

GROUP HOSPITAL FIXED INDEMNITY INSURANCE FOR YOUR **SUPPLEMENTAL INSURANCE NEEDS**



AGENT VERSION

not for consumer use



Group Hospital Fixed Indemnity
Insurance underwritten by:
United States Fire Insurance Company,
a Crum & Forster Company.

Billing, Fulfillment and Customer Service
administered by the Third-Party Administrator

H A Partners, Inc. and HealthyAmerica
409 W Vickery Blvd
Ft Worth, TX 76104
866-438-4274



GROUP HOSPITAL FIXED INDEMNITY INSURANCE **AGENT GUIDE**

usfireagtguide_v0523_AH-5128

AGENT GUIDE

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



PG 3	AGENT REQUIREMENTS
PGS 4-5	ELIGIBILITY
PG 6	SCHEDULE OF BENEFITS <i>(high level overview)</i>
PGS 7-8	DESCRIPTION OF BENEFITS
PGS 9-13	DESCRIPTION OF BENEFIT STATE VARIATIONS
PGS 14-21	DEFINITIONS
PGS 22-42	DEFINITIONS BASED ON STATE VARIATIONS
PGS 44-59	LIMITATIONS & EXCLUSIONS
PGS 60-71	PROVISIONS
PGS 72-111	PROVISIONS BASED ON STATE VARIATIONS
PGS 112-113	GROUP HOSPITAL FIXED INDEMNITY INSURANCE PREMIUMS
PGS 114-115	DISCLAIMERS FOR GROUP HOSPITAL FIXED INDEMNITY INSURANCE
PG 116 <i>(back cover)</i>	BASIC SCRIPT OUTLINE FOR PHONE SALES <i>(Points that must be discussed when making a sale via phone)</i>

AGENT-SPECIFIC REQUIREMENTS

The following need to be included and compliance practices followed when conducting a sales presentation to market the Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company.

SALES PROCESS

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

This includes:

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

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

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

OTHER IMPORTANT COMPLIANCE GUIDELINES

- No-Auto Dialers for lead generation.
- Only sell in states you are licensed and appointed with the carrier.
- Keep a recording of the sale (if sale is conducted by phone) from start to finish of the sale. (We will conduct random audits every year of sales recording calls.)
- Give an accurate and true representation of the Group Hospital Fixed Indemnity Insurance 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. Group Accident, Group Hospital Fixed Indemnity, Critical Illness, Term life, etc. Discuss as separate insurance coverage even though they may be part of the same plan. Make sure to distinguish the coverage separately so that the member understands all of the insurance in their selected plan.)
- Do use the member's correct email address on the enrollment application. This is incredibly important because the email address allows the member to properly review the app, verify, read all state-specific disclaimers, e-sign the enrollment application, receive acceptance email along with link to the member portal which will include the member's ID Card, Certificate and any State Endorsements or Amendatory Riders along with any required State documents, copy of completed and signed application and forms and finally, the United Business Association Member Guide.
- Be certain to enter accurate information which is key to issuance such as a member's residing state, date of birth, the correct address for fulfillment materials, email address for e-signing and member portal access. You are only allowed to sell this group insurance if you are appointed with the carrier. Do not use another person's agent code to complete the app due to non-appointment or not being licensed in a state.

ELIGIBILITY

Looking for coverage for the member, member & spouse or the entire family? Find out the eligibility requirements for enrollment in the Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company.

ELIGIBILITY FOR INSURANCE*

Persons eligible to be insured under the Policy are those persons described as an ELIGIBLE CLASS on the Schedule of Benefits. This includes anyone who may become eligible while the Policy is in force.

We retain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

An Insured Person's Dependent(s), as applicable, are eligible on the latest of the date:

- 1.the Insured Person is eligible, if the Insured Person has Dependents on that date; or
- 2.the date the person becomes a Dependent; or

If the Insured Person is in a Class of Eligible Persons and is also eligible as a Dependent, He or She may be Covered only once under the Policy. In no event will a Dependent be eligible if the Covered Person is not eligible.

***North Carolina** has a variation based on the NC Certificate. See page 5 for variation of Eligibility.

***Virginia** has a variation based on the VA Endorsement. See page 5 for variation of Eligibility.

CLASSES OF ELIGIBLE PERSONS:

A person may be covered only under one Class of Eligible Persons even though He or She may be eligible under more than one class. Also, a person may not be covered as a Dependent and a Covered Person at the same time.

All active members of the Policyholder, age 18-79, who have chosen to enroll themselves in the [PLAN NAME] and their enrolled Spouse up to age 70 as well as their enrolled dependent Children.

Currently GAP+ is the only plan that is available for enrollment. All other classes are for explaining coverage to current members already on the membership plans listed in the Schedule of Benefits. While all states might be referenced, new sales may not be available in all states. Specifically, **CA, ID, KS, MO, NJ, NM, PA, & VT are ONLY referenced for explaining coverage to current member and NOT for new sales.**

PRIMARY MEMBER

Ages 18 to under 65 years of age
(Coverage ends for Primary Member at age 79.)

ELIGIBLE DEPENDENTS

Spouse: Under 65 at time of application
(Coverage ends for spouse at age 70)

Dependent Children[^]: Unmarried and under 26
(Coverage ends for dependent children at age 26 in most states.)

(See the variations for the definitions of Child, Dependent Children, Domestic Partner, Civil Union Partner and Spouse for state-specific variations on pages 14-21.)



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

NORTH CAROLINA STATE VARIATION

ELIGIBILITY FOR INSURANCE

Persons eligible to be insured under the Policy are those persons described as an ELIGIBLE CLASS on the Schedule of Benefits. This includes anyone who may become eligible while the Policy is in force.

We retain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

An Insured Person's Dependent(s), as applicable, are eligible on the latest of the date:

1. the Insured Person is eligible, if the Insured Person has Dependents on that date; or
2. the date the person becomes a Dependent; or

However, if a parent is required by a court or administrative order to provide this coverage for a Child, and the parent is eligible for family coverage through this plan, We:

1. Shall allow the parent to enroll, under the family coverage, a Child who is otherwise eligible for the coverage without regard to any Open Enrollment season restrictions.
2. Shall enroll the Child under family coverage upon application of the Child's other parent or the Department of Health and Human Services in connection with its administration of the Medical Assistance or Child Support Enforcement Program if the parent is enrolled but fails to make application to obtain coverage for the Child.
3. May not disenroll or eliminate coverage of the Child unless We are provided satisfactory written evidence that:
 - a. The court or administrative order is no longer in effect; or
 - b. The Child is or will be enrolled in comparable coverage through another health insurer, which coverage will take effect not later than the effective date of disenrollment.

If a Child has this coverage through a noncustodial parent, We shall do all of the following:

1. Provide such information to the custodial parent as may be necessary for the Child to obtain benefits through this coverage.
2. Permit the custodial parent to submit claims for covered services without the approval of the noncustodial parent.
3. Make payments on claims submitted in accordance with item 2) above directly to the custodial parent or the Department of Health and Human Services.

If the Insured Person is in a Class of Eligible Persons and is also eligible as a Dependent, He or She may be Covered only once under the Policy. In no event will a Dependent be eligible if the Covered Person is not eligible.

VIRGINIA STATE VARIATION

ELIGIBILITY FOR INSURANCE

The following provision is **added** based on the VA Endorsement:

No Evidence of Individual Insurability Required:

We shall not require a person eligible for insurance to furnish evidence of individual insurability as a condition to part or all of this coverage.

HIGHLIGHT¹ OF SCHEDULE OF BENEFITS GROUP HOSPITAL FIXED INDEMNITY INSURANCE (LIMITED FIXED INDEMNITY BENEFITS)	CLASS GAP PLUS 7350 GAP PLUS LEGACY, GAP CI 10K & GAP CI 25K <small>(only for states that included US FIRE CI Rider)</small>	CLASS GAP AME+ER GAP ER GAP MAX GAP MAX+ SUPER GAP	CLASS GAP PLUS GAP & GAP+	CLASS SUPER GAP PLUS SUPER GAP+
COVERED BENEFIT FOR EACH COVERED PERSON	DAILY BENEFIT AMOUNT	DAILY BENEFIT AMOUNT	DAILY BENEFIT AMOUNT	DAILY BENEFIT AMOUNT
Daily Hospital Confinement Benefit ^a Idaho it is \$40 per day for days 1-31 ^b New Jersey is \$40 per day for days 1-35 ^c Vermont is \$50 per day for days 1-31 for a Hospital Confinement occurring in a Policy Period and NOT \$500 per day for days 1-3.	\$500 per day for days 1-3 ^a for a Hospital Confinement occurring in a Policy Period	\$500 per day for days 1-3 ^a for a Hospital Confinement occurring in a Policy Period	\$500 per day for days 1-3 ^a for a Hospital Confinement occurring in a Policy Period	\$500 per day for days 1-3 ^a for a Hospital Confinement occurring in a Policy Period
Daily Emergency Room Visits Benefit ^d In Nebraska & North Dakota , instead of for Accident & Sickness it is called Sickness & Injury. ^e Vermont is \$300 per day NOT \$500 per day	N/A	\$500 per day ^f up to a maximum of 10 days per Policy Period for Accident & Sickness ^g <small>(Not available in NJ)</small>	\$500 per day ^f up to a maximum of 10 days per Policy Period for Accident & Sickness ^g <small>(Not available in NJ)</small>	\$500 per day up to a maximum of 10 days per Policy Period for Accident & Sickness ^g <small>(Not available in NJ)</small>
Daily Physician's Office Visits Benefit ^h In Indiana , instead of Plan Year it is called Policy Period. ⁱ In California & Kentucky , instead of Medically Necessary Visits, it is called Accident & Sickness visits. ^j In Michigan , Wellness Visits are not covered - it is maximum of 1 day per Policy Period for Medically Necessary Visits only ^k Vermont is \$85 per day NOT \$125 per day	N/A	N/A	\$125 per day ^l up to a maximum of 1 day per Plan Year* for Medically Necessary visits ^m & an additional 1 day for other Wellness Visits ⁿ <small>(Not available in NJ)</small>	\$125 per day ^l up to a maximum of 1 day per Plan Year* for Medically Necessary visits ^m & an additional 1 day for other Wellness Visits ⁿ <small>(Not available in NJ)</small>
Daily Outpatient Diagnostic Radiology and X-Ray Benefit ^o In California & Kentucky , instead of Medically Necessary Visits, it is called Accident & Sickness visits. ^p In Michigan , Wellness Visits are not covered - it is maximum of 1 day per Policy Period for Medically Necessary Visits only	N/A	N/A	\$75 per day up to a maximum of 1 day per Plan Year for Medically Necessary visits ^q & an additional 1 day for other Wellness Visits ^r <small>(Not available in NJ)</small>	\$75 per day up to a maximum of 1 day per Plan Year for Medically Necessary visits ^q & an additional 1 day for other Wellness Visits ^r <small>(Not available in NJ)</small>
Daily Outpatient Diagnostic Laboratory Tests Benefit ^s In California & Kentucky , instead of Medically Necessary Visits, it is called Accident & Sickness visits. ^t In Michigan , Wellness Visits are not covered - it is maximum of 1 day per Policy Period for Medically Necessary Visits only	N/A	N/A	\$75 per day up to a maximum of 1 day per Plan Year for Medically Necessary visits & an additional 1 day for other Wellness Visits ^u <small>(Not available in NJ)</small>	\$75 per day up to a maximum of 1 day per Plan Year for Medically Necessary visits & an additional 1 day for other Wellness Visits ^u <small>(Not available in NJ)</small>
Daily Ambulance Benefit ONLY AVAILABLE IN DC	\$50 per day to a maximum of 1 day per Policy Period	\$50 per day to a maximum of 1 day per Policy Period	\$50 per day to a maximum of 1 day per Policy Period	\$50 per day to a maximum of 1 day per Policy Period

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

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

DESCRIPTION OF BENEFITS

The following Provisions explain the benefits available under the Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company based on the TX Certificate of Insurance. Any state variation in the language of the descriptions will be shown along with a linking page number for you to view the variation. Note: Not all benefits are available for each state or each plan. To find out the benefits available in each Class / Plan, view the **Schedule of Benefits on page 6** to see which benefits on pages 7-8 are available for which plan.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

Group Hospital Fixed Indemnity Insurance Benefit ¹	DESCRIPTION OF BENEFIT ¹
Daily Hospital Confinement Benefit	<p>Daily Hospital Confinement Benefit</p> <p>We will pay the Daily Hospital Confinement Benefit shown in the Schedule of Benefits if a Covered Person is Hospital Confined as an inpatient and all of the following conditions are met:</p> <ol style="list-style-type: none"> 1. the Hospital stay is Medically Necessary and the direct result, from no other causes, of Injuries or illness sustained in a Covered Accident or Sickness; and 2. Confinement is at the direction and under the care of a Physician; and 3. While the coverage is in effect. <p>Benefit payments will end on the first of the following dates:</p> <ol style="list-style-type: none"> 1. the date the Hospital stay ends; or 2. the date the Covered Person dies; or 3. the date the Maximum Benefit for this benefit is payable; or 4. the date insurance under the Policy ends. <p>California has a variation based on the CA Certificate. See page 10 for variation of description. In Illinois: The word "direct" and the phrase "from no other causes" is deleted from the first item 1 in the Daily Hospital Confinement Benefit. Kentucky has a variation based on the KY Certificate. See page 11 for variation of description. North Dakota has a variation based on the ND Certificate. See page 13 for variation of description.</p>
Daily Emergency Room Visits Benefit for Accident & Sickness	<p>Daily Emergency Room Visits Benefit for Accident & Sickness</p> <p>We will pay the benefit shown in the Schedule of Benefits for Emergency Room Visits if a Covered Person requires Hospital emergency room treatment for a Medical Emergency as the result of an Accident or Sickness.</p> <p>"Emergency Room" means a trauma center, or a special area in a Hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office.</p> <p>Nebraska has a variation based on the NE Certificate. See page 12 for variation of description. New Mexico & Oklahoma : changes "result of a Covered Accident or Sickness" from "result from an Accident or Sickness". North Dakota has a variation based on the ND Certificate. See page 13 for variation of description. New Jersey does <u>not</u> have this benefit or the description of this benefit in the NJ Certificate of Insurance.</p>
Daily Physician's Office Visits Benefit	<p>Daily Physician's Office Visits Benefit</p> <p>We will pay the benefit shown in the Schedule of Benefits for Physician's Office Visits if a Covered Person visits a Physician's office, Hospital clinic, or urgent care center and receives Medically Necessary treatment, care or advice of a Covered Accident or Sickness.</p> <p>In addition to Medically Necessary treatment We will also cover Wellness Visits for an annual routine examination or well-child care. These services will be covered only to the extent that they are provided by, or under the supervision of, a single Physician during the course of one visit. Covered Wellness Services include:</p> <ol style="list-style-type: none"> 1. a history and physical examination; 2. immunizations as provided by department of health regulation. <p>California has a variation based on the CA Certificate. See page 10 for variation of description. Kentucky has a variation based on the KY Certificate. See page 11 for variation of description. Michigan has a variation based on the MI Certificate. See page 12 for variation of description. New Jersey does <u>not</u> have this benefit or the description of this benefit in the NJ Certificate of Insurance.</p>

In Kansas: There were no plans in KS that had the Daily Physician's Office Visit Benefit, Daily Outpatient Diagnostic Radiology, X-ray and Imaging Benefit or Daily Outpatient Laboratory Test benefit. The only 2 benefits that were in the plans that have KS members were Daily Hospital Confinement Benefit and Daily Emergency Room Visits Benefit for Accident & Sickness. (There are no new sales available for KS - Any mention of KS or KS benefits are ONLY available for explanation purposes and not new sales.)

In New Mexico, there is a statement regarding Mental Illness and the Schedule of Benefits. **See page 13.**

In Pennsylvania: The following is added to each Benefit that a Pre-existing Condition Exclusion applies to (based on the PA Endorsement):
The Pre-existing Condition Exclusion applies to this Benefit as shown in the Exclusions section.

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

DESCRIPTION OF BENEFITS (continued)

The following Provisions explain the benefits available under the Group Hospital Fixed Indemnity Insurance issued by United States Fire Insurance Company based on the TX Certificate of Insurance. Any state variation in the language of the descriptions will be shown along with a linking page number for you to view the variation. Note: Not all benefits are available for each state or each plan. To find out the benefits available in each Class / Plan, view the **Schedule of Benefits on page 6** to see which benefits on pages 7-8 are available for which plan.

(Any reference to **CA, ID, KS, MO, NJ, PA, or VT** are for current member explanation **ONLY** and **not** for new sales.)

Group Hospital Fixed Indemnity Insurance Benefit ¹	DESCRIPTION OF BENEFIT ¹
Daily Outpatient Diagnostic Radiology, X-Ray and Imaging Benefit	<p>Daily Outpatient Diagnostic Radiology, X-ray and Imaging Benefits</p> <p>We will pay the benefit shown in the Schedule of Benefits for Outpatient Diagnostic X-ray, Radiology or Imaging services if the following conditions are met:</p> <ol style="list-style-type: none"> 1. a Covered Person is not confined in a Hospital; and 2. the diagnostic X-rays are ordered by a Physician and performed by an appropriately licensed technician. <p>This does not include Radiation Therapy.</p> <p>"Radiology Tests" are the scientific discipline of medical imaging using ionizing radiation, radionuclides, nuclear magnetic resonance, and ultrasound.</p> <p>In addition to Medically Necessary treatment, We will also cover Wellness care in the absence of Injury or Sickness, for Outpatient Diagnostic X-Ray services to the extent that they are provided by, or under the supervision of, a single technician during the course of one visit and are in accordance with accepted medical industry standards.</p> <p>California has a variation based on the CA Certificate. See page 10 for variation of description. Kentucky has a variation based on the KY Certificate. See page 11 for variation of description. Michigan has a variation based on the MI Certificate. See page 12 for variation of description. New Jersey does not have this benefit or the description of this benefit in the NJ Certificate of Insurance. North Dakota has a variation based on the ND Certificate. See page 13 for variation of description.</p>
Daily Outpatient Laboratory Test Benefit	<p>Daily Outpatient Laboratory Test Benefit</p> <p>We will pay the benefit shown in the Schedule of Benefits for Outpatient Laboratory Tests if the following conditions are met:</p> <ol style="list-style-type: none"> 1. a Covered Person is not confined in a Hospital; and 2. the laboratory tests are ordered by a Physician and performed by an appropriately licensed technician. <p>In addition to Medically Necessary treatment, We will also cover Wellness care for Outpatient Diagnostic Laboratory Tests to the extent that they are provided by, or under the supervision of, a single technician during the course of one visit.</p> <p>"Laboratory tests" are procedures that are intended to detect, identify, or quantify one or more significant substances, evaluate organ functions, or establish the nature of a condition or disease.</p> <p>California has a variation based on the CA Certificate. See page 10 for variation of description. Kentucky has a variation based on the KY Certificate. See page 11 for variation of description. Michigan has a variation based on the MI Certificate. See page 12 for variation of description. New Jersey does not have this benefit or the description of this benefit in the NJ Certificate of Insurance. North Dakota does not have the description but does have the benefit on the Schedule of Benefits.</p>
Daily Ambulance Benefit (This benefit is ONLY available in the District of Columbia and not available in any other state.)	<p>Daily Ambulance Benefit</p> <p>We will pay the Daily Ambulance Benefit shown in the Schedule of Benefits, subject to the following conditions, if the Covered Person requires ambulance services due to a Covered Accident or Sickness. The ambulance services provided must be for transportation from the scene of the Covered Accident to the nearest Hospital that is able to provide appropriate care, or in the event of a Covered Sickness, the Medically Necessary transportation to a Hospital.</p>

In Kansas: There were no plans in KS that had the Daily Physician's Office Visit Benefit, Daily Outpatient Diagnostic Radiology, X-ray and Imaging Benefit or Daily Outpatient Laboratory Test benefit. The only 2 benefits that were in the plans that have KS members were Daily Hospital Confinement Benefit and Daily Emergency Room Visits Benefit for Accident & Sickness. (There are no new sales available for KS - Any mention of KS or KS benefits are **ONLY** available for explanation purposes and not new sales.)

In New Mexico, there is a statement regarding Mental Illness and the Schedule of Benefits. **See page 13.**

In Pennsylvania: The following is added to each Benefit that a Pre-existing Condition Exclusion applies to (based on the PA Endorsement):
 The Pre-existing Condition Exclusion applies to this Benefit as shown in the Exclusions section.

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

STATE VARIATIONS AND ADDITIONS

BENEFIT DESCRIPTION STATE VARIATIONS

In this section of the agent guide (pages 10-13), all of the state variations that are different from the benefit descriptions listed between pages 7-8 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

CALIFORNIA*	PG 10
KENTUCKY	PG 11
MICHIGAN	PG 12
NEBRASKA	PG 12
NEW MEXICO*	PG 13
NORTH DAKOTA	PG 13



*These states are no longer being marketed. The definitions for these states are **ONLY** for explanation purposes for current members and not for any NEW sales.

Group Hospital Fixed Indemnity Insurance Benefit ¹	DESCRIPTION OF BENEFIT ¹
CALIFORNIA	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN CA.
Daily Hospital Confinement Benefit	<p>Daily Hospital Confinement Benefit</p> <p>We will pay the Daily Hospital Confinement Benefit shown in the Schedule of Benefits if a Covered Person is Hospital Confined as an inpatient and all of the following conditions are met:</p> <ol style="list-style-type: none"> 1. the Hospital stay is the result of Injuries or illness sustained in a Covered Accident or Sickness; and 2. Confinement is at the direction and under the care of a Physician; and 3. While the coverage is in effect. <p>Benefit payments will end on the first of the following dates:</p> <ol style="list-style-type: none"> 1. the date the Hospital stay ends; or 2. the date the Covered Person dies; or 3. the date the Maximum Benefit for this benefit is payable; or 4. the date insurance under the Policy ends.
Daily Physician's Office Visits Benefit	<p>Daily Physician's Office Visits Benefit</p> <p>We will pay the benefit shown in the Schedule of Benefits for Physician's Office Visits if a Covered Person visits a Physician's office, Hospital clinic, or urgent care center and receives treatment, care or advice of a Covered Accident or Sickness.</p> <p>In addition to treatment as the result of a Covered Accident or Sickness, We will also cover Wellness Visits for an annual routine examination or well-child care. These services will be covered only to the extent that they are provided by, or under the supervision of, a single Physician during the course of one visit. Covered Wellness Services include:</p> <ol style="list-style-type: none"> 1. a history and physical examination; 2. immunizations as provided by department of health regulation.
Daily Outpatient Diagnostic Radiology, X-Ray and Imaging Benefit	<p>Daily Outpatient Diagnostic Radiology, X-ray and Imaging Benefits</p> <p>We will pay the benefit shown in the Schedule of Benefits for Outpatient Diagnostic X-ray, Radiology or Imaging services if the following conditions are met:</p> <ol style="list-style-type: none"> 1. a Covered Person is not confined in a Hospital; and 2. the diagnostic X-rays are ordered by a Physician and performed by an appropriately licensed technician. <p>This does not include Radiation Therapy.</p> <p>"Radiology Tests" are the scientific discipline of medical imaging using ionizing radiation, radionuclides, nuclear magnetic resonance, and ultrasound.</p> <p>We will also cover Wellness care in the absence of Injury or Sickness, for Outpatient Diagnostic X-Ray services to the extent that they are provided by, or under the supervision of, a single technician during the course of one visit and are in accordance with accepted medical industry standards.</p>
Daily Outpatient Laboratory Test Benefit	<p>Daily Outpatient Laboratory Test Benefit</p> <p>We will pay the benefit shown in the Schedule of Benefits for Outpatient Laboratory Tests if the following conditions are met:</p> <ol style="list-style-type: none"> 1. 1. a Covered Person is not confined in a Hospital; and 2. 2. the laboratory tests are ordered by a Physician and performed by an appropriately licensed technician. <p>We will also cover Wellness care in the absence of Injury or Sickness, for Outpatient Diagnostic Laboratory Tests to the extent that they are provided by, or under the supervision of, a single technician during the course of one visit.</p> <p>"Laboratory tests" are procedures that are intended to detect, identify, or quantify one or more significant substances, evaluate organ functions, or establish the nature of a condition or disease.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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.

Group Hospital Fixed Indemnity Insurance Benefit ¹	DESCRIPTION OF BENEFIT ¹
KENTUCKY	
Daily Hospital Confinement Benefit	<p>Daily Hospital Confinement Benefit</p> <p>We will pay the Daily Hospital Confinement Benefit shown in the Schedule of Benefits if a Covered Person is Hospital Confined as an inpatient and all of the following conditions are met:</p> <ol style="list-style-type: none"> 1. the Hospital stay is the direct result, from no other causes, of Injuries or illness sustained in a Covered Accident or Sickness; and 2. Confinement is at the direction and under the care of a Physician; and 3. While the coverage is in effect. <p>Benefit payments will end on the first of the following dates:</p> <ol style="list-style-type: none"> 1. the date the Hospital stay ends; or 2. the date the Covered Person dies; or 3. the date the Maximum Benefit for this benefit is payable; or 4. the date insurance under the Policy ends.
Daily Physician's Office Visits Benefit	<p>Daily Physician's Office Visits Benefit</p> <p>We will pay the benefit shown in the Schedule of Benefits for Physician's Office Visits if a Covered Person visits a Physician's office, Hospital clinic, or urgent care center and receives treatment, care or advice of a Covered Accident or Sickness.</p> <p>In addition to Covered Accident or Sickness treatment We will also cover Wellness Visits for an annual routine examination or well-child care. These services will be covered only to the extent that they are provided by, or under the supervision of, a single Physician during the course of one visit. Covered Wellness Services include:</p> <ol style="list-style-type: none"> 1. a history and physical examination; 2. immunizations as provided by department of health regulation.
Daily Outpatient Diagnostic Radiology, X-Ray and Imaging Benefit	<p>Daily Outpatient Diagnostic Radiology, X-ray and Imaging Benefits</p> <p>We will pay the benefit shown in the Schedule of Benefits for Outpatient Diagnostic X-ray, Radiology or Imaging services if the following conditions are met:</p> <ol style="list-style-type: none"> 1. a Covered Person is not confined in a Hospital; and 2. the diagnostic X-rays are ordered by a Physician and performed by an appropriately licensed technician. <p>This does not include Radiation Therapy.</p> <p>"Radiology Tests" are the scientific discipline of medical imaging using ionizing radiation, radionuclides, nuclear magnetic resonance, and ultrasound.</p> <p>In addition to Covered Accident or Sickness treatment, We will also cover Wellness care in the absence of Injury or Sickness, for Outpatient Diagnostic X-Ray services to the extent that they are provided by, or under the supervision of, a single technician during the course of one visit and are in accordance with accepted medical industry standards.</p>
Daily Outpatient Laboratory Test Benefit	<p>Daily Outpatient Laboratory Test Benefit</p> <p>We will pay the benefit shown in the Schedule of Benefits for Outpatient Laboratory Tests if the following conditions are met:</p> <ol style="list-style-type: none"> 1. a Covered Person is not confined in a Hospital; and 2. the laboratory tests are ordered by a Physician and performed by an appropriately licensed technician. <p>In addition to Covered Accident or Sickness treatment, We will also cover Wellness care for Outpatient Diagnostic Laboratory Tests to the extent that they are provided by, or under the supervision of, a single technician during the course of one visit.</p> <p>"Laboratory tests" are procedures that are intended to detect, identify, or quantify one or more significant substances, evaluate organ functions, or establish the nature of a condition or disease.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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.

Group Hospital Fixed Indemnity Insurance Benefit ¹	DESCRIPTION OF BENEFIT ¹
MICHIGAN	Michigan does not have the Wellness Visits for these 3 benefits below.
Daily Physician's Office Visits Benefit	<p>Daily Physician's Office Visits Benefit</p> <p>We will pay the benefit shown in the Schedule of Benefits for Physician's Office Visits if a Covered Person visits a Physician's office, Hospital clinic, or urgent care center and receives Medically Necessary treatment, care or advice of a Covered Accident or Sickness.</p>
Daily Outpatient Diagnostic Radiology, X-Ray and Imaging Benefit	<p>Daily Outpatient Diagnostic Radiology, X-ray and Imaging Benefits</p> <p>We will pay the benefit shown in the Schedule of Benefits for Outpatient Diagnostic X-ray, Radiology or Imaging services if the following conditions are met:</p> <ol style="list-style-type: none"> 1. a Covered Person is not confined in a Hospital; and 2. the diagnostic X-rays are ordered by a Physician and performed by an appropriately licensed technician. <p>This does not include Radiation Therapy.</p> <p>"Radiology Tests" are the scientific discipline of medical imaging using ionizing radiation, radionuclides, nuclear magnetic resonance, and ultrasound.</p>
Daily Outpatient Laboratory Test Benefit	<p>Daily Outpatient Laboratory Test Benefit</p> <p>We will pay the benefit shown in the Schedule of Benefits for Outpatient Laboratory Tests if the following conditions are met:</p> <ol style="list-style-type: none"> 1. a Covered Person is not confined in a Hospital; and 2. the laboratory tests are ordered by a Physician and performed by an appropriately licensed technician. <p>"Laboratory tests" are procedures that are intended to detect, identify, or quantify one or more significant substances, evaluate organ functions, or establish the nature of a condition or disease.</p>
NEBRASKA	
Daily Emergency Room Visits Benefit for Sickness & Injury	<p>Daily Emergency Room Visits Benefit for Sickness and Injury</p> <p>We will pay the benefit shown in the Schedule of Benefits for Emergency Room Visits if a Covered Person requires Hospital emergency room treatment for a Medical Emergency as the result of a Covered Accident or Sickness.</p> <p>"Emergency Room" means a trauma center or special area in a Hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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.

Group Hospital Fixed Indemnity Insurance Benefit ¹	DESCRIPTION OF BENEFIT ¹
NEW MEXICO	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN NM.
All Group Available Group Hospital Fixed Indemnity Benefits	<p>For NM based on the NM Certificate: The Group Hospital Fixed Indemnity Insurance Benefits underwritten by United States Fire Insurance will include treatment for Mental Illness or Nervous Disorders and Substance Abuse, as defined herein, on the same basis as any other Sickness. The Group Hospital Fixed Indemnity Insurance Benefits will include surgical and nonsurgical treatment of temporomandibular joint disorders and craniomandibular disorders on the same basis as any other joint in the body. However, it does not include coverage for orthodontic appliances and treatment, crowns, bridges and dentures unless the disorder is trauma related.</p>
NORTH DAKOTA	
Daily Hospital Confinement Benefit	<p>Daily Hospital Confinement Benefit</p> <p>We will pay the Daily Hospital Confinement Benefit shown in the Schedule of Benefits if a Covered Person is Hospital Confined as an inpatient and all of the following conditions are met:</p> <ol style="list-style-type: none"> 1. the Hospital stay is Medically Necessary and the direct result, from no other causes, of Injuries or illness sustained in a Covered Accident or Sickness; and 2. Confinement is at the direction and under the care of a Physician; and 3. While the coverage is in effect. <p>Benefit payments will end on the first of the following dates:</p> <ol style="list-style-type: none"> 1. the date the Hospital stay ends; or 2. the date the Covered Person dies; or 3. the date the Maximum Benefit for this benefit is payable; or 4. the date insurance under the Policy ends, however discontinuance of the Policy during a disability has no effect on benefits payable for that disability or Hospital Confinement.
Daily Emergency Room Visits Benefit for Sickness & Injury	<p>Daily Emergency Room Visits Benefit for Sickness and Injury</p> <p>We will pay the benefit shown in the Schedule of Benefits for Emergency Room Visits if a Covered Person requires Hospital emergency room treatment for a Medical Emergency as the result of a Covered Accident or Sickness.</p> <p>"Emergency Room" means a trauma center or special area in a Hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office.</p>
Daily Outpatient Diagnostic Radiology, X-Ray and Imaging Benefit	<p>Daily Outpatient Diagnostic Radiology, X-ray and Imaging Benefits</p> <p>We will pay the benefit shown in the Schedule of Benefits for Outpatient Diagnostic X-ray, Radiology or Imaging services if the following conditions are met:</p> <ol style="list-style-type: none"> 1. a Covered Person is not confined in a Hospital; and 2. the diagnostic X-rays are ordered by a Physician and performed by an appropriately licensed technician. <p>This includes diagnostic testing such as X-Rays, CT scan, PET Scan, Ultrasound and MRI.</p> <p>This does not include Radiation Therapy.</p> <p>"Radiology Tests" are the scientific discipline of medical imaging using ionizing radiation, radionuclides, nuclear magnetic resonance, and ultrasound.</p> <p>In addition to Medically Necessary treatment, We will also cover Wellness care in the absence of Injury or Sickness, for Outpatient Diagnostic X-Ray services to the extent that they are provided by, or under the supervision of, a single technician during the course of one visit and are in accordance with accepted medical industry standards.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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 Hospital Fixed Indemnity Insurance states underwritten by United State Fire 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 23-43. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

DEFINITION TERM ¹	DEFINITION MEANING ¹
GROUP HOSPITAL FIXED INDEMNITY INSURANCE	
Accident	<p>"Accident" means a sudden, unforeseeable external event which:</p> <ol style="list-style-type: none"> 1. Causes Injury to one or more Covered Persons; and 2. Occurs while coverage is in effect for the Covered Person. <p>Illinois has a variation based on the IL Endorsement. See page 29 for variation of definition. Indiana has a variation based on the IN Certificate. See page 31 for variation of definition. Tennessee has a variation based on the TN Endorsement. See page 40 for variation of definition. Vermont has a variation based on the VA Certificate. See page 41 for variation of definition.</p>
Certificate Holder	<p>"Certificate Holder" means a person to whom an insurance certificate has been issued evidencing coverage under the Policy.</p>
Child	<p>The following states use the below language for the definition of Child: AL, AR, DE,</p> <p>(TX replaced this language below with a new definition. See state variation section below for the page number for the amended TX "Child" Definition based on the TX Endorsement.)</p> <p>"Child" means the Insured Person's natural Child, adopted Child (or Child placed in the Insured Person's home for purposes of adoption), foster Child, stepchild, or other Child for whom the Insured Person has legal guardianship (proof will be required). A Child must reside with the Insured Person in a parent-Child relationship and be eligible to be claimed as an exemption on the Insured Person's federal income tax return. NOTE: In the event the Insured Person shares physical custody of the Child with another parent, the requirement that the Child reside with the Insured Person will be waived.</p> <p>Arkansas has addition to definition based on the AR Endorsement. See page 23 for variation of definition. Arizona has a variation based on the AZ Endorsement. See page 23 for variation of definition. California has a variation based on the CA Certificate. See page 23 for variation of definition. District of Columbia has a variation based on the DC Certificate. See page 24 for variation of definition. Florida has a variation based on the FL Certificate. See page 26 for variation of definition. Georgia has a variation based on the GA Certificate. See page 26 for variation of definition. Idaho has a variation based on the ID Certificate. See page 28 for variation of definition. Indiana has a variation based on the IN Certificate. See page 31 for variation of definition. Kansas has a variation based on the KS Certificate. See page 32 for variation of definition. Louisiana has a variation based on the LA Certificate. See page 33 for variation of definition. New Jersey has a variation based on the NJ Certificate. See page 35 for variation of definition. New Mexico has a variation based on the NM Certificate. See page 36 for variation of definition. North Carolina has a variation based on the NC Certificate. See page 36 for variation of definition. North Dakota has slight variation where it says Insured Person's it is replaced with Covered Persons. Ohio has a variation based on the OH Endorsement. See page 38 for variation of definition. Pennsylvania <u>removes</u> any requirement a child must reside with insured Person based on the PA Endorsement. Texas has a variation based on the TX Endorsement. See page 41 for variation of definition. Vermont has a variation based on the VA Certificate. See page 41 for variation of definition.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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 Hospital Fixed Indemnity Insurance states underwritten by United State Fire 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 23-43. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

DEFINITION TERM ¹	DEFINITION MEANING ¹
GROUP HOSPITAL FIXED INDEMNITY INSURANCE	
Civil Union Partner	<p>"Civil Union Partner" means the parties to a civil union who are entitled to the same legal obligations, responsibilities, protections and benefits that are afforded to spouses. Throughout the Policy, a party to a civil union shall be included in any definition or use of the terms such as spouse, family, dependent, next of kin, and other terms descriptive of spousal relationships. This includes the terms 'marriage' or 'married' or variations thereon. The term spouse or dependent includes civil union couples whenever used.</p> <p>California does <u>not</u> have this definition in the CA Certificate of Insurance. District of Columbia has a variation based on the DC Certificate. See page 24 for variation of definition. Georgia does <u>not</u> have this definition in the GA Certificate of Insurance. Idaho does <u>not</u> have this definition in the ID Certificate of Insurance. Rhode Island has a variation based on the RI Endorsement. See page 40 for variation of definition. Vermont has a variation based on the VA Certificate. See page 41 & 43 for variation of definition. Virginia <u>deletes</u> and <u>removes</u> any reference to "Civil Union Partner" based on the VA Endorsement.</p>
Company	<p>"Company" means United States Fire Insurance Company. Also hereinafter referred to as We, Us and Our.</p>
Complications of Pregnancy	<p>"Complications of Pregnancy" means a condition which:</p> <ul style="list-style-type: none"> • When pregnancy is not terminated, requires medical treatment and whose diagnosis is distinct from pregnancy but is adversely affected by or are caused by pregnancy, such as: (a) acute nephritis; (b) nephrosis; (c) cardiac decompensation; (d) missed abortion; (e) eclampsia; (f) puerperal infection; (g) R.H. Factor problems; (h) severe loss of blood requiring transfusion; and (i) other similar medical and surgical conditions of comparable severity related to pregnancy. • When pregnancy is terminated: (a) non-elective cesarean section; (b) ectopic pregnancy that is terminated; and (c) spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible. <p>Complications of Pregnancy will not include:</p> <ul style="list-style-type: none"> • False labor; • Occasional spotting; • Physician prescribed rest during the period of pregnancy; • Morning sickness; • Preeclampsia; and • Similar conditions associated with the management of a difficult pregnancy, but which are not a separate Complication of Pregnancy. <p>Delivery by cesarean section is considered a complication of pregnancy if the cesarean section is non elective. A cesarean section will be considered non-elective if the fetus or mother is determined to be in distress and is in immediate danger of death, Sickness or Injury if a cesarean section is not performed. A cesarean section beyond one performed in any previous pregnancy will also be considered non-elective if vaginal delivery is medically inappropriate, or a vaginal delivery is attempted but discontinued due to immediate danger of death, Sickness or Injury to the Child or mother.</p> <p>Georgia has a variation based on the GA Certificate. See page 27 for variation of definition. Idaho has a variation based on the ID Certificate. See page 28 for variation of definition. Illinois has a variation based on the IL Endorsement. See page 29 for variation of definition. Missouri has a variation based on the MO Certificate. See page 33 for variation of definition. Tennessee added to definition based on the TN Endorsement. See page 40 for variation of definition.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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 Hospital Fixed Indemnity Insurance states underwritten by United State Fire 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 23-43. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

DEFINITION TERM ¹	DEFINITION MEANING ¹
GROUP HOSPITAL FIXED INDEMNITY INSURANCE	
Covered Accident	<p>"Covered Accident" means an Accident that occurs while coverage is in force for a Covered Person and results in a Covered Loss for which benefits are payable.</p> <p>Indiana has a variation based on the IN Certificate. See page 31 for variation of definition.</p>
Covered Loss or Covered Losses	<p>"Covered Loss or Covered Losses" means an accidental death, dismemberment or other Injury or Sickness covered under the Policy and indicated on the Schedule of Benefits.</p> <p>Indiana has a variation based on the IN Certificate. See page 31 for variation of definition. Kansas has a variation based on the KS Certificate. See page 32 for variation of definition. Missouri has a variation based on the MO Certificate. See page 34 for variation of definition.</p>
Covered Person	<p>"Covered Person" means an Insured Person and Dependent eligible for coverage as identified in the Enrollment/Application who is a U.S. citizen residing in the United States, or if not a U.S. citizen, resides permanently in the United States, for whom proper premium payment has been made when due, and who is therefore insured under the Policy.</p>
Dependent	<p>The following states use the below language for the definition of Dependent: AL, AZ, DE, KS, KY, LA, MI, MO, MS, OK, SC, WI, WV, & WY</p> <p>(TX replaced this language below with a new definition. See state variation section below for the page number for the amended TX "Dependent" Definition based on the TX Endorsement.)</p> <p>"Dependent" means an Insured Person's:</p> <ol style="list-style-type: none"> 1) lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner. 2) unmarried Children under age 26. <p>The age limitations will not apply to an Insured Person's unmarried Child who is incapable of self-support due to a mental or physical incapacity. Proof of such incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.</p> <p>Arkansas has a variation based on the AR Endorsement. See page 23 for variation of definition. California has a variation based on the CA Certificate. See page 23 for variation of definition. District of Columbia has a variation based on the DC Certificate. See page 24 for variation of definition. Florida has a variation based on the FL Certificate. See page 26 for variation of definition. Georgia has a variation based on the GA Certificate. See page 27 for variation of definition. Idaho has a variation based on the ID Certificate. See page 28 for variation of definition. Illinois has a variation based on the IL Endorsement. See page 29 for variation of definition. Indiana has a variation based on the IN Certificate. See page 31 for variation of definition. Iowa has addition to definition based on the IA Endorsement. See page 32 for variation of definition. Nebraska has a variation based on the NE Certificate. See page 35 for variation of definition. New Jersey has a variation based on the NJ Certificate. See page 35 for variation of definition. North Carolina has a variation based on the NC Certificate. See page 36 for variation of definition. North Dakota has a variation based on the ND Certificate. See page 37 for variation of definition. Pennsylvania has slight variation based on the PA Endorsement. See page 39 for variation of definition. Rhode Island adds to definition based on the RI Endorsement. See page 40 for variation of definition. Texas has a variation based on the TX Endorsement. See page 41 for variation of definition Vermont has a variation based on the VA Certificate. See page 41 for variation of definition. Virginia deletes and removes any reference to "Civil Union Partner" based on the VA Endorsement.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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 Hospital Fixed Indemnity Insurance states underwritten by United State Fire 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 23-43. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

(Any reference to **CA, ID, KS, MO, NJ, NM, PA, or VT** are for current member explanation **ONLY** and **not** for new sales.)

