

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

**AGENT VERSION**

not for consumer use



Group Hospital Indemnity Insurance issued by:  
SiriusPoint America Insurance Company.

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

H A Partners, Inc. and HealthyAmerica  
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Ft Worth, TX 76104  
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GROUP HOSPITAL INDEMNITY INSURANCE  
**AGENT GUIDE**

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# AGENT GUIDE

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



PG 3	AGENT REQUIREMENTS
PG 4	ELIGIBILITY
PG 5	SCHEDULE OF BENEFITS <i>(high level overview)</i>
PG 6	HOSPITAL INDEMNITY BENEFITS
PGS 8-12	DEFINITIONS
PGS 13-16	DEFINITIONS BASED ON STATE VARIATIONS
PGS 20-24	LIMITATIONS & EXCLUSIONS
PG 25	ATTESTATION FOR HOSPITAL INDEMNITY
PGS 26-36	PROVISIONS
PGS 37-60	PROVISIONS BASED ON STATE VARIATIONS
PGS 61-63	SPECIAL STATE SPECIFIC ADDITIONAL DISCLAIMERS
PG 65	GROUP CRITICAL ILLNESS INSURANCE PREMIUMS
PGS 66-67	DISCLAIMERS FOR GROUP HOSPITAL INDEMNITY INSURANCE
PG 68 <i>(back cover)</i>	BASIC SCRIPT OUTLINE FOR PHONE SALES <i>(Points that should 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 Indemnity Insurance issued by SiriusPoint America Insurance Company.

## SALES PROCESS

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

This includes:

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

The applicant must also be told during the enrollment process that they are joining the United Business Association along with the cost of the \$10 membership dues that are separate from any Group Hospital 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.
- You should record the sale (if sale is conducted by phone) from start to finish of the sale for your protection and the carrier's protection in case of a complaint.
- Give an accurate and true representation of the Group Hospital 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. Blanket Group Accident, Group Hospital Indemnity, Group Critical Illness, etc.) Discuss as separate insurance coverage even though they may be part of the same plan. Make sure to distinguish the coverage separately so that the member understands all of the insurance in their selected plan, including any important conditions, limitations and exclusions relative to each coverage.
- Do use the member's correct email address on the enrollment application. This is incredibly important because the email address allows the member to properly review the app, verify, read all state-specific disclaimers, e-sign the enrollment application, receive acceptance email along with link to the member portal which will include the member's ID Card, Certificate and any State Endorsements or Amendatory Riders along with any required State documents, copy of completed and signed application and forms and finally, the United Business Association Member Guide.
- Do not try to circumvent the application by entering a wrong information such as: state that is available instead of the member's residing state, wrong date of birth's so that the member meets the age requirement, a child 18 and over with the siblings as their dependents, another person's agent code to complete the app due to non-appointment or not being licensed in a state, and changing answers on the application from a potential member to bypass any pass/fail application questions.

# ELIGIBILITY

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


**PRIMARY MEMBER**  
Ages 18 to under 65 years of age

**ELIGIBLE DEPENDENTS**

**Spouse:** Under 65  
*(depending on state - see definitions for any state variations)*

**Dependent Children<sup>^</sup>:** Unmarried and under 26  
*(Coverage ends for dependent children at age 26 in most states - see definitions for any state variations.)*

*(See the definitions of Child, Dependent Children, Domestic Partner, Civil Union Partner and Spouse and any state-specific variations on pages 8-19.)*



**Maximum Age:** Member and Dependent coverage ends when the Member is **age 65**.

CLASS	CLASS ELIGIBILITY
Class 1	All active members of the Policyholder who have chosen to enroll themselves in the [INSERT PLAN NAME HERE]; or
Class 2	A Dependent Spouse or a dependent Child of an Eligible Person in Class 1 above

