of Benefits and applicable to the diagnosis of a Critical Illness is reached.</p>
Spouse Termination	<p>Spouse Termination</p> <p>If the Primary Covered Person's Spouse is a Covered Person, His coverage will end:</p> <ol style="list-style-type: none"> 1. with respect to a covered Spouse, on the date He is divorced from the Primary Covered Person; or 2. on the date the Primary Covered Person dies; or 3. if the last day of the Grace Period if the premium remains unpaid for the Spouse coverage.
CLAIMS PROVISIONS	
Claim Forms	<p>Claim Forms</p> <p>We will send forms to the claimant for filing proof of loss when We receive the notice of claim. If claim forms are not furnished within 15 days after We receive notice, the proof requirements will be met by the claimant upon submitting, within the time fixed in this Certificate for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which claim is made.</p>
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately, and in no more than 60 days after receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

PROVISION ²	PROVISION DESCRIPTION ²
VIRGINIA	
CLAIMS PROVISIONS	
Payment of Claims	<p>Payment of Claims</p> <p>All benefits will be paid in United States currency. All proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person. If the Covered Person dies before all payments due have been made, all remaining amounts payable will be paid to the Covered Person's estate.</p> <p>If the action to recover the claim proceeds due under the Policy results in a judgment against Us, interest on the judgment at the legal rate of interest will be paid from the date of presentation to Us of proof of loss to the date judgment is entered. If no action is brought, interest on the claim proceeds paid to the Covered Person or assignee entitled thereto, will be computed daily at the legal rate of interest from the date of 15 working days from Our receipt of proof of loss to the date of claim payment.</p> <p>If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for His property, a payment not exceeding \$1,000 may be made at Our option to any relative by blood or connection by marriage of the payee who has submitted reliable documentary evidence and, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. Any payment We make in good faith fully discharges Our liability to the extent of the payment made.</p> <p>If the Covered Person provides Us with a written release to do so, We may, at Our option, pay benefits directly to the institution or person rendering treatment or services covered under the Policy.</p>
GENERAL PROVISIONS	
Incontestability	<p>Incontestability</p> <p>All statements You have made to obtain insurance under the Policy are considered representations and not warranties.</p> <p>No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the written instrument containing the statement is signed by the person making the statement and is, or has been, furnished to the claimant or his beneficiary or personal representative.</p> <p>After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for non-payment of premium.</p> <p>In the event of death or incapacity, Your representative shall be given a copy.</p>
Claims Experience	<p>Claims Experience:</p> <p>Upon request, We will provide a Policyholder that employed an average of at least 100 Covered Persons during the preceding 12 months with a complete record of the Policyholder's claims experience under this Policy.</p> <p>This record will be made available promptly to the Policyholder upon request not less than 30 days prior to the date upon which the premium or contractual terms of the Policy may be amended.</p>
WEST VIRGINIA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse Effective Date	<p>Spouse Effective Date</p> <p>The effective date of Spouse coverage under the Policy, depends on when You enroll the Spouse. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> 1. If the Spouse is eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You enroll the Spouse for coverage at that time; 2. If You first become eligible after the Policy Effective Date and You enroll the Spouse during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective; 3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

PROVISION ²	PROVISION DESCRIPTION ²
WEST VIRGINIA	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
Payment of Claims	<p>Payment of Claims</p> <p>All benefits will be paid in United States currency. All proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person. If the Covered Person dies before all payments due have been made, all remaining amounts payable will be paid to the Covered Person's designated beneficiary or estate.</p> <p>If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for His property, a payment not exceeding \$1,000 may be made at Our option to any relative by blood or connection by marriage or beneficiary of the payee who has submitted reliable documentary evidence and, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. Any payment We make in good faith fully discharges Our liability to the extent of the payment made.</p> <p>If the Covered Person provides Us with a written release to do so, we may, at Our option, pay benefits directly to the institution or person rendering treatment or services covered under the Policy.</p>
GENERAL PROVISIONS	
Conformity with State Statutes	<p>Conformity with State Statutes</p> <p>Any provision of the Policy and any Certificate, which, on its effective date, is in conflict with the statutes of the state in which the Covered Person resides on such date, is hereby amended to conform to the minimum requirements of those statutes.</p>
WISCONSIN	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse Effective Date	<p>Spouse Effective Date</p> <p>The effective date of Spouse coverage under the Policy, depends on when You enroll the Spouse. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> 1. If the Spouse is eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You enroll the Spouse for coverage at that time; 2. If You first become eligible after the Policy Effective Date and You enroll the Spouse during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective; 3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.
CLAIMS PROVISIONS	
Proof of Loss	<p>Proof of Loss</p> <p>Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our Home Office or to Our authorized representative, within one year of the loss for which claim is made. It is a sufficient proof of loss if a first-class postage prepaid envelope addressed to Us or Our authorized representative containing the proper notice of proof is deposited in any U.S. post office within the time given. Failure to furnish proof within the time required will not invalidate or reduce a claim if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.</p>
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