DEFINITION TERM ¹	DEFINITION MEANING ¹
GROUP HOSPITAL FIXED INDEMNITY INSURANCE	
Domestic Partner	<p>"Domestic Partner" means an opposite or same sex partner who, for at least 6 consecutive months, has resided with the Insured Person and shared financial assets/obligations with the Insured Person. Both the Insured Person and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Insured Person nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.</p> <p>California has a variation based on the CA Certificate. See page 23 for variation of definition. District of Columbia has a variation based on the DC Certificate. See page 25 for variation of definition. Georgia has a variation based on the GA Certificate. See page 27 for variation of definition. Idaho has a variation based on the ID Certificate. See page 29 for variation of definition. Indiana has a variation based on the IN Certificate. See page 31 for variation of definition. Kansas has a variation based on the KS Certificate. See page 32 for variation of definition. Kentucky has a variation based on the KY Certificate. See page 32 for variation of definition. Louisiana has a variation based on the LA Certificate. See page 33 for variation of definition. Nebraska has a variation based on the NE Certificate. See page 35 for variation of definition. New Jersey does not have this definition in the NJ Certificate of Insurance. New Mexico has a variation based on the NM Certificate. See page 36 for variation of definition. North Carolina has a variation based on the NC Certificate. See page 36 for variation of definition. North Dakota has a variation based on the ND Certificate. See page 38 for variation of definition. Oklahoma has a variation based on the OK Certificate. See page 39 for variation of definition. Vermont does not have this definition in the VT Certificate of Insurance. Virginia deletes and removes any reference to "Civil Union Partner" based on the VA Endorsement.</p>
Enrollment Period	<p>"Enrollment Period" means the period agreed upon by the Policyholder and Us when an Eligible Person may enroll for coverage or an Insured may change benefit elections under the Policy.</p>
He, His, Him, She, Her & Hers	<p>"He", "His" and "Him" includes "she", "her" and "hers."</p>
Hospital	<p>"Hospital" means an institution licensed, accredited or certified by the State that:</p> <ol style="list-style-type: none"> 1. Operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons; 2. Is accredited by the Joint Commission on Accreditation of Healthcare Organizations; 3. Provides 24-hour nursing service by registered nurses (R.N.) on duty or call; 4. Has a staff of one or more licensed Physicians available at all times; 5. Provides organized facilities for diagnosis, treatment and surgery, either <ol style="list-style-type: none"> a) on its premises; or b) in facilities available to it, on a pre-arranged basis; 6. Is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 7. Is not a place for drug addicts, alcoholics or the aged. <p>Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities. We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one of the following:</p> <ol style="list-style-type: none"> 1. the Joint Commission of Accreditation of Hospitals; or 2. the American Osteopathic Association; or 3. the Commission on the Accreditation of Rehabilitative Facilities. <p>In addition, We will not deny a claim for a Skilled Nursing Facility if it meets the definition of such a facility and is a Covered Benefit under the Policy.</p> <p>Hospital does not include a place, special ward, floor or other accommodation used for: custodial or educational care; rest, the aged; a nursing home or an institution mainly rendering treatment or services for mental illness or substance abuse, except as specifically stated.</p> <p>Missouri has a variation based on the MO Certificate. See page 34 for variation of definition. North Carolina has a variation based on the NC Certificate. See page 37 for variation of definition. Vermont has a variation based on the VA Certificate. See page 42 for variation of definition.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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 Hospital Fixed Indemnity Insurance states underwritten by United State Fire 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 23-43. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

(Any reference to **CA, ID, KS, MO, NJ, NM, PA, or VT** are for current member explanation **ONLY** and **not** for new sales.)

DEFINITION TERM ¹	DEFINITION MEANING ¹
GROUP HOSPITAL FIXED INDEMNITY INSURANCE	
Hospital Stay or Hospital Confinement	<p>"Hospital Stay or Hospital Confinement" means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.</p> <p>California has a variation based on the CA Certificate. See page 24 for variation of definition. Kentucky has a variation based on the KY Certificate. See page 32 for variation of definition.</p>
Immediate Family	<p>"Immediate Family Member" means a Covered Person's spouse, Domestic Partner, Civil Union Partner, parent, Child(ren) (includes legally adopted or step Child(ren), brother, sister, grandchild(ren), or in-laws.</p> <p>California has a variation based on the CA Certificate. See page 24 for variation of definition. District of Columbia has a variation based on the DC Certificate. See page 25 for variation of definition. Georgia has a variation based on the GA Certificate. See page 28 for variation of definition. Idaho has a variation based on the ID Certificate. See page 29 for variation of definition. New Jersey has a variation based on the NJ Certificate. See page 35 for variation of definition. North Carolina has a variation based on the NC Certificate. See page 37 for variation of definition. Vermont has a variation based on the VT Certificate. See page 42 for variation of definition.</p>
Injury	<p>"Injury" means bodily Injury caused by the direct result of an Accident occurring after the effective date of a Covered Person's coverage under the Policy, while the Policy is in force as to the person whose Injury is the basis of the claim which results, directly and independently of disease, bodily infirmity and all other causes, in a Covered Loss. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single Injury.</p> <p>California has a variation based on the CA Certificate. See page 24 for variation of definition. Illinois has a variation based on the IL Endorsement. See page 30 for variation of definition. Indiana has a variation based on the IN Certificate. See page 31 for variation of definition. Vermont has a variation based on the VA Certificate. See page 42 for variation of definition.</p>
Insured Person	<p>"Insured Person" means a member of the Policyholder who is eligible, who enrolls for coverage and for whom the required premium is paid making insurance in effect for that person under the Policy. A Dependent covered under the Policy is not an Insured Person.</p> <p>North Dakota has a variation based on the ND Certificate. See page 38 for variation of definition.</p>
Life Status Change	<p>"Life Status Change" means an event recognized by the Policyholder and Us that qualifies the Insured Person to make changes in coverage at any time other than an Enrollment Period. The following events are all considered Life Status Changes:</p> <ol style="list-style-type: none"> 1. marriage; 2. divorce, annulment or legal separation from a Spouse, Domestic Partner or Civil Union Partner; 3. birth or adoption of a child; 4. change in a Dependent child's eligibility; 5. death of a Spouse, Domestic Partner or Civil Union Partner; 6. a change in the benefit plan or employment status of the Insured Person's Spouse, Domestic Partner or Civil Union Partner that affects either person's eligibility for benefits. <p>California has a variation based on the CA Certificate. See page 24 for variation of definition. District of Columbia has a variation based on the DC Certificate. See page 25 for variation of definition. Georgia has a variation based on the GA Certificate. See page 28 for variation of definition. Idaho has a variation based on the ID Certificate. See page 29 for variation of definition. Illinois amends the definition based on the IL Endorsement. See page 30 for added variation of definition. New Jersey has a variation based on the NJ Certificate. See page 35 for variation of definition. Vermont has a variation based on the VA Certificate. See page 42 for variation of definition.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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 Hospital Fixed Indemnity Insurance states underwritten by United State Fire 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 23-43. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

DEFINITION TERM ¹	DEFINITION MEANING ¹
GROUP HOSPITAL FIXED INDEMNITY INSURANCE	
Medical Emergency	<p>“Medical Emergency” means a Sickness or Injury for which the Covered Person seeks immediate medical treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause:</p> <ul style="list-style-type: none"> • His life or health would be in serious jeopardy, or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn Child; • Serious disfigurement of the Covered Person; • His bodily functions would be seriously impaired; or • A body organ or part would be seriously damaged. <p>Treatment for Medical Emergency will be paid only for Sickness or Injury which fulfills the above conditions.</p> <p>District of Columbia has a variation based on the DC Certificate. See page 25 for variation of definition.</p> <p>Illinois amends the definition based on the IL Endorsement. See page 30 for added variation of definition.</p> <p>Michigan has a variation based on the MI Endorsement. See page 33 for variation of definition.</p> <p>Missouri has a variation based on the MO Certificate. See page 34 for variation of definition.</p>
Medically Necessary or Medical Necessity	<p>“Medically Necessary” or “Medical Necessity” means a treatment, drug, device, service, procedure or supply that is:</p> <ol style="list-style-type: none"> 1. Required, necessary and appropriate for the diagnosis or treatment of a Sickness or Injury; 2. Prescribed or ordered by a Physician or furnished by a Hospital; 3. Performed in the least costly setting required by the condition; 4. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. <p>When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.</p> <p>A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:</p> <ul style="list-style-type: none"> • Is Experimental/Investigational or for research purposes; • Is provided for education purposes or the convenience of the Covered Person, the Covered Person’s family, Physician, Hospital or any other provider; • Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care; • Could have been omitted without adversely affecting the person’s condition or the quality of medical care; • Involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration; • Involves a service, supply or drug considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or • It can be safely provided to the patient on a less cost effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment. <p>AL, AR, AZ, DE, GA, IA, ID, IN, LA, MS, NC, NE, NJ, NM, OH, OK, RI, SC, TN, VA, VT, WI, & WV there is a slight variation as referenced below:</p> <p>The definition is the same as above but the bolded bullet point above changes the language to the following (the word “not” was added): Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or</p> <p>California does <u>not</u> have this definition in the CA Certificate of Insurance.</p> <p>District of Columbia has a variation based on the DC Certificate. See page 25 for variation of definition.</p> <p>Illinois has a variation based on the IL Endorsement. See page 30 for variation of definition.</p> <p>Kentucky does <u>not</u> have this definition in the KY Certificate of Insurance.</p> <p>Missouri has a variation based on the MO Certificate. See page 34 for variation of definition.</p> <p>Wyoming removed this definition and all references to Medically Necessary or Medical Necessity based on WY Endorsement.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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 Hospital Fixed Indemnity Insurance states underwritten by United State Fire 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 23-43. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

DEFINITION TERM ¹	DEFINITION MEANING ¹
GROUP HOSPITAL FIXED INDEMNITY INSURANCE	
Mental Illness or Nervous Disorder	<p>"Mental Illness or Nervous Disorder" means any condition or disease, regardless of its cause, listed in the most recent edition of the International Classification of Diseases as a Mental Disorder on the date the medical care or treatment is rendered to a Covered Person.</p> <p>Vermont does <u>not</u> have this definition in the VT Certificate of Insurance.</p>
Nurse	<p>"Nurse" means either a professional, licensed, graduate registered nurse (R.N.) or a professional, licensed practical nurse (L.P.N.).</p>
Optionally Renewable	<p>"Optionally Renewable" means renewal is at the option of United States Fire Insurance Company.</p>
Physician	<p>"Physician" means a person who is a qualified practitioner of medicine. As such, He or She must be acting within the scope of his/her license under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's Spouse, Domestic Partner or Civil Union Partner, son, daughter, father, mother, brother or sister or other relative."</p> <p>California has a variation based on the CA Certificate. See page 24 for variation of definition. District of Columbia has a variation based on the DC Certificate. See page 26 for variation of definition. Georgia has a variation based on the GA Certificate. See page 28 for variation of definition. Idaho has a variation based on the ID Certificate. See page 29 for variation of definition. Louisiana has a variation based on the LA Certificate. See page 33 for variation of definition. New Jersey has a variation based on the NJ Certificate. See page 35 for variation of definition. New Mexico has a variation based on the NM Certificate. See page 36 for variation of definition. Vermont has a variation based on the VA Certificate. See page 42 for variation of definition.</p>
Policy Period	<p>"Policy Period" means, initially, the period of time from the Effective Date of the Policy until the first Policy Anniversary Date, and thereafter each subsequent 12 consecutive months provided coverage remains in force.</p>
Policyholder	<p>"Policyholder" means the entity shown as the Policyholder in the Schedule of Benefits.</p>
Pre-existing Condition	<p>"Pre-existing Condition" means a disease or physical condition for which medical advice or treatment was recommended or received by the Covered Person during the 12 months prior to the Covered Person's Effective Date of coverage.</p> <p>Florida has a variation based on the FL Certificate. See page 26 for variation of definition. Idaho has a variation based on the ID Certificate. See page 29 for variation of definition. Illinois has a variation based on the IL Endorsement. See page 31 for variation of definition. Michigan has a variation based on the MI Certificate. See page 33 for variation of definition. New Mexico has a variation based on the NM Certificate. See page 36 for variation of definition. Ohio has a variation based on the OH Endorsement. See page 39 for variation of definition. Pennsylvania has a variation based on the PA Certificate. See page 39 for variation of definition Virginia does <u>not</u> have this definition based on the VA Endorsement in which it was <u>removed</u>. Wyoming has a variation based on the WY Endorsement. See page 42 for variation of definition.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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 Hospital Fixed Indemnity Insurance states underwritten by United State Fire 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 23-43. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

DEFINITION TERM ¹	DEFINITION MEANING ¹
GROUP HOSPITAL FIXED INDEMNITY INSURANCE	
Sickness	<p>"Sickness" means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person receives medical treatment while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.</p> <p>North Carolina has a variation based on the NC Certificate. See page 37 for variation of definition.</p>
Skilled Nursing Facility	<p>"Skilled Nursing Facility" means a facility that provides skilled nursing 24 hours a day, seven days a week, under the supervision of a registered nurse, and/or skilled rehabilitative services at least five days per week. The emphasis is on skilled nursing care, with restorative, physical, occupational, and other therapies available. A Skilled Nursing Facility provides services that cannot be efficiently or effectively rendered at home or in an intermediate care facility. The service provided must be directed towards the patient achieving independence in activities of daily living, improving the patient's condition, and facilitating discharge.</p> <p>Florida has a variation based on the FL Certificate. See page 26 for variation of definition. New Jersey does <u>not</u> have this definition in the NJ Certificate of Insurance.</p>
Spouse	<p>"Spouse" means lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Partner.</p> <p>California has a variation based on the CA Certificate. See page 24 for variation of definition. District of Columbia has a variation based on the DC Certificate. See page 26 for variation of definition. Georgia has a variation based on the GA Certificate. See page 28 for variation of definition. Idaho has a variation based on the ID Certificate. See page 29 for variation of definition. New Jersey has a variation based on the NJ Certificate. See page 35 for variation of definition. Vermont has a variation based on the VT Certificate. See page 42 for variation of definition. Virginia has a variation based on the VA Endorsement. See page 42 for variation of definition.</p>
Substance Abuse	<p>"Substance Abuse" means the use of any drug or substance(s) for non-therapeutic purposes; or use of medication for purposes other than those for which it is prescribed.</p> <p>California does <u>not</u> have this definition in the CA Certificate of Insurance. Vermont does <u>not</u> have this definition in the VT Certificate of Insurance.</p>
We, Our, & Us	<p>"We, Our, Us" means United States Fire Insurance Company underwriting this insurance or its authorized agent.</p>
You, Your, Yours, He or She	<p>"You, Your, Yours, He or She" means the Covered Person who meets the eligibility requirements of the Policy and whose insurance under the Policy is in force.</p>
Prescription Drug (not in FL, GA, ID, IN, KY, MI, MO, MS, ND, NE, NJ, OK, TX or VT Certificates) This definition is in these state Certificates: AL, AR, AZ, DC, DE, IA, IL, OH, RI, SC, TN, VA, WI, WV, & WY	<p>"Prescription Drug" means drugs dispensed by a licensed pharmacist by written prescription under Federal law, and approved for general use by the Food and Drug Administration. Prescription Drugs include insulin and the needles and syringes required for its administration, if the Covered Person has a Physician's authorization for such supplies on record with the pharmacist.</p>

Additional Definitions that are specific to State Certificates and not listed between pages 14-21:

Eligibility Waiting Period	PG 25 (DISTRICT OF COLUMBIA)
Domestic Partner's Registry	PG 27 (GEORGIA)
Experimental or Investigational	PG 27 (GEORGIA)
Congenital Anomaly	PG 28 (IDAHO)
Placed or Placement	PG 29 (IDAHO)
Eligibility Waiting Period	PG 30 (ILLINOIS)
Eligible Class	PG 34 (MISSOURI)
Foster Child	PG 36 (NORTH CAROLINA)
Placement for Adoption	PG 37 (NORTH CAROLINA)
Placement for Foster Home	PG 37 (NORTH CAROLINA)
Placement for Adoption	PG 38 (OHIO)

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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.

STATE VARIATIONS AND ADDITIONS

DEFINITION STATE VARIATIONS

In this section of the agent guide (pages 23-43), all of the state variations that are different from the definitions listed between pages 14-21 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 23
ARIZONA	PG 23
CALIFORNIA*	PGS 23-24
DISTRICT OF COLUMBIA	PGS 24-26
FLORIDA	PG 26
GEORGIA	PGS 26-28
IDAHO*	PGS 28-29
ILLINOIS	PGS 29-31
INDIANA	PG 31
IOWA	PG 32
KANSAS*	PG 32
KENTUCKY	PG 32
LOUISIANA	PG 33
MICHIGAN	PG 33
MISSOURI*	PGS 33-34
NEBRASKA	PG 35
NEW JERSEY*	PG 35
NEW MEXICO*	PG 36
NORTH CAROLINA	PGS 36-37
NORTH DAKOTA	PGS 37-38
OHIO	PGS 38-39
OKLAHOMA	PG 39
PENNSYLVANIA*	PG 39
RHODE ISLAND	PG 40
TENNESSEE	PG 40
TEXAS	PG 41
VERMONT*	PGS 41-42
VIRGINIA	PG 42
WYOMING	PG 42



*These states are no longer being marketed. The definitions for these states are **ONLY** for explanation purposes for current members and not for any NEW sales.

DEFINITION TERM ¹	DEFINITION MEANING ¹
ARKANSAS	
Child	<p>"Child" means the Insured Person's natural Child, adopted Child (or Child placed in the Insured Person's home for purposes of adoption), foster Child, stepchild, or other Child for whom the Insured Person has legal guardianship (proof will be required). A Child must reside with the Insured Person in a parent-Child relationship and be eligible to be claimed as an exemption on the Insured Person's federal income tax return. NOTE: In the event the Insured Person shares physical custody of the Child with another parent, the requirement that the Child reside with the Insured Person will be waived.</p> <p>Based on the AR Endorsement Rider When Dependent coverage is included, the Definition of "Child" is amended by expanding the reference to adopted. Children to include any minor under the charge, care, and control of the Insured Person whom the Insured Person has filed a petition to adopt.</p>
Dependent	<p>Based on the AR Endorsement Rider the definition is amended to below: "Dependent" means an Insured Person's:</p> <ol style="list-style-type: none"> 1. lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner. 2. unmarried Children under age 26. <p>The age limitation will not apply to an unmarried dependent Child who is incapable of sustaining employment by reason of mental retardation or physical disability, who became so incapacitated prior to the attainment of the limiting age and who is chiefly dependent on the Insured Person for support and maintenance. Coverage shall continue so long as the coverage of the Insured Person remains in force and so long as the dependent remains in such condition. At Our request and expense, proof of the incapacity or dependency must be furnished to Us by the Insured Person, except in no event shall this requirement preclude eligible dependents, regardless of age. If the incapacity or dependency is thereafter removed or terminated, the Insured Person shall so notify Us.</p>
ARIZONA	
Child	<p>When Dependent coverage is included, the Definition of "Child" is replaced with the following: "Child" means the Insured Person's natural Child, adopted Child (or Child placed in the Insured Person's home for purposes of adoption for whom the application and approval procedures for adoption have been completed), foster Child, stepchild, Child for whom coverage is required under a court or administrative order, or other Child for whom the Insured Person has legal guardianship (proof will be required).</p>
CALIFORNIA	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN CA.
Child	<p>"Child" means the Insured Person's natural Child, adopted Child (or Child placed in the Insured Person's home for purposes of adoption), foster Child, stepchild, or other Child for whom the Insured Person has legal guardianship (proof will be required).</p>
Dependent	<p>"Dependent" means an Insured Person's:</p> <ol style="list-style-type: none"> 1. lawful spouse, if not legally separated or divorced, or Domestic Partner. 2. unmarried Children under age 26. <p>The age limitations will not apply to an Insured Person's unmarried Child who is incapable of self-support due to a mental or physical incapacity. Proof of such incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.</p>
Domestic Partner	<p>"Domestic Partner" means two adults who have chosen to share one another's lives in an intimate and committed relationship of mutual caring who have a valid Declaration of Domestic Partnership filed with the California Secretary of State or an equivalent document issued by a local agency of California, another state, or a local agency of another state under which the partnership is created. We may ask for a copy of such document or for notification of termination of the domestic partnership only if a married person would be required to provide verification of marital status or notification of the termination of the marriage.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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
CALIFORNIA	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN CA.
Hospital Stay or Hospital Confinement	"Hospital Stay or Hospital Confinement" means an overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.
Immediate Family	"Immediate Family Member" means a Covered Person's Spouse or Domestic Partner, parent, Child(ren) (includes legally adopted or step Child(ren)), brother, sister, grandchild(ren), or in-laws.
Injury	"Injury" means bodily harm of which an Accident is the proximate cause. All injuries to the same Covered Person sustained in any one Accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single Injury.
Life Status Change	"Life Status Change" means an event recognized by the Policyholder and Us that qualifies the Insured Person to make changes in coverage at any time other than an Enrollment Period. The following events are all considered Life Status Changes: <ol style="list-style-type: none"> 1. marriage or formation of a Domestic Partnership; 2. divorce, annulment or legal separation from a Spouse or Domestic Partner; 3. birth or adoption of a child; 4. change in a Dependent child's eligibility; 5. death of a Spouse or Domestic Partner; 6. a change in the benefit plan or employment status of the Insured Person's Spouse or Domestic Partner that affects either person's eligibility for benefits.
Physician	"Physician" means a person who is a qualified practitioner of medicine. As such, He or She must be acting within the scope of his/her license under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's Spouse or Domestic Partner, son, daughter, father, mother, brother or sister or other relative."
Spouse	"Spouse" means lawful spouse, if not legally separated or divorced, or Domestic Partner.
DISTRICT OF COLUMBIA (DC)	
Child	"Child" means the Insured Person's: natural Child; adopted Child (or Child placed in the Insured Person's home for purposes of adoption); foster Child; stepchild; minor grandchild, niece, nephew, or a Child for whom the Insured Person has legal guardianship (proof will be required) as long as the Child is under the Insured Person's Primary Care. Here "Primary Care" means that the Insured Person provides food, clothing, and shelter, on a regular and continuous basis, for such Child during the time the District of Columbia public schools are in regular session. A Child of the Insured Person's Spouse or Domestic Partner or Civil Union Partner/Legal Partner is also included in the definition of Child, subject to the same terms and conditions as a Child of the Insured Person.
Civil Union Partner	"Civil Union Partner/Legal Partner" means a person with whom the Insured Person maintains a same sex relationship similar to marriage that is recognized by law.
Dependent	"Dependent" means an Insured Person's: <ol style="list-style-type: none"> 1. lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner/Legal Partner. 2. unmarried Children under age 26. <p>The age limitations will not apply to an Insured Person's unmarried Child who is incapable of self-support due to a mental or physical incapacity. Proof of such incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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
DISTRICT OF COLUMBIA (DC)	
Domestic Partner	"Domestic Partner" means a person who has registered under §32-702(a).
Eligibility Waiting Period	"Eligibility Waiting Period" means the period of time of continuous membership in an Eligible Class that a Covered Person must satisfy before their coverage under the Certificate is effective.
Immediate Family	"Immediate Family Member" means a Covered Person's spouse, Domestic Partner or Civil Union Partner/ Legal Partner or Dependent, parent, Child(ren) (includes legally adopted or step Child(ren), brother, sister, grandchild(ren), or in-laws.
Life Status Change	<p>"Life Status Change" means an event recognized by the Policyholder and Us that qualifies the Insured Person to make changes in coverage at any time other than an Enrollment Period. The following events are all considered Life Status Changes:</p> <ol style="list-style-type: none"> 1. marriage; 2. divorce, annulment or legal separation from a Spouse, Domestic Partner or Civil Union Partner/ Legal Partner; 3. birth or adoption of a child; 4. change in a Dependent child's eligibility; 5. death of a Spouse, Domestic Partner or Civil Union Partner/Legal Partner; 6. a change in the benefit plan or employment status of the Insured Person's Spouse, Domestic Partner or Civil Union Partner/Legal Partner that affects either person's eligibility for benefits.
Medical Emergency	<p>"Medical Emergency" means a Sickness or Injury for which the Covered Person seeks immediate medical treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause:</p> <ul style="list-style-type: none"> • His life or health would be in serious jeopardy, or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn Child; • Serious disfigurement of the Covered Person; • His bodily functions would be seriously impaired; or • A body organ or part would be seriously damaged. <p>It also includes the sudden worsening of such a medical condition. Treatment for Medical Emergency will be paid only for Sickness or Injury which fulfills the above conditions.</p>
Medically Necessary or Medical Necessity	<p>"Medically Necessary" or "Medical Necessity" means a treatment, drug, device, service, procedure or supply that is:</p> <ol style="list-style-type: none"> 1. Required, necessary and appropriate for the diagnosis or treatment of a Sickness or Injury; 2. Prescribed or ordered by a Physician or furnished by a Hospital; 3. Performed in the least costly setting required by the condition; 4. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. <p>The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Policy.</p> <p>When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.</p> <p>A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:</p> <ul style="list-style-type: none"> • Is Experimental/Investigational or for research purposes; • Is provided for education purposes or the convenience of the Covered Person, the Covered Person's family, Physician, Hospital or any other provider; • Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care; • Could have been omitted without adversely affecting the person's condition or the quality of medical care; • Involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration; • Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or • It can be safely provided to the patient on a less cost effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment.

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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
DISTRICT OF COLUMBIA (DC)	
Physician	"Physician" means a person who is a qualified practitioner of medicine. As such, He or She must be acting within the scope of his/her license under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's Spouse, Domestic Partner or Civil Union Partner/Legal Partner, son, daughter, father, mother, brother or sister or other relative."
Spouse	"Spouse" means a person of the same or opposite sex who is legally married to the Insured Person under the laws of the state or jurisdiction in which the marriage took place. The term includes a Domestic Partner or Civil Union Partner/Legal Partner.
FLORIDA	
Child	<p>"Child" means the Insured Person's natural Child, adopted Child, foster Child, stepchild, or other Child for whom the Insured Person has legal guardianship (proof will be required). A Child must reside with the Insured Person in a parent-Child relationship and be eligible to be claimed as an exemption on the Insured Person's federal income tax return. NOTE: In the event the Insured Person shares physical custody of the Child with another parent, the requirement that the Child reside with the Insured Person will be waived.</p> <p>An adopted Child or a foster Child placed with the Insured Person in compliance with Chapter 63 will be covered from the moment of placement in the residence of the Insured Person. In the case of a newborn Child, coverage begins at the moment of birth if a written agreement to adopt such Child has been entered into by the Insured Person prior to the birth of the Child, whether or not the agreement is enforceable. This definition does not include coverage for an adopted child who is not ultimately placed in the residence of the Insured Person in compliance with Chapter 63.</p>
Dependent	<p>"Dependent" means an Insured Person's:</p> <ol style="list-style-type: none"> 1. lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner. 2. Children under age 26. <p>The age limitations will not apply to an Insured Person's unmarried Child who continues to be both chiefly dependent upon the Insured Person for support and maintenance and incapable of self-support due to a mental or physical incapacity. Proof of such incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation. If a claim is denied under the Policy for the stated reason that the child has attained the limiting age for Dependent Children specified in the Policy, the notice of denial must state that the Insured Person has the burden of establishing that the Child continues to meet the criteria specified.</p>
Pre-existing Condition	"Pre-existing Condition" means a physical or mental condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received by the Covered Person within the 6 month period ending on their Enrollment Date. Genetic information may not be treated as Preexisting Condition in the absence of a diagnosis of the condition related to such information.
Skilled Nursing Facility	"Skilled Nursing Facility" means a facility that provides skilled nursing 24 hours a day, seven days a week, under the supervision of a Physician, and/or skilled rehabilitative services at least five days per week. The emphasis is on skilled nursing care, with restorative, physical, occupational, and other therapies available. A Skilled Nursing Facility provides services that cannot be efficiently or effectively rendered at home or in an intermediate care facility. The service provided must be directed towards the patient achieving independence in activities of daily living, improving the patient's condition, and facilitating discharge.
GEORGIA	
Child	"Child" means the Insured Person's natural Child, adopted Child (or Child placed in the Insured Person's home for purposes of adoption), foster Child, stepchild, or other Child for whom the Insured Person has legal guardianship (proof will be required).

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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
GEORGIA	
Complications of Pregnancy	<p>“Complications of Pregnancy” means a condition which:</p> <ul style="list-style-type: none"> • When pregnancy is not terminated, requires medical treatment and whose diagnosis is distinct from pregnancy but is adversely affected by or are caused by pregnancy, such as: (a) acute nephritis; (b) nephrosis; (c) cardiac decompensation; (d) missed abortion; (e) preeclampsia; (f) eclampsia; (g) puerperal infection; (h) R.H. Factor problems; (i) severe loss of blood requiring transfusion; and (j) other similar medical and surgical conditions of comparable severity related to pregnancy. • When pregnancy is terminated: (a) non-elective cesarean section; (b) ectopic pregnancy that is terminated; and (c) spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible. <p>Complications of Pregnancy will not include:</p> <ul style="list-style-type: none"> • False labor; • Occasional spotting; • Physician prescribed rest during the period of pregnancy; • Morning sickness; • Similar conditions associated with the management of a difficult pregnancy, but which are not a separate Complication of Pregnancy. <p>Delivery by cesarean section is considered a complication of pregnancy if the cesarean section is non elective. A cesarean section will be considered non-elective if the fetus or mother is determined to be in distress and is in immediate danger of death, Sickness or Injury if a cesarean section is not performed. A cesarean section beyond one performed in any previous pregnancy will also be considered non-elective if vaginal delivery is medically inappropriate, or a vaginal delivery is attempted but discontinued due to immediate danger of death, Sickness or Injury to the Child or mother.</p>
Dependent	<p>“Dependent” means an Insured Person’s:</p> <ol style="list-style-type: none"> 1. lawful Spouse, if not divorced. 2. unmarried Children under age 26. 3. Domestic Partner. <p>The age limitations will not apply to an Insured Person’s unmarried Child who is incapable of self-support due to a mental or physical incapacity. Proof of such incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.</p>
Domestic Partner	<p>“Domestic Partner” means a same or opposite gender partner of the Insured Person who lives together in a single, shared residence and has done so for a period of at least 12 months prior to the execution of a Domestic Partner’s Registry/Affidavit.</p>
Domestic Partner’s Registry	<p>“Domestic Partner’s Registry” is a document/form provided by a municipality, county, city, or other political subdivision of the state, or other formalized document/form provided by an employer, true association, multiple employer trust which is a legal form, must be witnessed and notarized, signed under penalty of perjury for false swearing.</p> <p>Within such Domestic Partners Registry/Declaration/Affidavit form, the parties must state:</p> <ul style="list-style-type: none"> • Parties must have lived together for a period of at least 12 months as Domestic Partners and must furnish reasonable proof of shared primary, regular and permanent residence address. • Parties must pledge financial reliance on one another for support. • Parties must affirm a committed, personal relationship with each other that is mutually interdependent and intended to be lifelong. • Parties agree to be jointly obligated and responsible for the necessities of life for each other. • Parties must not be married to anyone or legally separated from anyone. • Parties must be at least 18 years of age. • Parties are each competent to enter into a contract. • Parties are not related by blood closer than would bar marriage in the state of Georgia. • Parties are each other’s sole Domestic Partner. • Parties agree to file a termination of Domestic Partnership within 30 days to the Registry sponsor if any of the facts set out in the Domestic Partners Registry/Affidavit/Document change.
Experimental or Investigational	<p>“Experimental or Investigational” means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The procedure will also be considered Experimental or Investigational if the Covered Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or Investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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
GEORGIA	
Immediate Family	"Immediate Family Member" means a Covered Person's Spouse, Domestic Partner, parent, Child(ren) (includes legally adopted or step Child(ren)), brother, sister, grandchild(ren), or in-laws.
Life Status Change	"Life Status Change" means an event recognized by the Policyholder and Us that qualifies the Insured Person to make changes in coverage at any time other than an Enrollment Period. The following events are all considered Life Status Changes: <ol style="list-style-type: none"> 1. marriage; 2. divorce or annulment from a Spouse or termination of a Domestic Partnership; 3. birth or adoption of a child; 4. change in a Dependent child's eligibility; 5. death of a Spouse or Domestic Partner; 6. a change in the benefit plan or employment status of the Insured Person's Spouse or Domestic Partner that affects either person's eligibility for benefits.
Physician	"Physician" means a person who is a qualified practitioner of medicine. As such, He or She must be acting within the scope of his/her license under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's Spouse or Domestic Partner, son, daughter, father, mother, brother or sister or other relative."
Spouse	"Spouse" means lawful spouse, if not divorced.
IDAHO	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN ID.
Child	"Child" means the Insured Person's natural Child, adopted Child (or Child Placed in the Insured Person's home for purposes of adoption), foster Child, stepchild, or other Child for whom the Insured Person has legal guardianship (proof will be required). A Child must receive more than one-half of his financial support from the Insured Person.
Complications of Pregnancy	"Complications of Pregnancy" means: <ol style="list-style-type: none"> 1. Conditions, requiring hospital confinement (when the pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity, but shall not include false labor, occasional spotting, Physician prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy; and 2. Cesarean section delivery, ectopic pregnancy which is terminated, spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible, puerperal infection, eclampsia and toxemia.
Congenital Anomaly	"Congenital Anomaly" means a condition existing at or from birth that is a significant deviation from the common form or function of the body, whether caused by a hereditary or developmental defect or disease. For the purposes of this provision, the term significant deviation is defined to be a deviation which impairs the function of the body and includes, but is not limited to, the conditions of cleft lip, cleft palate, webbed fingers or toes, sixth toes or fingers, or defects of metabolism and other conditions that are medically diagnosed to be congenital anomalies.
Dependent	"Dependent" means an Insured Person's: <ol style="list-style-type: none"> 1. lawful spouse, if not legally separated or divorced, or Domestic Partner. 2. unmarried Children under age 26. <p>The age limitations will not apply to an Insured Person's unmarried Child who is incapable of self-support due to a mental or physical incapacity. Proof of such incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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
IDAHO	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN ID.
Domestic Partner	"Domestic Partner" means an opposite or same sex partner who, for at least 12 consecutive months, has resided with the Insured Person and shared financial assets/obligations with the Insured Person. Both the Insured Person and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Insured Person nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.
Immediate Family	"Immediate Family Member" means a Covered Person's Spouse, Domestic Partner, parent, Child(ren) (includes legally adopted or step Child(ren)), brother, sister, grandchild(ren), or in-laws.
Life Status Change	"Life Status Change" means an event recognized by the Policyholder and Us that qualifies the Insured Person to make changes in coverage at any time other than an Enrollment Period. The following events are all considered Life Status Changes: 1. marriage; 2. divorce, annulment or legal separation from a Spouse, Domestic Partner; 3. birth or adoption of a child; 4. change in a Dependent child's eligibility; 5. death of a Spouse, Domestic Partner; 6. a change in the benefit plan or employment status of the Insured Person's Spouse or Domestic Partner that affects either person's eligibility for benefits.
Physician	"Physician" means a person who is a qualified practitioner of medicine, including a podiatrist. As such, He or She must be acting within the scope of his/her license under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's Spouse or Domestic Partner, son, daughter, father, mother, brother or sister or other relative."
Placed or Placement	"Placed" or "Placement" means physical placement in the Insured Person's care. If physical placement is prevented due to the medical needs of the child, it shall mean the date when the Insured Person signs an agreement for adoption of such child and assumes financial responsibility for such child.
Pre-Existing Condition	"Pre-existing Condition" means a disease or physical condition for which medical advice or treatment was recommended or received by the Covered Person during the 6 months prior to the Covered Person's Effective Date of coverage.
Spouse	"Spouse" means lawful spouse, if not legally separated or divorced.
ILLINOIS	
Accident	The Definition of "Accident" is replaced with the following based on the IL Endorsement Rider: "Accident" means an unforeseeable event which: 1. Causes Injury to one or more Covered Persons; and 2. Occurs while coverage is in effect for the Covered Person.
Complications of Pregnancy	The Definition of "Complications of Pregnancy" is amended by removing the phrase "adversely affected by or are" from the first sentence of the first paragraph. Additionally, the conditions of preeclampsia and hyperemesis gravidarum are specifically considered Complications of Pregnancy.
Dependent	Based on the IL Endorsement: When Dependent coverage is included, the Definition of "Civil Union Partner" will always be included and all references to Spouse will include a Civil Union Partner. "Dependent" means an Insured Person's: 1. lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner. 2. unmarried Children under age 26; or 3. unmarried Children under age 30 who: (i) are Illinois residents, (ii) served as members of the active or reserve components of any of the branches of the Armed Forces of the United States, and (iii) have received a release or discharge other than a dishonorable discharge. The age limitations will not apply to an Insured Person's unmarried Child who is dependent on the Insured Person or other care providers for lifetime care and supervision, and incapable of self-sustaining employment by reason of mental or physical handicap that occurred before age [26-30]. Proof of such dependence and incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required not more often than once a year after the 2-year period following the age limitation.