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

HIGHLIGHT <sup>1</sup> OF SCHEDULE OF BENEFITS	COMPLEMENT CARE GAP EDGE+
OFFICE & URGENT CARE VISITS	Maximum Number of Daily Benefits per Covered Person per Coverage Year
Daily Benefit Amount	\$125
Maximum Number of Daily Benefits	4 visits
EMERGENCY ROOM VISITS	Maximum Number of Daily Benefits per Covered Person per Coverage Year
Daily Benefit Amount	\$500
Maximum Number of Daily Benefits	2 visits
Coverage Year	Means a period beginning on the Primary Covered Person's Certificate Effective Date and ending 12 months after that date. Successive Coverage Years will begin after the first Coverage Year, each extending for 12-month periods, provided that the Primary Covered Person does not terminate His coverage wit in the same Coverage Year. If the Primary Covered Person terminates His coverage during a Coverage Year and re-enrolls for coverage under a new certificate within the same Coverage Year, all benefits, benefit limits and benefit maximums will be those that applied to Him under the previously terminated certificate. In this case, a new Coverage Year will begin for the Primary Covered Person after He has been insured under the new certificate for a period of 12 months.

**Hospital Indemnity Benefits**

Coverage is provided for the above benefits and services received for the Medically Necessary treatment of Injury or Sickness as defined in the Certificate of Insurance while coverage under the Policy is in force. Unless otherwise indicated, any benefit amount, benefit limit or benefit maximum **applies to each Covered Person.**

Note: The Group Hospital Indemnity Insurance is available in MT & SC for the Complement Care plan but NOT the Gap Edge+ Plan. All states that include Group Hospital Indemnity Insurance are: AL, AZ, AR, CA, CO, DC, DE, FL, GA, IL, IN, KY, LA, MI, MO, MS, MT, NC, ND, NE, NV, OH, OK, RI, SC, TN, TX, VA, WI, WV & WY. (We no longer offer Group Hospital Indemnity Insurance plans in NJ.)

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

# HOSPITAL\* INDEMNITY BENEFITS

We will provide coverage for the benefits and services shown in the Schedule of Benefits that are required for the Medically Necessary treatment of a Covered Person's Injury or Sickness while insurance under the Policy is in force, subject to all applicable terms, conditions, provisions and exclusions.

Hospital\* Indemnity Benefits will be paid:

1. until any applicable Daily Benefit Amount or other benefit limit shown in the Schedule of Benefits has been reached; and
2. until the total of a Covered Benefit or Service equals any applicable Maximum Number of Daily Benefits, Lump Sum Benefit Amount, Maximum Number of Payments or Coverage Year Maximum shown in the Schedule of Benefits.

## COVERED BENEFITS AND SERVICES

### Office & Urgent Care Visits

We will pay a daily benefit for each visit made by a covered Person to a Physician's office or urgent care facility to receive care or treatment of a Sickness, an Accident or an Injury.

### Emergency Room Visits<sup>†</sup>

We will pay a daily benefit for a Physician's treatment of a Covered Person during an Emergency Room visit during which Emergency Care is provided for Sickness, Accident or Injury.

## HOSPITAL INDEMNITY BENEFIT STATE VARIATIONS

### <sup>†</sup>Emergency Room Visits - Alabama

We will pay a daily benefit for a Physician's treatment of a Covered Person during an Emergency Room visit during which Emergency care is provided during for Sickness, Accident or Injury.

### <sup>†</sup>Emergency Room Visits - Missouri

We will pay a daily benefit for a Physician's treatment of a Covered Person during an Emergency Room visit for an Emergency Medical Condition.

\*In the Missouri Certificate of Insurance, instead of Hospital Indemnity Benefits, it is referred to as Fixed Indemnity Benefits.