PROVISION ²	PROVISION DESCRIPTION ²
WISCONSIN	
ADMINISTRATIVE PROVISIONS	
Grace Period	<p>Grace Period</p> <p>A Policy Grace Period of 31 days will be granted for payment of required premiums due after the first premium, unless:</p> <ol style="list-style-type: none"> 1. the Policyholder has given Us advance written notice of intent to discontinue coverage in accordance with the terms of the Policy; or 2. We do not intend to renew the Policy beyond the period for which premium has been accepted; and 3. written notice of Our intention not to renew is delivered to the Policyholder at least 60 days before the premium is due. <p>The Policy and Certificates under the Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The Policyholder is liable to Us for any unpaid premium for the time the Policy was in force.</p>
WYOMING	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Family Coverage - Eligibility	<p>Family Coverage - Eligibility</p> <p>Family members eligible for coverage are:</p> <ol style="list-style-type: none"> 1. the Primary Covered Person; 2. His Spouse. <p>A Spouse who is an Member may be covered as a Primary Covered Person or a Covered Dependent, but not both.</p>
Spouse Effective Date	<p>Spouse Effective Date</p> <p>The effective date of Spouse coverage under the Policy depends on when You enroll the Spouse. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> 1. If the Spouse is eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You enroll the Spouse for coverage at that time; 2. If You first become eligible after the Policy Effective Date and You enroll the Spouse during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective; 3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Certificate for any loss immediately, and in no event more than 45 days after, receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Certificate.</p>
Payment of Claims	<p>Payment of Claims</p> <p>All benefits will be paid in United States currency. All proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person. If the Covered Person dies before all payments due have been made, all remaining amounts payable will be paid to the Covered Person's estate.</p> <p>If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for His property, a payment not exceeding \$1,000 may be made at Our option to any relative by blood or connection by marriage or adoption of the payee who has submitted reliable documentary evidence and, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. Any payment We make in good faith fully discharges Our liability to the extent of the payment made.</p> <p>If the Covered Person provides Us with a written release to do so, we may, at Our option, pay benefits directly to the institution or person rendering treatment or services covered under the Policy.</p>
GENERAL PROVISIONS	
Incontestability	<p>Incontestability</p> <p>In the absence of fraud, all statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the written instrument containing the statement is signed by the person making the statement and is, or has been, furnished to the claimant.</p> <p>After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for non-payment of required premium.</p> <p>In the event of death or incapacity, Your representative shall be given a copy.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America 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.

SPECIAL STATE SPECIFIC ADDITIONAL DISCLAIMERS

ALL STATES (BUT COLORADO - SEE COLORADO DISCLAIMER FOR THE CO STATE VARIATION)

THE POLICY UNDER WHICH THE CERTIFICATE IS ISSUED PROVIDES LIMITED BENEFITS FOR CERTAIN
CRITICAL ILLNESSES SPECIFICALLY DEFINED AND DESCRIBED HEREIN
BENEFITS ARE NOT PAYABLE FOR LOSSES FROM ANY OTHER CAUSE

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES

THE POLICY UNDER WHICH THE CERTIFICATE IS ISSUED IS NOT A MEDICARE SUPPLEMENT POLICY
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE "GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH
MEDICARE" AVAILABLE FROM THE COMPANY

THE POLICY UNDER WHICH THE CERTIFICATE IS ISSUED IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT
A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH
COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT.