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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	
Eligibility Waiting Period	<p>The following Definition is added based on the IL Amendment:</p> <p>"Eligibility Waiting Period" means the period of time of continuous membership in an Eligible Class that a Covered Person must satisfy before their coverage under the Certificate is effective.</p>
Injury	<p>The Definition of "Injury" is replaced with the following based on the IL Endorsement:</p> <p>"Injury" means bodily Injury caused by an Accident occurring after the effective date of a Covered Person's coverage under the Policy, while the Policy is in force as to the person whose Injury is the basis of the claim which results, independently of disease, bodily infirmity, in a Covered Loss. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single Injury.</p>
Life Status Change	<p>"Life Status Change" means an event recognized by the Policyholder and Us that qualifies the Insured Person to make changes in coverage at any time other than an Enrollment Period. The following events are all considered Life Status Changes:</p> <ol style="list-style-type: none"> 1. marriage; 2. divorce, annulment or legal separation from a Spouse, Domestic Partner or Civil Union Partner; 3. birth or adoption of a child; 4. change in a Dependent child's eligibility; 5. death of a Spouse, Domestic Partner or Civil Union Partner; 6. a change in the benefit plan or employment status of the Insured Person's Spouse, Domestic Partner or Civil Union Partner.
Medical Emergency	<p>"Medical Emergency" means a Sickness or Injury for which the Covered Person seeks immediate medical treatment at the nearest available facility. The condition must have acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause:</p> <ul style="list-style-type: none"> • His life or health would be in serious jeopardy, or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn Child; • Serious disfigurement of the Covered Person; • His bodily functions would be seriously impaired; or • A body organ or part would be seriously damaged. <p>Treatment for Medical Emergency will be paid only for Sickness or Injury which fulfills the above conditions.</p>
Medically Necessary or Medical Necessity	<p>"Medically Necessary" or "Medical Necessity" means a treatment, drug, device, service, procedure or supply that is:</p> <ol style="list-style-type: none"> 1. Required, necessary and appropriate for the diagnosis or treatment of a Sickness or Injury; 2. Prescribed or ordered by a Physician or furnished by a Hospital; 3. Performed in the least costly setting required by the condition; 4. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. <p>When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.</p> <p>A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:</p> <ul style="list-style-type: none"> • Is Experimental/Investigational or for research purposes; • Is provided for education purposes or the convenience of the Covered Person, the Covered Person's family, Physician, Hospital or any other provider; • Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care; • Could have been omitted without adversely affecting the person's condition or the quality of medical care; • Is a medical device, drug or substance not formally approved by the United States Food and Drug Administration; • Is a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or • It can be safely provided to the patient on a less cost effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment.

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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	
Pre-existing Condition	<p>When included, the Definition of "Pre-existing Condition" is replaced with the following: "Pre-existing Condition" means any disease, illness, sickness, malady or condition which was:</p> <ol style="list-style-type: none"> 1. diagnosed or treated by a legally qualified Physician prior to the Effective Date of coverage for the Covered Person with consultation, advice or treatment by a legally qualified Physician occurring within 12 months prior to the Effective Date of coverage for the Covered Person; or 2. diagnosed or treated by a legally qualified Physician prior to the Effective Date of coverage for the Covered Person, but a legally qualified Physician demonstrates that there is a reasonable medical question that the disease, illness, sickness, malady or condition involved did continue within 12 months prior to the Effective Date of coverage for the Covered Person without the necessity of consultation, advice or treatment by a legally qualified Physician; or 3. evident because there was a clear, distinct symptom or symptoms of the disease, illness, sickness, malady or condition demonstrable prior to the Effective Date of coverage for the Covered Person with the occurrence of such symptoms being evident within 12 months prior to the Effective Date of coverage for the Covered Person and in which, in the opinion of a legally qualified Physician, would; <ol style="list-style-type: none"> A) indicate that the diseases, illness, sickness, malady or condition probably began and manifested itself before the Effective Date of the coverage for the Covered Person, and B) would cause an ordinarily prudent person to seek diagnosis, care or treatment.
INDIANA	
Accident	<p>"Accident" means a sudden, unforeseeable external event which causes Injury to one or more Covered Persons.</p>
Child	<p>"Child" means the Insured Person's: natural Child; adopted Child, beginning from the earlier of: (a) the date of placement for the purposes of adoption; or (b) the date of the entry of an order granting the adoptive parent custody of the Child for purposes of adoption, unless the placement is disrupted prior to legal adoption and the Child is removed from placement; foster Child; stepchild; or other Child for whom the Insured Person has legal guardianship (proof will be required).</p>
Covered Accident	<p>"Covered Accident" means an Accident that results in a Covered Loss for which benefits are payable.</p>
Covered Loss or Covered Losses	<p>"Covered Loss or Covered Losses" means an Injury or Sickness covered under the Policy and indicated on the Schedule of Benefits.</p>
Dependent	<p>"Dependent" means an Insured Person's:</p> <ol style="list-style-type: none"> 1. lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner. 2. Children under age 26. <p>The age limitations will not apply to an Insured Person's unmarried Child who is incapable of self-support due to a mental or physical incapacity. Proof of such incapacity must be furnished to the Company immediately upon enrollment or within 120 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.</p>
Domestic Partner	<p>"Domestic Partner" means an opposite or same sex partner who, for at least 12 consecutive months, has resided with the Insured Person and shared financial assets/obligations with the Insured Person. Both the Insured Person and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Insured Person nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.</p>
Injury	<p>"Injury" means bodily Injury caused by the direct result of an Accident which results, directly and independently of disease, bodily infirmity and all other causes, in a Covered Loss. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single Injury.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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
IOWA	
Dependent	<p>"Dependent" means an Insured Person's:</p> <ol style="list-style-type: none"> 1) lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner. 2) unmarried Children under age 26. <p>The age limitations will not apply to an Insured Person's unmarried Child who is incapable of self-support due to a mental or physical incapacity. Proof of such incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.</p> <p>If Dependent coverage is included, the following is added to the Definition of "Dependent":</p> <p>We will permit continuation of existing coverage for an unmarried Child who so elects, through the Policy Anniversary Date on or after the date the child marries, ceases to be a resident of Iowa, or attains the age of 25 years old, whichever occurs first, or so long as the unmarried child maintains full-time status as a student in an accredited institution of postsecondary education.</p>
KANSAS	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN KS.
Child	<p>"Child" means the Insured Person's natural Child, adopted Child (or Child placed in the Insured Person's home for purposes of adoption or for whom a petition to adopt has been filed), foster Child, stepchild, or other Child for whom the Insured Person has legal guardianship (proof will be required). A Child must reside with the Insured Person in a parent-Child relationship and be eligible to be claimed as an exemption on the Insured Person's federal income tax return. NOTE: In the event the Insured Person shares physical custody of the Child with another parent, the requirement that the Child reside with the Insured Person will be waived.</p>
Covered Loss or Covered Losses	<p>"Covered Loss or Covered Losses" means an Injury or Sickness covered under the Policy and indicated on the Schedule of Benefits.</p>
Domestic Partner	<p>"Domestic Partner" means an opposite or same sex partner who, for at least 12 consecutive months, has resided with the Insured Person and shared financial assets/obligations with the Insured Person. Both the Insured Person and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Insured Person nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.</p>
KENTUCKY	
Domestic Partner	<p>"Domestic Partner" means an opposite or same sex partner who, for at least 12 consecutive months, has resided with the Insured Person and shared financial assets/obligations with the Insured Person. Both the Insured Person and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Insured Person nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.</p>
Hospital Stay or Hospital Confinement	<p>"Hospital Stay or Hospital Confinement" means an overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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	
Child	<p>"Child" means the Insured Person's natural Child, adopted Child (or Child placed in the Insured Person's home pursuant to an adoption placement agreement executed with a licensed adoption agency, from the date of placement), foster Child, stepchild, Child who is placed in the Insured Person's home following execution of an act of voluntary surrender in favor of the Insured Person or the Insured Person's legal representative, or other Child or grandchild for whom the Insured Person has legal guardianship (proof will be required). A Child must reside with the Insured Person in a parent-Child relationship and be eligible to be claimed as an exemption on the Insured Person's federal income tax return. NOTE: In the event the Insured Person shares physical custody of the Child with another parent, the requirement that the Child reside with the Insured Person will be waived.</p>
Domestic Partner	<p>"Domestic Partner" means an opposite or same sex partner who, for at least 12 consecutive months, has resided with the Insured Person and shared financial assets/obligations with the Insured Person. Both the Insured Person and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Insured Person nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.</p>
Physician	<p>"Physician" means a person who is a qualified practitioner of medicine, including a chiropractor, podiatrist or optometrist. As such, He or She must be acting within the scope of his/her license under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's Spouse, Domestic Partner or Civil Union Partner, son, daughter, father, mother, brother or sister or other relative."</p>
MICHIGAN	
Medical Emergency	<p>If included, the Definition of "Medical Emergency" is replaced with the following based on Endorsement: "Medical Emergency" means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.</p>
Pre-existing Condition	<p>"Pre-existing Condition" means a disease or physical condition for which medical advice or treatment was recommended or received by the Covered Person during the 6, months prior to the Covered Person's Effective Date of coverage.</p>
MISSOURI	<p>THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN MO.</p>
Complications of Pregnancy	<p>"Complications of Pregnancy" means a condition which:</p> <ul style="list-style-type: none"> • When pregnancy is not terminated, requires medical treatment and whose diagnosis is distinct from pregnancy but is adversely affected by or are caused by pregnancy, such as: (a) acute nephritis; (b) nephrosis; (c) cardiac decompensation; (d) missed abortion; (e) preeclampsia & eclampsia; (f) puerperal infection; (g) R.H. Factor problems; (h) severe loss of blood requiring transfusion; and (i) other similar medical and surgical conditions of comparable severity related to pregnancy. • When pregnancy is terminated: (a) non-elective cesarean section; (b) ectopic pregnancy that is terminated; and (c) spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible. <p>Complications of Pregnancy will not include:</p> <ul style="list-style-type: none"> • False labor; • Occasional spotting; • Physician prescribed rest during the period of pregnancy; • Morning sickness; and • Similar conditions associated with the management of a difficult pregnancy, but which are not a separate Complication of Pregnancy. <p>Delivery by cesarean section is considered a complication of pregnancy if the cesarean section is non-elective. A cesarean section will be considered non-elective if the fetus or mother is determined to be in distress and is in immediate danger of death, Sickness or Injury if a cesarean section is not performed. A cesarean section beyond one performed in any previous pregnancy will also be considered non-elective if vaginal delivery is medically inappropriate, or a vaginal delivery is attempted but discontinued due to immediate danger of death, Sickness or Injury to the Child or mother.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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
MISSOURI	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN MO.
Covered Loss or Covered Losses	"Covered Loss or Covered Losses" means an Injury or Sickness covered under the Policy and indicated on the Schedule of Benefits.
Eligible Class	"Eligible Class" means all persons that satisfy the criteria listed under a Class of Eligible Persons in the Schedule of Benefits.
Hospital	<p>"Hospital" means a legally constituted institution (or an institution which operates pursuant to law) having organized facilities for the care and treatment of sick and injured persons on a resident or inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff of one (1) or more licensed physicians and which provides twenty-four (24)-hour nursing service by registered nurses on duty or call. It does not mean convalescent, nursing, rest or extended care facilities or facilities operated exclusively for treatment of the aged, drug addict or alcoholic, even though the facilities are operated as a separate institution by a hospital.</p> <p>Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.</p> <p>We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one of the following:</p> <ol style="list-style-type: none"> 1. the Joint Commission of Accreditation of Hospitals; or 2. the American Osteopathic Association; or 3. the Commission on the Accreditation of Rehabilitative Facilities. <p>In addition, We will not deny a claim for a Skilled Nursing Facility if it meets the definition of such a facility and is a Covered Benefit under the Policy.</p>
Medical Emergency	<p>"Medical Emergency" means a Sickness or Injury for which the condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause:</p> <ul style="list-style-type: none"> • His life or health would be in serious jeopardy, or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn Child; • Serious disfigurement of the Covered Person; • His bodily functions would be seriously impaired; or • A body organ or part would be seriously damaged. <p>Treatment for Medical Emergency will be paid only for Sickness or Injury which fulfills the above conditions.</p>
Medically Necessary or Medical Necessity	<p>"Medically Necessary" or "Medical Necessity" means a treatment, drug, device, service, procedure or supply that is:</p> <ol style="list-style-type: none"> 1. Required, necessary and appropriate for the diagnosis or treatment of a Sickness or Injury; 2. Prescribed or ordered by a Physician or furnished by a Hospital; 3. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. <p>When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.</p> <p>A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:</p> <ul style="list-style-type: none"> • Is Experimental/Investigational or for research purposes; • Is provided for education purposes or the convenience of the Covered Person, the Covered Person's family, Physician, Hospital or any other provider; • Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care; • Could have been omitted without adversely affecting the person's condition or the quality of medical care; • Involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration; • Involves a service, supply or drug considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or • It can be safely provided to the patient on a less cost effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment.

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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
NEBRASKA	
Dependent	<p>"Dependent" means an Insured Person's:</p> <ol style="list-style-type: none"> 1. lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner. 2. unmarried Children under age 30. <p>The age limitations will not apply to an Insured Person's unmarried Child who is incapable of self-support due to a mental or physical incapacity. Proof of such incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.</p>
Domestic Partner	<p>"Domestic Partner" means an opposite or same sex partner who, for at least 12 consecutive months, has resided with the Insured Person and shared financial assets/obligations with the Insured Person. Both the Insured Person and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Insured Person nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.</p>
NEW JERSEY	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN NJ.
Child	<p>"Child" means the Insured Person's or Civil Union Partner's: natural Child, adopted Child (or Child placed in the Insured Person's or Civil Union Partner's home for purposes of adoption), foster Child, stepchild, or other Child for whom the Insured Person or Civil Union Partner has legal guardianship (proof will be required). A Child must reside with the Insured Person or Civil Union Partner in a parent-Child relationship and be eligible to be claimed as an exemption on the Insured Person's or Civil Union Partner's federal income tax return. NOTE: In the event the Insured Person or Civil Union Partner shares physical custody of the Child with another parent, the requirement that the Child reside with the Insured Person or Civil Union Partner will be waived.</p>
Dependent	<p>"Dependent" means the:</p> <ol style="list-style-type: none"> 1. Insured Person's lawful spouse, if not legally separated or divorced, or Civil Union Partner. 2. Insured Person's or Civil Union Partner's unmarried Children under age 26. <p>The age limitations will not apply to an unmarried Child who is incapable of self-support due to a mental or physical incapacity. Proof of such incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.</p>
Immediate Family	<p>"Immediate Family Member" means a Covered Person's spouse, Civil Union Partner, parent, Child(ren) (includes legally adopted or step Child(ren)), brother, sister, grandchild(ren), or in-laws.</p>
Life Status Change	<p>"Life Status Change" means an event recognized by the Policyholder and Us that qualifies the Insured Person to make changes in coverage at any time other than an Enrollment Period. The following events are all considered Life Status Changes:</p> <ol style="list-style-type: none"> 1. marriage; 2. divorce, annulment or legal separation from a Spouse or Civil Union Partner; 3. birth or adoption of a child; 4. change in a Dependent child's eligibility; 5. death of a Spouse or Civil Union Partner; 6. a change in the benefit plan or employment status of the Insured Person's Spouse or Civil Union Partner that affects either person's eligibility for benefits.
Physician	<p>"Physician" means a person who is a qualified practitioner of medicine. As such, He or She must be acting within the scope of his/her license under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's Spouse or Civil Union Partner, son, daughter, father, mother, brother or sister or other relative."</p>
Spouse	<p>"Spouse" means lawful spouse, if not legally separated or divorced, or Civil Partner.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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
NEW MEXICO	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN NM.
Child	"Child" means the Insured Person's natural Child, adopted Child (or Child placed in the Insured Person's home for purposes of adoption), foster Child, stepchild, Child for whom coverage is mandated by a court or administrative order, or other Child for whom the Insured Person has legal guardianship (proof will be required). A Child must depend on the Insured Person for financial support.
Domestic Partner	"Domestic Partner" means an opposite or same sex partner who, for at least 12 consecutive months, has resided with the Insured Person and shared financial assets/obligations with the Insured Person. Both the Insured Person and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Insured Person nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.
Physician	"Physician" means a practitioner of the healing arts. As such, He or She must be acting within the scope of his/her license under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's Spouse, Domestic Partner or Civil Union Partner, son, daughter, father, mother, brother or sister or other relative.
Pre-existing Condition	"Pre-existing Condition" means a condition for which medical advice was given or treatment was recommended or received from a Physician by the Covered Person within 6 months before the Covered Person's Effective Date of coverage.
NORTH CAROLINA	
Child	"Child" means the Insured Person's natural Child, adopted Child upon Placement for Adoption, if such child has not attained 18 years of age as of the date of the adoption or Placement for Adoption, Foster Child upon Placement in the Foster Home, stepchild, or other Child for whom the Insured Person has legal guardianship (proof will be required). We shall not decline enrollment of a Child on the grounds the Child was born out of wedlock; the Child is not claimed as a dependent on the Insured Person's federal tax return; or the Child does not reside with the Insured Person.
Dependent	"Dependent" means an Insured Person's: <ol style="list-style-type: none"> 1. lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner. 2. unmarried Children under age 26. The age limitations will not apply to an Insured Person's unmarried Child who is incapable of self-support due to a mental or physical incapacity. Proof of such incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required not more often than once a year.
Domestic Partner	"Domestic Partner" means an opposite or same sex partner who, for at least 12 consecutive months, has resided with the Insured Person and shared financial assets/obligations with the Insured Person. Both the Insured Person and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Insured Person nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.
Foster Child	"Foster Child" means a minor: (i) over whom a guardian has been appointed by the clerk of superior court of any county in North Carolina; or (ii) the primary or sole custody of whom has been assigned by order of a court of competent jurisdiction.

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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	
Hospital	<p>"Hospital" means an institution licensed, accredited or certified by the State that:</p> <ol style="list-style-type: none"> 1. Operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons; 2. Is accredited by the Joint Commission on Accreditation of Healthcare Organizations; 3. Provides 24-hour nursing service by registered nurses (R.N.) on duty or call; 4. Has a staff of one or more licensed Physicians available at all times; 5. Provides organized facilities for diagnosis, treatment and surgery, either <ol style="list-style-type: none"> a) on its premises; or b) in facilities available to it, on a pre-arranged basis; 6. Is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 7. Is not a place for drug addicts, alcoholics or the aged. <p>Hospital also includes a duly licensed state tax-supported institution functioning as a specialty facility for treatment of a particular type of illness. Facilities for the performance of surgery are not required. We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one of the following:</p> <ol style="list-style-type: none"> 1. the Joint Commission of Accreditation of Hospitals; or 2. the American Osteopathic Association; or 3. the Commission on the Accreditation of Rehabilitative Facilities. <p>In addition, We will not deny a claim for a Skilled Nursing Facility if it meets the definition of such a facility and is a Covered Benefit under the Policy.</p> <p>Hospital does not include a place, special ward, floor or other accommodation used for: custodial or educational care; rest, the aged; a nursing home or an institution mainly rendering treatment or services for mental illness or substance abuse, except when treatment or care is rendered in a duly licensed State tax-supported institution, or as specifically stated.</p>
Immediate Family Member	<p>"Immediate Family Member" means a Covered Person's spouse, Domestic Partner, Civil Union Partner, parent, Child(ren) (includes legally adopted, foster or step Child(ren), brother, sister, grandchild(ren), or inlaws.</p>
Placement for Adoption	<p>"Placement for Adoption" means the assumption and retention by the Insured Person of a legal obligation for total or partial support of a child in anticipation of the adoption of the child. The child's placement with the Insured Person terminates upon the termination of such legal obligations. It also means the legally adopted child of the Insured Person's Spouse or Domestic Partner or Civil Partner.</p>
Placement in the Foster Home	<p>"Placement in the Foster Home" means physically residing with a person appointed as guardian or custodian of a foster child as long as that guardian or custodian has assumed the legal obligation for total or partial support of the foster child with the intent that the foster child reside with the guardian or custodian on more than a temporary or short-term basis.</p>
Sickness	<p>"Sickness" means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person receives medical treatment while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. Sickness includes Complications of Pregnancy.</p>
NORTH DAKOTA	
Dependent	<p>"Dependent" means:</p> <ol style="list-style-type: none"> 1. 1) an Insured Person's lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner. 2. 2) a Covered Person's unmarried Children under age 26. <p>The age limitations will not apply to a Covered Person's unmarried Child who is incapable of self-support due to a mental or physical incapacity. Proof of such incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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 DAKOTA	
Domestic Partner	<p>"Domestic Partner" means an opposite or same sex partner who, for at least 12 consecutive months, has resided with the Insured Person and shared financial assets/obligations with the Insured Person. Both the Insured Person and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Insured Person nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.</p>
Insured Person	<p>"Insured Person" means a employee member of the Policyholder who is eligible, who enrolls for coverage and for whom the required premium is paid making insurance in effect for that person under the Policy. A Dependent covered under the Policy is not an Insured Person.</p>
OHIO	
Child	<p>If Dependent coverage is included, the Definition of "Child" is replaced with the following: "Child" means the Insured Person's natural Child, adopted Child (beginning with the date of Placement for Adoption) under the same terms and conditions as apply to the natural, dependent children of the Insured Person irrespective of whether the adoption has become final, foster Child, stepchild, Child subject to court or administrative ordered coverage without regard to enrollment period restrictions or other Child for whom the Insured Person has legal guardianship (proof will be required). If a Child has this coverage through a noncustodial parent, We shall do all of the following:</p> <ol style="list-style-type: none"> 1. Provide such information to the custodial parent of the Child as may be necessary for the Child to obtain benefits through the coverage; 2. Permit the custodial parent to submit claims for covered benefits without the approval of the noncustodial parent; 3. Make payment on claims submitted in accordance with (2) above directly to the custodial parent or the Department of Job and Family Services. <p>If an Insured Person is required by a court or administrative order to provide this coverage for a Child, We shall do both of the following:</p> <ol style="list-style-type: none"> 1. If the Child is otherwise eligible for this coverage, permit the Insured Person to enroll the Child under the family coverage without regard to any enrollment period restrictions; 2. If the Insured Person is enrolled under this coverage but fails to make application to obtain coverage for the Child, enroll the Child under the family coverage upon application of the Child's other parent or pursuant to a child support order containing provisions in compliance with state law. <p>We shall not terminate the Child's coverage unless We are provided satisfactory written evidence of either of the following:</p> <ol style="list-style-type: none"> 1. The court or administrative order is no longer in effect. 2. The Child is or will be enrolled under comparable health care coverage provided by another health insurer, which coverage will take effect not later than the effective date of the termination of this coverage.
Placement for Adoption	<p>If Dependent coverage is included, the following Definition is added based on the Endorsement: "Placement for Adoption" means the assumption and retention by the Insured Person of a legal obligation for total or partial support of a child in anticipation of the adoption of the child. The child's placement with the Insured Person terminates upon the termination of that legal obligation.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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
OHIO	
Pre-existing Condition	<p>If a Pre-existing Conditions Limitation is included, the Definition of "Pre-existing Condition" is replaced with the following based on the Endorsement:</p> <p>"Pre-existing Condition" means a disease or physical condition for which medical advice or treatment was recommended or received by the Covered Person during the 6 months prior to the Covered Person's Effective Date of coverage.</p>
OKLAHOMA	
Domestic Partner	<p>"Domestic Partner" means an opposite or same sex partner who, for at least 12 consecutive months, has resided with the Insured Person and shared financial assets/obligations with the Insured Person. Both the Insured Person and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Insured Person nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.</p>
PENNSYLVANIA	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN PA.
Dependent	<p>Based on the PA Endorsement, the Dependent definition is amended as below:</p> <p>"Dependent" means an Insured Person's:</p> <ol style="list-style-type: none"> 1) lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner. 2) a unmarried Child under age 26. 3) an unmarried Child who is 26 or more years old but less than 30 years old, has no dependents, is a resident of the Commonwealth of Pennsylvania or is enrolled in an institution of higher education as a full-time student and is not provided coverage as a named subscriber, insured, enrollee or covered person under any other group or individual health insurance policy or enrolled in or entitled to benefits under any government health care benefits program, including benefits under Title XVIII of the Social Security Act (49 Stat. 620, 42 U.S.C. § 1395 et seq.). Coverage will continue during any period between school terms or school years as long as the Company is provided satisfactory proof that He has enrolled for the next following school term or year. <p>The age limitations will not apply to an Insured Person's unmarried Child who is incapable of self-support due to a mental or physical incapacity. Proof of such incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.</p>
Pre-existing Condition	<p>If included, the Definition of "Pre-existing Condition" is replaced with the following based on Endorsement:</p> <p>"Pre-existing Condition" means a disease or physical condition for which medical advice or treatment has been received by the Covered Person within the 90 days immediately prior to becoming covered under the Policy.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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
RHODE ISLAND	
Civil Union Partner	<p>If Dependent coverage is included, the Definition of "Civil Union Partner" will always be included and the following is added to it:</p> <p>"Civil Union" means a comprehensive statewide domestic partnership established pursuant to Rhode Island Gen. Laws Sec. 15-3.1-1 et seq. or laws of another state. A person will continue to be considered a Civil Union Partner provided they continue to meet the conditions required by law.</p>
Dependent	<p>If Dependent coverage is included, the Definitions of "Dependent" and "Spouse" will always include the references to "Civil Union Partner".</p>
TENNESSEE	
Accident	<p>The Definition of "Accident" is replaced with the following:</p> <p>"Accident" means an unexpected and unintended event which:</p> <ol style="list-style-type: none"> 1. Causes Injury to one or more Covered Persons; and 2. Occurs while coverage is in effect for the Covered Person.
Complications of Pregnancy	<p>"Complications of Pregnancy" means a condition which:</p> <ul style="list-style-type: none"> • When pregnancy is not terminated, requires medical treatment and whose diagnosis is distinct from pregnancy but is adversely affected by or are caused by pregnancy, such as: (a) acute nephritis; (b) nephrosis; (c) cardiac decompensation; (d) missed abortion; (e) eclampsia; (f) puerperal infection; (g) R.H. Factor problems; (h) severe loss of blood requiring transfusion; and (i) other similar medical and surgical conditions of comparable severity related to pregnancy. • When pregnancy is terminated: (a) non-elective cesarean section; (b) ectopic pregnancy that is terminated; and (c) spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible. <p>Complications of Pregnancy will not include:</p> <ul style="list-style-type: none"> • False labor; • Occasional spotting; • Physician prescribed rest during the period of pregnancy; • Morning sickness; • Preeclampsia; and • Similar conditions associated with the management of a difficult pregnancy, but which are not a separate Complication of Pregnancy. <p>Delivery by cesarean section is considered a complication of pregnancy if the cesarean section is non-elective. A cesarean section will be considered non-elective if the fetus or mother is determined to be in distress and is in immediate danger of death, Sickness or Injury if a cesarean section is not performed. A cesarean section beyond one performed in any previous pregnancy will also be considered non-elective if vaginal delivery is medically inappropriate, or a vaginal delivery is attempted but discontinued due to immediate danger of death, Sickness or Injury to the Child or mother.</p> <p>The following are added to the list of conditions that qualify as "Complications of Pregnancy" based on the TN Endorsement:</p> <ul style="list-style-type: none"> • Non-Elective Abortion. "Non-Elective Abortion" means treatment received when a fetus is not viable as well as treatment when the mother's life is endangered. • Pre-Eclampsia.

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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
TEXAS	
Child	<p>If Dependent coverage is included, the Definition of "Child" is replaced with the following:</p> <p>"Child" means the Insured Person's:</p> <ul style="list-style-type: none"> • natural child. • adopted child. A child is considered to be the adopted child of the Insured Person if the Insured Person is a party to a suit in which the Insured Person seeks to adopt the child. • stepchild. • child for whom the Insured Person is legal guardian. • grandchild if the grandchild is under 25 years of age and is a Dependent of the Insured Person for federal income tax purposes at the time application for coverage of the grandchild is made. Coverage for a grandchild may not be terminated solely because the covered child is no longer a dependent of the Insured Person for federal income tax purposes. • a child for whom the Insured Person must provide medical support under an order issued under Chapter 154, Texas Family Code, or enforceable by a court in Texas.
Dependent	<p>If Dependent coverage is included, the Definition of "Dependent" is replaced with the following:</p> <p>"Dependent" means an Insured Person's:</p> <ul style="list-style-type: none"> • lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner. • unmarried Children under age 26. <p>The age limitations will not apply to an Insured Person's Child who is:</p> <ul style="list-style-type: none"> • medically certified as disabled and is dependent on the Insured Person; or • incapable of self-support due to mental retardation or physical handicap and is dependent upon the Insured Person. <p>Proof of such condition must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.</p>
VERMONT	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN VT.
Accident	<p>"Accident" means an event which:</p> <ol style="list-style-type: none"> 1. Causes injury to one or more Covered Persons; and 2. Occurs while coverage is in effect for the Covered Person.
Child	<p>"Child" means the Insured Person's child (natural, step-child, legally adopted or a minor or disabled child who is dependent on the Insured Person for support and maintenance) who is born to or brought to a marriage or to a Civil Union established according to Vermont law.</p>
Civil Union Partner	<p>"Civil Union Partner" means the parties to a civil union established according to Vermont law who are entitled to the same legal obligations, responsibilities, protections and benefits that are afforded to spouses. Throughout the Policy, a party to a civil union shall be included in any definition or use of the terms such as spouse, family, dependent, next of kin, and other terms descriptive of spousal relationships. This includes the terms 'marriage' or 'married' or variations thereon. The term Spouse or Dependent includes civil union couples whenever used.</p> <p>Review the Mandatory Civil Union VT Endorsement located on page 43.</p>
Dependent	<p>"Dependent" means an Insured Person's:</p> <ol style="list-style-type: none"> 1. lawful spouse, if not legally separated or divorced, or Civil Union Partner. 2. Children under age 26. <p>The age limitations will not apply to an Insured Person's Child who is incapable of self-support due to a mental or physical incapacity. Proof of such incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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
VERMONT	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN VT.
Hospital	<p>"Hospital" means an institution licensed, accredited or certified by the State that:</p> <ol style="list-style-type: none"> 1. Operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons; 2. Is accredited by the Joint Commission on Accreditation of Healthcare Organizations; 3. Provides 24-hour nursing service by registered nurses (R.N.) on duty or call; 4. Has a staff of one or more licensed Physicians available at all times; 5. Provides organized facilities for diagnosis, treatment and surgery, either <ol style="list-style-type: none"> a) on its premises; or b) in facilities available to it, on a pre-arranged basis; 6. Is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 7. Is not a place for the aged. <p>Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities. We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one of the following:</p> <ol style="list-style-type: none"> 1. the Joint Commission of Accreditation of Hospitals; or 2. the American Osteopathic Association; or 3. the Commission on the Accreditation of Rehabilitative Facilities. <p>In addition, We will not deny a claim for a Skilled Nursing Facility if it meets the definition of such a facility and is a Covered Benefit under the Policy.</p> <p>Hospital does not include a place, special ward, floor or other accommodation used for: custodial or educational care; rest for the aged; or a nursing home.</p>
Immediate Family Member	"Immediate Family Member" means a Covered Person's spouse or Civil Union Partner, parent, Child(ren) (includes legally adopted or step Child(ren)), brother, sister, grandchild(ren), or in-laws.
Injury	"Injury" means bodily Injury caused by the direct result of an Accident occurring after the effective date of a Covered Person's coverage under the Policy, while the Policy is in force as to the person whose Injury is the basis of the claim which results, directly and independently of disease or bodily infirmity, in a Covered Loss. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single Injury.
Life Status Change	<p>"Life Status Change" means an event recognized by the Policyholder and Us that qualifies the Insured Person to make changes in coverage at any time other than an Enrollment Period. The following events are all considered Life Status Changes:</p> <ol style="list-style-type: none"> 1. marriage; 2. divorce, annulment or legal separation from a Spouse or Civil Union Partner; 3. birth or adoption of a child; 4. change in a Dependent child's eligibility; 5. death of a Spouse or Civil Union Partner; 6. a change in the benefit plan or employment status of the Insured Person's Spouse or Civil Union Partner that affects either person's eligibility for benefits.
Physician	"Physician" means a person who is a qualified practitioner of medicine. As such, He or She must be acting within the scope of his/her license under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's Spouse or Civil Union Partner, son, daughter, father, mother, brother or sister or other relative."
Spouse	"Spouse" means lawful spouse, if not legally separated or divorced, or Civil Partner.
VIRGINIA	
Spouse	If Dependent coverage is included, the Definition of "Spouse" is replaced with the following: "Spouse" means lawful spouse, if not legally separated or divorced.
WYOMING	
Pre-existing Condition	If included, the Definition of "Pre-existing Condition" is replaced with the following based on Endorsement: "Pre-existing Condition" means a disease or physical condition for which medical advice or treatment was recommended or received by the Covered Person during the 6 months prior to the Covered Person's Effective Date of coverage.

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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.

VERMONT MANDATORY CIVIL UNIONS ENDORSEMENT

This Endorsement is attached to and made a part of Policy Number US1068698 issued to United Business Association (the Policyholder).

PURPOSE:

Vermont law requires that health insurers offer coverage to parties to a civil union that is equivalent to coverage provided to married persons. This Endorsement is part of and amends the Policy or Certificate to comply with Vermont law.

DEFINITIONS, TERMS, CONDITIONS AND PROVISIONS:

The definitions, terms, conditions and any other provisions of the Policy, Certificate and/or Riders and Endorsements to which this Mandatory Endorsement is attached are hereby amended and superseded as follows:

Terms that mean or refer to a marital relationship, or that may be construed to mean or refer to a marital relationship, such as "marriage," "spouse," "husband," "wife," "dependent," "next of kin," "relative," "beneficiary," "survivor," "immediate family" and any other such terms include the relationship created by a Civil Union established according to Vermont law.

Terms that mean or refer to the inception or dissolution of a marriage, such as "date of marriage," "divorce decree," "termination of marriage" and any other such terms include the inception or dissolution of a Civil Union established according to Vermont law.

Terms that mean or refer to family relationships arising from a marriage, such as "family," "immediate family," "dependent," "children," "next of kin," "relative," "beneficiary," "survivor" and any other such terms include family relationships created by a Civil Union established according to Vermont laws.

"Dependent" means a Spouse, a party to a Civil Union established according to Vermont law, and a Child or Children (natural, step-child, legally adopted or a minor or disabled Child who is dependent on the Insured Person for support and maintenance) who is born to or brought to a marriage or Civil Union established according to Vermont law.

"Child or covered Child" means a Child (natural, step-child, legally adopted or a minor or disabled child who is dependent on the Insured Person for support and maintenance) who is born to or brought to a marriage or to a Civil Union established according to Vermont law.

CAUTION: FEDERAL LAW RIGHTS MAY OR MAY NOT BE AVAILABLE

Vermont law grants parties to a Civil Union the same benefits, protections and responsibilities that flow from marriage under state law. However, some or all of the benefits, protections and responsibilities related to health insurance that are available to married persons under federal law may not be available to parties to a Civil Union. For example, federal law, the Employee Income Retirement Security Act of 1974 known as "ERISA," controls the employer/employee relationship with regard to determining eligibility for enrollment in private employer health benefit plans. Because of ERISA, Act 91 does not state requirements pertaining to a private employer's enrollment of a party to a Civil Union in and ERISA employee welfare benefit plan. However, governmental employers (not federal government) are required to provide health benefits to the dependents of a party to a Civil Union if the public employer provides health benefits to the dependents of married persons.

Federal law also controls group health insurance continuation rights under "COBRA" for employers with 20 or more employees as well as the Internal Revenue Code treatment of health insurance premiums. As a result, parties to a Civil Union and their families may or may not have access to certain benefits under the policy, contract, certificate, rider or endorsement that derive from federal law. You are advised to seek expert advice to determine your rights under this contract.

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** 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

The Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following:

Below Limitations & Exclusions are based on the TX Certificate of Insurance. Any state variations in the Limitations and Exclusions will be shown below that Limitation & Exclusion. (The "in whole or part from, or contributed to by, or as a natural or probable consequence of" statement above is not in the Illinois Certificate.)

(Limitations & Exclusions are entirely different for California - disregard all the limitations and exclusions below for CA and go to pages 52-53 for CA specific Limitations & Exclusions.) (Limitations & Exclusions were too different for Idaho - disregard all the limitations and exclusions below for ID and go to page 54 for ID specific Limitations & Exclusions.) (Limitations & Exclusions are entirely different for Missouri - disregard all the limitations and exclusions below for MO and go to pages 56-57 for MO specific Limitations & Exclusions) (Limitations & Exclusions are entirely different for New Jersey - disregard all the limitations and exclusions below for NJ and go to pages 58-59 for NJ specific Limitations & Exclusions) (Limitations & Exclusions are entirely different for Vermont - disregard all the limitations and exclusions below for VT and go to pages 55 for VT specific Limitations & Exclusions) Any reference to CA, KS, ID, MO, NJ, NM, PA & VT limitations and exclusions are only used for explaining coverage to current members and not for new sales.

1. Suicide, attempted suicide or intentional self-inflicted Injury while sane or insane.

(MI does not have the above exclusion in its Certificate.)

(MI's #1 exclusion language is the following: The commission of or attempt to commit a felony by the Insured, or to which a contributing cause was the Insured's being engaged in an illegal occupation or other willful criminal activity. As used in this provision:

(a) "Willful criminal activity" includes, but is not limited to, any of the following:

(i) Operating a vehicle while intoxicated in violation of section 625 of the Michigan vehicle code, 1949 PA 300, MCL 257.625, or similar law in a jurisdiction outside of this state.

(ii) Operating a methamphetamine laboratory. As used in this subdivision, "methamphetamine laboratory" means that term as defined in section 1 of 2006 PA 255, MCL 333.26371.

(b) "Willful criminal activity" does not include a civil infraction or other activity that does not rise to the level of a misdemeanor or felony.)

(NM's #1 exclusion replaces the above exclusion language with the following based on the NM Certificate: Suicide, attempted suicide or intentional self-inflicted Injury while sane.)

(OK's #1 exclusion replaces the above exclusion language with the following based on the OK Certificate: Intentional suicide, attempted suicide or intentional self-inflicted Injury while sane or insane.)

(TN's #1 exclusion replaces the above exclusion language with the following based on the TN Endorsement: Intentional suicide, intentionally attempted suicide or intentional self-inflicted Injury while sane or insane.)

2. War or any act of war, declared or undeclared.

(DE's #2 exclusion replaces the above exclusion language with the following based on the DE Endorsement: War or any act of war, declared or undeclared. However, this Exclusion does not apply to acts of terrorism.)

(FL's #2 exclusion replaces the above exclusion language with the following based on the FL Certificate: War or any act of war, declared or undeclared, however under this Exclusion the term "war" does not include acts of terrorism.)

(NC's #2 exclusion replaces the above exclusion language with the following based on the NC Certificate: War or any act of war, declared or undeclared, however acts of terrorism are not excluded.)

(OK's #2 exclusion replaces the above exclusion language with the following based on the OK Certificate: War or any act of war, declared or undeclared, while serving in the military or an auxiliary unit thereto.)

(VA's #2 exclusion replaces the above exclusion language with the following based on the VA Endorsement: War or any act of war, declared or undeclared, however under this Exclusion the term "war" does not include acts of terrorism.)

3. While the Covered Person is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;

(OK's #3 exclusion replaces the above exclusion language with the following based on the OK Certificate: while the Covered Person is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps. Upon Our receipt of proof of service, the Company will refund any premium paid for this time on a pro-rata basis;)

4. Active participation in a riot or insurrection;

(MI does not have the above #4 exclusion in its Certificate.)

(MI's #4 is the same as #5 exclusion below.)