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The definitions below are for all Group Hospital Indemnity Insurance states issued by SiriusPoint America Insurance Company to United Business Association (**based on the TX Certificate of Insurance**). Some states may have variations or added definitions. Those variations and added definitions will be located between pages 14-19. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

DEFINITION TERM <sup>1</sup>	DEFINITION MEANING <sup>1</sup>
GROUP HOSPITAL INDEMNITY INSURANCE	
Accident	<p>Accident means a sudden, unforeseeable event that:</p> <ol style="list-style-type: none"> <li>1. directly and independently of all other causes results in bodily injury to a Covered Person;</li> <li>2. occurs while coverage is in force for the Covered Person;</li> <li>3. is not contributed to by Sickness, disease or bodily or mental infirmity; and</li> <li>4. is not otherwise specifically excluded by name or description under the terms of the Policy and this Certificate.</li> </ol> <p><b>Illinois</b> has a variation based on the IL Certificate. <b>See page 15</b> for variation of definition language.  <b>Indiana</b> has a variation based on the IN Certificate. <b>See page 15</b> for variation of definition language.</p>
Age	<p>Age means the Age of a Covered Person on His last birthday as of the Certificate Effective Date. His Age increases by one year on each Certificate anniversary.</p> <p>If coverage is effective after the Policy Effective Date, Age means the Age of a Covered Person as of His last birthday preceding His request for insurance coverage.</p>
Alcoholism	<p>Alcoholism means a chronic disorder or condition in which the Covered Person is unable, for psychological or physical reasons, or both, to refrain from the frequent consumption of alcohol in quantities sufficient to produce intoxication and, ultimately, injury to His health and effective functioning.</p>
Certificate Effective Date	<p>Certificate Effective Date means the day on which coverage for the Primary Covered Person and other Covered Persons begins. Coverage will begin on the first day of the month following the date:</p> <ol style="list-style-type: none"> <li>1. Our Home Office has approved the Primary Covered Person's Enrollment Form; and</li> <li>2. the Policyholder has paid the first premium.</li> </ol> <p><b>North Carolina</b> has a variation based on the KY Certificate. <b>See page 18</b> for variation of definition language.</p>
Child (Children)	<p>Child (Children) means the Primary Covered Person's children all of whom are not yet age 26, including:</p> <ol style="list-style-type: none"> <li>1. a natural child from the moment of birth, stepchild, foster or legally adopted child; or</li> <li>2. a child in the process of adoption (including a child while the Primary Covered Person is a party to a proceeding in which the adoption of such child by the Primary Covered Person is sought); or</li> <li>3. a child for whom the Primary Covered Person is required by a court order to provide medical support; and</li> <li>4. grandchildren who are dependent on the Primary Covered Person for federal income tax purposes at the time of application.</li> </ol> <p><b>District of Columbia</b> has a variation based on the DC Certificate. <b>See page 14</b> for variation of definition language.  <b>Georgia</b> has a variation based on the GA Certificate. <b>See page 14</b> for variation of definition language.  <b>Illinois</b> has a variation based on the IL Certificate. <b>See page 15</b> for variation of definition language.  <b>Louisiana</b> has a variation based on the LA Certificate. <b>See page 16</b> for variation of definition language.  <b>Missouri</b> has a variation based on the MO Certificate. <b>See page 16</b> for variation of definition language.  <b>Montana</b> has a variation based on the MT Certificate. <b>See page 17</b> for variation of definition language.  <b>North Carolina</b> has a variation based on the NC Certificate. <b>See page 18</b> for variation of definition language.  <b>North Dakota</b> has a variation based on the ND Certificate. <b>See page 18</b> for variation of definition language.  <b>Ohio</b> has a variation based on the OH Certificate. <b>See page 19</b> for variation of definition language.  <b>West Virginia</b> has a variation based on the WV Certificate. <b>See page 19</b> for variation of definition language.</p>
Class	<p>Class means a group of persons that We and the Policyholder have agreed to insure.</p>
Company or We, Us, Our	<p>Company or We, Us, Our means SiriusPoint America Insurance Company, domiciled in New York, New York.</p>
Complications of Pregnancy	<p>Complications of Pregnancy means:</p> <ol style="list-style-type: none"> <li>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: <ol style="list-style-type: none"> <li>a. acute nephritis, nephrosis, cardiac decompensation;</li> <li>b. missed abortion, hyperemesis gravidarum, pre-eclampsis; and</li> <li>c. 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, and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy; and</li> </ol> </li> <li>2. non-elective cesarean section, termination of ectopic pregnancy, and spontaneous termination of pregnancy, occurring during a period of gestation in which a viable birth is not possible.</li> </ol> <p><b>Montana</b> does <u>not</u> have this definition in the MT Certificate.</p>

<sup>1</sup>This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Indemnity Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Definitions of each Covered Expense is provided in the Certificate of Insurance. Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.