THE POLICY IS A LEGAL CONTRACT BETWEEN THE POLICYHOLDER AND THE COMPANY

PLEASE READ YOUR CERTIFICATE CAREFULLY

NON-PARTICIPATING

COLORADO STATE VARIATION (replaces the top All States Disclaimer above)

THE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED PROVIDES LIMITED BENEFITS FOR CERTAIN
CRITICAL ILLNESSES SPECIFICALLY DEFINED AND DESCRIBED HEREIN
BENEFITS ARE NOT PAYABLE FOR LOSSES FROM ANY OTHER CAUSE

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES

THE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A MEDICARE SUPPLEMENT POLICY
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE "GUIDE TO HEALTH INSURANCE
FOR PEOPLE WITH MEDICARE" AVAILABLE FROM THE COMPANY

THIS CERTIFICATE IS ISSUED UNDER A LIMITED BENEFIT HEALTH COVERAGE POLICY AND IS NOT A SUBSTITUTE
FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM
ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

THE POLICY IS A LEGAL CONTRACT BETWEEN THE POLICYHOLDER AND THE COMPANY

PLEASE READ YOUR CERTIFICATE CAREFULLY

NON-PARTICIPATING

CONTACT US:

One World Trade Center
285 Fulton Street, 47th Floor
New York, NY 10007
(212) 312-2500

DISTRICT OF COLUMBIA (added to the top All States Disclaimer above)

LIMITED BENEFIT, PLEASE READ CAREFULLY

ARKANSAS

If you need to contact Us for any reason, We can be reached at:

SiriusPoint America Insurance Company
One World Trade Center
285 Fulton Street, 47th Floor, New York, NY 10007
(212) 312-2500

If We at SiriusPoint America Insurance Company fail to provide You with reasonable and adequate service, You should feel free to contact:

Arkansas Insurance Department:
1200 West Third Street Little Rock, AR 72201
(501) 371-2640 or (800) 852-5494

FLORIDA (State Endorsement)

1. The Face Page of the Certificate is revised to include the following disclaimer:
The benefits of the Policy providing your coverage are governed primarily by the laws of a state other than Florida.

INDIANA

Questions regarding the Certificate or coverage should be directed to:
SiriusPoint America Insurance Company

If you (a) need assistance of the governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with Us, you may contact the Department of Insurance by mail, telephone or email:

State of Indiana Department of Insurance Consumer Services Division
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204
Consumer Hotline (800) 622-4461; (317) 232-2395
Complaints can be filed electronically at www.in.gov/idoi.

LOUISIANA

YOU HAVE THE RIGHT TO RETURN THIS CERTIFICATE WITHIN 10 DAYS OF ITS DELIVERY AND TO HAVE THE PREMIUM REFUNDED IF, AFTER EXAMINATION OF THIS CERTIFICATE, YOU ARE NOT SATISFIED FOR ANY REASON.

MISSOURI

NOTICE OF 10 DAY RIGHT TO EXAMINE CERTIFICATE If for any reason, the Primary Covered Person is not satisfied with this Certificate, he or she may return it to us within 10 days after receiving it. Upon its return, we will refund any premium paid and this Certificate will be deemed void, just as though it had never been issued.

NORTH CAROLINA

Important Cancellation Information – Please Read the Provision Entitled Termination Provisions, Found on Page 15 of the NC Certificate of Insurance. This Certificate contains a Pre-Existing Condition Limitation.

NO RECOVERY FOR PRE-EXISTING DIAGNOSED INVASIVE CANCER ---- READ CAREFULLY
No benefits will be provided during the first 12 months of the policy for Invasive Cancer diagnosed before the 30th day after the effective date shown in the schedule.

UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, PRINCIPAL, AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR GROUP HEALTH PLAN PREMIUMS, SHALL:

(1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSONS INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT, AND

(2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY A WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53 OF CHAPTER 58 OF THE GENERAL STATUTES AND THEIR RIGHTS TO PURCHASE INDIVIDUAL POLICIES UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT AND UNDER ARTICLE 68 OF CHAPTER 58 OF THE GENERAL STATUTES.

VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

NORTH DAKOTA

RIGHT TO EXAMINE CERTIFICATE This Certificate can be returned to the Company by mail or in person for any reason within ten (10) days after it is received by the Covered Person. Any premium paid will be refunded, and the Certificate will be treated as if it were never issued.

SPECIAL STATE SPECIFIC ADDITIONAL DISCLAIMERS (con't)

VIRGINIA

IMPORTANT INFORMATION REGARDING YOUR INSURANCE In the event you need to contact someone about this insurance for any reason please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions you may contact the insurance company issuing this insurance at the following address and telephone number:

SiriusPoint America Insurance Company
One World Trade Center
285 Fulton Street, 47th Floor, New York, NY 10007
(212)312-2500

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commissions Bureau of Insurance at:

Bureau of Insurance
P.O. Box 1157 Richmond, Virginia 23218-1157
Call (804) 371-9741 or 1-800-552-7945 (VA Only) or 1-877-310-6560

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.