5. Treatment which arises out of, or in the course of fighting, brawling, assault or battery.
 (FL's #5 exclusion replaces the above exclusion language with the following based on the FL Certificate: Treatment which arises out of, or in the course of assault or battery, except when these actions are committed upon the Covered Person.)
 (GA does not have this #5 exclusion in its Certificate.)
 (GA's #5 exclusion is the same as the #6 exclusion below.)
 (IL's #5 exclusion is amended by deleting the phrase "arises out of, or in the course" from the exclusion language above.)
 (#5 exclusion above is the same as MI's #4 exclusion.)
 (OK's #5 exclusion replaces the above exclusion language with the following based on the OK Certificate: Treatment which arises out of, or in the course of intentional fighting, brawling, assault or battery.)
6. Treatment for Mental Illness or Nervous Disorders, except as specifically provided in the Policy.
 (#6 exclusion above is the same as GA's #5 exclusion.)
 (#6 exclusion above is the same as MI's #5 exclusion.)
 (ND does not have this #6 exclusion in its Certificate.)
 (ND's #6 exclusion is the same as the #8 exclusion below.)
 (NM does not have this #6 exclusion in its Certificate.)
 (NM's #6 is the same as the #8 exclusion.)
7. Treatment for Substance Abuse, except as specifically provided in the Policy.
 (#7 exclusion above is the same as GA's #6 exclusion.)
 (#7 exclusion above is the same as MI's #6 exclusion.)
 (ND does not have this #7 exclusion in its Certificate.)
 (ND's #7 is the same as the #9 exclusion below.)
 (NM does not have this #7 exclusion in its Certificate.)
 (NM's #7 is the same as the #9 exclusion.)
8. Injury or Sickness caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
 (AL's #8 exclusion replaces the above exclusion language with the following based on the AL Endorsement: Loss caused by, contributed to, or resulting from the Covered Person's intoxication or being under the influence of any drug or narcotic, except as prescribed by a Physician.)
 (DC's #8 exclusion replaces the above exclusion language with the following based on the DC Certificate: Injury or Sickness caused by, contributed to or resulting from the Covered Person's intoxication;)
 (#8 exclusion above is the same as GA's #7 exclusion.)
 (IL's #8 exclusion is amended by deleting the phrase "contributed to or resulting from" from the exclusion language above.)
 (KY's #8 exclusion replaces the above exclusion language with the following based on the KY Certificate: Any loss sustained or contracted in consequence of the Covered Person's being intoxicated or under the influence of any narcotic or any hallucinogenic unless administered on the advice of a Physician.)
 (MI does not have this #8 exclusion.)
 (MI's #8 exclusion is the same as the #11 exclusion; however on MI's Endorsement, Exclusion #8 concerning the Covered Person's use of alcohol or drugs shall only apply if such use was related to the Covered Person's commission of or attempt to commit a felony or the Covered Person's being engaged in an illegal occupation.)
 (#8 exclusion above is the same as ND's #6 exclusion.)
 (NE's #8 exclusion replaces the above exclusion language with the following based on the NE Certificate: Any loss sustained or contracted in consequence of the Covered Person's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.)
 (#8 exclusion above is the same as NM's #6 exclusion.)
 (OK's #8 exclusion replaces the above exclusion language with the following based on the OK Certificate: Injury or Sickness caused by, contributed to or resulting from the Covered Person's intentional use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.)
 (SC's #8 exclusion based on the SC Amendatory Rider removes this exclusion language in its entirety.)
 (TN's #8 exclusion replaces the above exclusion language with the following based on the TN Endorsement: Loss caused by, contributed to, or resulting from voluntarily: (a) being intoxicated (above the blood alcohol legal limit for operating a motor vehicle in the jurisdiction where the Loss occurred); (b) being under the influence of illegal drugs; or (c) taking prescription drugs or medicines, except as prescribed by a Physician.)

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

Group Hospital Fixed Indemnity Insurance limitations, exclusions, terms and conditions may vary by state law. Please check the product certificate, master policy, and any State Amendments or Endorsements for complete details.

9. Violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
 (#9 exclusion above is the same as **DC's #10** exclusion.)
 (**DC's #9** exclusion is different. DC's #9 exclusion language is as follows: The voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and intention misuse of prescription drugs.)
 (#9 exclusion above is the same as **GA's #8** exclusion. The language for **GA's #8** exclusion replaces the above #9 exclusion language with the following: Violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit a felony, or that occurs while engaged in an illegal occupation.)
 (**MI** does not have this #9 exclusion).
 (**MI's #9** is the same as the #12 exclusion, , however: MI's Endorsement replaces **MI's #9** with the following: replaced with the following: Any loss to which a contributing cause was the Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the Covered Person's being engaged in an illegal occupation.)
 (#9 exclusion above is the same as **ND's #7** exclusion, however the language for ND's #7 exclusion replaces the language above with the following: Any loss to which a contributing cause was the Covered Person's commission of or attempt to commit a crime or to which a contributing cause was the Covered Person's engagement in an illegal occupation. However, this Exclusion does not apply to the extent the crime committed was a misdemeanor violation of North Dakota Section 39-08-01.)
 (**NE's #9** exclusion replaces the above exclusion language with the following based on the NE Certificate: Any loss to which a contributing cause was the Covered Person's commission of or attempt to commit a felony or to which a contribution cause was the Covered Person's being engaged in an illegal occupation.)
 (#9 exclusion above is the same as **NM's #7** exclusion.)
 (**OK's #9** exclusion replaces the above exclusion language with the following based on the OK Certificate: Intentional violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.)
10. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family Member of the Covered Person.
 (#10 exclusion above is the same as **DC's #11** exclusion.)
 (#10 exclusion above is the same as **GA's #9** exclusion.)
 (#10 exclusion above is the same as **MI's #7** exclusion.)
 (#10 exclusion above is the same as **ND's #8** exclusion.)
 (#10 exclusion above is the same as **NM's #8** exclusion.)
11. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
 (#11 exclusion above is the same as **DC's #12** exclusion.)
 (#11 exclusion above is the same as **GA's #10** exclusion.)
 (#11 exclusion above is the same as **MI's #8** exclusion.)
 (#11 exclusion above is the same as **ND's #9** exclusion.)
 (#11 exclusion above is the same as **NM's #9** exclusion.)
12. Travel or activity outside the United States, except for a Medical Emergency.
 (#12 exclusion above is the same as **DC's #13** exclusion.)
 (#12 exclusion above is the same as **GA's #11** exclusion.)
 (#12 exclusion above is the same as **MI's #9** exclusion, however: MI's Endorsement replaces **MI's #9** with the following: replaced with the following: Any loss to which a contributing cause was the Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the Covered Person's being engaged in an illegal occupation.)
 (#12 exclusion above is the same as **ND's #10** exclusion.)
 (#12 exclusion above is the same as **NM's #10** exclusion.)

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

Group Hospital Fixed Indemnity Insurance limitations, exclusions, terms and conditions may vary by state law. Please check the product certificate, master policy, and any State Amendments or Endorsements for complete details.

13. Participation in any motorized race or speed contest.
 (#13 exclusion above is the same as **DC's #14** exclusion.)
 (#13 exclusion above is the same as **GA's #12** exclusion.)
 (#13 exclusion above is the same as **MI's #10** exclusion.)
 (#13 exclusion above is the same as **ND's #11** exclusion.)
 (**NE's #13** exclusion replaces the above exclusion language with the following based on the NE Certificate: Participation in any organized motorized race or speed contest.)
 (#13 exclusion above is the same as **NM's #11** exclusion.)
14. Aggravation or re-injury of a prior Injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
 (#14 exclusion above is the same as **DC's #15** exclusion.)
 (#14 exclusion above is the same as **GA's #13** exclusion.)
 (#14 exclusion above is the same as **MI's #11** exclusion.)
 (**ND** does not have the above #14 exclusion in its Certificate.)
 (**ND's #14** exclusion is the same as #17 exclusion below.)
 (#14 exclusion above is the same as **NM's #12** exclusion.)
 (**TN's #14** exclusion replaces the above exclusion language with the following based on the TN Endorsement: Aggravation or re-injury of a prior Injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician, subject to the Pre-existing Condition Limitation. Note: If there is no applicable Pre-existing Condition Limitation, this Exclusion shall not apply.)
15. Injury to a Covered Person resulting from that Covered Person's willful violation of the Policyholder's rules or regulations. Willful violation includes, but is not limited to: a) working without protective clothing, helmets, gloves, etc., required by the Policyholder's rules or regulations; or b) participating in any activity that is in violation of the Policyholder's rules or regulations.
 (#15 exclusion above is the same as **DC's #16** exclusion.)
 (**GA** does not have this #15 exclusion in its Certificate.)
 (**GA's #15** exclusion is the same as the #17 exclusion below.)
 (#15 exclusion above is the same as **MI's #12** exclusion.)
 (#15 exclusion above is the same as **ND's #12** exclusion.)
 (#15 exclusion above is the same as **NM's #13** exclusion.)
16. Pregnancy, except Complications of Pregnancy or childbirth unless conception occurred while coverage was in force under the Policy.
 (#16 exclusion above is the same as **DC's #17** exclusion.)
 (#16 exclusion above is the same as **GA's #14** exclusion.)
 (#16 exclusion above is the same as **MI's #13** exclusion.)
 (#16 exclusion above is the same as **ND's #13** exclusion.)
 (#16 exclusions above is the same as **NM's #14** exclusion.)
17. Elective Abortion, including complications. "Elective Abortion" means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
 (#17 exclusion above is the same as **DC's #18** exclusion.)
 (#17 exclusion above is the same as **GA's #15** exclusion.)
 (#17 exclusion above is the same as **MI's #14** exclusion.)
 (#17 exclusion above is the same as **ND's #14** exclusion.)
 (#17 exclusion above is the same as **NM's #15** exclusion.)
 (**TN's #17** exclusion replaces the above exclusion language with the following based on the TN Endorsement: Elective Abortion, including complications. "Elective Abortion" means an abortion for any reason other than the fetus is not viable or the mother's life is endangered.)

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

Group Hospital Fixed Indemnity Insurance limitations, exclusions, terms and conditions may vary by state law. Please check the product certificate, master policy, and any State Amendments or Endorsements for complete details.

18. Experimental or Investigational drugs, services, supplies or procedure that is Experimental or Investigational at the time the procedure is done. For the purposes of this exclusion, "Experimental or Investigational" means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The procedure will also be considered Experimental or Investigational if the Covered Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or Investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption.
- (#18 exclusion above is the same as **DC's #19** exclusion.)
 (#18 exclusion above is the same as **GA's #16** exclusion.)
 (**GA's #16** exclusion that is the same as #18 above replaces the exclusion language with the following: Experimental or Investigational drugs, services, supplies or procedure that is Experimental or Investigational at the time the procedure is done.)
 (#18 exclusion above is the same as **MI's #15** exclusion.)
 (#18 exclusion above is the same as **ND's #15** exclusion.)
 (#18 exclusion above is the same as **NM's #16** exclusion.)
19. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
- (#19 exclusion above is the same as **DC's #20** exclusion.)
 (#19 exclusion above is the same as **GA's #17** exclusion.)
 (#19 exclusion above is the same as **MI's #16** exclusion.)
 (#19 exclusion above is the same as **ND's #16** exclusion.)
 (#19 exclusion above is the same as **NM's #17** exclusion.)
 (**TN's #19** Endorsement Rider adds to the exclusion language above: Note: Denial of benefits under this Exclusion will not be based solely on the fact that the Covered Person was a participant in a clinical trial.)
20. Treatment or services provided by a private duty nurse, unless provided for in the Policy.
- (#20 exclusion above is the same as **DC's #21** exclusion.)
 (#20 exclusion above is the same as **GA's #18** exclusion.)
 (#20 exclusion above is the same as **MI's #17** exclusion.)
 (#20 exclusion above is the same as **ND's #17** exclusion.)
 (#20 exclusion above is the same as **NM's #18** exclusion.)
21. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
- (#21 exclusion above is the same as **DC's #22** exclusion.)
 (#21 exclusion above is the same as **GA's #19** exclusion.)
 (#21 exclusion above is the same as **MI's #18** exclusion.)
 (#21 exclusion above is the same as **ND's #18** exclusion.)
 (#21 exclusion above is the same as **NM's #19** exclusion.)
22. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in the Policy.
- (#22 exclusion above is the same as **DC's #23** exclusion.)
 (**GA** does not have this #22 exclusion.)
 (**GA's #22** exclusion is the same as #25 exclusion)
 (**IL's #22** exclusion is amended by replacing the word "involving" with "including" from the exclusion language above.)
 (#22 exclusion above is the same as **MI's #19** exclusion.)
 (#22 exclusion above is the same as **ND's #19** exclusion.)
 (#22 exclusion above is the same as **NM's #20** exclusion.)

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

Group Hospital Fixed Indemnity Insurance limitations, exclusions, terms and conditions may vary by state law. Please check the product certificate, master policy, and any State Amendments or Endorsements for complete details.

23. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofacial pain, except as specifically provided in the Policy.
- (#23 exclusion above is the same as **DC's #24** exclusion.)
- (#23 exclusion above is the same as **GA's #20** exclusion.)
- (#23 exclusion above is the same as **MI's #20** exclusion.)
- (**NC's #23** exclusion replaces the above exclusion language with the following from the NC Certificate: Treatment of temporomandibular joint (TMJ) disorders unless the procedure is Medically Necessary to treat a condition which prevents normal functioning of the particular bone or joint involved and the condition is caused by congenital deformity, disease, or traumatic injury. Authorized therapeutic procedures shall include splinting and use of intraoral prosthetic appliances to reposition the bones. We shall not cover orthodontic braces, crowns, bridges, dentures, treatment for periodontal disease, dental root form implants, or root canals, except as specifically provided in the Policy.)
- (**ND** does not have this #23 exclusion in its Certificate.)
- (**ND's #23** exclusion is the same as the #26 exclusion below.)
- (**NM** does not have this #23 exclusion in its Certificate.)
- (**NM's #23** exclusion is the same as the #26 exclusion below)
24. Treatment for blood or blood plasma;
- (#24 exclusion above is the same as **DC's #25** exclusion.)
- (#24 exclusion above is the same as **GA's #21** exclusion.)
- (#24 exclusion above is the same as **MI's #21** exclusion.)
- (#24 exclusion above is the same as **ND's #20** exclusion.)
- (#24 exclusion above is the same as **NM's #21** exclusion.)
25. Routine vision care
- (#25 exclusion above is the same as **DC's #26** exclusion.)
- (#25 exclusion above is the same as **GA's #22** exclusion.)
- (#25 exclusion above is the same as **MI's #22** exclusion.)
- (#25 exclusion above is the same as **ND's #21** exclusion.)
- (#25 exclusion above is the same as **NM's #22** exclusion.)
26. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
- (#26 exclusion above is the same as **DC's #27** exclusion.)
- (#26 exclusion above is the same as **GA's #23** exclusion.)
- (#26 exclusion above is the same as **MI's #23** exclusion.)
- (#26 exclusion above is the same as **ND's #22** exclusion.)
- (#26 exclusion above is the same as **NM's #23** exclusion.)
27. Travel in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snow mobile; or riding in a rodeo according to the Policy provisions; or any off-road motorized vehicle not requiring licensing as a motor vehicle;
- (#27 exclusion above is the same as **DC's #28** exclusion.)
- (#27 exclusion above is the same as **GA's #24** exclusion.)
- (**KY's #27** exclusion replaces the above exclusion language with the following based on the KY Certificate: Travel in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snow mobile; or riding in a rodeo according to the Policy provisions; or any off-road motorized vehicle not requiring licensing as a motor vehicle;)
- (#27 exclusion above is the same as **MI's #24** exclusion.)
- (#27 exclusion above is the same as **ND's #23** exclusion.)
- (#27 exclusion above it the same as **NM's #24** exclusion.)

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

Group Hospital Fixed Indemnity Insurance limitations, exclusions, terms and conditions may vary by state law. Please check the product certificate, master policy, and any State Amendments or Endorsements for complete details.

28. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
- i. While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - ii. While being used for any test or experimental purpose; or
 - iii. While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - iv. While traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of His household.
 - v. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - vi. An ultra light, hang-gliding, parachuting or bungee-cord jumping;
- Except as a fare paying passenger on a regularly scheduled commercial airline.
- (#28 exclusion above is the same as **DC's #29** exclusion.)
 (#28 exclusion above is the same as **GA's #25** exclusion.)
 (#28 exclusion above is the same as **MI's #25** exclusion.)
 (#28 exclusion above is the same as **ND's #24** exclusion.)
 (#28 exclusion above is the same as **NM's #25** exclusion.)
29. Rest cures or custodial care;
- (#29 exclusion above is the same as **DC's #30** exclusion.)
 (#29 exclusion above is the same as **GA's #26** exclusion.)
 (#29 exclusion above is the same as **MI's #26** exclusion.)
 (#29 exclusion above is the same as **ND's #25** exclusion.)
 (#29 exclusion above is the same as **NM's #26** exclusion.)
30. Prescription Drugs unless specifically provided for under the Policy.
- (#30 exclusion above is the same as **DC's #31** exclusion.)
 (#30 exclusion above is the same as **GA's #27** exclusion.)
 (#30 exclusion above is the same as **MI's #27** exclusion.)
 (**NC's #30** exclusion replaces the above exclusion language with the following from the NC Certificate: Prescription Drugs unless specifically provided for under the Policy. However, growth hormones prescribed to treat congenital defects or anomalies in newborn, newly placed or adopted Dependent Children shall be covered.)
 (#30 exclusion above is the same as **ND's #26** exclusion.)
 (#30 exclusion above is the same as **NM's #27** exclusion.)
31. Elective or cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
- (#31 exclusion above is the same as **DC's #32** exclusion.)
 (#31 exclusion above is the same as **GA's #28** exclusion.)
 (#31 exclusion above is the same as **MI's #28** exclusion.)
 (**NC's #31** exclusion replaces the above exclusion language with the following from the NC Certificate: Elective or cosmetic surgery, except for congenital defects and anomalies or reconstructive surgery on a diseased or injured part of the body;)
 (#31 exclusion above is the same as **ND's #27** exclusion.)
 (#31 exclusion above is the same as **NM's #28** exclusion.)
32. Physiotherapy services.
- (#32 exclusion above is the same as **DC's #33** exclusion.)
 (#32 exclusion above is the same as **GA's #29** exclusion.)
 (#32 exclusion above is the same as **MI's #29** exclusion.)
 (#32 exclusion above is the same as **ND's #28** exclusion.)
 (#32 exclusion above is the same as **NM's #29** exclusion.)
 (**KS** does not have this #32 exclusion in its Certificate.)

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

Group Hospital Fixed Indemnity Insurance limitations, exclusions, terms and conditions may vary by state law. Please check the product certificate, master policy, and any State Amendments or Endorsements for complete details.

#33 Exclusion for North Carolina Members only:

Services or supplies for the treatment of an occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or Workers' Compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.

Pre-existing Conditions Limitation

Pre-existing Conditions will not be covered for a period of the first 12 months after the Covered Person's Effective Date of coverage (applies to Hospital and Surgery benefits only).

FL Pre-existing Conditions Limitation replaces the above with the following language based on the FL Certificate: Pre-existing Conditions will not be covered until the expiration of the first 12 months after the Covered Person's Enrollment Date (applies to Hospital, Surgery and related Anesthesia benefits only).

IL Pre-existing Conditions Limitation replaces the above with the following language based on the IL Amendment: Pre-existing Conditions will not be covered for a period of the first 12 months after the Covered Person's Effective Date of coverage (applies to Hospital, Surgery and related Anesthesia benefits only).

NM Pre-existing Conditions Limitation replaces the above with the following language based on the NM Certificate: Pre-existing Conditions will not be covered for a period of the first 6 months after the Covered Person's Effective Date of coverage (applies to Hospital and Surgery benefits only).

OK Pre-existing Conditions Limitation replaces the above with the following language based on the OK Certificate: Pre-existing Conditions will not be covered for a period of the first 6-12 months after the Covered Person's Effective Date of coverage (applies to Hospital and Surgery benefits only).

SC Pre-existing Conditions Limitation replaces the above with the following language based on the SC Certificate and SC Endorsement Rider: Pre-existing Conditions will not be covered for a period of the first 12 months after the Covered Person's Effective Date of coverage (applies to Hospital and Surgery benefits only). However, Pre-existing Conditions shall be covered no later than twelve months without medical care, treatment, or supplies ending after the Covered Person's Effective Date, if sooner.

VA Pre-existing Conditions Limitation: Per the VA Endorsement Rider, the Pre-existing Condition Limitation is deleted and shall not apply.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

Group Hospital Fixed Indemnity Insurance limitations, exclusions, terms and conditions may vary by state law. Please check the product certificate, master policy, and any State Amendments or Endorsements for complete details.

LIMITATIONS & EXCLUSIONS - CA ONLY

BELOW ARE THE LIMITATIONS & EXCLUSIONS FROM CA CERTIFICATE AND PAGES 52-53 ONLY APPLY TO CA:

Below are CA Limitations and Exclusions are for explaining to current customers only. This is not for new sales.

The Policy does not cover any loss resulting from any of the following:

1. Suicide, attempted suicide or intentional self-inflicted Injury.
2. War or any act of war, declared or undeclared.
3. while the Covered Person is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
4. Active participation in a riot or insurrection;
5. Treatment for Mental Illness or Nervous Disorders, except as specifically provided in the Policy.
6. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; nor an Immediate Family Member of the Covered Person.
7. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
8. Travel or activity outside the United States, except for a Medical Emergency.
9. Participation in any motorized race or speed contest.
10. pregnancy, except Complications of Pregnancy or childbirth unless conception occurred while coverage was in force under the Policy.
11. Elective Abortion, including complications. "Elective Abortion" means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
12. Experimental or Investigational drugs, services, supplies or procedure that is Experimental or Investigational at the time the procedure is done. For the purposes of this exclusion, "Experimental or Investigational" means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The procedure will also be considered Experimental or Investigational if the Covered Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or Investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption.
13. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
14. Treatment or services provided by a private duty nurse, unless provided for in the Policy.
15. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
16. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in the Policy.
17. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in the Policy.
18. Treatment for blood or blood plasma;
19. Routine vision care.
20. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
21. Travel in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snow mobile; or riding in a rodeo according to the Policy provisions; or any off-road motorized vehicle not requiring licensing as a motor vehicle;

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

Group Hospital Fixed Indemnity Insurance limitations, exclusions, terms and conditions may vary by state law. Please check the product certificate, master policy, and any State Amendments or Endorsements for complete details.

22. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - i. While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - ii. While being used for any test or experimental purpose; or
 - iii. While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - iv. While traveling in any such aircraft or device which is owned or leased by the Covered Person or any member of His household.
 - v. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - vi. An ultra light, hang-gliding, parachuting or bungee-cord jumping;Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
23. Rest cures or custodial care;
24. Prescription Drugs unless specifically provided for under the Policy.
25. Elective or cosmetic surgery, except for:
 - a. reconstructive surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease in order to improve function or to create a normal appearance; and
 - b. reconstructive surgery to restore and achieve symmetry after mastectomy.
26. Physiotherapy services.

Pre-existing Conditions Limitation

Pre-existing Conditions will not be covered for a period of the first 12 months after the Covered Person's Effective Date of coverage (applies to Hospital and Surgery benefits only).

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

Group Hospital Fixed Indemnity Insurance limitations, exclusions, terms and conditions may vary by state law. Please check the product certificate, master policy, and any State Amendments or Endorsements for complete details.

LIMITATIONS & EXCLUSIONS - ID ONLY

BELOW ARE THE LIMITATIONS & EXCLUSIONS FROM ID CERTIFICATE AND PAGE 54 ONLY APPLY TO ID:

Below are ID Limitations and Exclusions are for explaining to current customers only. This is not for new sales.

The Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following:

1. Suicide, attempted suicide or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. while the Covered Person is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
4. Active participation in a felony, riot or insurrection;
5. Treatment for Mental Illness or Nervous Disorders, except as specifically provided in the Policy.
6. Treatment for Substance Abuse, except as specifically provided in the Policy.
7. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family Member of the Covered Person.
8. Benefits provided under Medicare or other governmental program (except Medicaid); a state or federal Worker's Compensation law; employer's liability or occupational disease law; or motor vehicle no-fault law; and services for which no charge is normally made in the absence of insurance.
9. Travel or activity outside the United States, except for a Medical Emergency.
10. Participation as a professional in any motorized race or speed contest.
11. pregnancy, except Complications of Pregnancy.
12. Elective Abortion, including complications. "Elective Abortion" means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
13. Eye glasses, hearing aids, and examination for the prescription, or fitting of them.
14. Aviation.
15. Rest cures, custodial care, transportation;
16. Prescription Drugs unless specifically provided for under the Policy.
17. Cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent Child;
18. Care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion, or subluxation in the human body for purposes of removing nerve interference and the effects of it, where the interference is the result of or related to distortion, misalignment or subluxation of, or in the vertebral column
19. Dental care or treatment.
20. Routine physical examinations.
21. Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet.

Pre-existing Conditions Limitation

Pre-existing Conditions will not be covered for a period of the first 12 months after the Covered Person's Effective Date of coverage (applies to Hospital and Surgery benefits only). The Pre-existing Condition Limitation does not apply to newborn or adopted Children nor to congenital anomalies of a covered Dependent Child.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

Group Hospital Fixed Indemnity Insurance limitations, exclusions, terms and conditions may vary by state law. Please check the product certificate, master policy, and any State Amendments or Endorsements for complete details.

LIMITATIONS & EXCLUSIONS - VT ONLY

BELOW ARE THE LIMITATIONS & EXCLUSIONS FROM VT CERTIFICATE AND PAGE 55 ONLY APPLY TO VT:

Below are VT Limitations and Exclusions are for explaining to current customers only. This is not for new sales.

The Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following:

1. pregnancy, except for Complications of Pregnancy;
2. illness, treatment or medical condition arising out of:
 - (a) war or act of war (whether declared or undeclared); participation in a felony, riot or insurrections; service in the armed forces or units auxiliary thereto;
 - (b) suicide (while sane), attempted suicide (while sane) or intentionally self-inflicted injury;
 - (c) aviation;
3. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of the covered Dependent Child which has resulted in a functional defect;
4. foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet;
5. care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion, or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of, or in the vertebral column;
6. benefits provided under Medicare or other governmental program (except Medicaid), any state or federal workmen's compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; services rendered by employees of Hospitals, laboratories or other institutions; services performed by a member of the Covered Person's Immediate Family and services for which no charge is normally made in the absence of insurance;
7. dental care or treatment;
8. eye glasses, hearing aids and examination for the prescription or fitting thereof;
9. rest cures, custodial care, transportation and routine physical examinations; or
10. travel or activity outside of the United States, except for a Medical Emergency.

Pre-existing Conditions Limitation

Pre-existing Conditions will not be covered for a period of the first 12 months after the Covered Person's Effective Date of coverage (applies to Hospital and Surgery benefits only).

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

Group Hospital Fixed Indemnity Insurance limitations, exclusions, terms and conditions may vary by state law. Please check the product certificate, master policy, and any State Amendments or Endorsements for complete details.

LIMITATIONS & EXCLUSIONS - MO ONLY

BELOW ARE THE LIMITATIONS & EXCLUSIONS FROM MO CERTIFICATE AND PAGES 56-57 ONLY APPLY TO MO:

Below are MO Limitations and Exclusions are for explaining to current customers only. This is not for new sales.

We shall NOT exclude payment of benefits for any Covered Loss due to the following:

- Suicide or any attempt at suicide while insane.
- Unintentional or non-voluntary inhalation of gas or taking of poisons.
- Pyogenic infections which result from an accidental bodily Injury.
- Bacterial infections which result from the accidental ingestion of contaminated substances.
- Being under the influence of drugs if these drugs were taken as prescribed by a Physician.

The Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following:

1. Suicide, attempted suicide or intentional self-inflicted Injury while sane.
2. War or any act of war, declared or undeclared.
3. while the Covered Person is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps; Upon notice to Us of entry into such service, the pro rata unearned premiums shall be refunded.
4. Active participation in a riot or insurrection;
5. Treatment which arises out of, or in the course of fighting, brawling, assault or battery.
6. Treatment for Mental Illness or Nervous Disorders, except as specifically provided in the Policy.
7. Treatment for Substance Abuse, except as specifically provided in the Policy.
8. Injury or Sickness caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
9. Violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
10. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family Member of the Covered Person.
11. Travel or activity outside the United States, except for a Medical Emergency.
12. Participation in any motorized race or speed contest.
13. Aggravation or re-injury of a prior Injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
14. Injury to a Covered Person resulting from that Covered Person's willful violation of the Policyholder's rules or regulations. Willful violation includes, but is not limited to: a) working without protective clothing, helmets, gloves, etc., required by the Policyholder's rules or regulations; or b) participating in any activity that is in violation of the Policyholder's rules or regulations.
15. pregnancy or childbirth unless conception occurred while coverage was in force under the Policy. However, Complications of Pregnancy shall not be excluded.
16. Elective Abortion, including complications. "Elective Abortion" means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
17. Experimental or Investigational drugs, services, supplies or procedure that is Experimental or Investigational at the time the procedure is done. For the purposes of this exclusion, "Experimental or Investigational" means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The procedure will also be considered Experimental or Investigational if the Covered Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or Investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

Group Hospital Fixed Indemnity Insurance limitations, exclusions, terms and conditions may vary by state law. Please check the product certificate, master policy, and any State Amendments or Endorsements for complete details.

18. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
19. Treatment or services provided by a private duty nurse, unless provided for in the Policy.
20. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
21. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in the Policy.
22. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in the Policy.
23. Treatment for blood or blood plasma;
24. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
25. Travel in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snow mobile; or riding in a rodeo according to the Policy provisions; or any off-road motorized vehicle not requiring licensing as a motor vehicle;
26. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - i. While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - ii. While being used for any test or experimental purpose; or
 - iii. While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - iv. While traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of His household.
 - v. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - vi. An ultra light, hang-gliding, parachuting or bungee-cord jumping;
 Except as a fare paying passenger on a regularly scheduled commercial airline.
27. Rest cures or custodial care;
28. Prescription Drugs unless specifically provided for under the Policy.
29. Elective or cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
30. Physiotherapy services.
31. Sterilization or contraception.

Pre-existing Conditions Limitation

Pre-existing Conditions will not be covered for a period of the first 12 months after the Covered Person's Effective Date of coverage (applies to Hospital and Surgery benefits only).

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

Group Hospital Fixed Indemnity Insurance limitations, exclusions, terms and conditions may vary by state law. Please check the product certificate, master policy, and any State Amendments or Endorsements for complete details.

LIMITATIONS & EXCLUSIONS - NJ ONLY

BELOW ARE THE LIMITATIONS & EXCLUSIONS FROM NJ CERTIFICATE AND PAGES 58-59 ONLY APPLY TO NJ:

Below are NJ Limitations and Exclusions are for explaining to current customers only. This is not for new sales.

The Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following:

1. Suicide, attempted suicide or intentional self-inflicted Injury while sane or insane.
2. while the Covered Person is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
3. Active participation in a riot or insurrection;
4. Treatment for Mental Illness or Nervous Disorders, except as specifically provided in the Policy.
5. Treatment for Substance Abuse, except as specifically provided in the Policy.
6. Any loss sustained or contracted in consequence of the Covered Person's intoxication or being under the influence of any narcotic unless administered or consumed on the advice of a Physician;
7. Any loss to which a contributing cause was the Covered Person's commission of or attempt to commit a felony, or to which a contributing cause was the Covered Person's engagement in an illegal occupation;
8. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family Member of the Covered Person.
9. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
10. Participation in any motorized race or speed contest.
11. Aggravation or re-injury of a prior Injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
12. Injury to a Covered Person resulting from that Covered Person's willful violation of the Policyholder's rules or regulations. Willful violation includes, but is not limited to: a) working without protective clothing, helmets, gloves, etc., required by the Policyholder's rules or regulations; or b) participating in any activity that is in violation of the Policyholder's rules or regulations.
13. pregnancy, except Complications of Pregnancy or childbirth unless conception occurred while coverage was in force under the Policy.
14. Elective Abortion, including complications. "Elective Abortion" means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
15. Experimental or Investigational drugs, services, supplies or procedure that is Experimental or Investigational at the time the procedure is done. For the purposes of this exclusion, "Experimental or Investigational" means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The procedure will also be considered Experimental or Investigational if the Covered Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or Investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption.
16. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
17. Treatment or services provided by a private duty nurse, unless provided for in the Policy.
18. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
19. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in the Policy.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

Group Hospital Fixed Indemnity Insurance limitations, exclusions, terms and conditions may vary by state law. Please check the product certificate, master policy, and any State Amendments or Endorsements for complete details.

20. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofacial pain, except as specifically provided in the Policy.
21. Treatment for blood or blood plasma;
22. Routine vision care.
23. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
24. Travel in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snow mobile; or riding in a rodeo according to the Policy provisions; or any off-road motorized vehicle not requiring licensing as a motor vehicle;
25. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - i. While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - ii. While being used for any test or experimental purpose; or
 - iii. While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - iv. While traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of His household.
 - v. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - vi. An ultra light, hang-gliding, parachuting or bungie-cord jumping;
 Except as a fare paying passenger on a regularly scheduled commercial airline.
26. Rest cures or custodial care;
27. Prescription Drugs unless specifically provided for under the Policy.
28. Elective or cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
29. Physiotherapy services.
30. (i) as a result of war or an act of war, if the Injury occurs while serving in the military, naval or air forces of any country, combination of countries or international organization; and (ii) as a result of the special hazards incident to service in the military, naval or air forces of any country, combination of countries or international organization, if the Injury occurs while serving in such forces and are outside the home area;
31. (i) as a result of war or an act of war while serving in any civilian non-combatant unit supporting or accompanying any military, naval or air forces of any country, combination of countries or international organization; and (ii) as a result of the special hazards incident to service in any civilian non-combatant unit supporting or accompanying such forces, provided the Injury occurs while serving in such unit and are outside the home area;

Pre-existing Conditions Limitation

Pre-existing Conditions will not be covered for a period of the first 12 months after the Covered Person's Effective Date of coverage (applies to Hospital and Surgery benefits only).

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

Group Hospital Fixed Indemnity Insurance limitations, exclusions, terms and conditions may vary by state law. Please check the product certificate, master policy, and any State Amendments or Endorsements for complete details.

The provisions below are for all Group Hospital Fixed Indemnity Insurance states underwritten by United State Fire 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 73-111. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

PROVISION ²	PROVISION DESCRIPTION ²
EFFECTIVE DATES OF INSURANCE	All provisions below are based on the TX Version of the Effective Dates of Insurance Provision Section. Any State Variations will list the state & Page # to view
Policy Effective Date	Policy Effective Date. The Policy begins on the Policy Effective Date shown in the Schedule of Benefits at 12:01 A.M. at the address of the Policyholder.
Covered Person's Effective Date	<p>Covered Person's Effective Date: An Eligible Person will become insured under the Policy, provided proper premium payment is made, on the latest of:</p> <ol style="list-style-type: none"> 1. The Effective Date of the Policy; or 2. The day He becomes eligible, subject to any required Eligibility Waiting Period, according to the referenced date shown in the Application/Enrollment Form. <p>Kansas has a variation based on the KS Certificate. See page 87 for variation of provision language. Missouri has a variation based on the MO Certificate. See page 93 for variation of provision language.</p>
Newborn Children Coverage	<p>Newborn Children Coverage: We will provide coverage for a newborn Child from the moment of birth. The Insured Person must give Us notice within 31 days of the birth of the Child. If notice is not given within 31 days, coverage for the newborn Child will terminate at the expiration of the initial 31 day period.</p> <p>Arkansas has a variation based on the AR Endorsement. See page 73 for variation of provision language. DC has a variation based on the DC Certificate. See page 77 for variation of provision language. Florida has a variation based on the FL Certificate. See page 79 for variation of provision language. Idaho has a variation based on the ID Certificate. See page 84 for variation of provision language. Missouri has a variation based on the MO Certificate. See page 93 for variation of provision language. North Carolina has a variation based on the NC Certificate. See page 98 for variation of provision language. North Dakota language is the same as above <u>but</u> where it has Insured Person, ND has Covered Person. Vermont has a variation based on the VT Certificate. See page 107 for variation of provision language. Wisconsin has a variation based on the WI Endorsement. See page 108 for variation of provision language.</p>
Newborn Adopted Children Coverage	<p>Newborn Adopted Children Coverage: In the case of adoption of a newborn Child, coverage will be on the same basis as a newborn Child if a written agreement to adopt such Child has been entered into by the Insured Person prior to the birth of the Child, whether or not such agreement is enforceable. The Insured Person must give Us notice within 31 days of the birth of the adopted Child. If notice is not given within 31 days, coverage for the newborn adopted Child will terminate at the expiration of the initial 31 day period.</p> <p>Arkansas has a variation based on the AR Endorsement. See page 73 for variation of provision language. Florida has a variation based on the FL Certificate. See page 79 for variation of provision language. Idaho has a variation based on the ID Certificate. See page 84 for variation of provision language. Kansas has a variation based on the KS Certificate. See page 87 for variation of provision language. Missouri has a variation based on the MO Certificate. See page 93 for variation of provision language. New Jersey has a variation based on the NJ Certificate. See page 96 for variation of provision language. North Carolina has a variation based on the NC Certificate. See page 98 for variation of provision language. North Dakota language is the same as above <u>but</u> where it has Insured Person, ND has Covered Person. Pennsylvania has a variation based on the PA Endorsement. See page 104 for variation of provision language. Vermont has a variation based on the VT Certificate. See page 107 for variation of provision language. Wisconsin has a variation based on the WI Endorsement. See page 109 for variation of provision language.</p>
Newborn Child Exception	<p>Newborn Child Exception: This section does not apply to a newborn Child at that Child's birth if the Child is born to a Covered Person while insured as a Dependent Child under the Policy. Benefits for Newborn Children apply only to a Child born to an Insured Person or their Spouse, Domestic Partner or Civil Union Partner.</p> <p>California has a variation based on the CA Certificate. See page 75 for variation of provision language. DC has a variation based on the DC Certificate. See page 77 for variation of provision language. Georgia has a variation based on the GA Certificate. See page 81 for variation of provision language. Idaho has a variation based on the ID Certificate. See page 84 for variation of provision language. New Jersey has a variation based on the NJ Certificate. See page 96 for variation of provision language. North Dakota does <u>not</u> have this provision based on the ND Certificate. Vermont has a variation based on the VT Certificate. See page 107 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 Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

The provisions below are for all Group Hospital Fixed Indemnity Insurance states underwritten by United State Fire 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 73-111. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

PROVISION ²	PROVISION DESCRIPTION ²
EFFECTIVE DATES OF INSURANCE	All provisions below are based on the TX Version of the Effective Dates of Insurance Provision Section. Any State Variations will list the state & Page # to view
Adopted Children Coverage	<p>Adopted Children Coverage: Coverage for an adopted Child, other than a newborn, will begin from the date of placement in the Insured Person's home. A notice of placement for adoption must be submitted to Us. If notice is not given within 31 days, coverage for the adopted Child will terminate at the expiration of the initial 31 day period.</p> <p>Arkansas has a variation based on the AR Endorsement. See page 73 for variation of provision language. Florida does <u>not</u> have this provision. It's combined in Newborn and Adopted Children coverage. Page 79. Georgia has a variation based on the GA Certificate. See page 81 for variation of provision language. Idaho has a variation based on the ID Certificate. See page 84 for variation of provision language. Illinois has a variation based on the IL Endorsement. See page 85 for variation of provision language. Indiana has a variation based on the IN Certificate. See page 86 for variation of provision language. Kansas has a variation based on the KS Certificate. See page 87 for variation of provision language. Louisiana has a variation based on the LA Certificate. See page 90 for variation of provision language. Missouri has a variation based on the MO Certificate. See page 93 for variation of provision language. New Jersey has a variation based on the NJ Certificate. See page 96 for variation of provision language. North Carolina has a variation based on the NC Certificate. See page 98 for variation of provision language. North Dakota language is the same as above <u>but</u> where it has Insured Person, ND has Covered Person. Ohio has a variation based on the OH Endorsement. See page 101 for variation of provision language. Pennsylvania has a variation based on the PA Endorsement. See page 104 for variation of provision language. Texas has a variation based on the TX Endorsement. See page 105 for variation of provision language. Vermont has a variation based on the VT Certificate. See page 107 for variation of provision language. Wisconsin has a variation based on the WI Endorsement. See page 109 for variation of provision language.</p>
Court Ordered Custody	<p>Court Ordered Custody: A Child placed in court-ordered custody, including a foster Child, will be covered on the same basis as an adopted Child.</p> <p>Louisiana has a variation based on the LA Certificate. See page 90 for variation of provision language. North Carolina has a variation based on the NC Certificate. See page 98 for variation of provision language.</p>
TERMINATION DATE OF INSURANCE	All provisions below are based on the TX Version of the Termination Date of Insurance Provision Section. Any State Variations will list the state & Page # to view
Policy Termination Date	<p>Policy Termination Date:</p> <p>Termination takes effect at 12:01 A.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.</p> <p>The Policy terminates automatically on the earlier of:</p> <ol style="list-style-type: none"> 1) The Policy Expiration Date shown in the Policy; or 2) The premium due date if premiums are not paid when due, subject to any Grace Period. <p>Failure by the Policyholder to pay all required premiums due by the last day of the Grace Period shall be deemed notice by the Policyholder to the Company to terminate the Policy on the last day of the period for which premiums have been earned.</p> <p>The Policy may be terminated by the Policyholder or the Company as of any premium due date or Policy Anniversary Date by giving written notice to the other at least 31 days prior to such date.</p> <p>The Policyholder and the Company may terminate the Policy at any time by written mutual consent.</p> <p>If premiums have been paid beyond the termination date, the Company will refund the excess; or if premiums have been paid short of the termination date, the Policyholder will owe the Company the difference.</p> <p>California has a variation based on the CA Certificate. See page 75 for variation of provision language. Florida has a variation based on the FL Certificate. See page 79 for variation of provision language. Georgia has a variation based on the GA Certificate. See page 81 for variation of provision language. Idaho has a variation based on the ID Certificate. See page 84 for variation of provision language. Louisiana has a variation based on the LA Certificate. See page 90 for variation of provision language. Missouri has a variation based on the MO Certificate. See page 93 for variation of provision language. New Jersey has a variation based on the NJ Certificate. See page 96 for variation of provision language. North Carolina has a variation based on the NC Certificate. See page 98 for variation of provision language. North Dakota has a variation based on the ND Certificate. See page 100 for variation of provision language. Texas has a variation based on the TX Endorsement. See page 105 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 Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

The provisions below are for all Group Hospital Fixed Indemnity Insurance states underwritten by United State Fire 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 73-111. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

PROVISION ²	PROVISION DESCRIPTION ²
TERMINATION DATE OF INSURANCE	All provisions below are based on the TX Version of the Termination Date of Insurance Provision Section. Any State Variations will list the state & Page # to view
Insured Person's Termination Date	<p>Insured Person's Termination Date Insurance for an Insured Person will end on the earliest of:</p> <ol style="list-style-type: none"> 1. The date He is no longer in an Eligible Class. 2. The date He reports for full-time active duty in any Armed Forces, according to the referenced date shown in the Application. We will refund, upon receipt of proof of service, any premium paid, calculated from the date active duty begins until the earlier of: <ol style="list-style-type: none"> (a) The date the premium is fully earned; or (b) The Expiration Date of the Policy. This does not include Reserve or National Guard duty for training; 3. The end of the period for which the last premium contribution is made; or 4. The date the Policy is terminated; or 5. The date the Insured Person requests, in writing, that his/her coverage be terminated; or <p>Nebraska has a variation based on the NE Certificate. See page 95 for variation of provision language.</p>
Dependent's Termination Date	<p>Dependent's Termination Date A Dependent's coverage under the Policy ends on the earliest of:</p> <ol style="list-style-type: none"> 1. The date the Policy terminates; or 2. The date the Insured Person's coverage ends; or 3. The date the Dependent is no longer a Dependent; or 4. The last day of the period for which premiums have been paid.