The definitions below are for all Group Hospital Indemnity Insurance states issued by SiriusPoint America Insurance Company to United Business Association (**based on the TX Certificate of Insurance**). Some states may have variations or added definitions. Those variations and added definitions will be located between pages 14-19. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

DEFINITION TERM <sup>1</sup>	DEFINITION MEANING <sup>1</sup>
GROUP HOSPITAL INDEMNITY INSURANCE	
Covered Person	Covered Person means the Primary Covered Person or their Covered Dependents.
Covered Dependent	<p>Covered Dependent means:</p> <ol style="list-style-type: none"> <li>1. any eligible Spouse or Child, as indicated in the Schedule of Benefits whose coverage has become effective; or</li> <li>2. any eligible Spouse or Child whose coverage has become effective and who is timely added to the Primary Covered Person's Enrollment Form after Primary Covered Person's effective date of Insurance; or</li> <li>3. a newborn child (as described in the Eligibility Section ).</li> </ol> <p><b>Colorado</b> has a variation based on the CO Certificate. <b>See page 14</b> for variation of definition language.  <b>North Carolina</b> has a variation based on the NC Certificate. <b>See page 18</b> for variation of definition language.</p>
Drug Addiction	Drug Addiction means the pathological use or abuse of Alcohol or drugs in a manner and to a degree that produces impairment in personal social or occupational functioning and which may, but need not include a pattern of tolerance and withdrawal.
Drug Intoxication	Drug Intoxication means the simultaneous use of multiple drugs, whether the drugs are legally or illegally obtained, prescription, over-the-counter, recreational, herbal, home remedies, alcohol or some other combination producing a loss of control or behavior.
Emergency Room	<p>Emergency Room means a pre-designated and fixed medical/surgical care area within a Hospital, or a licensed facility providing Emergency Care which is structurally separate and distinct from a Hospital that:</p> <ol style="list-style-type: none"> <li>1. treats patients on other than an inpatient basis;</li> <li>2. is utilized exclusively for the diagnosis and treatment of such patients' acute and/or critical conditions;</li> <li>3. has emergency life-saving equipment and supplies that are immediately accessible;</li> <li>4. is staffed with medical personnel specially trained for duty in such an area; and</li> <li>5. is not primarily a clinic, Physician's office or free-standing surgical facility.</li> </ol> <p><b>Missouri</b> has a variation based on the MO Certificate. <b>See page 16</b> for variation of definition language.</p>
Emergency Care	<p>Emergency Care means medical attention provided to a Covered Person after the acute onset of symptoms relating to Sickness or Injury, including severe pain, which symptoms are severe enough that the lack of immediate medical attention could reasonably be expected to result in any of the following:</p> <ol style="list-style-type: none"> <li>1. placing the Covered Person's health in serious jeopardy;</li> <li>2. serious impairment to the Covered Person's bodily functions; or</li> <li>3. serious dysfunction of a Covered Person's bodily organ or part.</li> </ol> <p>Emergency Treatment does not include care that is:</p> <ol style="list-style-type: none"> <li>a. elective;</li> <li>b. preventive; or</li> <li>c. well care.</li> </ol> <p><b>Missouri</b> does <u>not</u> have this definition in the MO Certificate..</p>
Enrollment Form	Enrollment Form means the form designated by Us that a person in an eligible Class must complete and submit in order to request enrollment in the Policy. Enrollment Forms are available from the Policyholder and must be submitted to the Policyholder to be forwarded to Us or Our authorized representative.
Evidence of Insurability	Evidence of Insurability means a statement of medical history or condition or other evidence that a person is an acceptable risk for insurance as determined by Us.