WISCONSIN

**IMPORTANT NOTICE CONCERNING STATEMENTS
IN THE ENROLLMENT FORM FOR YOUR INSURANCE**

Please read the copy of the enrollment form attached to this notice or to Your certificate or which has been otherwise previously delivered to You by the insurer or group policyholder. Omissions or misstatements in the enrollment form could cause an otherwise valid claim to be denied.

Carefully check the enrollment form and write to the insurer within 10 days if any information shown on the form is not correct and complete or if any requested medical history has not been included. The insurance coverage was issued on the basis that the answers to all questions and any other material information shown on the enrollment form are correct and complete.

WEST VIRGINIA

10 DAY RIGHT TO RETURN THIS CERTIFICATE:

If for any reason You are not satisfied with this Certificate, it may be returned to Us within 10-days of delivery. Upon receipt, We will refund any premium paid and the Certificate will be deemed void, just as though it had never been issued.

WYOMING

THIS CERTIFICATE DOES NOT INCLUDE COMPREHENSIVE ADULT WELLNESS BENEFITS AS DEFINED BY LAW.



**INSURANCE PREMIUMS FOR
GROUP CRITICAL ILLNESS INSURANCE
UNDERWRITTEN BY SIRIUSPOINT AMERICA INSURANCE COMPANY**

GAP BASIC, GAP 5000 & GAP 5000+	Insurance Premiums[†] (per month)
Individual	\$3.26
Individual + Spouse	\$6.51
Individual + Child(ren)	\$3.26
Family	6.51

GAP 10 & GAP 10000	Insurance Premiums[†] (per month)
Individual	\$6.18
Individual + Spouse	\$12.36
Individual + Child(ren)	\$6.18
Family	\$12.36

GAP 25, GAP 25000 & GAP EDGE+	Insurance Premiums[†] (per month)
Individual	\$15.45
Individual + Spouse	\$30.90
Individual + Child(ren)	\$15.45
Family	\$30.90

[†]This is only the Group Critical Illness Insurance 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 Critical Illness Insurance plans 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 GROUP CRITICAL ILLNESS INSURANCE.**

DISCLAIMERS FOR GROUP CRITICAL ILLNESS INSURANCE

Below are the disclaimers that need to be disclosed to a potential member when doing a Group Critical Illness Insurance sale that is issued by SiriusPoint America 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 and Certificate(s) of Insurance. Coverage may vary or may not be available in all states. You'll find complete coverage details in the Certificate(s) of Insurance. Group Critical Illness Insurance is underwritten by SiriusPoint America Insurance Company, New York, NY. 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 Critical Illness Insurance Disclaimer

You hereby request Group Critical Illness Insurance underwritten by SiriusPoint America Insurance Company, New York, NY.

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 along with your UBA membership guide will be made available to you upon enrollment. You will receive a UBA Gap I.D. 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 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 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 GROUP CRITICAL ILLNESS INSURANCE

Below are the disclaimers that need to be disclosed to a potential member when doing a Group Critical Illness Insurance sale that is issued by SiriusPoint America 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 I.D. Cards in the mail within 14 days of purchase. Digital copies of your I.D. Cards, as well as all Membership Guides and Certificates of Insurance 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 GROUP CRITICAL ILLNESS INSURANCE

Below is an outline of a script along with the verification / applicant signature script to follow when conducting sales for the Group Critical Illness Insurance that is issued by SiriusPoint America 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. It is good practices that all main points of the script outline are part of a sales recording. This will help protect you for any potential complaints you could have in the future from a disgruntled or unhappy member. We recommend saving the sales recording for any future needs.

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

The [PLAN NAME] includes Group Critical Illness Insurance underwritten by SiriusPoint America Insurance Company and includes the following:

- Schedule of Benefits information for the **[PLAN NAME / CLASS]** chosen (page 5 in Agent Guide for reference)
- Explain the Critical Illness Benefits and how it works (pages 6-7 in Agent Guide for reference)
- Send the member a PDF copy of the state-specific Certificate of Insurance 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. It is best practices to keep the recording of the entire sales call for any potential future complaint needs for your protection.

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 Critical Illness Insurance provided as part of **[PLAN NAME]** is issued and underwritten by SiriusPoint America 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.

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.