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

Conversion Privilege	PG 74 (ARIZONA)
Extension of Benefits	PG 79 (FLORIDA)
Refund of Unearned Premiums	PG 84 (IDAHO)
Extension of Benefits	PG 86 (ILLINOIS)
Extension of Benefits	PG 88 (KANSAS)
Continuation of Military Service	PG 90 (LOUISIANA)
Reinstatement after Military Service	PG 90 (LOUISIANA)
Extension of Benefits	PG 104 (SOUTH CAROLINA)
Extension of Benefits	PG 105 (TEXAS)

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

The provisions below are for all Group Hospital Fixed Indemnity Insurance states underwritten by United State Fire 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 73-111. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

PROVISION ²	PROVISION DESCRIPTION ²
PREMIUM PROVISIONS	All provisions below are based on the TX Version of the Premium Provision Section. Any State Variations will list the state & Page # to view
Premiums	<p>Premiums: The Company provides insurance in return for premium payments. The premium shown in the Schedule of Benefits is payable to the Company in the manner described and is based on rates currently in force, the plan, and the amount of insurance in force. Premium due dates are the first of every month unless otherwise stated in the Policy. Premium payment made in advance or for more than a one month period will not affect any provisions of the Policy with regard to change. Failure by the Policyholder to pay premiums when due or within the Grace Period shall be deemed notice to Us to terminate coverage at the end of the period for which premium was paid.</p> <p>The Company has the right to rely upon the accuracy of the Policyholder's calculations and to require the Policyholder to furnish a census from time to time but not more than twice in a 12-month period. If, at any time, it is determined that additional premium or a premium credit is due, the Policyholder will pay the additional premium or apply the premium credit at the next premium due date.</p> <p>California has a variation based on the CA Certificate. See page 75 for variation of provision language. New Jersey does <u>not</u> have this provision based on the NJ Certificate. North Dakota has a variation based on the ND Certificate. See page 100 for variation of provision language.</p>
Grace Period	<p>Grace Period: A Grace Period of 31 days is granted for each premium due after the first premium due date. Coverage will stay in force during this period provided the Policyholder pays all the premiums due by the last day of the Grace Period, unless notice has been sent, in accordance with the TERMINATION provision, of the intent to terminate coverage under the Policy. Coverage will end if the premium is not paid by the end of the Grace Period.</p> <p>California has a variation based on the CA Certificate. See page 75 for variation of provision language. New Jersey does <u>not</u> have this provision based on the NJ Certificate. New Mexico has a variation based on the NM Certificate. See page 97 for variation of provision language. North Dakota has a variation based on the ND Certificate. See page 101 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 Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

The provisions below are for all Group Hospital Fixed Indemnity Insurance states underwritten by United State Fire 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 73-111. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

PROVISION ²	PROVISION DESCRIPTION ²
PREMIUM PROVISIONS	All provisions below are based on the TX Version of the Premium Provision Section. Any State Variations will list the state & Page # to view
Changes in Premium Rate	<p>Changes in Premium Rate</p> <p>The Company may change the premium rates from time to time with at least 31 days advanced written or authorized electronic notice. Notice will be sent to the Policyholder's most recent address in Our records. No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more than once in a 12 month period. However, the Company reserves the right to change rates at any time if any of the following events occur:</p> <ol style="list-style-type: none"> 1. A change in the terms of the Policy. 2. A subsidiary, division, affiliated organization or eligible class is added or deleted to the Policy. 3. A change in any federal or state law or regulation affecting the Policy and Our benefit obligation. 4. A change in the factors bearing on the risk assumed. 5. A misrepresentation in the information relied on in establishing the rate for the Policy. 6. A change in the experience rating. <p>If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a prorated adjustment will apply from the date of the change to the next Premium Due Date.</p> <p>Florida has a variation based on the FL Certificate. See page 80 for variation of provision language. Georgia has a variation based on the GA Certificate. See page 82 for variation of provision language. Idaho has a variation based on the ID Certificate. See page 85 for variation of provision language. Louisiana has a variation based on the LA Certificate. See page 91 for variation of provision language. New Jersey does <u>not</u> have this provision based on the NJ Certificate. New Mexico has a variation based on the NM Certificate. See page 98 for variation of provision language. North Carolina has a variation based on the NC Certificate. See page 99 for variation of provision language. North Dakota has a variation based on the ND Certificate. See page 101 for variation of provision language. Oklahoma has a variation based on the OK Certificate. See page 103 for variation of provision language. Texas has a variation based on the TX Endorsement. See page 106 for variation of provision language. Vermont has a variation based on the VT Certificate. See page 107 for variation of provision language. Wisconsin has a variation based on the WI Endorsement. See page 109 for variation of provision language.</p>
Reinstatement	<p>Reinstatement</p> <p>The Policy may be reinstated within 30 days of lapse if it is lapsed for nonpayment of premium, if the Policyholder submits written application to the Company, the Company accepts the application and the Policyholder makes payment of all overdue premiums.</p> <p>The following conditions must be met for insurance to be reinstated:</p> <ol style="list-style-type: none"> 1. the Policy remains in force; 2. the Insured Person and His or Her Dependents are eligible under the Policy; 3. a written request for reinstatement and a new enrollment form are sent to Us; and 4. the required premium is paid. <p>Any benefits paid during the Policy Period in which the Insured Person's and His or Her Dependents' insurance is reinstated will be applied towards the Benefit Amounts for that Policy Period.</p> <p>Reinstated insurance will be effective on the later of the date the Insured Person returns to Active Service or the date the required premium and new enrollment form are received by Us. We will not pay benefits while insurance is not in force under the Policy.</p> <p>The following states have the <u>exact</u> same language as above, <u>however</u>, where it is 30 days is bolded, these states replace it with 14 days: AL, AR, AZ, DC, DE, FL, GA, IA, ID, IL, IN, KS, KY, MI, MS, NC, ND, NE, NM, OK, PA, RI, SC, TN, VA, VT, WI, WV, & WY.</p> <p>California does <u>not</u> have this provision in the CA Certificate. Louisiana has a variation based on the LA Certificate. See page 91 for variation of provision language. New Jersey does <u>not</u> have this provision based on the NJ Certificate. Ohio has a variation based on the OH Endorsement. See page 101 for variation of provision language.</p>

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

Newly-Acquired Subsidiaries	PG 89 (KENTUCKY)
Newly-Acquired Subsidiaries	PG 91 (LOUISIANA)
Newly-Acquired Subsidiaries	PG 99 (NORTH CAROLINA)

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

The provisions below are for all Group Hospital Fixed Indemnity Insurance states underwritten by United State Fire 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 73-111. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

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 notice of claim must be given to Us within 30days after a Covered Loss occurs or begins or as soon as reasonably possible. Notice can be given at Our administrative office as shown on the cover page or to Our authorized licensed agent. Notice should include the Policyholder's name and number and a Covered Person's name and address.</p> <p>If written notice is not received within 30 days, the claim may be reduced or invalidated. However, the claim will not be reduced or invalidated if:</p> <ol style="list-style-type: none"> 1. it can be shown that it was not possible within reason to submit notice within the 3day period; and 2. it is further shown that notice was given as soon as possible. <p>All states listed below have the following provision description that varies slightly from above (the differences are highlighted above and below - 3day vs 30 day): AL, AR, AZ, DC, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MI, MS, ND, NE, NJ, NM, OK, PA, RI, SC, TN, VA, VT, WI, WV, & WY.</p> <p>NOTICE OF CLAIM: Written notice of claim must be given to Us within 30 days after a Covered Loss occurs or begins or as soon as reasonably possible. Notice can be given at Our administrative office as shown on the cover page or to Our authorized licensed agent. Notice should include the Policyholder's name and number and a Covered Person's name and address.</p> <p>If written notice is not received within 30 days, the claim may be reduced or invalidated. However, the claim will not be reduced or invalidated if:</p> <ol style="list-style-type: none"> 1. it can be shown that it was not possible within reason to submit notice within the 30 day period; and 2. it is further shown that notice was given as soon as possible. <p>California has a variation based on the CA Certificate. See page 75 for variation of provision language. Missouri has a variation based on the MO Certificate. See page 94 for variation of provision language. North Carolina has a variation based on the NC Certificate. See page 99 for variation of provision language. Ohio has a variation based on the OH Endorsement. See page 102 for variation of provision language.</p>
Claim Forms	<p>CLAIM FORMS: When We receive the notice of claim, We will send forms for filing proof of loss. If claim forms are not provided within 15 days after receipt of such notice, the Proof of Loss requirements stated below will be deemed to have been met by submitting, within the time required under PROOF OF LOSS, written proof of the nature and extent of the loss.</p> <p>California has a variation based on the CA Certificate. See page 75 for variation of provision language. Georgia has a variation based on the GA Certificate. See page 82 for variation of provision language. Missouri has a variation based on the MO Certificate. See page 94 for variation of provision language. New Jersey has a variation based on the NJ Certificate. See page 96 for variation of provision language.</p>
Proof of Loss	<p>PROOF OF LOSS: Written proof of loss must be furnished to Us in the case of a claim for Covered Loss for which the Policy provides periodic payment contingent upon continuing loss within 90 days after the end of the period for which We are liable. Written proof that the loss continues must be furnished to us at intervals required by Us. In case of claim for any other Covered Loss, proof must be furnished within 90 days after the date of such loss.</p> <p>If the proof of loss is not submitted within 90days, the claim may be reduced or invalidated. However, the claim will not be reduced or invalidated if:</p> <ol style="list-style-type: none"> 1. it can be shown that it was not possible within reason to submit notice within the 90day period; and 2. it is further shown that notice was given as soon as possible, and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required. <p>California has a variation based on the CA Certificate. See page 76 for variation of provision language. Missouri has a variation based on the MO Certificate. See page 94 for variation of provision language. New Jersey has a variation based on the NJ Certificate. See page 96 for variation of provision language. North Carolina has a variation based on the NC Certificate. See page 99 for variation of provision language. Wyoming has a variation based on the WY Endorsement. See page 111 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 Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

The provisions below are for all Group Hospital Fixed Indemnity Insurance states underwritten by United State Fire 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 73-111. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

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
Time of Payment of Claims	<p>TIME OF PAYMENT OF CLAIMS: Benefits due under the Policy for a Covered Loss, other than a loss for which the Policy provides installments, will be paid immediately upon receipt of due written proof of such loss.</p> <p>Subject to written proof of loss, all accrued benefits for a Covered Loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of a written proof of loss.</p> <p>California has a variation based on the CA Certificate. See page 76 for variation of provision language. Delaware has a variation based on the DE Endorsement. See page 78 for variation of provision language. Florida has a variation based on the FL Certificate. See page 80 for variation of provision language. Georgia has a variation based on the GA Certificate. See page 82 for variation of provision language. Illinois has a variation based on the IL Endorsement. See page 86 for variation of provision language. Indiana has a variation based on the IN Certificate. See page 87 for variation of provision language. Kentucky has a variation based on the KY Certificate. See page 89 for variation of provision language. Louisiana has a variation based on the LA Certificate. See page 91 for variation of provision language. Mississippi has a variation based on the MS Endorsement. See page 92 for variation of provision language. Missouri has a variation based on the MO Certificate. See page 94 for variation of provision language. North Carolina has a variation based on the NC Certificate. See page 100 for variation of provision language. North Dakota has a variation based on the ND Certificate. See page 101 for variation of provision language. Ohio has a variation based on the OH Endorsement. See page 102 for variation of provision language. Rhode Island has a variation based on the RI Endorsement. See page 104 for variation of provision language. South Carolina has a variation based on the SC Endorsement. See page 104 for variation of provision language. Texas has a variation based on the TX Endorsement. See page 106 for variation of provision language. Virginia has a variation based on the VA Endorsement. See page 108 for variation of provision language. Wisconsin has a variation based on the WI Endorsement. See page 110 for variation of provision language. Wyoming has a variation based on the WY Endorsement. See page 111 for variation of provision language.</p>
Payment of Claims	<p>PAYMENT OF CLAIMS: All benefits will be paid in United States currency. Loss of life benefits will be paid to the beneficiary as described in the Designation or Change of Beneficiary provision of the Policy.</p> <p>All other benefits will be paid to the Covered Person suffering the loss. If the Covered Person dies before all payments due have been made, the amount still payable will be paid to his/her beneficiary as described in the Designation or Change of Beneficiary provision of the Policy.</p> <p>If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay up to \$1,000 to a relative by blood or marriage whom We believe is equitably entitled. This good faith payment satisfies Our legal duty to the extent of that payment.</p> <p>Any other accrued benefits which are unpaid at a Covered Person's death may, at Our option, be paid either to his beneficiary or to his estate. All other benefits, unless specifically stated otherwise, will be paid to a Covered Person.</p> <p>California has a variation based on the CA Certificate. See page 76 for variation of provision language. Georgia has a variation based on the GA Certificate. See page 82 for variation of provision language. Kansas has a variation based on the KS Certificate. See page 88 for variation of provision language. Missouri has a variation based on the MO Certificate. See page 94 for variation of provision language. Texas has a variation based on the TX Endorsement. See page 106 for variation of provision language. Virginia has a variation based on the VA Endorsement. See page 108 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 Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

The provisions below are for all Group Hospital Fixed Indemnity Insurance states underwritten by United State Fire 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 73-111. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

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
Designation or Change of Beneficiary	<p>DESIGNATION OR CHANGE OF BENEFICIARY:</p> <p>Each Covered Person may designate a beneficiary to whom loss of life benefits are payable. The designation shall be as follows in descending order:</p> <ol style="list-style-type: none"> 1. Beneficiaries designated in writing by the Covered Person for the Policy on file with the Policyholder, if any, otherwise; 2. Beneficiaries as designated in writing for any group life insurance plan or its renewals in force for the Policyholder, if any, otherwise; 3. In equal shares to the members of the first surviving class of those that follow, if any: <ol style="list-style-type: none"> a) a Covered Person's lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner; b) a Covered Person's natural Child, adopted Child, foster Child, stepchild, or other Child for whom the Covered Person has or had legal guardianship (proof will be required); or c) a Covered Person's parents, whether natural, step or adoptive; or d) a Covered person's Sisters or Brothers, otherwise. 4. The estate of the Covered Person. <p>A Covered Person may change his/her beneficiary designation from time to time without the consent of the designated beneficiary by giving notice, in writing, to the Policyholder. When a request for designation or change is received by the Policyholder, it will take effect on the date of its execution, whether or not the Covered Person is living on the date it is received by the Policyholder. Any interest created by the request will be subject to any payment made or action taken before its receipt.</p> <p>A Dependent's beneficiary is the Covered Person. If no beneficiary is living on the date of a Dependent's death, the beneficiary is the Covered Person's estate.</p> <p>California has a variation based on the CA Certificate. See page 76 for variation of provision language. DC has a variation based on the DC Certificate. See page 78 for variation of provision language. Florida has a variation based on the FL Certificate. See page 80 for variation of provision language. Georgia has a variation based on the GA Certificate. See page 83 for variation of provision language. Idaho has a variation based on the ID Certificate. See page 85 for variation of provision language. Kansas has a variation based on the KS Certificate. See page 88 for variation of provision language. New Jersey has a variation based on the NJ Certificate. See page 97 for variation of provision language. Vermont has a variation based on the VT Certificate. See page 107 for variation of provision language.</p>
Conditional Claim Payment	<p>CONDITIONAL CLAIM PAYMENT:</p> <p>If a Covered Person is due benefits under the Policy for a Covered Loss, and in Our opinion a third party may be liable, We will pay benefits if:</p> <ol style="list-style-type: none"> 1. The Covered Person first agrees in writing to refund the lesser of: <ol style="list-style-type: none"> (a) The amount of benefits We actually paid for such Covered Loss; or (b) The amount actually received from the third party for such Covered Loss; and 2. The third party's liability is determined and satisfied whether by settlement, judgment, arbitration or otherwise. <p>However, prior to Our payment of benefits under the Policy, if the third party's liability is satisfied in an amount less than the benefits payable under the Policy, We will pay the difference.</p> <p>Arizona does <u>not</u> have this provision based on the AZ Endorsement. It doesn't apply in AZ. California does <u>not</u> have this provision based on the CA Certificate.. Georgia does <u>not</u> have this provision based on the GA Certificate. Illinois has a variation based on the IL Endorsement. See page 86 for variation of provision language. Kansas does <u>not</u> have this provision based on the KS Certificate. Louisiana does <u>not</u> have this provision based on the LA Certificate. Michigan does <u>not</u> have this provision based on the MI Certificate. Mississippi Endorsement says: this will not apply until the Covered Person has first been made whole for their loss. Missouri does <u>not</u> have this provision based on the MO Certificate. New Jersey does <u>not</u> have this provision based on the NJ Certificate. North Carolina does <u>not</u> have this provision based on the NC Certificate. Tennessee does <u>not</u> have this provision based on the TN Endorsement. It was removed and doesn't apply in TN. Vermont does <u>not</u> have this provision based on the VT Certificate. Virginia does <u>not</u> have this provision based on the VA Endorsement. It was removed and doesn't apply in VA. Wisconsin has a variation based on the WI Endorsement. See page 110 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 Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

The provisions below are for all Group Hospital Fixed Indemnity Insurance states underwritten by United State Fire 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 73-111. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

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
Physical Examination and Autopsy	<p>PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have a Physician of Our choice examine the Covered Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy. Autopsies are not permitted to be required in Massachusetts, Mississippi and South Carolina.</p> <p>California has a variation based on the CA Certificate. See page 76 for variation of provision language. Idaho has a variation based on the ID Certificate. See page 85 for variation of provision language. Illinois has a variation based on the IL Endorsement. See page 86 for variation of provision language. Mississippi has a variation based on the MS Endorsement. See page 93 for variation of provision language.</p>
Recovery of Overpayment	<p>RECOVERY OF OVERPAYMENT: If benefits are overpaid or paid in error, We have the right to recover the amount overpaid or paid in error by any of the following methods.</p> <ol style="list-style-type: none"> 1. A request for lump sum payment of the amount overpaid or paid in error; or 2. Reduction of any proceeds payable under the Policy by the amount overpaid or paid in error. <p>Kansas does <u>not</u> have this provision based on the KS Certificate. Missouri has a variation based on the MO Certificate. See page 94 for variation of provision language. Nebraska has a variation based on the NE Certificate. See page 95 for variation of provision language. Oklahoma has a variation based on the OK Certificate. See page 103 for variation of provision language. Tennessee has a variation based on the TN Endorsement. See page 105 for variation of provision language.</p>
Recovery of Benefits	<p>RECOVERY OF BENEFITS: We reserve the right to recover from a Covered Person any benefits We have paid to him for a Covered Loss which is covered under:</p> <ol style="list-style-type: none"> (a) Workers' Compensation or similar statutory remedies available under law; or (b) Any employer's liability insurance. <p>It will be assumed that the Covered Person is in receipt of such Recovery benefits unless He gives Us proof such benefits have been denied to him. "Recovery" means monies paid to the Covered Person through judgment, settlement or otherwise to compensate for all losses caused by the Injury or Sickness.</p> <p>Arizona does <u>not</u> have this provision based on the AZ Endorsement. It doesn't apply in AZ. California does <u>not</u> have this provision based on the CA Certificate. Georgia has a variation based on the GA Certificate. See page 83 for variation of provision language. Kansas does <u>not</u> have this provision based on the KS Certificate. Mississippi Endorsement says: this will not apply until the Covered Person has first been made whole for their loss Missouri does <u>not</u> have this provision based on the MO Certificate. New Jersey does <u>not</u> have this provision based on the NJ Certificate. North Carolina does <u>not</u> have this provision based on the NC Certificate. Virginia does <u>not</u> have this provision based on the VA Endorsement. It was <u>removed</u> and doesn't apply in VA. Wisconsin has a variation based on the WI Endorsement. See page 110 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 Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

The provisions below are for all Group Hospital Fixed Indemnity Insurance states underwritten by United State Fire 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 73-111. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

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
Subrogation	<p>SUBROGATION: If We have paid benefits to a Covered Person for Injuries received in a Covered Accident, and in Our opinion a third party may be liable, We will be subrogated to the extent of such payment and to all of the rights of the Covered Person regarding the recovery of benefits paid or to any settlement or judgment which results from the exercise of these rights. The Covered Person agrees to sign papers and do whatever else is necessary to transfer His rights to Us. We will exercise such rights on His behalf. He further agrees to furnish Us with all relevant information and documents.</p> <p>Arizona does <u>not</u> have this provision based on the AZ Endorsement. It doesn't apply in AZ. California does <u>not</u> have this provision based on the CA Certificate. Georgia has a variation based on the GA Certificate. See page 83 for variation of provision language. Illinois has a variation based on the IL Endorsement. See page 86 for variation of provision language. Kansas does <u>not</u> have this provision based on the KS Certificate. Louisiana has a variation based on the LA Certificate. See page 92 for variation of provision language. Mississippi Endorsement says: this will not apply until the Covered Person has first been made whole for their loss Missouri does <u>not</u> have this provision based on the MO Certificate. New Jersey does <u>not</u> have this provision based on the NJ Certificate. New Mexico does <u>not</u> have this provision based on the NM Certificate. North Carolina does <u>not</u> have this provision based on the NC Certificate. Ohio has a variation based on the OH Endorsement. See page 102 for variation of provision language. South Carolina has a variation based on the SC Endorsement. See page 104 for variation of provision language. Virginia does <u>not</u> have this provision based on the VA Endorsement. It was <u>removed</u> and doesn't apply in VA.</p>
Legal Actions	<p>LEGAL ACTIONS: All Policy terms will be interpreted under the laws of the state in which the Policy was issued. No legal action may be brought to recover on the Policy within 60 days after written Proof of Loss has been furnished. No legal action may be brought after three (3) years from the time written Proof of Loss is required to be furnished.</p> <p>Alabama has a variation based on the AL Endorsement. See page 73 for variation of provision language. California has a variation based on the CA Certificate. See page 76 for variation of provision language. Florida has a variation based on the FL Certificate. See page 81 for variation of provision language. Kansas has a variation based on the KS Certificate. See page 88 for variation of provision language. South Carolina has a variation based on the SC Endorsement. See page 104 for variation of provision language.</p>

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

Complaints and Grievances	PG 74 (ARIZONA)
Illegal Occupation or Commission of Felony	PG 76 (CALIFORNIA)
Intoxicants or Narcotics	PG 76 (CALIFORNIA)
Errors Related to Your Coverage	PG 88 (KANSAS)
Right to File a Complaint	PG 97 (NEW JERSEY)
Acknowledgment of Claims	PG 99 (NORTH CAROLINA)
Grievance Procedures	PG 102 (OHIO)
Notice of Acceptance / Rejection of Claim	PG 106 (TEXAS)

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

The provisions below are for all Group Hospital Fixed Indemnity Insurance states underwritten by United State Fire 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 73-111. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

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 Application of the Policyholder (a copy of which is attached to the Policy), endorsements, riders, and attached papers constitute the entire contract between the parties. If an application of a Covered Person is required, We may also make it a part of this contract.</p> <p>All statements made by the Policyholder or by a Covered Person are deemed representations and not warranties. No such statement will cause Us 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 such person; or, in the event of His death or incapacity, His beneficiary or representative. After two years from the Covered Person's effective date of coverage, no such statement, except in the case of fraud or with respect to eligibility for coverage, will cause such coverage to be contested.</p> <p>No change in the Policy will be valid until approved by one of Our executive officers. This approval must be endorsed on or attached to the Policy. No agent may change the Policy or waive any of its provisions.</p> <p>Alabama has a variation based on the AL Endorsement. See page 73 for variation of provision language. California has a variation based on the CA Certificate. See page 77 for variation of provision language. DC has a variation based on the DC Certificate. See page 78 for variation of provision language. Delaware has a variation based on the DE Endorsement. See page 79 for variation of provision language. Georgia has a variation based on the GA Certificate. See page 83 for variation of provision language. Kansas has a variation based on the KS Certificate. See page 89 for variation of provision language. New Jersey has a variation based on the NJ Certificate. See page 97 for variation of provision language. North Carolina has a variation based on the NC Certificate. See page 100 for variation of provision language. Ohio has a variation based on the OH Endorsement. See page 102 for variation of provision language. Texas has a variation based on the TX Endorsement. See page 106 for variation of provision language.</p>
Worker's Compensation Insurance	<p>WORKERS' COMPENSATION INSURANCE:</p> <p>The Policy is not in lieu of and does not affect any requirement for coverage under any Workers' Compensation Insurance.</p>
Policy Termination	<p>POLICY TERMINATION:</p> <p>We may terminate coverage on or after the anniversary of any premium due date. The Policyholder may terminate its coverage on any premium due date. If either party terminates, written notice must be given to the other party at least 31 days prior to such premium due date.</p> <p>California has a variation based on the CA Certificate. See page 77 for variation of provision language. Florida has a variation based on the FL Certificate. See page 81 for variation of provision language. Georgia has a variation based on the GA Certificate. See page 83 for variation of provision language. Louisiana has a variation based on the LA Certificate. See page 92 for variation of provision language. Missouri has a variation based on the MO Certificate. See page 95 for variation of provision language. North Carolina has a variation based on the NC Certificate. See page 100 for variation of provision language. Texas has a variation based on the TX Endorsement. See page 106 for variation of provision language. Wisconsin has a variation based on the WI Endorsement. See page 110 for variation of provision language.</p>
Conformity with State Statutes	<p>CONFORMITY WITH STATE STATUTES:</p> <p>Any provision of the Policy in conflict on its effective date with the laws of the State of Issue indicated on the front page of the Policy is amended to conform to the minimum requirements of such laws.</p> <p>California has a variation based on the CA Certificate. See page 77 for variation of provision language. DC has a variation based on the DC Certificate. See page 78 for variation of provision language. Florida has a variation based on the FL Certificate. See page 81 for variation of provision language. Nebraska has a variation based on the NE Certificate. See page 95 for variation of provision language. Ohio has a variation based on the OH Endorsement. See page 102 for variation of provision language. Vermont has a variation based on the VT Certificate. See page 108 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 Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

The provisions below are for all Group Hospital Fixed Indemnity Insurance states underwritten by United State Fire 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 73-111. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

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
Other Coverage With Us	<p>OTHER COVERAGE WITH US:</p> <p>At any one time each Covered Person may have only one Certificate issued by Us having coverage similar to that described in the Policy. If we find a Covered Person has more than one such Certificate, coverage will be provided under the plan that has been in force for the longer period of time and any other coverage will be terminated effective immediately. If concurrent coverage is identified, We will refund premiums paid for all other Certificates for concurrent periods of coverage and provide 30 days written notice of termination to the Insured for the most recently acquired coverage.</p> <p>California does <u>not</u> have this provision based on the CA Certificate. Missouri does <u>not</u> have this provision based on the MO Certificate.</p>
Clerical Error	<p>CLERICAL ERROR:</p> <p>Clerical error in keeping any records pertaining to the coverage, whether by the Policyholder or by the Company, will not invalidate coverage otherwise validly in force nor continue coverage otherwise validly terminated, provided such clerical error is not prejudicial to the Company and is rectified promptly upon discovery.</p>
Assignment	<p>ASSIGNMENT:</p> <p>No assignment of interest in loss of life benefits shall be binding on the Company until the original or duplicate thereof is received by the Company. The Company assumes no responsibility for the validity of such assignment.</p> <p>Kansas has a variation based on the KS Certificate. See page 89 for variation of provision language. Oklahoma has a variation based on the OK Certificate. See page 103 for variation of provision language.</p>
Insolvency	<p>INSOLVENCY:</p> <p>The insolvency, bankruptcy, financial impairment, receivership, voluntary plan of arrangement with creditors, or dissolution of the Policyholder will not impose upon the Company any liability other than the liability defined in the Policy. The insolvency of the Policyholder will not make the Company liable to the creditors of the Policyholder, including Covered Persons under the Policy.</p>
Non-Participating	<p>NON-PARTICIPATING:</p> <p>The Policy is non-participating. It does not share in the Company's profits or surplus earnings.</p>
Waiver	<p>WAIVER:</p> <p>Failure of the Company to strictly enforce its rights under the Policy at any time or under any circumstance shall not constitute a waiver of such rights by the Company at any time under the same or different circumstances.</p> <p>Missouri does <u>not</u> have this provision based on the MO Certificate.</p>

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

New Entrants	PG 73 (ALABAMA)
New Entrants	PG 74 (ARKANSAS)
Time Limit on Certain Defenses	PG 77 (CALIFORNIA)
New Entrants	PG 83 (GEORGIA)
Misstatement of Age	PG 87 (INDIANA)
New Entrants	PG 87 (IOWA)
New Entrants	PG 90 (KENTUCKY)
Certificate of Insurance	PG 103 (OHIO)
Time Limit on Certain Defenses	PG 103 (OHIO)
New Entrants	PG 103 (OKLAHOMA)
Adjustments of Premiums / Benefits if Age Misstated	PG 106 (TEXAS)
New Entrants	PG 108 (VERMONT)
Claims Experience	PG 108 (VIRGINIA)
Incontestability	PG 108 (VIRGINIA)
Misstatement of Age	PG 111 (WYOMING)

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

STATE VARIATIONS AND ADDITIONS

PROVISION VARIATIONS

In this section of the agent guide (pages 73-111), all of the state variations that are different from the provisions listed between pages 60-71 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 73
ARKANSAS	PGS 73-74
ARIZONA	PG 74
CALIFORNIA*	PGS 75-77
DC	PGS 77-78
DELAWARE	PGS 78-79
FLORIDA	PGS 79-81
GEORGIA	PGS 81-83
IDAHO*	PGS 84-85
ILLINOIS	PGS 85-86
INDIANA	PGS 86-87
IOWA	PG 87
KANSAS*	PGS 87-89
KENTUCKY	PGS 89-90
LOUISIANA	PGS 90-92
MISSISSIPPI	PGS 92-93
MISSOURI*	PGS 93-95
NEBRASKA	PG 95
NEW JERSEY*	PGS 96-97
NEW MEXICO*	PGS 97-98
NORTH CAROLINA	PGS 98-100
NORTH DAKOTA	PGS 100-101
OHIO	PGS 101-103
OKLAHOMA	PG 103
PENNSYLVANIA*	PG 104
RHODE ISLAND	PG 104
SOUTH CAROLINA	PG 104
TENNESSEE	PG 105
TEXAS	PGS 105-106
VERMONT*	PGS 107-108
VIRGINIA	PG 108
WISCONSIN	PGS 108-110
WYOMING	PG 111

*These states are no longer being marketed. The definitions for these states are **ONLY** for explanation purposes for current members and not for any NEW sales.