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DEFINITION TERM <sup>1</sup>	DEFINITION MEANING <sup>1</sup>
GROUP HOSPITAL INDEMNITY INSURANCE	
He, His, Him	He, His, Him refers to any individual, male or female.
Hospital	<p>Hospital means an institution which:</p> <ol style="list-style-type: none"> <li>1. operates pursuant to law;</li> <li>2. primarily and continuously provides medical care and treatment of sick and injured persons on an inpatient basis;</li> <li>3. operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified Physicians; and</li> <li>4. provides 24 hour a day nursing service by or under the supervision of registered graduate Nurses (R.N.).</li> </ol> <p>Hospital will also mean a sanatorium operated by or certified by the First Church of Christ, Scientist, Boston, Massachusetts.</p> <p>Hospital does not mean any institution or part thereof which is used primarily as:</p> <ol style="list-style-type: none"> <li>a. a nursing home, convalescent home, or skilled nursing facility;</li> <li>b. a place for rest, custodial care, or for the aged;</li> <li>c. a clinic;</li> <li>d. a place for the treatment of mental illness, Alcoholism, or Drug Addiction.</li> </ol> <p><b>Missouri</b> has a variation based on the MO Certificate. <b>See page 17</b> for variation of definition language.</p> <p><b>North Carolina</b> has a variation based on the NC Certificate. <b>See page 18</b> for variation of definition language.</p>
Hospital Confinement	Hospital Confinement means a Medically Necessary admission to a Hospital on the advice and supervision of a Physician and confinement as a resident bed patient due to an Injury or Sickness. We do not consider confinement to an Emergency Room, outpatient treatment room or observation unit as Hospital Confinement.
Initial Enrollment Period	Initial Enrollment Period means the period of time during which a Primary Covered Person is first eligible to enroll under the Policy.
Injury	<p>Injury means bodily injury sustained which:</p> <ol style="list-style-type: none"> <li>1. results directly and independently of all other causes from an Accident;</li> <li>2. occurs while coverage is in force for the Covered Person;</li> <li>3. is not caused or contributed to by Sickness; and</li> <li>4. is not otherwise specifically excluded by name or description under the terms of the Policy and this Certificate.</li> </ol> <p>Losses that occur after the Pre-existing Condition limitation has been satisfied will be covered for an Injury that occurred before the date the person becomes a Covered Person under the Policy unless the Injury has been specifically excluded by name or description within this Certificate.</p> <p><b>Illinois</b> has a variation based on the IL Certificate. <b>See page 15</b> for variation of definition language.</p> <p><b>Indiana</b> has a variation based on the IN Certificate. <b>See page 15</b> for variation of definition language.</p>
Medically Necessary	<p>Medically Necessary means the treatment, services or supplies necessary and appropriate for the diagnosis or treatment of Sickness or Injury based upon generally accepted medical practice.</p> <p><b>District of Columbia</b> has a variation based on the DC Certificate. <b>See page 14</b> for variation of definition language.</p> <p><b>Wyoming</b> has a variation based on the WY Certificate. <b>See page 19</b> for variation of definition language.</p>
Member	Member means a person who meets all of the conditions of membership and is in good standing with the Policyholder.
Nurse	<p>Nurse means any one of the following who is not the Primary Covered Person or a member of the Primary Covered Person's immediate family:</p> <ol style="list-style-type: none"> <li>1. a licensed practical Nurse (L.P.N.);or</li> <li>2. a licensed vocational Nurse (L.V.N.);or</li> <li>3. a graduate registered Nurse (R.N.).</li> </ol> <p>With respect to the benefits provided under the Policy, Nurse will not include an L.P.N., L.V.N. or R.N. who is employed by the Hospital where a Covered Person is confined.</p>