PROVISION ²	PROVISION DESCRIPTION ²
ALABAMA	
CLAIMS PROVISIONS	
Legal Actions	<p>The LEGAL ACTIONS provision is revised based on the AL Endorsement as follows:</p> <p>All Policy terms will be interpreted under the laws of the state in which the Policy was issued. No legal action may be brought to recover on the Policy within 60 days after written Proof of Loss has been furnished. No legal action may be brought after six (six) years from the time written Proof of Loss is required to be furnished.</p>
GENERAL PROVISIONS	
Entire Contract Changes	<p>ENTIRE CONTRACT; CHANGES:</p> <p>The Policy, the Application of the Policyholder (a copy of which is attached to the Policy), endorsements, riders, and attached papers constitute the entire contract between the parties. If an application of a Covered Person is required, We may also make it a part of this contract.</p> <p>All statements made by the Policyholder or by a Covered Person are deemed representations and not warranties. No such statement will cause Us 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 such person; or, in the event of His death or incapacity, His beneficiary or representative. After two years from the Covered Person's effective date of coverage, no such statement, except in the case of fraud or with respect to eligibility for coverage, will cause such coverage to be contested.</p> <p>No change in the Policy will be valid until approved by one of Our executive officers. This approval must be endorsed on or attached to the Policy. No agent may change the Policy or waive any of its provisions.</p> <p>The Policyholder, a Covered Person, their beneficiary or their assignee shall have the right to make written request to Us for a copy of such Application, and We shall, within 15 days after the receipt of such request at Our home office or any branch office, deliver or mail to the person making such request a copy of such Application. If such copy shall not be so delivered or mailed, We shall be precluded from introducing such Application as evidence in any action based upon, or involving, any statements contained therein.</p>
New Entrants	<p>The following provision is added based on the AL Endorsement:</p> <p>New Entrants</p> <p>To the group originally insured may be added from time to time eligible new persons or Dependents, as the case may be, in accordance with the terms of the Policy.</p>
ARKANSAS	
EFFECTIVE DATES OF INSURANCE	
Newborn Children Coverage	<p>When Dependent coverage is included, the Newborn Children Coverage provision is replaced with the following based on the AR Endorsement:</p> <p>Newborn Children Coverage: We will provide coverage for a newborn Child from the moment of birth. The Insured Person must give Us notice within 90 days of the birth of the Child or before the next premium due date, whichever is later. If notice is not given within such time period, coverage for the newborn Child will terminate at the expiration of such time period.</p>
Newborn Adopted Children Coverage	<p>When Dependent coverage is included, the Newborn Adopted Children Coverage provision is replaced with the following based on the AR Endorsement:</p> <p>Newborn Adopted Children Coverage: In the case of adoption of a newborn Child, coverage will begin from the moment of birth if the petition for adoption has been entered into by the Insured Person prior to the birth of the Child. The Insured Person must give Us notice within 60 days of the birth of the adopted Child. If notice is not given within 60 days, coverage for the newborn adopted Child will terminate at the expiration of the initial 60 day period. This coverage shall terminate upon the dismissal or denial of a petition for adoption.</p>
Adopted Children Coverage	<p>When Dependent coverage is included, the Adopted Children Coverage provision is replaced with the following based on the AR Endorsement:</p> <p>Adopted Children Coverage: Coverage for an adopted Child, other than a newborn, will begin from the date of the filing of the petition for adoption. The Insured Person must give Us notice within 60 days after the filing of the petition for adoption. If notice is not given within 60 days, coverage for the adopted Child will terminate at the expiration of the initial 60 day period. This coverage shall terminate upon the dismissal or denial of a petition for adoption.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
ARKANSAS	
GENERAL PROVISIONS	
New Entrants	<p>The following provision is added based on the AR Endorsement:</p> <p>NEW ENTRANTS</p> <p>To the group originally insured may be added from time to time eligible new persons or Dependents, as the case may be, in accordance with the terms of the Policy.</p>
ARIZONA	
TERMINATION DATE OF INSURANCE	
Conversion Privilege	<p>When Dependent coverage is included, the following provision is added based on AZ Endorsement:</p> <p>Conversion Privilege</p> <p>A Spouse and each Dependent Child covered under the group Policy shall have the right to convert to an individual policy on the death of the Insured Person, the entry of a decree of dissolution of marriage or any other condition other than the failure of the Insured Person to pay the required premium specifically stated in the Policy under which coverage would otherwise terminate as to a covered Spouse or covered Dependent Children of the Insured Person.</p> <p>All persons exercising their right to an individual policy are entitled to have an individual policy issued to them by the Company on a form provided for conversion which provides coverage most similar to that provided under the group policy. Each person entitled to have a conversion policy issued to him may elect a lesser form of coverage.</p> <p>A written application and the first premium payment for the converted policy shall be made to the Company within 31 days following termination of coverage under the existing group policy. A monthly premium rate shall be offered to the person exercising continuation or conversion rights, and payment of one monthly premium shall be deemed sufficient consideration to enact the continuation or conversion policy. The effective date of the conversion policy is the day following the termination of insurance under the group policy.</p> <p>Coverage provided through the conversion policy shall be without additional evidence of insurability and shall not impose any Pre-existing Condition Limitations, Exclusions or other contractual time limitations other than those remaining unexpired under the group policy from which conversion is exercised.</p> <p>Conversion of coverage may, at the option of the Spouse exercising the right, include covered Dependent Children for whom the Spouse has responsibility for care or support.</p> <p>The Company may elect to provide group insurance coverage in lieu of the issuance of a converted individual policy.</p> <p>Conversion is not available to a person eligible for Medicare or eligible for or covered by other similar benefits which together with the conversion coverage would constitute over-insurance.</p>
GENERAL PROVISIONS	
Complaints and Grievances	<p>The following provision is added:</p> <p>Complaints and Grievances</p> <p>If a Covered Person has a complaint regarding this plan, they may contact customer service representatives at the telephone number indicated on their ID. Card. The representative will attempt to informally resolve the complaint. Any person submitting a formal written complaint will receive a written reply explaining in detail the resolution and additional levels through which a complaint may be appealed. The written procedure for complaints is available to a Covered Person upon their request.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
CALIFORNIA	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN CA.
EFFECTIVE DATES OF INSURANCE	
Newborn Child Exception	Newborn Child Exception: This section does not apply to a newborn Child at that Child's birth if the Child is born to a Covered Person while insured as a Dependent Child under the Policy. Benefits for Newborn Children apply only to a Child born to an Insured Person or their Spouse or Domestic Partner.
TERMINATION DATE OF INSURANCE	
Policy Termination Date	<p>Policy Termination Date</p> <p>Termination takes effect at 12:01 A.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.</p> <p>The Policy terminates automatically on the earlier of:</p> <ol style="list-style-type: none"> 1. The Policy Expiration Date shown in the Policy; or 2. The premium due date if premiums are not paid when due, subject to any Grace Period. <p>The Policy may be terminated by the Policyholder or the Company in accordance with the Cancellation provision.</p> <p>The Policyholder and the Company may terminate the Policy at any time by written mutual consent.</p>
PREMIUM PROVISIONS	
Premiums	<p>Premiums:</p> <p>The Company provides insurance in return for premium payments. The premium shown in the Schedule of Benefits is payable to the Company in the manner described and is based on rates currently in force, the plan, and the amount of insurance in force. Premium due dates are the first of every month unless otherwise stated in the Policy. Premium payment made in advance or for more than a one month period will not affect any provisions of the Policy with regard to change. Failure by the Policyholder to pay premiums when due or within the Grace Period shall be deemed notice to Us to terminate coverage at the end of the Grace Period.</p> <p>The Company has the right to rely upon the accuracy of the Policyholder's calculations and to require the Policyholder to furnish a census from time to time but not more than twice in a 12-month period. If, at any time, it is determined that additional premium or a premium credit is due, the Policyholder will pay the additional premium or apply the premium credit at the next premium due date.</p>
Grace Period	<p>Grace Period:</p> <p>A Grace Period of 31 days will be granted for the payment of premiums accruing after the first premium, during which Grace Period the Policy shall continue in force, but the Policyholder shall be liable to the Company for the payment of the premium accruing for the period the Policy continues in force.</p>
CLAIMS PROVISIONS	
Notice of Claim	<p>NOTICE OF CLAIM:</p> <p>Written notice of claim must be given to the Company within 20 days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Company at 5 Christopher Way, Eatontown, NJ 07724 or to any authorized agent of the Company, with information sufficient to identify the Covered Person, shall be deemed notice to the Company.</p>
Claim Forms	<p>CLAIM FORMS:</p> <p>The Company, upon receipt of a written notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice the claimant shall be deemed to have complied with the requirements of the Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
CALIFORNIA	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN CA.
CLAIMS PROVISIONS	
Proof of Loss	<p>PROOF OF LOSS: Written proof of loss must be furnished to the Company, in case of claim for loss for which the Policy provides any periodic payment contingent upon continuing loss, within 90 days after the termination of the period for which the Company is liable, and in case of claim for any other loss, within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the Covered Person, later than one year from the time proof is otherwise required.</p>
Time of Payment of Claims	<p>TIME OF PAYMENT OF CLAIMS: Subject to due written proof of loss, all indemnities for loss for which the Policy provides payment will be paid to the Covered Person as they accrue and any balance remaining unpaid at termination of the period of liability will be paid to the Insured Person immediately upon receipt of due written proof.</p>
Payment of Claims	<p>PAYMENT OF CLAIMS: Any accrued indemnities unpaid at the Insured Person's death may, at the option of the Company, be paid either to the beneficiary or to such estate. All other indemnities will be payable to the Insured Person. If any indemnity of the Policy shall be payable to the estate of the Insured Person, or to an Insured Person or beneficiary who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity up to an amount not exceeding \$1,000 to any relative by blood or connection by marriage of the Insured Person or beneficiary who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment.</p>
Physical Examination and Autopsy	<p>PHYSICAL EXAMINATION AND AUTOPSY: The Company at its own expense shall have the right and opportunity to examine the person of any individual whose Injury or Sickness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.</p>
Legal Actions	<p>LEGAL ACTIONS: No action at law or in equity shall be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the Policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.</p>
Change of Beneficiary (instead of Designation or Change of Beneficiary)	<p>CHANGE 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 any change in beneficiary.</p>
Illegal Occupation or Commission of a Felony	<p>ILLEGAL OCCUPATION OR COMMISSION OF FELONY The Company shall not be liable for any loss to which a contributing cause was the commission of or attempt to commit a felony by the person whose Injury or Sickness is the basis of claim, or to which a contributing cause was such person's being engaged in an illegal occupation.</p>
Intoxicants and Narcotics	<p>INTOXICANTS AND NARCOTICS The Company shall not be liable for any loss sustained or contracted in consequence of the person whose Injury or Sickness is the basis of claim being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
CALIFORNIA	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN CA.
GENERAL PROVISIONS	
Entire Contract Changes	<p>ENTIRE CONTRACT; CHANGES:</p> <p>The Policy, the Application of the Policyholder, if any, and the individual applications, if any, of the Covered Persons, constitute the entire contract between the parties, and any statement made by the Policyholder or by any Covered Person shall, in the absence of fraud, be deemed a representation and not a warranty. No such statement shall avoid the insurance or reduce the benefits under the Policy or be used in defense to a claim hereunder unless it is contained in a written application. No change in the Policy shall be valid unless approved by an executive officer of the Company and unless such approval be endorsed herein or attached hereto. No agent has authority to change the Policy or waive any of its provisions.</p>
Cancellation (instead of Policy Termination)	<p>CANCELLATION</p> <p>The Company may cancel the Policy at any time by written notice delivered to the Policyholder, or mailed to his last address as shown on the records of the Company, stating when, not less than 31 days thereafter, such cancellation shall be effective; and after the Policy has been continued beyond its original term the Policyholder may cancel the Policy at any time by written notice delivered or mailed to the Company, effective on receipt or on such later date as may be specified in the notice. In the event of such cancellation by either the Company or the Policyholder, the Company shall promptly return on a pro rata basis the unearned premium paid, if any, and the Policyholder shall promptly pay on pro rata basis the earned premium which has not been paid. Such cancellation shall be without prejudice to any claim originating prior to the effective date of such cancellation.</p>
Conformity with State Statutes	<p>CONFORMITY WITH STATE STATUTES:</p> <p>Any provision of the Policy which, on its Effective Date, is in conflict with the statutes of the state in which the Policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statute.</p>
Time Limit on Certain Defenses	<p>TIME LIMIT ON CERTAIN DEFENSES</p> <p>After three years from the date of issue of the Policy, no misstatement of the Policyholder, except a fraudulent misstatement, made in his Application shall be used to void the Policy; and after three years from the effective date of the coverage with respect to which any claim is made no misstatement of any Covered Person eligible for coverage under the Policy, except a fraudulent misstatement, made in an Application under the Policy shall be used to deny a claim for loss incurred or disability (as defined in the Policy) commencing after expiration of such three years.</p>
DISTRICT OF COLUMBIA (DC)	
EFFECTIVE DATES OF INSURANCE	
Newborn Children Coverage	<p>Newborn Children Coverage: We will provide coverage for a newborn Child from the moment of birth. The Insured Person must give Us notice within 31 days of the birth of the Child. If notice is not given within 31, 60 days, coverage for the newborn Child will terminate at the expiration of the initial 31 day period.</p>
Newborn Child Exception	<p>Newborn Child Exception: This section does not apply to a newborn Child at that Child's birth if the Child is born to a Covered Person while insured as a Dependent Child under the Policy. Benefits for Newborn Children apply only to a Child born to an Insured Person or their Spouse, Domestic Partner or Civil Union Partner/Legal Partner.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
DISTRICT OF COLUMBIA (DC)	
CLAIMS PROVISIONS	
Designation or Change of Beneficiary	<p>DESIGNATION OR CHANGE OF BENEFICIARY: Each Covered Person may designate a beneficiary to whom loss of life benefits are payable. The designation shall be as follows in descending order:</p> <ol style="list-style-type: none"> 1. Beneficiaries designated in writing by the Covered Person for the Policy on file with the Policyholder, if any, otherwise; 2. Beneficiaries as designated in writing for any group life insurance plan or its renewals in force for the Policyholder, if any, otherwise; 3. In equal shares to the members of the first surviving class of those that follow, if any: <ol style="list-style-type: none"> a) a Covered Person's lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner/Legal Partner; b) a Covered Person's natural Child, adopted Child, foster Child, stepchild, or other Child for whom the Covered Person has or had legal guardianship (proof will be required); or c) a Covered Person's parents, whether natural, step or adoptive; or d) a Covered person's Sisters or Brothers, otherwise. 4. The estate of the Covered Person. <p>A Covered Person may change his/her beneficiary designation from time to time without the consent of the designated beneficiary by giving notice, in writing, to the Policyholder. When a request for designation or change is received by the Policyholder, it will take effect on the date of its execution, whether or not the Covered Person is living on the date it is received by the Policyholder. Any interest created by the request will be subject to any payment made or action taken before its receipt. A Dependent's beneficiary is the Covered Person. If no beneficiary is living on the date of a Dependent's death, the beneficiary is the Covered Person's estate.</p>
GENERAL PROVISIONS	
Entire Contract Changes	<p>ENTIRE CONTRACT CHANGES The Policy, the Application of the Policyholder (a copy of which is attached to the Policy), endorsements, riders, and attached papers constitute the entire contract between the parties. If an application of a Covered Person is required, We may also make it a part of this contract.</p> <p>All statements made by the Policyholder or by a Covered Person are deemed representations and not warranties. No such statement will cause Us 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 such person; or, in the event of His death or incapacity, His beneficiary or representative. After two years from the Covered Person's effective date of coverage, no such statement, except in the case of fraud or intentional misrepresentation on material risk or with respect to eligibility for coverage, will cause such coverage to be contested.</p> <p>No change in the Policy will be valid until approved by one of Our executive officers. This approval must be endorsed on or attached to the Policy. No agent may change the Policy or waive any of its provisions.</p>
Conformity to Law (Instead of Conformity to State Statutes)	<p>CONFORMITY TO LAW: Any provision in the Policy that is in conflict with the requirements of any state or federal law that apply to the Policy are automatically changed to satisfy the minimum requirements of such laws.</p>
DELAWARE	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>TIME OF PAYMENT OF CLAIMS: Benefits due under the Policy for a Covered Loss, other than a loss for which the Policy provides installments, will be paid not more than 60 days after Our receipt of due written proof of such loss.</p> <p>Subject to written proof of loss, all accrued benefits for a Covered Loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of a written proof of loss.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
DELAWARE	
GENERAL PROVISIONS	
Entire Contract Changes	<p>ENTIRE CONTRACT; CHANGES:</p> <p>The Policy, the Application of the Policyholder (a copy of which is attached to the Policy), endorsements, riders, and attached papers constitute the entire contract between the parties. If an application of a Covered Person is required, We may also make it a part of this contract.</p> <p>All statements made by the Policyholder or by a Covered Person are deemed representations and not warranties. No such statement will cause Us 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 such person; or, in the event of His death or incapacity, His beneficiary or representative. After two years from the Covered Person's effective date of coverage, no such statement, except with respect to eligibility for coverage, will cause such coverage to be contested.</p> <p>No change in the Policy will be valid until approved by one of Our executive officers. This approval must be endorsed on or attached to the Policy. No agent may change the Policy or waive any of its provisions.</p>
FLORIDA	
EFFECTIVE DATES OF INSURANCE	
<p>Newborn and Adopted Children Coverage</p> <p>(instead of separate provisions like in other states, FL has it combined into one provision)</p>	<p>Newborn and Adopted Children Coverage: Each newborn or adopted Child who becomes a Dependent Child while the Insured Person's insurance is in effect will be a Covered Person for 31 days from the date of birth or placement as described in the Definition of Child. Application must be made and the required premium paid for coverage to continue after the 31 day notice period. If timely notice is given, We may not charge an additional premium for coverage of the child for the duration of the notice period. If timely notice is not given, We may charge an additional premium from the date of birth or placement. If notice is given within 60 days of the birth or placement of the child, We may not deny coverage for the child due to the failure of the Insured Person to timely notify Us of the birth or placement of the Child.</p>
TERMINATION DATE OF INSURANCE	
Policy Termination Date	<p>Policy Termination Date</p> <p>Termination takes effect at 12:01 A.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.</p> <p>The Policy terminates automatically on the earlier of:</p> <ol style="list-style-type: none"> 1. The Policy Expiration Date shown in the Policy; or 2. The premium due date if premiums are not paid when due, subject to any Grace Period. <p>Failure by the Policyholder to pay all required premiums due by the last day of the Grace Period shall be deemed notice by the Policyholder to the Company to terminate the Policy on the last day of the period for which premiums have been earned.</p> <p>The Policy may be terminated by the Policyholder or the Company as of any premium due date or Policy Anniversary Date by giving written notice to the other at least 45 days prior to such date.</p> <p>The Policyholder and the Company may terminate the Policy at any time by written mutual consent. In the event of cancellation, the Company will promptly return the unearned portion of any premium paid. If the Policyholder cancels the Policy, the earned premium will be computed by the use of the short-rate table last filed with the state official having supervision of insurance in the state where the Policyholder resided when the Policy was issued. If the Company cancels the Policy, the earned premium will be computed pro rata.</p>
Extension of Benefits	<p>Extension of Benefits</p> <p>If a Covered Person is Totally Disabled when insurance under the Policy ends, We will provide for the continuation of the same Policy benefits in connection with the treatment of a covered Injury or Sickness incurred while the Policy was in effect. Such benefits will only be extended to the earlier of 90 days from the date the coverage ends; the date the maximum amount of benefits have been paid; or the end of the Total Disability.</p> <p>For the purposes of this provision, "Totally Disabled" or "Total Disability" means, as a result of a covered Injury or Sickness:</p> <ol style="list-style-type: none"> 1. For the Insured Person, their inability to perform any work or occupation for which they are reasonably qualified or trained; or 2. For an insured Dependent, their inability to engage in most normal activities of a person of like age and sex in good health.

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
FLORIDA	
PREMIUM PROVISIONS	
Changes in Premium Rate	<p>Changes in Premium Rate</p> <p>The Company may change the premium rates from time to time with at least 45 days advanced written or authorized electronic notice. Notice will be sent to the Policyholder's most recent address in Our records.</p> <p>No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more than once in a 12 month period. However, the Company reserves the right to change rates at any time if any of the following events occur:</p> <ol style="list-style-type: none"> 1. A change in the terms of the Policy. 2. A subsidiary, division, affiliated organization or eligible class is added or deleted to the Policy. 3. A change in any federal or state law or regulation affecting the Policy and Our benefit obligation. 4. A change in the factors bearing on the risk assumed. 5. A misrepresentation in the information relied on in establishing the rate for the Policy. 6. A change in the experience rating. <p>If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a prorated adjustment will apply from the date of the change to the next Premium Due Date.</p>
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>TIME OF PAYMENT OF CLAIMS:</p> <p>Benefits due under the Policy for a Covered Loss, other than a loss for which the Policy provides installments, will be paid immediately upon receipt of due written proof of such loss.</p> <p>Subject to written proof of loss, all accrued benefits for a Covered Loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of a written proof of loss.</p> <p>The Company will reimburse all claims or any portion of any claim from the Insured Person or their assignee, for payment under the Policy, within 45 days after the Company receives the claim. If a claim or a portion of a claim is contested by the Company, the Insured Person or their assignee shall be notified, in writing, that the claim is contested or denied, within 45 days after the Company receives the claim. The notice that a claim is contested shall identify the contested portion of the claim and the reasons for contesting the claim. Upon receipt of the additional information requested from the Insured Person or their assignee, the Company will pay or deny the contested claim or portion of the contested claim within 60 days. The Company will pay or deny any claim no later than 120 days after the Company receives the claim.</p> <p>Payment will be treated as being made on the date a draft or other valid instrument which is equivalent to payment is placed in the United States mail in a properly addressed, postpaid envelope or, if not so posted, on the date of delivery. All overdue payments will bear simple interest at the rate of 10 percent per year.</p>
Designation or Change of Beneficiary	<p>DESIGNATION OR CHANGE OF BENEFICIARY:</p> <p>Each Covered Person may designate a beneficiary to whom loss of life benefits are payable. The designation shall be as follows in descending order:</p> <ol style="list-style-type: none"> 1. Beneficiaries designated in writing by the Covered Person for the Policy on file with the Policyholder, if any, otherwise; 2. Beneficiaries as designated in writing for any group life insurance plan or its renewals in force for the Policyholder, if any, otherwise; 3. In equal shares to the members of the first surviving class of those that follow, if any: <ol style="list-style-type: none"> a) a Covered Person's lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner; b) a Covered Person's natural Child, adopted Child, foster Child, stepchild, or other Child for whom the Covered Person has or had legal guardianship (proof will be required); or c) a Covered Person's parents, whether natural, step or adoptive; or d) a Covered person's Sisters or Brothers, otherwise. 4. The estate of the Covered Person. <p>A Covered Person may change his/her beneficiary designation from time to time by giving notice, in writing, to the Policyholder. The beneficiary's consent is not required for this or any other change in the Policy, unless the designation of the beneficiary is irrevocable. When a request for designation or change is received by the Policyholder, it will take effect on the date of its execution, whether or not the Covered Person is living on the date it is received by the Policyholder. Any interest created by the request will be subject to any payment made or action taken before its receipt.</p> <p>A Dependent's beneficiary is the Covered Person. If no beneficiary is living on the date of a Dependent's death, the beneficiary is the Covered Person's estate.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
FLORIDA	
CLAIMS PROVISIONS	
Legal Actions	<p>LEGAL ACTIONS: All Policy terms will be interpreted under the laws of the state in which the Policy was issued. No legal action may be brought to recover on the Policy within 60 days after written Proof of Loss has been furnished. No legal action may be brought after the expiration of the applicable statute of limitations from the time written Proof of Loss is required to be furnished.</p>
GENERAL PROVISIONS	
Policy Termination	<p>POLICY TERMINATION: We may terminate coverage on or after the anniversary of any premium due date. The Policyholder may terminate its coverage on any premium due date. If either party terminates, written notice must be given to the other party at least 45 days prior to such premium due date. In the event of cancellation, the Company will promptly return the unearned portion of any premium paid. If the Policyholder cancels the Policy, the earned premium will be computed by the use of the short-rate table last filed with the state official having supervision of insurance in the state where the Policyholder resided when the Policy was issued. If the Company cancels the Policy, the earned premium will be computed pro rata.</p>
Conformity with State Statutes	<p>CONFORMITY WITH STATE STATUTES: Any provision of the Policy in conflict on its effective date with the laws of the State of Florida is amended to conform to the minimum requirements of such laws.</p>
GEORGIA	
EFFECTIVE DATES OF INSURANCE	
Newborn Child Exception	<p>Newborn Child Exception: This section does not apply to a newborn Child at that Child's birth if the Child is born to a Covered Person while insured as a Dependent Child under the Policy. Benefits for Newborn Children apply only to a Child born to an Insured Person or their Spouse or Domestic Partner.</p>
Adopted Children Coverage	<p>Adopted Children Coverage: Coverage for an adopted Child, other than a newborn, will begin from the date of placement or final decree of adoption, whichever occurs first in the Insured Person's home. A notice of placement for adoption must be submitted to Us. If notice is not given within 31 days, coverage for the adopted Child will terminate at the expiration of the initial 31 day period.</p>
TERMINATION DATE OF INSURANCE	
Policy Termination Date	<p>Policy Termination Date Termination takes effect at 12:01 A.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination. The Policy terminates automatically on the earlier of: 1. The Policy Expiration Date shown in the Policy; or 2. the premium due date if premiums are not paid when due, subject to any Grace Period. Failure by the Policyholder to pay all required premiums due by the last day of the Grace Period shall be deemed notice by the Policyholder to the Company to terminate the Policy on the last day of the period for which premiums have been earned. The Policy may be terminated by the Policyholder or the Company as of any premium due date or Policy Anniversary Date by giving written notice to the other at least 60 days prior to such date. The Policyholder and the Company may terminate the Policy at any time by written mutual consent. If premiums have been paid beyond the termination date, the Company will refund the excess; or if premiums have been paid short of the termination date, the Policyholder will owe the Company the difference.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
GEORGIA	
PREMIUM PROVISIONS	
Changes in Premium Rate	<p>Changes in Premium Rate</p> <p>The Company may change the premium rates from time to time with at least 60 days advanced written or authorized electronic notice. Notice will be sent to the Policyholder's most recent address in Our records.</p> <p>No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more than once in a 12 month period. However, the Company reserves the right to change rates at any time if any of the following events occur:</p> <ol style="list-style-type: none"> 1. A change in the terms of the Policy. 2. A subsidiary, division, affiliated organization or eligible class is added or deleted to the Policy. 3. A change in any federal or state law or regulation affecting the Policy and Our benefit obligation. 4. A change in the factors bearing on the risk assumed. 5. A misrepresentation in the information relied on in establishing the rate for the Policy. 6. A change in the experience rating. <p>If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a prorated adjustment will apply from the date of the change to the next Premium Due Date.</p>
CLAIMS PROVISIONS	
Claim Forms	<p>CLAIM FORMS:</p> <p>When We receive the notice of claim, We will send forms for filing proof of loss. If claim forms are not provided within 10 working days after receipt of such notice, the Proof of Loss requirements stated below will be deemed to have been met by submitting, within the time required under PROOF OF LOSS, written proof of the nature and extent of the loss.</p>
Time of Payment of Claims	<p>TIME OF PAYMENT OF CLAIMS:</p> <p>Benefits due under the Policy for a loss, other than a loss for which the Policy provides installments, will be paid upon receipt of due written or electronic proof of such loss. We shall, within 15 working days for electronic claims or 30 calendar days for paper claims after such receipt, mail or send electronically to the Covered Person, or other person claiming payments under the Policy, payment for such benefits or a letter or electronic notice which states the reasons for failing to pay the claim, in whole or in part, and which also gives the person so notified a written itemization of any documents or other information needed to process the claim or any portions thereof which are not being paid. Where We dispute a portion of the claim, any undisputed portion shall be paid. When all of the listed documents or other information needed to process the claim has been received by Us, We shall then have 15 working days for electronic claims or 30 calendar days for paper claims within which to process and either mail payment for the claim or a letter or notice denying it, in whole or in part, giving the Covered Person, or other person claiming payments under the Policy, Our reasons for such denial. We shall pay interest equal to 12% per annum on the benefits due for failure to comply with this provision.</p>
Payment of Claims	<p>PAYMENT OF CLAIMS:</p> <p>All benefits will be paid in United States currency.</p> <p>All other benefits will be paid to the Covered Person suffering the loss. If the Covered Person dies before all payments due have been made, the amount still payable will be paid to his/her beneficiary as described in the Designation or Change of Beneficiary provision of the Policy.</p> <p>If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay up to \$1,000 to a relative by blood or marriage whom We believe is equitably entitled. This good faith payment satisfies Our legal duty to the extent of that payment.</p> <p>Any other accrued benefits which are unpaid at a Covered Person's death may, at Our option, be paid either to his beneficiary or to his estate. All other benefits, unless specifically stated otherwise, will be paid to a Covered Person.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
GEORGIA	
CLAIMS PROVISIONS	
Designation or Change of Beneficiary	<p>DESIGNATION OR CHANGE OF BENEFICIARY: Each Covered Person may designate a beneficiary. The designation shall be as follows in descending order:</p> <ol style="list-style-type: none"> 1. Beneficiaries designated in writing by the Covered Person for the Policy on file with the Policyholder, if any, otherwise; 2. Beneficiaries as designated in writing for any group life insurance plan or its renewals in force for the Policyholder, if any, otherwise; 3. In equal shares to the members of the first surviving class of those that follow, if any: <ol style="list-style-type: none"> a) a Covered Person's lawful Spouse, if not divorced, or Domestic Partner; b) a Covered Person's natural Child, adopted Child, foster Child, stepchild, or other Child for whom the Covered Person has or had legal guardianship (proof will be required); or c) a Covered Person's parents, whether natural, step or adoptive; or d) a Covered person's Sisters or Brothers, otherwise. 4. The estate of the Covered Person. <p>A Covered Person may change his/her beneficiary designation from time to time without the consent of the designated beneficiary by giving notice, in writing, to the Policyholder. When a request for designation or change is received by the Policyholder, it will take effect on the date of its execution, whether or not the Covered Person is living on the date it is received by the Policyholder. Any interest created by the request will be subject to any payment made or action taken before its receipt. A Dependent's beneficiary is the Covered Person. If no beneficiary is living on the date of a Dependent's death, the beneficiary is the Covered Person's estate.</p>
Recovery of Benefits / Subrogation (Instead of separate provisions, GA Certificate combines the 2 provisions into one provision.)	<p>RECOVERY OF BENEFITS/SUBROGATION: If an Insured Person or their covered Dependent has a claim for damages from a third party or parties for any Sickness or Injury for which benefits are payable under the Policy, We may have a right of recovery. Our right of recovery shall be limited to the recovery of any benefits paid for identical covered medical treatment under the Policy, but shall not include non-medical items. Money received for future medical care or pain and suffering may not be recovered. Our right of recovery may include compromise settlements. The Covered Person or their attorney must inform Us of any legal action or settlement agreement at least ten days prior to settlement or trial. We will then notify the Covered Person of the amount We seek to recover for covered benefits paid. Our recovery may be reduced by the pro-rate share of the Covered Person's attorney's fees and expenses of litigation.</p>
GENERAL PROVISIONS	
Entire Contract Changes	<p>ENTIRE CONTRACT; CHANGES: The Policy, the Application of the Policyholder (a copy of which is attached to the Policy), endorsements, riders, and attached papers constitute the entire contract between the parties. If an application of a Covered Person is required, We may also make it a part of this contract. All statements made by the Policyholder or by a Covered Person are deemed representations and not warranties. No such statement by the Policyholder will cause Us 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 Policyholder. Statements made by a Covered Person, if misstated, may only be used to deny or reduce claims. No change in the Policy will be valid until approved by one of Our executive officers. This approval must be endorsed on or attached to the Policy. No agent may change the Policy or waive any of its provisions.</p>
Policy Termination	<p>POLICY TERMINATION: We may terminate coverage on or after the anniversary of any premium due date. The Policyholder may terminate its coverage on any premium due date. If either party terminates, written notice must be given to the other party at least 60 days prior to such premium due date.</p>
New Entrants	<p>NEW ENTRANTS From time to time eligible new persons or Dependents, in accordance with the terms of the Policy, may be added to the group originally insured.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
IDAHO	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN ID.
EFFECTIVE DATES OF INSURANCE	
<p>Newborn / New Child Coverage (instead of separate Newborn Children, Newborn Adopted Children Coverage or Adopted Children Coverage)</p>	<p>Newborn/New Child Coverage: The Insured Person's newborn child will automatically become insured as a Dependent Child from the moment of birth for an initial period of 60 days.</p> <p>An adopted newborn child Placed with the Insured Person within 60 days of the adopted child's date of birth will be insured as a Dependent Child from the moment of birth for an initial period of 60 days.</p> <p>A newly adopted child Placed with the Insured Person more than 60 days after the child's birth will be insured as a Dependent Child from the date the child is so Placed for an initial period of 60 days.</p> <p>Coverage will be to the same extent as is provided for other covered Dependent Children and shall also include, but not be limited to, coverage for the Medically Necessary care and treatment of Congenital Anomalies.</p> <p>In the event additional premium is required for such newborn or adopted child, then We will require notice of birth, placement or adoption and payment of the required premium as a condition of continuing coverage beyond the initial period. The notification period shall be 60 days from the date of birth for a newborn child or, for newly adopted children, 60 days from the earlier of the date of adoption or Placement for adoption. The due date for payment of any additional premium, if required, shall be 31 days following receipt by the Insured Person of a billing for the required premium.</p> <p>A step-child will automatically become insured as a Dependent Child beginning with the date they meet the Definition of Dependent Child for an initial period of 60 days. Coverage will be to the same extent as is provided for other covered Dependent Children.</p> <p>In the event additional premium is required for such step-child, then We will require notice of their Dependent Child status and payment of the required premium as a condition of continuing coverage beyond the initial period. The notification period shall be 60 days from the date they meet the Definition of Dependent Child. The due date for payment of any additional premium, if required, shall be 31 days following receipt by the Insured Person of a billing for the required premium.</p>
Newborn Child Exception	<p>Newborn Child Exception: This section does not apply to a newborn Child at that Child's birth if the Child is born to a Covered Person while insured as a Dependent Child under the Policy. Benefits for Newborn Children apply only to a Child born to an Insured Person or their Spouse or Domestic Partner.</p>
TERMINATION DATE OF INSURANCE	
Policy Termination Date	<p>Policy Termination Date Termination takes effect at 12:01 A.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.</p> <p>The Policy terminates automatically on the earlier of:</p> <ol style="list-style-type: none"> 1. The Policy Expiration Date shown in the Policy; or 2. The premium due date if premiums are not paid when due, subject to any Grace Period. <p>Failure by the Policyholder to pay all required premiums due by the last day of the Grace Period shall be deemed notice by the Policyholder to the Company to terminate the Policy on the last day of the period for which premiums have been earned.</p> <p>The Policy may be terminated by the Policyholder or the Company as of any premium due date or Policy Anniversary Date by giving written notice to the other at least 31 days prior to such date.</p> <p>The Policyholder and the Company may terminate the Policy at any time by written mutual consent. If premiums have been paid short of the termination date, the Policyholder will owe the Company the difference.</p>
Refund of Unearned Premiums	<p>Refund of Unearned Premiums: If the Policyholder cancels the Policy for any reason, the Company shall refund the pro rata portion of the Unused Collected Premium to the beginning of the next monthly billing cycle.</p> <p>"Unused Collected Premium" shall mean that portion of any premium collected which is not used, on a pro rata basis to the beginning of the next monthly billing cycle at the time of cancellation, by the Company to insure against loss as there is no risk of loss from covered persons, or that portion of any collected premium which would have not been collected had the premium been paid monthly.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
IDAHO	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN ID.
PREMIUM PROVISIONS	
Changes in Premium Rate	<p>Changes in Premium Rate</p> <p>The Company may change the premium rates from time to time with at least 31 advanced written or authorized electronic notice. Notice will be sent to the Policyholder's most recent address in Our records. No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more than once, twice in a 12 month period. However, the Company reserves the right to change rates at any time if any of the following events occur:</p> <ol style="list-style-type: none"> 1. A change in the terms of the Policy. 2. A subsidiary, division, affiliated organization or eligible class is added or deleted to the Policy. 3. A change in any federal or state law or regulation affecting the Policy and Our benefit obligation. 4. A change in the factors bearing on the risk assumed. 5. A misrepresentation in the information relied on in establishing the rate for the Policy. 6. A change in the experience rating. <p>If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a prorated adjustment will apply from the date of the change to the next Premium Due Date.</p>
CLAIMS PROVISIONS	
Designation or Change of Beneficiary	<p>DESIGNATION OR CHANGE OF BENEFICIARY:</p> <p>Each Covered Person may designate a beneficiary to whom loss of life benefits are payable. The designation shall be as follows in descending order:</p> <ol style="list-style-type: none"> 1. Beneficiaries designated in writing by the Covered Person for the Policy on file with the Policyholder, if any, otherwise; 2. Beneficiaries as designated in writing for any group life insurance plan or its renewals in force for the Policyholder, if any, otherwise; 3. In equal shares to the members of the first surviving class of those that follow, if any: <ol style="list-style-type: none"> a) a Covered Person's lawful Spouse, if not legally separated or divorced, or Domestic Partner; b) a Covered Person's natural Child, adopted Child, foster Child, stepchild, or other Child for whom the Covered Person has or had legal guardianship (proof will be required); or c) a Covered Person's parents, whether natural, step or adoptive; or d) a Covered person's Sisters or Brothers, otherwise. 4. The estate of the Covered Person. <p>A Covered Person may change his/her beneficiary designation from time to time without the consent of the designated beneficiary by giving notice, in writing, to the Policyholder. When a request for designation or change is received by the Policyholder, it will take effect on the date of its execution, whether or not the Covered Person is living on the date it is received by the Policyholder. Any interest created by the request will be subject to any payment made or action taken before its receipt.</p> <p>A Dependent's beneficiary is the Covered Person. If no beneficiary is living on the date of a Dependent's death, the beneficiary is the Covered Person's estate.</p>
Physical Examination and Autopsy	<p>PHYSICAL EXAMINATION AND AUTOPSY:</p> <p>We have the right to have a Physician of Our choice examine the Covered Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy.</p>
ILLINOIS	
EFFECTIVE DATES OF INSURANCE	
Adopted Children Coverage	<p>When Dependent coverage is included, the Adopted Children Coverage provision is replaced with the following based on the IL Endorsement:</p> <p>Adopted Children Coverage: Coverage for an adopted Child, other than a newborn, will begin from the date of placement in the Insured Person's home for the purpose of adoption or the date of an entry of an interim court order granting the Insured Person temporary custody of the child, whichever comes first. A notice of placement for adoption must be submitted to Us. If notice is not given within 31 days, coverage for the adopted Child will terminate upon the expiration of the initial 31 day period.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
ILLINOIS	
TERMINATION DATE OF INSURANCE	
Extension of Benefits	<p>The following provision is added based on the IL Endorsement:</p> <p>Extension of Benefits Discontinuance of the Policy during a Hospital Confinement shall have no effect on benefits payable for that Hospital Confinement.</p>
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>The TIME OF PAYMENT OF CLAIMS provision is replaced with the following based on the IL Endorsement:</p> <p>TIME OF PAYMENT OF CLAIMS: Benefits due under the Policy for a Covered Loss, other than a loss for which the Policy provides installments, will be paid within 30 days after Our receipt of due written proof of such loss.</p> <p>Subject to written proof of loss, all accrued benefits for a Covered Loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid within 30 days after Our receipt of a written proof of loss.</p> <p>Failure to pay claims within 30 days shall entitle the claimant to interest at the rate of 9 per cent per annum from the 30th day after receipt of such proof of loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. A claimant or their assignee shall be notified by Us of any known failure to provide sufficient documentation for a due proof of loss within 30 days after receipt of the claim. Any required interest payments shall be made within 30 days after the payment.</p>
Right of Reimbursement (replaces the Conditional Claim Payment provision)	<p>The following provision replaces the CONDITIONAL CLAIM PAYMENT provision:</p> <p>RIGHT OF REIMBURSEMENT: If a Covered Person recovers payment for Sickness or Injury that occurred due to the negligence of a third party, We have the right to [first] reimbursement for all benefits We paid from any and all damages collected from the negligent third party for those same benefits whether by action at law, settlement, or compromise, by the Covered Person, the Covered Person's parents if the Covered Person is a minor, or the Covered Person's legal representative as a result of that Sickness or Injury.</p> <p>The Covered Person is required to furnish any information or assistance, or provide any documents that We may reasonably require in order to exercise Our rights under this provision. This provision applies whether or not the third party admits liability.</p>
Physical Examination and Autopsy	<p>PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have a Physician of Our choice examine the Covered Person. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy. Autopsies are not permitted to be required in Massachusetts, Mississippi and South Carolina.</p>
Subrogation	<p>The following provision replaces the SUBROGATION provision based on the IL Endorsement:</p> <p>SUBROGATION: We are assigned the right to recover from the negligent third party, or his or her insurer, to the extent of the benefits We paid for that Sickness or Injury. The Covered Person is required to furnish any information or assistance, or provide any documents that We may reasonably require in order to exercise our rights under this provision. This provision applies whether or not the third party admits liability.</p>
INDIANA	
EFFECTIVE DATES OF INSURANCE	
Adopted Children Coverage	<p>Adopted Children Coverage: Coverage for an adopted Child, other than a newborn, will begin from the earlier of: (a) the date of placement for the purposes of adoption; or (b) the date of the entry of an order granting the adoptive parent custody of the Child for purposes of adoption, unless the placement is disrupted prior to legal adoption and the Child is removed from placement. A notice of placement for adoption must be submitted to Us. If notice is not given within 31 days, coverage for the adopted Child will terminate at the expiration of the initial 31 day period.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
INDIANA	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>TIME OF PAYMENT OF CLAIMS: Benefits due under the Policy for a Covered Loss, other than a loss for which the Policy provides installments, will be paid immediately upon receipt of due written proof of such loss.</p> <p>Subject to written proof of loss, all accrued benefits for a Covered Loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of a written proof of loss.</p> <p>The Company shall pay or deny each Clean Claim as follows: (1) if the claim is filed electronically, within 30 days after the date the Company receives the claim; or (2) if the claim is filed on paper, within 45 days after the date the Company receives the claim. The Company shall notify a claimant of any deficiencies in a submitted claim not more than: (1) 30 days for a claim that is filed electronically; or (2) 45 days for a claim that is filed on paper; and describe any remedy necessary to establish a Clean Claim. The Company's failure to notify a claimant as required above establishes the submitted claim as a Clean Claim. If the Company fails to pay or deny a Clean Claim in the time required above, and the Company subsequently pays the claim, the Company shall pay the claimant interest, at the rate prescribed by Indiana law, on the allowable amount of the claim paid. Interest accrues beginning: (1) 31 days after the date the electronic claim is filed; or (2) 46 days after the date the paper claim is filed; and stops on the date the claim is paid.</p> <p>A "Clean Claim" means a claim submitted for payment that has no defect, impropriety, or particular circumstance requiring special treatment preventing payment.</p>
GENERAL PROVISIONS	
Misstatement of Age	<p>MISSTATEMENT OF AGE: If a Covered Person has misstated their age, all amounts payable under the Policy will be such as the premium paid would have purchased had such age been correctly stated.</p>
IOWA	
GENERAL PROVISIONS	
New Entrants	<p>The following provision is added based on the IA Endorsement: NEW ENTRANTS: To the group or class thereof originally insured shall be added, from time to time, all new persons eligible to insurance in such group or class.</p>
KANSAS	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN KS.
EFFECTIVE DATES OF INSURANCE	
Covered Person's Effective Date	<p>Covered Person's Effective Date: An Eligible Person will become insured under the Policy, provided proper premium payment is made, on the latest of:</p> <ol style="list-style-type: none"> 1. The Effective Date of the Policy; or 2. The day He becomes eligible, subject to any required Eligibility Waiting Period, according to the referenced date shown in the Application/Enrollment Form. <p>If this Policy is a replacement policy that is intended to afford continuous coverage, coverage will commence immediately following expiration of any prior policy so that coverage will become effective for all Eligible Persons on the date this Policy is issued, including those Hospital Confined on such date. In such case, any Deferred Effective Date provision or Actively at Work requirement shall not apply.</p>
Adopted Children Coverage (including Newborn Adopted Children - this is one provision vs the 2 separate provisions)	<p>Adopted Children Coverage (including Newborn Adopted Children): Adopted Children shall be covered on the same basis as a natural Child. The effective date of the adopted Child's coverage will be:</p> <ol style="list-style-type: none"> 1. The moment of birth for a newly born child if petition for adoption is filed within 31 days of the child's birth; or 2. The date of filing of petition for adoption of a child other than one newly born; or 3. The date of placement as certified by the Covered Person for a child placed in their home by a child placement agency as defined by Kansas law for the purpose of adoption. <p>In no case shall the time from the date of placement to the date the petition for adoption as provided by Kansas law was filed exceed 280 days.</p> <p>A notice of placement or filing of a petition for adoption must be submitted to Us. If notice is not given within 31 days, coverage for the adopted child will terminate at the expiration of the initial 31 day period.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
KANSAS	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN KS.
TERMINATION DATE OF INSURANCE	
Extension of Benefits	<p>Extension of Benefits</p> <p>We shall extend payment of Policy benefits until discharged, or for a period of 31 days following the expiration date of the Policy, whichever is earlier, for Covered Persons who are Hospital Confined on the date of termination. The succeeding carrier shall enroll in a replacement group policy, contract or certificate without any gap in coverage any individual who is Hospital Confined or otherwise disabled at the time such individual's prior group policy, contract or certificate terminates.</p>
CLAIMS PROVISIONS	
Payment of Claims	<p>PAYMENT OF CLAIMS:</p> <p>All benefits will be paid in United States currency. All benefits will be paid to the Covered Person suffering the loss. If the Covered Person dies before all payments due have been made, the amount still payable will be paid to his/her beneficiary as described in the Designation or Change of Beneficiary provision of the Policy.</p> <p>If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay up to \$1,000 to a relative by blood or marriage whom We believe is equitably entitled. This good faith payment satisfies Our legal duty to the extent of that payment.</p> <p>Any other accrued benefits which are unpaid at a Covered Person's death may, at Our option, be paid either to his beneficiary or to his estate. All other benefits, unless specifically stated otherwise, will be paid to a Covered Person.</p>
Designation or Change of Beneficiary	<p>DESIGNATION OR CHANGE OF BENEFICIARY:</p> <p>Each Covered Person may designate a beneficiary to whom benefits will be paid if any benefits remain unpaid when the Covered Person dies.</p> <ol style="list-style-type: none"> 1. Beneficiaries designated in writing by the Covered Person for the Policy on file with the Policyholder, if any, otherwise; 2. In equal shares to the members of the first surviving class of those that follow, if any: <ol style="list-style-type: none"> a) a Covered Person's lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner; b) a Covered Person's natural Child, adopted Child, foster Child, stepchild, or other Child for whom the Covered Person has or had legal guardianship (proof will be required); or c) a Covered Person's parents, whether natural, step or adoptive; or d) a Covered person's Sisters or Brothers, otherwise. 3. The estate of the Covered Person. <p>A Covered Person may change his/her beneficiary designation from time to time without the consent of the designated beneficiary by giving notice, in writing, to the Policyholder. When a request for designation or change is received by the Policyholder, it will take effect on the date of its execution, whether or not the Covered Person is living on the date it is received by the Policyholder. Any interest created by the request will be subject to any payment made or action taken before its receipt.</p> <p>A Dependent's beneficiary is the Covered Person. If no beneficiary is living on the date of a Dependent's death, the beneficiary is the Covered Person's estate.</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. Covered Persons have the responsibility to return any overpayments to Us. We have the responsibility to make additional payments if any underpayments have been made.</p>
Legal Actions	<p>LEGAL ACTIONS:</p> <p>All Policy terms will be interpreted under the laws of the state in which the Policy was issued. No legal action may be brought to recover on the Policy within 60 days after written Proof of Loss has been furnished. No legal action may be brought after five (5) years from the time written Proof of Loss is required to be furnished.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
KANSAS	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN KS.
GENERAL PROVISIONS	
Entire Contract Changes	<p>ENTIRE CONTRACT; CHANGES: The Policy, the Application of the Policyholder (a copy of which is attached to the Policy), endorsements, riders, and attached papers constitute the entire contract between the parties. If an application of a Covered Person is required, We may also make it a part of this contract.</p> <p>All statements made by the Policyholder or by a Covered Person are deemed representations and not warranties. No such statement will cause Us 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 such person; or, in the event of His death or incapacity, His beneficiary or representative. After two years from the Covered Person's effective date of coverage, no such statement, except in the case of fraud or with respect to eligibility for coverage, will cause such coverage to be contested.</p> <p>No change in the Policy will be valid until approved by one of Our executive officers. This approval must be endorsed on or attached to the Policy. No agent may change the Policy or waive any of its provisions.</p> <p>The Policyholder, Covered Persons, their beneficiary or assignee have the right to make written request to Us for a copy of the application and We shall, within 15 days after the receipt of such request at Our home office or any branch office, deliver or mail to the person making the request a copy of such application. If such copy is not so delivered or mailed, We are precluded from introducing such application as evidence in any action based upon or involving any statements contained therein.</p>
Assignment	<p>ASSIGNMENT: No assignment of interest in benefits shall be binding on the Company until the original or duplicate thereof is received by the Company. The Company assumes no responsibility for the validity of such assignment.</p>
KENTUCKY	
PREMIUM PROVISIONS	
Newly-Acquired Subsidiaries	<p>Newly Acquired Subsidiaries: The premium for the Policy applies to the risks assumed on the Effective Date of the Policy. Eligible employees or members of subsidiaries newly acquired through merger, stock purchase, exchange of stock, or otherwise, shall be insured under the Policy, subject to the following conditions:</p> <ol style="list-style-type: none"> 1. The Policyholder has at least 50% controlling interest in the subsidiary. 2. An additional premium payment is required with a report to Us and the name of any newly acquired subsidiary. 3. Necessary underwriting information must be furnished for Us to determine the additional risks assumed. 4. Coverage will begin on the legal date of acquisition. <p>No coverage shall continue for more than 31 days after the legal acquisition date unless the required report with the necessary data is supplied and the additional premium paid. The Policyholder shall be liable for payment of premium for the period during which such coverage remains in effect.</p>
CLAIM PROVISIONS	
Time of Payment of Claims	<p>TIME OF PAYMENT OF CLAIMS: Benefits due under the Policy for a Covered Loss, other than a loss for which the Policy provides installments, will be paid within 30 days after Our receipt of due written proof of such loss.</p> <p>Subject to written proof of loss, all accrued benefits for a Covered Loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of a written proof of loss.</p> <p>If We fail to make a good faith attempt to settle the claim within 30 days, 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 30 days and delay was without reasonable foundation, the claimant shall be entitled to be reimbursed for their 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>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
KENTUCKY	
GENERAL PROVISIONS	
New Entrants	<p>NEW ENTRANTS To the group originally insured may be added from time to time eligible new persons or Dependents, as the case may be, in accordance with the terms of the Policy.</p>
LOUISIANA	
EFFECTIVE DATES OF INSURANCE	
Adopted Children Coverage	<p>Adopted Children Coverage: Coverage for an adopted Child, other than a newborn, will begin from the date of placement in the Insured Person's home pursuant to an adoption placement agreement executed with a licensed adoption agency. A notice of placement for adoption must be submitted to Us. If notice is not given within 31 days, coverage for the adopted Child will terminate at the expiration of the initial 31 day period.</p>
Court Ordered Custody	<p>Court Ordered Custody: A Child placed in court-ordered custody, including a foster Child, will be covered on the same basis as an adopted Child. Any unmarried Child who is placed in the Insured Person's home following execution of an act of voluntary surrender in favor of the Insured Person or the Insured Person's legal representative shall be considered a Dependent Child of the Insured Person effective on the date on which the act of voluntary surrender becomes irrevocable.</p>
TERMINATION DATE OF INSURANCE	
Policy Termination Date	<p>Policy Termination Date Termination takes effect at 12:01 A.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.</p> <p>The Policy terminates automatically on the earlier of:</p> <ol style="list-style-type: none"> 1. The Policy Expiration Date shown in the Policy; or 2. The premium due date if premiums are not paid when due, subject to any Grace Period. <p>Failure by the Policyholder to pay all required premiums due by the last day of the Grace Period shall be deemed notice by the Policyholder to the Company to terminate the Policy on the last day of the period for which premiums have been earned.</p> <p>The Policy may be terminated by the Policyholder or the Company as of any premium due date or Policy Anniversary Date by giving written notice to the other at least 60 days prior to such date. If We terminate coverage, we shall send the written notice by certified mail to the Policyholder and include the reason that the Policy is being terminated.</p> <p>The Policyholder and the Company may terminate the Policy at any time by written mutual consent. If premiums have been paid beyond the termination date, the Company will refund the excess; or if premiums have been paid short of the termination date, the Policyholder will owe the Company the difference.</p>
Continuation of Military Service	<p>Continuation for Military Service If an Insured Person begins a leave of absence to serve in the armed forces, insurance for the Insured Person and the Insured Person's covered Dependents may be continued at the Insured Person's option. The Insured Person must notify the Policyholder of their election to continue insurance at the time they enter service in the military. Upon timely receipt of the Insured Person's contributions required by the Policy, the Policyholder will provide Us with those contributions plus an amount equal to what the Policyholder would have contributed during the period of service in the military.</p> <p>Dependents of the Insured Person who are covered under the Policy who are subsequently called to service in the uniformed services shall continue to be considered Dependents under the Policy without any lapse of coverage, provided that all required contributions are paid in accordance with the Policy provisions.</p>
Reinstatement after Military Service	<p>Reinstatement After Military Service Any Insured Person who leaves employment to perform service in the uniformed services and who reapplies for coverage, after release, shall be reinstated, including all of the Insured Person's Dependents previously covered, without any Pre-existing Conditions Limitation.</p> <p>Any Dependent covered under the Policy who is called to service in the uniformed services and whose coverage is not maintained during such service, after release and upon application of the Policyholder, shall be reinstated with without any Pre-existing Conditions Limitation.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
LOUISIANA	
PREMIUM PROVISIONS	
Changes in Premium Rate	<p>Changes in Premium Rate</p> <p>After the initial twelve months of coverage, the Company may change premium rates at the end of any policy term with at least 31 days advance notice mailed to the last known address of the Policyholder. Any increase in premium rates of 20% or more will be preceded by at least 45 days advance notice mailed to the last known address of the Policyholder. The Company will not increase premium rates more frequently than once in any six-month period following the initial twelve-month period, unless any of the following events occur:</p> <ol style="list-style-type: none"> 1. A change in the terms of the Policy. 2. A subsidiary, division, affiliated organization or eligible class is added or deleted to the Policy. 3. A change in any federal or state law or regulation affecting the Policy and Our benefit obligation. 4. A change in the factors bearing on the risk assumed. 5. A misrepresentation in the information relied on in establishing the rate for the Policy. 6. A change in the experience rating. <p>If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a prorated adjustment will apply from the date of the change to the next Premium Due Date.</p>
Newly-Acquired Subsidiaries	<p>Newly Acquired Subsidiaries:</p> <p>The premium for the Policy applies to the risks assumed on the Effective Date of the Policy. Eligible employees or members of subsidiaries newly acquired through merger, stock purchase, exchange of stock, or otherwise, shall be insured under the Policy, subject to the following conditions:</p> <ol style="list-style-type: none"> (1) The Policyholder has at least 50% controlling interest in the subsidiary. (2) An additional premium payment is required with a report to Us and the name of any newly acquired subsidiary. (3) Necessary underwriting information must be furnished for Us to determine the additional risks assumed. (4) Coverage will begin on the legal date of acquisition. <p>No coverage shall continue for more than 31 days after the legal acquisition date unless the required report with the necessary data is supplied and the additional premium paid. The Policyholder shall be liable for payment of premium for the period during which such coverage remains in effect.</p>
Reinstatement	<p>Reinstatement</p> <p>The Policy may be reinstated within 14 days of lapse if it is lapsed for nonpayment of premium, if the Policyholder submits written application to the Company, the Company accepts the application and the Policyholder makes payment of all overdue premiums.</p> <p>If an Insured Person's insurance ends for nonpayment of premium, insurance may be reinstated for an Insured Person and His or Her Dependents within 14 days.</p> <p>The following conditions must be met for insurance to be reinstated:</p> <ol style="list-style-type: none"> 1. the Policy remains in force; 2. the Insured Person and His or Her Dependents are eligible under the Policy; 3. a written request for reinstatement and a new enrollment form are sent to Us; and 4. the required premium is paid. <p>Any benefits paid during the Policy Period in which the Insured Person's and His or Her Dependents' insurance is reinstated will be applied towards the Benefit Amounts for that Policy Period. Reinstated insurance will be effective on the later of the date the Insured Person returns to Active Service or the date the required premium and new enrollment form are received by Us. We will not pay benefits while insurance is not in force under the Policy.</p>
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>TIME OF PAYMENT OF CLAIMS:</p> <p>Benefits due under the Policy for a Covered Loss, other than a loss for which the Policy provides installments, will be paid within 30 days after receipt of due written proof of such loss, unless just and reasonable grounds, such as would put a reasonable and prudent businessman on his guard, exist. Failure to comply with this provision shall subject the Company to a penalty payable to the claimant of double the amount of the benefits due under the terms of the Policy during the delay, together with attorney's fees to be determined by the court.</p> <p>Subject to written proof of loss, all accrued benefits for a Covered Loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of a written proof of loss.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
LOUISIANA	
CLAIMS PROVISIONS	
Subrogation	<p>SUBROGATION:</p> <p>To the extent that benefits are provided or paid under the Policy, We shall be subrogated to all rights of recovery which any Covered Person may acquire against any other party for the recovery of the amount paid under the Policy, however our right of subrogation is secondary to the right of the Covered Person to be fully compensated for his damages. The Covered Person agrees to deliver all necessary documents or papers, to execute and deliver all necessary instruments, to furnish information and assistance, and to take any action We may require to facilitate enforcement of our right of subrogation. We agree to pay our portion of the Covered Person's attorney's fee or other costs associated with a claim or lawsuit to the extent that We recover any portion of the benefits paid under the Policy pursuant to Our right of subrogation.</p>
GENERAL PROVISIONS	
Policy Termination	<p>POLICY TERMINATION:</p> <p>We may terminate coverage on or after the anniversary of any premium due date. The Policyholder may terminate its coverage on any premium due date. If either party terminates, written notice must be given to the other party at least 60 days prior to such premium due date. If We terminate coverage, we shall send the written notice by certified mail to the Policyholder and include the reason that the Policy is being terminated.</p>
MISSISSIPPI	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>The TIME OF PAYMENT OF CLAIMS provision is replaced with the following based on the MS Endorsement:</p> <p>TIME OF PAYMENT OF CLAIMS:</p> <p>All benefits payable under the Policy will be paid within 25 days after receipt of due written proof of such loss in the form of a Clean Claim where claims are submitted electronically, and will be paid within 35 days after receipt of due written proof of such loss in the form of a Clean Claim where claims are submitted in paper format. Benefits due under the Policy and claims are overdue if not paid within 25 days or 35 days, whichever is applicable, after We receive a Clean Claim containing necessary medical information.</p> <p>A "Clean Claim" means a claim received by Us for adjudication and which requires no further information, adjustment or alteration by the Insured Person in order to be processed and paid by Us. A claim is clean if it has no defect or impropriety, including any lack of substantiating documentation, or particular circumstance requiring special treatment that prevents timely payment from being made on the claim under this provision. A Clean Claim includes resubmitted claims with previously identified deficiencies corrected.</p> <p>A "Clean Claim" does not include any of the following:</p> <p>(a) A duplicate claim, which means an original claim and its duplicate when the duplicate is filed within 30 days of the original claim; or</p> <p>(b) Claims which are submitted fraudulently or that are based upon material misrepresentations.</p> <p>Not later than 25 days after the date We actually receive an electronic claim, We shall pay the appropriate benefit in full or any portion of the claim that is clean, and notify the Insured Person of the reasons why the claim or portion thereof is not clean and will not be paid and what substantiating documentation and information is required to adjudicate the claim as clean. Not later than 35 days after the date We actually receive a paper claim, We shall pay the appropriate benefit in full or any portion of the claim that is clean, and notify the Insured Person of the reasons why the claim or portion thereof is not clean and will not be paid and what substantiating documentation and information is required to adjudicate the claim as clean. Any claim or portion thereof resubmitted with the supporting documentation and information requested by Us shall be paid within 20 days after receipt.</p> <p>For purposes of this provision, the term "pay" means that We shall either send cash or a cash equivalent by United States mail, or send cash or a cash equivalent by other means such as electronic transfer, in full satisfaction of the appropriate benefit due. To calculate the extent to which any benefits are overdue, payment shall be treated as made on the date a draft or other valid instrument was placed in the United States mail to the last known address of the Insured Person in a properly addressed, postpaid envelope, or, if not so posted, or not sent by United States mail, on the date of delivery of payment to the Insured Person.</p> <p>If the claim is not denied for valid and proper reasons by the end of the applicable time period prescribed above, We shall pay the Insured Person interest on accrued benefits at the rate of 1-½ % 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. Whenever interest due pursuant to this provision is less than \$1.00, such amount shall be credited to the account of the person to whom such amount is owed.</p> <p>In the event We fail to pay benefits when due, the Insured Person may bring action to recover such benefits, any interest which may accrue as provided above and any other damages as may be allowable by law.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
MISSISSIPPI	
CLAIMS PROVISIONS	
Physical Examination	<p>PHYSICAL EXAMINATION:</p> <p>We have the right to have a Physician of Our choice examine the Covered Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We will pay the cost of the examination.</p> <p>Based on the MS Endorsement: The PHYSICAL EXAMINATION provision will not include any reference to autopsy because autopsies are not permitted to be required in Mississippi.</p>
MISSOURI	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN MO.
EFFECTIVE DATES OF INSURANCE	
Covered Person's Effective Date	<p>Covered Person's Effective Date:</p> <p>An Eligible Person will become insured under the Policy, provided proper premium payment is made, on the latest of:</p> <ol style="list-style-type: none"> 1. The Effective Date of the Policy; or 2. The day He becomes eligible, according to the referenced date shown in the Application/ Enrollment Form.
Newborn Children Coverage	<p>Newborn Children Coverage: We will provide coverage for a newborn Child from the moment of birth. Coverage under the Policy for such child will be for Sickness and Injury, including medically diagnosed congenital defects and birth abnormalities. The Insured Person must give Us notice within 31 days of the birth of the Child. If notice is not given within 31 days, coverage for the newborn Child will terminate at the expiration of the initial 31 day period. If an application or other form of enrollment is required in order to continue coverage beyond the 31 day period after the date of birth and the Insured Person has notified Us of the birth, either orally or in writing, We shall, upon notification, provide the Insured Person with all forms and instructions necessary to enroll the newly born child and shall allow the Insured Person an additional 10 days from the date the forms and instructions are provided in which to enroll the newly born child.</p>
Newborn Adopted Children Coverage	<p>Newborn Adopted Children Coverage: In the case of adoption of a newborn Child, coverage will be on the same basis as a newborn Child if a written agreement to adopt such Child has been entered into by the Insured Person prior to the birth of the Child, whether or not such agreement is enforceable. The Insured Person must give Us notice within 31 days of the birth of the adopted Child. If notice is not given within 31 days, coverage for the newborn adopted Child will terminate at the expiration of the initial 31 day period. If an application or other form of enrollment is required in order to continue coverage beyond the 31 day period after the date of birth and the Insured Person has notified Us of the birth, either orally or in writing, We shall, upon notification, provide the Insured Person with all forms and instructions necessary to enroll the newly born child and shall allow the Insured Person an additional 10 days from the date the forms and instructions are provided in which to enroll the newly born child.</p>
Adopted Children Coverage	<p>Adopted Children Coverage: Coverage for an adopted Child, other than a newborn, will begin from the date of placement in the Insured Person's home and coverage shall include the necessary care and treatment of medical conditions existing prior to the date of placement. A notice of placement for adoption must be submitted to Us. If notice is not given within 31 days, coverage for the adopted Child will terminate at the expiration of the initial 31 day period.</p>
TERMINATION DATE OF INSURANCE	
Policy Termination Date	<p>Policy Termination Date</p> <p>Termination takes effect at 12:01 A.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.</p> <p>The Policy terminates automatically on the earlier of:</p> <ol style="list-style-type: none"> 1. The Policy Expiration Date shown in the Policy; or 2. The premium due date if premiums are not paid when due, subject to any Grace Period. <p>Failure by the Policyholder to pay all required premiums due by the last day of the Grace Period shall be deemed notice by the Policyholder to the Company to terminate the Policy on the last day of the period for which premiums have been earned.</p> <p>The Policy may be terminated by the Policyholder or the Company as of any premium due date or on or after the first Policy Anniversary Date by giving written notice to the other at least 31 days prior to such date.</p> <p>The Policyholder and the Company may terminate the Policy at any time by written mutual consent. If premiums have been paid beyond the termination date, the Company will refund the excess; or if premiums have been paid short of the termination date, the Policyholder will owe the Company the difference.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
MISSOURI	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN MO.
CLAIMS PROVISIONS	
Notice of Claim	<p>NOTICE OF CLAIM: Written notice of claim must be given to Us within 30 days after a Covered Loss occurs or begins or as soon as reasonably possible. Notice can be given at Our administrative office as shown on the cover page or to Our authorized licensed agent. Notice should include the Policyholder's name and number and a Covered Person's name and address.</p> <p>Failure to give notice within such time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.</p>
Claim Forms	<p>CLAIM FORMS: We shall furnish to the person making claim, or to the Policyholder for delivery to such person, such forms as are usually furnished by Us for filing Proof of Loss. If such forms are not furnished before the expiration of 15 days after We receive notice of any claim under the Policy, the person making such claim shall be deemed to have complied with the requirements of the Policy as to Proof of Loss upon submitting, within the time fixed in the Policy for filing Proof of Loss, written proof covering the occurrence, character, and extent of the loss for which claim is made.</p>
Proof of Loss	<p>PROOF OF LOSS: Written proof of loss must be furnished to Us in the case of a claim for Covered Loss for which the Policy provides periodic payment contingent upon continuing loss within 90 days after the end of the period for which We are liable. Written proof that the loss continues must be furnished to us at intervals required by Us. In case of claim for any other Covered Loss, proof must be furnished within 90 days after the date of such loss.</p> <p>Failure to furnish such proof within such time shall not invalidate nor reduce any claim if it was not reasonably possible to furnish such proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required. In no event, except in the absence of legal capacity, should proof be sent later than one year from the time proof is otherwise required.</p>
Time of Payment of Claims	<p>TIME OF PAYMENT OF CLAIMS: Benefits due under the Policy for a Covered Loss will be paid within 30 days after Our receipt of due written proof of such loss.</p>
Payment of Claims	<p>PAYMENT OF CLAIMS: All benefits will be paid in United States currency. Loss of life benefits will be paid to the beneficiary as described in the Designation or Change of Beneficiary provision of the Policy.</p> <p>All other benefits will be paid to the Covered Person suffering the loss. If the Covered Person dies before all payments due have been made, the amount still payable will be paid to his/her beneficiary as described in the Designation or Change of Beneficiary provision of the Policy.</p> <p>If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay up to an amount not to exceed \$2,000 to a relative by blood or marriage whom We believe is equitably entitled.</p> <p>Any other accrued benefits which are unpaid at a Covered Person's death may, at Our option, be paid either to his beneficiary or to his estate. All other benefits, unless specifically stated otherwise, will be paid to a Covered Person.</p>
Recovery of Overpayment	<p>RECOVERY OF OVERPAYMENT: If benefits are overpaid or paid in error, We have the right to recover the amount overpaid or paid in error by any of the following methods.</p> <ol style="list-style-type: none"> 1) A request for lump sum payment of the amount overpaid or paid in error; or 2) Reduction of any proceeds payable under the Policy by the amount overpaid or paid in error. <p>Our right to recover an overpayment under this provision shall be limited to a maximum time period of 12 months from the date We paid such claim.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
MISSOURI	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN MO.
GENERAL PROVISIONS	
Policy Termination	<p>POLICY TERMINATION:</p> <p>We may terminate coverage on or after the first anniversary date of the policy. The Policyholder may terminate its coverage on any premium due date. If either party terminates, written notice must be given to the other party at least 31 days prior to such premium due date.</p>
NEBRASKA	
TERMINATION DATE OF INSURANCE	
Insured Person's Termination Date	<p>Insured Person's Termination Date</p> <p>Insurance for an Insured Person will end on the earliest of:</p> <ol style="list-style-type: none"> 1. The date He is no longer in an Eligible Class. 2. The date He reports for full-time active duty in any Armed Forces, according to the referenced date shown in the Application. We will refund, upon receipt of proof of service, any premium paid, calculated from the date active duty begins until the earlier of: <ul style="list-style-type: none"> (a) The date the premium is fully earned; or (b) The Expiration Date of the Policy. <p>This does not include Reserve or National Guard duty for training;</p> 3. The end of the period for which the last premium contribution is made; or 4. The date the Policy is terminated; or 5. The date the Insured Person requests, in writing, that his/her coverage be terminated; or 6. The date the Insured Person is no longer Actively at Work, provided all required premiums are paid, unless otherwise provided below.
CLAIMS PROVISIONS	
Recovery of Overpayment	<p>RECOVERY OF OVERPAYMENT:</p> <p>If benefits are overpaid or paid in error, We have the right to recover the amount overpaid or paid in error by any of the following methods.</p> <ol style="list-style-type: none"> 1. A request for lump sum payment of the amount overpaid or paid in error; or 2. Reduction of any proceeds payable under the Policy by the amount overpaid or paid in error. <p>We must notify the claimant within six months of the date of the error, except that in instances of error prompted by representations or nondisclosures of claimants, We must notify the claimant within 15 days after the date that clear, documented evidence of discovery of such error is included in Our files. Such notice shall state clearly: (a) the nature of the error; (b) the amount of the overpayment; and (c) that We may use this recovery procedure provided that the claim used to adjust the first overpayment is made no later than three years after the date of the error. For the purposes of this provision, the date of the error shall be the day on which the draft for benefits is issued.</p>
GENERAL PROVISIONS	
Conformity with State and Federal Law	<p>CONFORMITY WITH STATE AND FEDERAL LAW:</p> <p>Any provision of the Policy which, on its effective date, is in conflict with the law of the federal government or the state in which the Covered Person resides on such date, is hereby amended to conform to the minimum requirements of such law.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
NEW JERSEY	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN NJ.
EFFECTIVE DATES OF INSURANCE	
Newborn Adopted Children Coverage	Newborn Adopted Children Coverage: In the case of adoption of a newborn Child, coverage will be on the same basis as a newborn Child if a written agreement to adopt such Child has been entered into by the Insured Person or Civil Union Partner prior to the birth of the Child, whether or not such agreement is enforceable. The Insured Person must give Us notice within 31 days of the birth of the adopted Child. If notice is not given within 31 days, coverage for the newborn adopted Child will terminate at the expiration of the initial 31 day period.
Newborn Child Exception	Newborn Child Exception: This section does not apply to a newborn Child at that Child's birth if the Child is born to a Covered Person while insured as a Dependent Child under the Policy. Benefits for Newborn Children apply only to a Child born to an Insured Person or their Spouse or Civil Union Partner.
Adopted Children Coverage	Adopted Children Coverage: Coverage for an adopted Child, other than a newborn, will begin from the date of placement in the Insured Person's or Civil Union Partner's home. A notice of placement for adoption must be submitted to Us. If notice is not given within 31 days, coverage for the adopted Child will terminate at the expiration of the initial 31 day period.
TERMINATION DATE OF INSURANCE	
Policy Termination Date	<p>Policy Termination Date</p> <p>Termination takes effect at 12:01 A.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.</p> <p>The Policy terminates automatically on the earlier of:</p> <ol style="list-style-type: none"> 1. The Policy Expiration Date shown in the Policy; or 2. The premium due date if premiums are not paid when due, subject to any Grace Period. <p>Failure by the Policyholder to pay all required premiums due by the last day of the Grace Period shall be deemed notice by the Policyholder to the Company to terminate the Policy upon the expiration of such Grace Period.</p> <p>The Policy may be terminated by the Policyholder or the Company as of any premium due date or Policy Anniversary Date by giving written notice to the other at least 31 days prior to such date.</p> <p>The Policyholder and the Company may terminate the Policy at any time by written mutual consent.</p> <p>If premiums have been paid beyond the termination date, the Company will refund the excess; or if premiums have been paid short of the termination date, the Policyholder will owe the Company the difference.</p>
CLAIMS PROVISIONS	
Claim Forms	<p>CLAIM FORMS:</p> <p>When We receive the notice of claim, We will send forms for filing proof of loss. If the person making claim does not receive such claim forms before the expiration of 15 days after We receive notice of any claim under the Policy, the person making such claim shall be deemed to have complied with the requirements of the Policy as to Proof of Loss upon submitting, within the time fixed in the Policy for filing</p>
Proof of Loss	<p>PROOF OF LOSS:</p> <p>Written proof of loss must be furnished to Us in the case of a claim for Covered Loss for which the Policy provides periodic payment contingent upon continuing loss within 90 days after the end of the period for which We are liable. Written proof that the loss continues must be furnished to us at intervals required by Us. In case of claim for any other Covered Loss, proof must be furnished within 90 days after the date of such loss.</p> <p>If the proof of loss is not submitted within 90 days, the claim may be reduced or invalidated. However, the claim will not be reduced or invalidated if:</p> <ol style="list-style-type: none"> 1. it can be shown that it was not possible within reason to submit notice within the 90 day period; and 2. it is further shown that notice was given as soon as reasonably possible.

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
NEW JERSEY	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN NJ.
CLAIMS PROVISIONS	
Designation or Change of Beneficiary	<p>DESIGNATION OR CHANGE OF BENEFICIARY:</p> <p>Each Covered Person may designate a beneficiary to whom loss of life benefits are payable. The designation shall be as follows in descending order:</p> <ol style="list-style-type: none"> 1. Beneficiaries designated in writing by the Covered Person for the Policy on file with the Policyholder, if any, otherwise; 2. Beneficiaries as designated in writing for any group life insurance plan or its renewals in force for the Policyholder, if any, otherwise; 3. In equal shares to the members of the first surviving class of those that follow, if any: <ol style="list-style-type: none"> a) a Covered Person's lawful spouse, if not legally separated or divorced, or Civil Union Partner; b) a Covered Person's natural Child, adopted Child, foster Child, stepchild, or other Child for whom the Covered Person has or had legal guardianship (proof will be required); or c) a Covered Person's parents, whether natural, step or adoptive; or d) a Covered person's Sisters or Brothers, otherwise. 4. The estate of the Covered Person. <p>A Covered Person may change his/her beneficiary designation from time to time without the consent of the designated beneficiary by giving notice, in writing, to the Policyholder. When a request for designation or change is received by the Policyholder, it will take effect on the date of its execution, whether or not the Covered Person is living on the date it is received by the Policyholder. Any interest created by the request will be subject to any payment made or action taken before its receipt.</p> <p>A Dependent's beneficiary is the Covered Person. If no beneficiary is living on the date of a Dependent's death, the beneficiary is the Covered Person's estate.</p>
Right to File a Complaint	<p>RIGHT TO FILE A COMPLAINT</p> <p>The Policyholder and any Covered Person has the right to file a complaint with the New Jersey Department of Banking and Insurance.</p>
GENERAL PROVISIONS	
Entire Contract Changes	<p>ENTIRE CONTRACT; CHANGES:</p> <p>The Policy, the Application of the Policyholder (a copy of which is attached to the Policy), endorsements, riders, and attached papers constitute the entire contract between the parties. If an application of a Covered Person is required, We may also make it a part of this contract.</p> <p>All statements made by the Policyholder or by a Covered Person are deemed representations and not warranties. No such statement will cause Us 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 such person; or, in the event of His death or incapacity, His beneficiary or representative. After two years from the Covered Person's effective date of coverage, no such statement, except in the case of fraud or with respect to eligibility for coverage, will cause such coverage to be contested.</p> <p>No change in the Policy will be valid until approved by one of Our executive officers and evidenced by endorsement on the Policy, or by amendment to the Policy, signed by the Policyholder and one of Our executive officers. No agent may change the Policy or waive any of its provisions.</p>
NEW MEXICO	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN NM.
PREMIUM PROVISIONS	
Grace Period	<p>Grace Period:</p> <p>Unless not less than five days prior to the premium due date the Company has delivered to the Policyholder or has mailed to the Policyholder's last address as shown by the records of the Company written notice of its intention not to renew the Policy beyond the period for which premium has been accepted, a Grace Period of 31 days is granted for each premium due after the first premium due date. Coverage will stay in force during this Grace Period unless notice has been sent by the Policyholder, in accordance with the TERMINATION provision, of the intent to terminate coverage under the Policy. Coverage will end if the premium is not paid by the end of the Grace Period.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
NEW MEXICO	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN NM.
PREMIUM PROVISIONS	
Changes in Premium Rate	<p>Changes in Premium Rate</p> <p>The Company may change the premium rates from time to time with at least 60 days advanced written or authorized electronic notice. Notice will be sent to the Policyholder's most recent address in Our records. No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more than once, twice in a 12 month period. However, the Company reserves the right to change rates at any time if any of the following events occur:</p> <ol style="list-style-type: none"> 1. A change in the terms of the Policy. 2. A subsidiary, division, affiliated organization or eligible class is added or deleted to the Policy. 3. A change in any federal or state law or regulation affecting the Policy and Our benefit obligation. 4. A change in the factors bearing on the risk assumed. 5. A misrepresentation in the information relied on in establishing the rate for the Policy. 6. A change in the experience rating. <p>If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a prorated adjustment will apply from the date of the change to the next Premium Due Date.</p>
NORTH CAROLINA	
EFFECTIVE DATES OF INSURANCE	
Newborn Children Coverage	<p>Newborn Children Coverage: We will provide coverage for a newborn Child from the moment of birth. If additional premium is required, the Insured Person must give Us notice within 31 days of the birth of the Child. If notice is not given within 31 days, coverage for the newborn Child will terminate at the expiration of the initial 31 day period. If no additional premium will be required when a Dependent Child is added, the Insured Person should complete a status change form so that We may send an identification card to facilitate the child's access to covered benefits.</p>
Newborn Adopted Children Coverage	<p>Newborn Adopted Children Coverage: In the case of adoption of a newborn Child, coverage will be on the same basis as a newborn Child if a written agreement to adopt such Child has been entered into by the Insured Person prior to the birth of the Child, whether or not such agreement is enforceable. If additional premium is required, the Insured Person must give Us notice within 31 days of the birth of the adopted Child. If notice is not given within 31 days, coverage for the newborn adopted Child will terminate at the expiration of the initial 31 day period. If no additional premium will be required when a Dependent Child is added, the Insured Person should complete a status change form so that We may send an identification card to facilitate the child's access to covered benefits.</p>
Adopted Children Coverage	<p>Adopted Children Coverage: Coverage for an adopted Child, other than a newborn, will begin from the date of Placement for Adoption. If additional premium is required, a notice of Placement for Adoption must be submitted to Us. If notice is not given within 31 days, coverage for the adopted Child will terminate at the expiration of the initial 31 day period. If no additional premium will be required when a Dependent Child is added, the Insured Person should complete a status change form so that We may send an identification card to facilitate the child's access to covered benefits.</p>
Court Ordered Custody and Foster Child Coverage	<p>Court Ordered Custody and Foster Child Coverage: A Child placed in court-ordered custody, including a Foster Child beginning with the date of Placement in the Foster Home, will be covered on the same basis as an adopted Child.</p>
TERMINATION DATE OF INSURANCE	
Policy Termination Date	<p>Policy Termination Date</p> <p>Termination takes effect at 12:01 A.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.</p> <p>The Policy terminates automatically on the earlier of:</p> <ol style="list-style-type: none"> 1. The Policy Expiration Date shown in the Policy; or 2. The premium due date if premiums are not paid when due, subject to any Grace Period. <p>Failure by the Policyholder to pay all required premiums due by the last day of the Grace Period shall be deemed notice by the Policyholder to the Company to terminate the Policy on the last day of the period for which premiums have been earned.</p> <p>The Policy may be terminated by the Policyholder or the Company as of any premium due date or Policy Anniversary Date by giving written notice to the other at least 45 days prior to such date.</p> <p>The Policyholder and the Company may terminate the Policy at any time by written mutual consent. If premiums have been paid beyond the termination date, the Company will refund the excess; or if premiums have been paid short of the termination date, the Policyholder will owe the Company the difference.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
NORTH CAROLINA	
PREMIUM PROVISIONS	
Changes in Premium Rate	<p>Changes in Premium Rate</p> <p>The Company may change premium rates, based on experience, at the end of the first year with at least 45 days advance notice mailed to the last known address of the Policyholder. The Company may change premium rates at any time during any subsequent year, based upon at least 12 months experience, with at least 45 days advance notice mailed to the last known address of the Policyholder provided that after the first year, the Company will not increase premium rates more frequently than once every six months, unless one of the events described below occurs:</p> <ol style="list-style-type: none"> 1. A change in the terms of the Policy. 2. A subsidiary, division, affiliated organization or eligible class is added or deleted to the Policy. 3. A change in any federal or state law or regulation affecting the Policy and Our benefit obligation. 4. A change in the factors bearing on the risk assumed. 5. A misrepresentation in the information relied on in establishing the rate for the Policy. 6. A change in the experience rating. <p>If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a prorated adjustment will apply from the date of the change to the next Premium Due Date.</p>
Newly-Acquired Subsidiaries	<p>Newly Acquired Subsidiaries:</p> <p>The premium for the Policy applies to the risks assumed on the Effective Date of the Policy. Eligible employees or members of subsidiaries newly acquired through merger, stock purchase, exchange of stock, or otherwise, shall be insured under the Policy, subject to the following conditions:</p> <ol style="list-style-type: none"> 1. The Policyholder has at least 50% controlling interest in the subsidiary. 2. An additional premium payment is required with a report to Us and the name of any newly acquired subsidiary. 3. Necessary underwriting information must be furnished for Us to determine the additional risks assumed. 4. Coverage will begin on the legal date of acquisition. <p>No coverage shall continue for more than 31 days after the legal acquisition date unless the required report with the necessary data is supplied and the additional premium paid. The Policyholder shall be liable for payment of premium for the period during which such coverage remains in effect.</p>
CLAIMS PROVISIONS	
Notice of Claim	<p>NOTICE OF CLAIM:</p> <p>Written notice of claim must be given to Us within 30 days after the occurrence or commencement of any Covered Loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the Covered Person or the beneficiary to Us at Our administrative office as shown on the cover page or to Our authorized licensed agent, with information sufficient to identify the Covered Person, shall be deemed notice to Us.</p>
Proof of Loss	<p>PROOF OF LOSS:</p> <p>Written proof of loss must be furnished to Us in the case of a claim for Covered Loss for which the Policy provides periodic payment contingent upon continuing loss within 180 days after the end of the period for which We are liable. Written proof that the loss continues must be furnished to us at intervals required by Us.</p> <p>In case of claim for any other Covered Loss, proof must be furnished within 180 days after the date of such loss.</p> <p>If the proof of loss is not submitted within 180 days, the claim may be reduced or invalidated. However, the claim will not be reduced or invalidated if:</p> <ol style="list-style-type: none"> 1. it can be shown that it was not possible within reason to submit notice within the 180 day period; and 2. it is further shown that notice was given as soon as possible, and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.
Acknowledgment of Claims	<p>ACKNOWLEDGMENT OF CLAIMS:</p> <p>We shall acknowledge a claim within 30 days after receiving written notice of the claim, if the notice contains sufficient information for Us to identify the specific coverage involved. An acknowledgment of the claim must be one of the following:</p> <ol style="list-style-type: none"> 1. a statement made to the claimant or the claimant's legal representative advising that the claim is being investigated; 2. payment of the claim; 3. a bona fide written offer of settlement; or 4. a written denial of the claim.

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
NORTH CAROLINA	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>TIME OF PAYMENT OF CLAIMS: Benefits due under the Policy for a Covered Loss, other than a loss for which the Policy provides installments, will be paid within 30 days of Our receipt of due written proof of such loss.</p> <p>Subject to written proof of loss, all accrued benefits for a Covered Loss for which the Policy provides= installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of a written proof of loss.</p>
GENERAL PROVISIONS	
Entire Contract Changes	<p>ENTIRE CONTRACT; CHANGES: The Policy, the Application of the Policyholder (a copy of which is attached to the Policy), endorsements, riders, and attached papers constitute the entire contract between the parties. If an application of a Covered Person is required, We may also make it a part of this contract.</p> <p>All statements made by the Policyholder or by a Covered Person are deemed representations and not warranties. No such statement will cause Us 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 such person; or, in the event of His death or incapacity, His beneficiary or representative. After two years from the Covered Person's effective date of coverage, no such statement, except with respect to eligibility for coverage, will cause such coverage to be contested.</p> <p>No change in the Policy will be valid until approved by one of Our executive officers. This approval must be endorsed on or attached to the Policy. No agent may change the Policy or waive any of its provisions.</p>
Policy Termination	<p>POLICY TERMINATION: We may terminate coverage on or after the anniversary of any premium due date. The Policyholder may terminate its coverage on any premium due date. If either party terminates, written notice must be given to the other party at least 45 days prior to such premium due date.</p>
NORTH DAKOTA	
TERMINATION DATE OF INSURANCE	
Policy Termination Date	<p>Policy Termination Date Termination takes effect at 12:01 A.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.</p> <p>The Policy terminates automatically on the earlier of:</p> <ol style="list-style-type: none"> 1. The Policy Expiration Date shown in the Policy; or 2. The premium due date if premiums are not paid when due, subject to any Grace Period. <p>Failure by the Policyholder to pay all required premiums due by the last day of the Grace Period shall be deemed notice by the Policyholder to the Company to terminate the Policy at the expiration of the Grace Period.</p> <p>The Policy may be terminated by the Policyholder or the Company as of any premium due date or Policy Anniversary Date by giving written notice to the other at least 31 days prior to such date.</p> <p>The Policyholder and the Company may terminate the Policy at any time by written mutual consent.</p> <p>If premiums have been paid beyond the termination date, the Company will refund the excess; or if premiums have been paid short of the termination date, the Policyholder will owe the Company the difference.</p>
PREMIUM PROVISIONS	
Premiums	<p>Premiums: The Company provides insurance in return for premium payments. The premium shown in the Schedule of Benefits is payable to the Company in the manner described and is based on rates currently in force, the plan, and the amount of insurance in force. Premium due dates are the first of every month unless otherwise stated in the Policy. Premium payment made in advance or for more than a one month period will not affect any provisions of the Policy with regard to change. Failure by the Policyholder to pay premiums when due or within the Grace Period shall be deemed notice to Us to terminate coverage at the end of the Grace Period for which premium was paid.</p> <p>The Company has the right to rely upon the accuracy of the Policyholder's calculations and to require the Policyholder to furnish a census from time to time but not more than twice in a 12-month period. If, at any time, it is determined that additional premium or a premium credit is due, the Policyholder will pay the additional premium or apply the premium credit at the next premium due date.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
NORTH DAKOTA	
PREMIUM PROVISIONS	
Changes in Premium Rate	<p>Changes in Premium Rate</p> <p>The Company may change the premium rates from time to time with at least 31 days advanced written or authorized electronic notice. Notice will be sent to the Policyholder's most recent address in Our records.</p> <p>No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more than once in a 12 month period. However, the Company reserves the right to change rates at any time if any of the following events occur:</p> <ol style="list-style-type: none"> 1. A change in the terms of the Policy. 2. A subsidiary, division, affiliated organization or eligible class is added or deleted to the Policy. 3. A change in any federal or state law or regulation affecting the Policy and Our benefit obligation. <p>If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a prorated adjustment will apply from the date of the change to the next Premium Due Date.</p>
Grace Period	<p>Grace Period:</p> <p>A Grace Period of 31 days is granted for each premium due after the first premium due date. Coverage will stay in force during this period, unless notice has been sent, in accordance with the TERMINATION provision, of the intent to terminate coverage under the Policy. Coverage will end at the expiration of the Grace Period if the premium is not paid by the end of the Grace Period.</p>
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>TIME OF PAYMENT OF CLAIMS:</p> <p>Benefits due under the Policy for a Covered Loss, other than a loss for which the Policy provides installments, will be paid not more than 60 days after Our receipt of due written proof of such loss.</p> <p>Subject to written proof of loss, all accrued benefits for a Covered Loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of a written proof of loss.</p>
OHIO	
EFFECTIVE DATES OF INSURANCE	
Adopted Children Coverage	<p>If Dependent coverage is included, the Adopted Children Coverage provision is replaced with the following based on the OH Endorsement:</p> <p>Adopted Children Coverage: Coverage for an adopted Child, other than a newborn, will begin from the date of Placement for Adoption. A notice of Placement for Adoption must be submitted to Us. If notice is not given within 31 days, coverage for the adopted Child will terminate at the expiration of the initial 31 day period.</p>
PREMIUM PROVISIONS	
Reinstatement	<p>The Reinstatement provision is replaced with the following based on the OH Endorsement:</p> <p>Reinstatement</p> <p>The Policy and this Certificate may be reinstated within 31 days of lapse if it is lapsed for nonpayment of premium, if the Policyholder or Certificateholder submits written application to the Company, the Company accepts the application, the Policyholder or Certificateholder makes payment of all overdue premiums, and the Company issues a conditional receipt for the premium tendered. Coverage will be reinstated upon approval of such application by the insurer or, lacking such approval, upon the forty-fifth day following the date of such conditional receipt unless the insurer has previously notified the Policyholder or Certificateholder in writing of its disapproval of such application. The reinstated policy shall cover only loss resulting from such injury as may be sustained after the date of reinstatement. In all other respects the Policyholder or Certificateholder and insurer shall have the same rights thereunder as they had under this policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty days prior to the date of reinstatement.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
OHIO	
CLAIMS	
Notice of Claim	<p>NOTICE OF CLAIM: Written notice of claim must be given to Us within 30 days after a Covered Loss occurs or begins or as soon as reasonably possible. Notice can be given at Our administrative office as shown on the cover page or to Our authorized licensed agent. Notice should include the Policyholder's name and number and a Covered Person's name and address.</p>
Time of Payment of Claims	<p>TIME OF PAYMENT OF CLAIMS: Benefits due under the Policy for a Covered Loss, other than a loss for which the Policy provides installments, will be paid immediately upon, or within 30 days after, receipt of due written proof of such loss. Subject to written proof of loss, all accrued benefits for a Covered Loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of a written proof of loss.</p>
Subrogation	<p>The Subrogation provision is replaced with the following based on the OH Endorsement: SUBROGATION (1) If We have paid benefits to a Covered Person for Injuries received in a Covered Accident, and in Our opinion a third party may be liable, We will be subrogated to the extent of such payment and to all of the rights of the Covered Person regarding the recovery of benefits paid or to any settlement or judgment which results from the exercise of these rights. The Covered Person agrees to sign papers and do whatever else is necessary to transfer His rights to Us. We will exercise such rights on His behalf. He further agrees to furnish Us with all relevant information and documents. If less than the full value of the tort action is recovered for comparative negligence, diminishment due to a Covered Person's liability under sections 2307.22 to 2307.28 of the Ohio Revised Code, or by reason of the collectability of the full value of the claim for Injury, death, or loss to person resulting from limited liability insurance or any other cause, Our claim shall be diminished in the same proportion as the Covered Person's interest is diminished. If a dispute regarding the distribution of the recovery in the tort action arises, either the Covered Person or We may file an action under Chapter 2721. of the Ohio Revised Code to resolve the issue of the distribution of the recovery.</p>
Grievance Procedures	<p>The following Grievance Procedures provision is added based on the OH Endorsement: GRIEVANCE PROCEDURES When a claim is denied, We will provide a written statement containing the reasons for the adverse determination. The Covered Person will have the right to request a review of any Company decision or action pertaining to Our contractual relationship and to appeal any adverse claim determinations we've made by filing a grievance. These procedures have been developed to ensure a full investigation of a grievance through a formal process. In addition to receiving a copy of our grievance procedure when a claim is denied, such formal process was also provided to you when your Certificate was issued to You.</p>
GENERAL PROVISIONS	
Entire Contract Changes	<p>The Entire Contract; Changes provision is replaced with the following based on the OH Endorsement: ENTIRE CONTRACT; CHANGES: The Policy, the Application of the Policyholder (a copy of which is attached to the Policy), endorsements, riders, the individual applications or enrollment forms submitted in connection with the Policy by the Employees or Members, and attached papers constitute the entire contract between the parties. If an application of a Covered Person is required, We may also make it a part of this contract. All statements, in the absence of fraud, made by the Policyholder or by a Covered Person are deemed representations and not warranties. No such statement will cause Us 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 such person; or, in the event of His death or incapacity, His beneficiary or representative. No change in the Policy will be valid until approved by one of Our executive officers. This approval must be endorsed on or attached to the Policy. No agent may change the Policy or waive any of its provisions.</p>
Conformity with State Statutes	<p>The Conformity With State Statutes provision is replaced with the following based on the OH Endorsement: CONFORMITY WITH STATE STATUTES: Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which the Insured Person resides on such date is hereby amended to conform to the minimum requirements of such statutes. This Endorsement does not change coverage or provisions in any other way and is subject to all provisions, terms, and conditions of the Policy/Certificate.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
OHIO	
GENERAL PROVISIONS	
Certificate of Insurance	<p>The Certificate of Insurance provision is replaced with the following based on the OH Endorsement:</p> <p>CERTIFICATES OF INSURANCE: A Certificate of Insurance will be delivered to the Policyholder for delivery to each Insured Person. Each Certificate will list the benefits, conditions and limits of the Policy. It will state to whom the benefits will be paid.</p>
Time Limit on Certain Defenses	<p>The following Time Limit on Certain Defenses provision is added to the General Provisions section based on the OH Endorsement:</p> <p>TIME LIMIT ON CERTAIN DEFENSES: (1) After two years from the date of issue of this Certificate no misstatements, except fraudulent misstatements, made by the applicant in the application for coverage shall be used to void this Certificate or deny a claim for loss incurred or disability (as defined in this Certificate) commencing after the expiration of such two year period. (2) No claim for loss incurred or disability (as defined in this Certificate) commencing after two years from the date of issue of this Certificate shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the effective date of coverage of this Certificate.</p>
OKLAHOMA	
PREMIUM PROVISIONS	
Changes in Premium Rate	<p>Changes in Premium Rate The Company may change the premium rates from time to time with at least 31 days advanced written or authorized electronic notice. Notice will be sent to the Policyholder's most recent address in Our records. No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more than once, twice in a 12 month period. However, the Company reserves the right to change rates at any time if any of the following events occur:</p> <ol style="list-style-type: none"> 1. A change in the terms of the Policy. 2. A subsidiary, division, affiliated organization or eligible class is added or deleted to the Policy. 3. A change in any federal or state law or regulation affecting the Policy and Our benefit obligation. 4. A change in the factors bearing on the risk assumed. 5. A misrepresentation in the information relied on in establishing the rate for the Policy. 6. A change in the experience rating. <p>If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a prorated adjustment will apply from the date of the change to the next Premium Due Date.</p>
CLAIMS PROVISIONS	
Recovery of Overpayment	<p>RECOVERY OF OVERPAYMENT: If benefits are overpaid or paid in error, We have the right to recover the amount overpaid or paid in error by any of the following methods within 24 months after the payment is made:</p> <ol style="list-style-type: none"> 1. A request for lump sum payment of the amount overpaid or paid in error; or 2. Reduction of any proceeds payable under the Policy by the amount overpaid or paid in error. <p>However, the 24-month limitation shall not apply:</p> <ol style="list-style-type: none"> 1. if the payment was made because of fraud committed by the claimant, or 2. if the claimant has otherwise agreed to make a refund to Us for overpayment of a claim.
GENERAL PROVISIONS	
Assignment	<p>ASSIGNMENT: No assignment of interest in loss of life benefits shall be binding on the Company until the original or duplicate thereof is received by the Company. The Company assumes no responsibility for the validity of such assignment. The assignee may exercise all rights and receive all benefits assigned until the Company has received at its home office written notice of termination of the assignment, or written notice by or on behalf of some other person claiming some interest in the Policy in conflict with the assignment.</p>
New Entrants	<p>NEW ENTRANTS: To the group originally insured may be added from time to time eligible new persons or Dependents, as the case may be, in accordance with the terms of the Policy.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
PENNSYLVANIA	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN PA.
EFFECTIVE DATES OF INSURANCE	
Newborn Adopted Children	Newborn Adopted Children Coverage: In the case of adoption of a newborn Child, coverage will be on the same basis as a newborn Child if a written agreement to adopt such Child has been entered into by the Insured Person prior to the birth of the Child, whether or not such agreement is enforceable. Coverage continues unless Placement is disrupted prior to legal adoption and the Child is removed from Placement. For purposes of this provision, "Placement" means the assumption and retention by a person of a legal obligation for total or partial support of a child in anticipation of adoption of the child. The Insured Person must give Us notice within 31 days of the birth of the adopted Child. If notice is not given within 31 days, coverage for the newborn adopted Child will terminate at the expiration of the initial 31 day period.
Adopted Children Coverage	Adopted Children Coverage: Coverage for an adopted Child, other than a newborn, will begin from the date of placement in the Insured Person's home. Coverage continues unless Placement is disrupted prior to legal adoption and the Child is removed from Placement. For purposes of this provision, "Placement" means the assumption and retention by a person of a legal obligation for total or partial support of a child in anticipation of adoption of the child. A notice of placement for adoption must be submitted to Us. If notice is not given within 31 days, coverage for the adopted Child will terminate at the expiration of the initial 31 day period.
RHODE ISLAND	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>TIME OF PAYMENT OF CLAIMS:</p> <p>Benefits due under the Policy for a Covered Loss, other than a loss for which the Policy provides installments, will be paid within 60 days after Our receipt of due written proof of such loss.</p> <p>Subject to written proof of loss, all accrued benefits for a Covered Loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of a written proof of loss.</p>
SOUTH CAROLINA	
TERMINATION DATE OF INSURANCE	
Extension of Benefits	<p>The following provisions are added based on the SC Endorsement:</p> <p>Extension of Benefits</p> <p>Discontinuance of the Policy during a disability shall have no effect on the Benefits payable for that disability or Hospital Confinement. The benefits payable during any such period of extension are subject to the Policy's regular Daily Benefit Amounts and Maximum Benefits. The benefit payments are limited to payments applicable to the disabling condition only. We shall not charge any premium during any period of such extension.</p>
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>TIME OF PAYMENT OF CLAIMS:</p> <p>Benefits due under the Policy for a Covered Loss, other than a loss for which the Policy provides installments, will be paid not more than 60 days after receipt of due written proof of such loss.</p> <p>Subject to written proof of loss, all accrued benefits for a Covered Loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid not more than 60 days after receipt of a written proof of loss.</p>
Subrogation	<p>SUBROGATION:</p> <p>If We have paid benefits to a Covered Person for Injuries received in a Covered Accident, and in Our opinion a third party may be liable, We will be subrogated to the extent of such payment and to all of the rights of the Covered Person regarding the recovery of benefits paid or to any settlement or judgment which results from the exercise of these rights. The Covered Person agrees to sign papers and do whatever else is necessary to transfer His rights to Us. We will exercise such rights on His behalf. He further agrees to furnish Us with all relevant information and documents. Attorneys' fees and costs shall be paid by Us from the amounts recovered.</p>
Legal Actions	<p>LEGAL ACTIONS:</p> <p>All Policy terms will be interpreted under the laws of the state in which the Policy was issued. No legal action may be brought to recover on the Policy within 60 days after written Proof of Loss has been furnished. No legal action may be brought after six (6) years from the time written Proof of Loss is required to be furnished.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
TENNESSEE	
CLAIMS PROVISIONS	
Recovery of Overpayment	<p>If included, the Recovery of Overpayment provision is replaced with the following based on the TN Endorsement:</p> <p>RECOVERY OF OVERPAYMENT:</p> <p>If benefits are overpaid or paid in error, We have the right to recover the amount overpaid or paid in error by any of the following methods.</p> <ol style="list-style-type: none"> 1. A request for lump sum payment of the amount overpaid or paid in error; or 2. Reduction of any proceeds payable under the Policy by the amount overpaid or paid in error. <p>We must make the request or reduction within 18 months of the date We paid the claim. However, this 18 month time limit shall not apply if the Covered Person does not provide complete information, was not eligible for coverage or material misstatements or fraud have occurred.</p>
TEXAS	
EFFECTIVE DATES OF INSURANCE	
Adopted Children Coverage	<p>If Dependent coverage is included, the Adopted Children Coverage provision is replaced with the following based on the TX Endorsement:</p> <p>Adopted Children Coverage: Coverage for an adopted Child, other than a newborn, will begin from the date the Insured Person is a party to a suit in which the Insured Person seeks to adopt the child. A notice of the adoption must be submitted to Us. If notice is not given within 31 days, coverage for the adopted Child will terminate at the expiration of the initial 31 day period.</p>
TERMINATION DATE OF INSURANCE	
Policy Termination Date	<p>Policy Termination Date:</p> <p>Termination takes effect at 12:01 A.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.</p> <p>The Policy terminates automatically on the earlier of:</p> <ol style="list-style-type: none"> 1) The Policy Expiration Date shown in the Policy; or 2) The premium due date if premiums are not paid when due, subject to any Grace Period. <p>Failure by the Policyholder to pay all required premiums due by the last day of the Grace Period shall be deemed notice by the Policyholder to the Company to terminate the Policy on the last day of the period for which premiums have been earned.</p> <p>The Policy may be terminated by the Policyholder or the Company as of any premium due date or Policy Anniversary Date by giving written notice to the other at least 60 days prior to such date.</p> <p>The Policyholder and the Company may terminate the Policy at any time by written mutual consent.</p> <p>If premiums have been paid beyond the termination date, the Company will refund the excess; or if premiums have been paid short of the termination date, the Policyholder will owe the Company the difference.</p>
Extension of Benefits	<p>The following provision is added based on the TX Endorsement:</p> <p>EXTENSION OF BENEFITS</p> <p>A discontinuation of coverage occurring during a period of Total Disability does not affect any specific indemnity required to be provided under the Policy during a period of Hospital Confinement.</p> <p>For the purposes of this provision, "Total Disability" or "Totally Disabled" means:</p> <ol style="list-style-type: none"> 1. with respect to the Insured Person, the complete inability of that individual to perform all of the substantial and material duties and functions of the individual's occupation and any other gainful occupation in which the individual earns substantially the same compensation earned before the disability; and 2. with respect to any other Covered Person, confinement as a bed patient in a Hospital.

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
TEXAS	
PREMIUM PROVISIONS	
Changes in Premium Rate	<p>Changes in Premium Rate</p> <p>The Company may change the premium rates from time to time with at least 60 days advance written or authorized electronic notice. Notice will be sent to the Policyholder's most recent address in Our records. Not less than 60 days before the date on which a premium rate increase takes effect on the Policy, the Company shall give written notice of the amount of the increase and the date on which the increase is to take effect. The Company shall not require a response to renew the Policy or take other action relating to the renewal or extension of the Policy before the 45th day after the date such notice of a premium rate increase is given.</p> <p>No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more than once in a 12 month period. However, the Company reserves the right to change rates at any time if any of the following events occur:</p> <ol style="list-style-type: none"> 1. A change in the terms of the Policy. 2. A subsidiary, division, affiliated organization or eligible class is added or deleted to the Policy. 3. A change in any federal or state law or regulation affecting the Policy and Our benefit obligation. 4. A change in the factors bearing on the risk assumed. 5. A misrepresentation in the information relied on in establishing the rate for the Policy. 6. A change in the experience rating. <p>If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a prorated adjustment will apply from the date of the change to the next Premium Due Date.</p>
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>TIME OF PAYMENT OF CLAIMS:</p> <p>Benefits due under the Policy for a Covered Loss, other than a loss for which the Policy provides installments, will be paid not later than the 60th day after Our receipt of due written proof of such loss.</p> <p>Subject to written proof of loss, all accrued benefits for a Covered Loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid not later than the 60th day after Our receipt of due written proof of such loss.</p>
Notice of Acceptance / Rejection of a Claim	<p>The following provision is added based on the TX Endorsement:</p> <p>NOTICE OF ACCEPTANCE/REJECTION OF CLAIM</p> <p>We shall notify a claimant in writing of the acceptance or rejection of a claim not later than the 15th business day after the date We receive all items, statements, and forms required to secure final Proof of Loss.</p>
Payment of Claims	<p>If Dependent coverage is included, the following is added to the Payment of Claims provision based on the TX Endorsement:</p> <p>The Company may pay benefits on a covered Dependent Child's behalf if an order providing for the appointment of a possessory or managing conservator of the covered Dependent Child has been issued by a court in this or another state.</p>
GENERAL PROVISIONS	
Entire Contract Changes	<p>ENTIRE CONTRACT; CHANGES:</p> <p>The Policy, the Application of the Policyholder (a copy of which is attached to the Policy), endorsements, riders, and attached papers constitute the entire contract between the parties. If an application of a Covered Person is required, We may also make it a part of this contract.</p> <p>All statements made by the Policyholder or by a Covered Person are deemed representations and not warranties. No such statement will cause Us 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 such person; or, in the event of His death or incapacity, His beneficiary or representative. After two years from the Covered Person's effective date of coverage, no such statement, except with respect to eligibility for coverage, will cause such coverage to be contested.</p> <p>No change in the Policy will be valid until approved by one of Our executive officers. This approval must be endorsed on or attached to the Policy. No agent may change the Policy or waive any of its provisions.</p>
Policy Termination	<p>The Policy Termination provision is replaced with the following based on the TX Endorsement:</p> <p>POLICY TERMINATION:</p> <p>We may terminate coverage on or after the anniversary of any premium due date. The Policyholder may terminate its coverage on any premium due date. If either party terminates, written notice must be given to the other party at least 60 days prior to such premium due date.</p>
Adjustment of Premiums / Benefits if Age is Misstated	<p>The following provision is added based on the TX Endorsement:</p> <p>ADJUSTMENT OF PREMIUMS/BENEFITS IF AGE IS MISSTATED</p> <p>If a Covered Person's age is misstated, the premiums/benefits will be adjusted to reflect the correct premiums/benefits for their actual age.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
VERMONT	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN VT.
EFFECTIVE DATES OF INSURANCE	
Newborn Children Coverage	Newborn Children Coverage: We will provide coverage for a newborn Child from the moment of birth. The Insured Person must give Us notice within 60 days of the birth of the Child. If notice is not given within 60 days, coverage for the newborn Child will terminate at the expiration of the initial 60 day period.
Newborn Adopted Children Coverage	Newborn Adopted Children Coverage: In the case of adoption of a newborn Child, coverage will be on the same basis as a newborn Child if a written agreement to adopt such Child has been entered into by the Insured Person prior to the birth of the Child, whether or not such agreement is enforceable. The Insured Person must give Us notice within 60 days of the birth of the adopted Child. If notice is not given within 60 days, coverage for the newborn adopted Child will terminate at the expiration of the initial 60 day period.
Newborn Child Exception	Newborn Child Exception: This section does not apply to a newborn Child at that Child's birth if the Child is born to a Covered Person while insured as a Dependent Child under the Policy. Benefits for Newborn Children apply only to a Child born to an Insured Person or their Spouse or Civil Union Partner.
Adopted Children Coverage	Adopted Children Coverage: Coverage for an adopted Child, other than a newborn, will begin from the date of placement in the Insured Person's home. A notice of placement for adoption must be submitted to Us. If notice is not given within 60 days, coverage for the adopted Child will terminate at the expiration of the initial 60 day period.
PREMIUM PROVISIONS	
Changes in Premium Rate	<p>Changes in Premium Rate</p> <p>The Company may change the premium rates from time to time with at least 45days advanced written or authorized electronic notice. Notice will be sent to the Policyholder's most recent address in Our records.</p> <p>No change in rates will be made until 12 months after the Policy Effective Date. Thereafter, an increase in rates will not be made more than once in a 12 month period. However, the Company reserves the right to change rates at any time if any of the following events occur:</p> <ol style="list-style-type: none"> 1. A change in the terms of the Policy. 2. A subsidiary, division, affiliated organization or eligible class is added or deleted to the Policy. 3. A change in any federal or state law or regulation affecting the Policy and Our benefit obligation. 4. A change in the factors bearing on the risk assumed. 5. A misrepresentation in the information relied on in establishing the rate for the Policy. 6. A change in the experience rating. <p>If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a prorated adjustment will apply from the date of the change to the next Premium Due Date.</p>
CLAIMS PROVISIONS	
Designation or Change of Beneficiary	<p>DESIGNATION OR CHANGE OF BENEFICIARY:</p> <p>Each Covered Person may designate a beneficiary to whom loss of life benefits are payable. The designation shall be as follows in descending order:</p> <ol style="list-style-type: none"> 1. Beneficiaries designated in writing by the Covered Person for the Policy on file with the Policyholder, if any, otherwise; 2. Beneficiaries as designated in writing for any group life insurance plan or its renewals in force for the Policyholder, if any, otherwise; 3. In equal shares to the members of the first surviving class of those that follow, if any: <ol style="list-style-type: none"> a) a Covered Person's lawful spouse, if not legally separated or divorced, or Civil Union Partner; b) a Covered Person's natural Child, adopted Child, foster Child, stepchild, or other Child for whom the Covered Person has or had legal guardianship (proof will be required); or c) a Covered Person's parents, whether natural, step or adoptive; or d) a Covered person's Sisters or Brothers, otherwise. 4. The estate of the Covered Person. <p>A Covered Person may change his/her beneficiary designation from time to time without the consent of the designated beneficiary by giving notice, in writing, to the Policyholder. When a request for designation or change is received by the Policyholder, it will take effect on the date of its execution, whether or not the Covered Person is living on the date it is received by the Policyholder. Any interest created by the request will be subject to any payment made or action taken before its receipt.</p> <p>A Dependent's beneficiary is the Covered Person. If no beneficiary is living on the date of a Dependent's death, the beneficiary is the Covered Person's estate.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
VERMONT	THIS IS ONLY TO TALK TO CURRENT CUSTOMERS WHEN EXPLAINING COVERAGE - NO NEW SALES IN VT.
GENERAL PROVISIONS	
Conformity with Vermont State Statutes	CONFORMITY WITH VERMONT STATE STATUTES: Any provision of the Policy in conflict on its effective date with the laws of the State of Vermont is amended to conform to the minimum requirements of such laws.
New Entrants	NEW ENTRANTS: To the group originally insured may be added from time to time eligible new employees or members or dependents, as the case may be, in accordance with the terms of the Policy.
VIRGINIA	
CLAIMS PROVISIONS	
Time of Payment of Claims	TIME OF PAYMENT OF CLAIMS: Benefits due under the Policy for a Covered Loss, other than a loss for which the Policy provides installments, will be paid within 60 days after Our receipt of due written proof of such loss. Subject to written proof of loss, all accrued benefits for a Covered Loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of a written proof of loss.
Payment of Claims	PAYMENT OF CLAIMS: All benefits will be paid in United States currency. Loss of life benefits will be paid to the beneficiary as described in the Designation or Change of Beneficiary provision of the Policy. All other benefits will be paid to the Covered Person suffering the loss. If the Covered Person dies before all payments due have been made, the amount still payable will be paid to his/her beneficiary as described in the Designation or Change of Beneficiary provision of the Policy. If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay up to \$5,000 to a relative by blood or marriage whom We believe is equitably entitled. This good faith payment satisfies Our legal duty to the extent of that payment. Any other accrued benefits which are unpaid at a Covered Person's death may, at Our option, be paid either to his beneficiary or to his estate. All other benefits, unless specifically stated otherwise, will be paid to a Covered Person.
GENERAL PROVISIONS	
Claims Experience	The following provision is added based on the VA Endorsement: CLAIMS EXPERIENCE Upon request, We will provide the Policyholder with a complete record of the Policyholder's claims experience under the Policy. 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.
Incontestability	The following provision is added based on the VA Endorsement: INCONTESTABILITY The validity of the Policy shall not be contested, except for non-payment of premiums, after it has been in force for two years from its date of issue.
WISCONSIN	
EFFECTIVE DATES OF INSURANCE	
Newborn Children Coverage	Newborn Children Coverage: We will provide coverage for a newborn Child from the moment of birth. The Insured Person must give Us notice within 60 days of the birth of the Child. If notice is not given within 31 days, coverage for the newborn Child will terminate at the expiration of the initial 60 day period. Request may be made for insurance after 60 days but before one year from the date of birth, or the effective date of coverage for an adopted child. In this case, all past due premium, with interest at 5½% per annum, must be paid to Us within such period.

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
WISCONSIN	
EFFECTIVE DATES OF INSURANCE	
Newborn Adopted Children	<p>Newborn Adopted Children Coverage: In the case of adoption of a newborn Child, coverage will be on the same basis as a newborn Child if a written agreement to adopt such Child has been entered into by the Insured Person prior to the birth of the Child, whether or not such agreement is enforceable. The Insured Person must give Us notice within 60 days of the birth of the adopted Child. If notice is not given within 60 days, coverage for the newborn adopted Child will terminate at the expiration of the initial 60 day period.</p> <p>Request may be made for insurance after 60 days but before one year from the date of birth, or the effective date of coverage for an adopted child. In this case, all past due premium, with interest at 5½% per annum, must be paid to Us within such period.</p>
Adopted Children Coverage	<p>Adopted Children Coverage: Coverage for an adopted Child, other than a newborn, will begin from the date of placement in the Insured Person's home. A notice of placement for adoption must be submitted to Us. If notice is not given within 60 days, coverage for the adopted Child will terminate at the expiration of the initial 60 day period.</p> <p>Request may be made for insurance after 60 days but before one year from the date of birth, or the effective date of coverage for an adopted child. In this case, all past due premium, with interest at 5½% per annum, must be paid to Us within such period.</p> <p>When Dependent coverage is included, the Adopted Children Coverage provision is amended so that coverage of the adopted child will begin with the earlier of the date of the entry of the final decree of adoption or the date of placement and coverage will continue unless the placement is terminated prior to the adoption being finalized.</p>
PREMIUM PROVISIONS	
Changes in Premium Rate	<p>Changes in Premium Rate</p> <p>The Company may change the premium rates from time to time with at least 31 days advanced written or authorized electronic notice. Notice will be sent to the Policyholder's most recent address in Our records.</p> <p>No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more than once in a 12 month period. However, the Company reserves the right to change rates at any time if any of the following events occur:</p> <ol style="list-style-type: none"> 1. A change in the terms of the Policy. 2. A subsidiary, division, affiliated organization or eligible class is added or deleted to the Policy. 3. A change in any federal or state law or regulation affecting the Policy and Our benefit obligation. 4. A change in the factors bearing on the risk assumed. 5. A misrepresentation in the information relied on in establishing the rate for the Policy. 6. A change in the experience rating. <p>If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a prorated adjustment will apply from the date of the change to the next Premium Due Date.</p> <p>The following is added to the Changes in Premium Rate provision based on the WI Endorsement: If premium rates are to increase by 25% or more, the Company shall provide at least 60 days advance written notice.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
WISCONSIN	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>TIME OF PAYMENT OF CLAIMS: Benefits due under the Policy for a Covered Loss, other than a loss for which the Policy provides installments, will be paid immediately upon receipt of due written proof of such loss.</p> <p>Subject to written proof of loss, all accrued benefits for a Covered Loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of a written proof of loss.</p> <p>A claim shall be overdue if not paid within 30 days after We are furnished written notice of the fact of a Covered Loss and of the amount of the loss. If such written notice is not furnished to Us as to the entire claim, any partial amount supported by written notice is overdue if not paid within 30 days after such written notice is furnished to Us. Any part or all of the remainder of the claim that is subsequently supported by written notice is overdue if not paid within 30 days after written notice is furnished to Us. Any payment shall not be deemed overdue when We have reasonable proof to establish that We are not responsible for the payment, notwithstanding that written notice has been furnished to Us. For the purpose of calculating the extent to which any claim is overdue, payment shall be treated as being made on the date a draft or other valid instrument which is equivalent to payment was placed in the U.S. mail in a properly addressed, postpaid envelope, or, if not so posted, on the date of delivery. All overdue payments shall bear simple interest at the rate of 12% per year.</p> <p>Notwithstanding the above, the payment of a claim shall not be overdue until 30 days after We receive the Proof of Loss required under the Policy or equivalent evidence of such loss. The payment of a claim shall not be overdue during any period in which We are unable to pay such claim because there is no recipient who is legally able to give a valid release for such payment, or in which We are unable to determine who is entitled to receive such payment, if We have promptly notified the claimant of such inability and have offered in good faith to promptly pay said claim upon determination of who is entitled to receive such payment.</p>
Conditional Claim Payment	<p>When included, the Conditional Claim Payment and Recovery of Benefits provisions are amended so that Our ability to recover is limited to the amount remaining after the Covered Person has been made whole.</p> <p>CONDITIONAL CLAIM PAYMENT: If a Covered Person is due benefits under the Policy for a Covered Loss, and in Our opinion a third party may be liable, We will pay benefits if:</p> <ol style="list-style-type: none"> 1. The Covered Person first agrees in writing to refund the lesser of: <ul style="list-style-type: none"> (a) The amount of benefits We actually paid for such Covered Loss; or (b) The amount actually received from the third party for such Covered Loss; and 2. The third party's liability is determined and satisfied whether by settlement, judgment, arbitration or otherwise. <p>However, prior to Our payment of benefits under the Policy, if the third party's liability is satisfied in an amount less than the benefits payable under the Policy, We will pay the difference.</p>
Recovery of Benefits	<p>When included, the Conditional Claim Payment and Recovery of Benefits provisions are amended so that Our ability to recover is limited to the amount remaining after the Covered Person has been made whole.</p> <p>RECOVERY OF BENEFITS: We reserve the right to recover from a Covered Person any benefits We have paid to him for a Covered Loss which is covered under:</p> <ol style="list-style-type: none"> (a) Workers' Compensation or similar statutory remedies available under law; or (b) Any employer's liability insurance. <p>It will be assumed that the Covered Person is in receipt of such Recovery benefits unless He gives Us proof such benefits have been denied to him.</p> <p>"Recovery" means monies paid to the Covered Person through judgment, settlement or otherwise to compensate for all losses caused by the Injury or Sickness.</p>
GENERAL PROVISIONS	
Policy Termination	<p>POLICY TERMINATION: We may terminate coverage on or after the anniversary of any premium due date. The Policyholder may terminate its coverage on any premium due date. If either party terminates, written notice must be given to the other party at least 60 days prior to such premium due date.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

PROVISION ²	PROVISION DESCRIPTION ²
WYOMING	
CLAIMS PROVISIONS	
Proof of Loss	<p>PROOF OF LOSS: Written proof of loss must be furnished to Us in the case of a claim for Covered Loss for which the Policy provides periodic payment contingent upon continuing loss within 90 days after the end of the period for which We are liable. Written proof that the loss continues must be furnished to us at intervals required by Us.</p> <p>In case of claim for any other Covered Loss, proof must be furnished within 90 days after the date of such loss.</p> <p>If the proof of loss is not submitted within 90days, the claim may be reduced or invalidated. However, the claim will not be reduced or invalidated if:</p> <ol style="list-style-type: none"> 1. it can be shown that it was not possible within reason to submit notice within the 90day period; and 2. it is further shown that notice was given as soon as possible.
Time of Payment of Claims	<p>TIME OF PAYMENT OF CLAIMS: Benefits due under the Policy for a Covered Loss, other than a loss for which the Policy provides installments, will be paid not more than 45 days after Our receipt of due written proof of such loss.</p> <p>Subject to written proof of loss, all accrued benefits for a Covered Loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of a written proof of loss.</p>
GENERAL PROVISIONS	
Misstatement of Age	<p>The following provision is added based on the WY Endorsement: Misstatement of Age</p> <p>If the Covered Person has misstated their age, all amounts payable under the Policy will be such as the premium paid would have purchased had such age been correctly stated.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

**INSURANCE PREMIUMS FOR
GROUP HOSPITAL FIXED INDEMNITY INSURANCE
UNDERWRITTEN BY UNITED STATES FIRE INSURANCE COMPANY**

GAP PLUS LEGACY & GAP CI 10K[⊖] (Only states that have US FIRE CI)	Insurance Premiums[†] (per month)
Individual	\$5.65
Individual+1	\$11.04
Family	\$14.68

GAP PLUS 7350[⊖] (Only states that have US FIRE CI)	Insurance Premiums[†] (per month)
Individual	\$5.65
Individual+1	\$11.04
Family	\$14.68

GAP CI 25K[⊖] (Only states that have US FIRE CI)	Insurance Premiums[†] (per month)
Individual	\$5.65
Individual+1	\$11.04
Family	\$14.68

[†]This is only the Group Hospital Fixed Indemnity 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 Hospital Fixed Indemnity 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 HOSPITAL FIXED INDEMNITY INSURANCE.**

[⊖]These plans **ONLY** included the Group Hospital Fixed Indemnity Insurance IF the state was US FIRE CI Insurance Benefit Rider state. These states **DID NOT** include Group Hospital Fixed Indemnity Insurance: AZ, CA, MO, ID, KS, NJ, and TX for the older plans: Gap Plus Legacy, Gap CI 10K, Gap Plus 7350, and Gap CI 25K only.

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation **ONLY** and **not** for new sales.)

**INSURANCE PREMIUMS FOR
GROUP HOSPITAL FIXED INDEMNITY INSURANCE
UNDERWRITTEN BY UNITED STATES FIRE INSURANCE COMPANY**

GAP PLUS, GAP , GAP+	Insurance Premiums [†] (per month)
Individual	\$7.98
Individual+1	\$15.66
Family	\$19.90

GAP AME+ER, GAP ER, GAP MAX, GAP MAX+ & SUPER GAP	Insurance Premiums [†] (per month)
Individual	\$9.04
Individual+1	\$18.07
Family	\$31.63

SUPER GAP PLUS & SUPER GAP+	Insurance Premiums [†] (per month)
Individual	\$11.36
Individual+1	\$22.69
Family	\$36.85

[†]This is only the Group Hospital Fixed Indemnity 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 Hospital Fixed Indemnity 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 HOSPITAL FIXED INDEMNITY INSURANCE.**

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation **ONLY** and not for new sales.)

DISCLAIMERS FOR GROUP HOSPITAL FIXED INDEMNITY INSURANCE

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

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

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 Hospital Fixed Indemnity Insurance is underwritten by United States Fire Insurance Company, Eatontown, NJ. The insurance described in this document provides limited benefits. Limited benefit plans are insurance products with reduced benefits intended to help supplement comprehensive health insurance plans. The insurance coverage is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, the insurance coverage is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

Optional Supplemental UBA Gap Disclaimer

The optional supplemental UBA Gap plans 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 plans are not intended to supplement, not replace, comprehensive health insurance coverage. UBA Gap plans 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 plans do not satisfy the requirement of minimum essential coverage under the Affordable Care Act and does not qualify or generate a 1095-A tax form.

Group Hospital Fixed Indemnity Insurance Attestation Question on Enrollment Application:

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

(Note: We no longer market the Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company in CA and NJ and never have marketed it in Nevada.)

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

Group Hospital Fixed Indemnity Insurance Disclaimer

You hereby request Group Fixed Indemnity Insurance that includes (if applicable in state you are selling) Daily Benefits for Hospital Confinement, Emergency Room Visits, Physician Office Visits Outpatient Diagnostic Imaging and Outpatient Diagnostic Laboratory Testing, underwritten by United States Fire Insurance Company, Eatontown, NJ.

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

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

(You should have emailed them a copy of the Certificate of Insurance 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 HOSPITAL FIXED INDEMNITY INSURANCE

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

(Any reference to CA, ID, KS, MO, NJ, NM, PA, or VT are for current member explanation ONLY and not for new sales.)

PAYMENT AUTHORIZATION

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

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

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

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

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

You will receive your ID. Cards in the mail within 14 days of purchase. Digital copies of your ID. Cards, as well as all Membership Guides 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 HOSPITAL FIXED INDEMNITY INSURANCE

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

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

The [PLAN NAME] includes Group Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company and includes the following:

- Schedule of Benefits information for the **[PLAN NAME]** chosen (page 6 in Agent Guide for reference)
- Explain the benefits available as part of the Group Hospital Fixed Indemnity - specific to that state (pages 7-13 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. Keep recording of sales call. We will conduct random audits each year and your call could be requested for review.

APPLICANT SIGNATURE FOR RECORDING

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

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

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

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

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