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DEFINITION TERM <sup>1</sup>	DEFINITION MEANING <sup>1</sup>
GROUP HOSPITAL INDEMNITY INSURANCE	
Physician	<p>Physician means a medical doctor or other person recognized by law or regulation in the state where His services are rendered. The person must be licensed to practice medicine, prescribe and administer drugs or to perform surgery.</p> <p>The following states replace the above definition with the following definition of Physician: <b>AL, AR, AZ, CO, DC, DE, GA, IL, IN, LA, MO, MS, MT, NC, ND, NE, NV, OH, OK, RI, SC, TN, VA, WI, WV, &amp; WY</b></p> <p>Physician means a medical doctor or other person recognized by law or regulation in the state where His services are rendered. The person must be licensed to practice medicine, prescribe and administer drugs or to perform surgery in the United States.</p> <p>The term Physician does not include:</p> <ol style="list-style-type: none"> <li>1. 1. the Primary Covered Person;</li> <li>2. 2. a person related to Him by blood or marriage; or</li> <li>3. 3. a medical doctor or other person practicing outside of the United States.</li> </ol> <p><b>Kentucky</b> has a variation based on the KY Certificate. <b>See page 16</b> for variation of definition language.</p>
Policy Effective Date	Policy Effective Date means the date that coverage begins under the Policy.
Policyholder	Policyholder means the entity, in whose name the Policy is issued, as identified on this Certificate's face page
Policy Month	<p>Policy Month means a period of time:</p> <ol style="list-style-type: none"> <li>1. beginning on the day of the month corresponding to the Policy Effective Date; and</li> <li>2. continuing through the end of the preceding day in the next Calendar Month.</li> </ol>
Policy Year	<p>Policy Year means a period of time:</p> <ol style="list-style-type: none"> <li>1. beginning on the Policy Effective Date or its anniversary; and</li> <li>2. continuing through the end of the day preceding the next anniversary.</li> </ol>
Primary Covered Person	<p>Primary Covered Person means the person who has completed and signed the Enrollment Form and who has been accepted for coverage by Us. This is the person whose name appears on this Policy's face page.</p> <p><b>Arizona</b> has a variation based on the AZ Certificate. <b>See page 14</b> for variation of definition language.</p> <p><b>South Carolina</b> has a variation based on the SC Certificate. <b>See page 19</b> for variation of definition language.</p> <p><b>Virginia</b> has a variation based on the VA Certificate. <b>See page 19</b> for variation of definition language.</p> <p><b>West Virginia</b> has a variation based on the WV Certificate. <b>See page 19</b> for variation of definition language.</p>
Pre-existing Condition	<p>Pre-existing Condition means a condition which a Physician has treated or for which a Physician has advised treatment of the Covered Person within 12 months before the Covered Person's effective date of insurance.</p> <p>The following states replace the above definition with the following Pre-existing Condition definition: <b>AL, AR, AZ, DC, DE, GA, IL, IN, KY, LA, MS, NE, OH, OK, RI, SC, TN, VA, WI, &amp; WV</b>.</p> <p>Pre-existing Condition means a condition which a Physician has treated or for which a Physician has advised treatment of the Covered Person within 12 months before the Covered Person's effective date of insurance. It is also one which would cause a person to seek diagnosis or care within the same 12-month period.</p> <p><b>Colorado</b> has a variation based on the CO Certificate. <b>See page 14</b> for variation of definition language.</p> <p><b>Missouri</b> has a variation based on the MO Certificate. <b>See page 17</b> for variation of definition language.</p> <p><b>Montana</b> has a variation based on the MT Certificate. <b>See page 17</b> for variation of definition language.</p> <p><b>Nevada</b> has a variation based on the NV Certificate. <b>See page 17</b> for variation of definition language.</p> <p><b>Wyoming</b> has a variation based on the WY Certificate. <b>See page 19</b> for variation of definition language.</p>

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The definitions below are for all Group Hospital Indemnity Insurance states issued by SiriusPoint America Insurance Company to United Business Association (**based on the TX Certificate of Insurance**). Some states may have variations or added definitions. Those variations and added definitions will be located between pages 14-19. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

DEFINITION TERM <sup>1</sup>	DEFINITION MEANING <sup>1</sup>
GROUP HOSPITAL INDEMNITY INSURANCE	
Rehabilitation Unit	Rehabilitation Unit means a Hospital or department in a Hospital with specialization to facilitate the process of recovery from Injury or Sickness to as normal a condition as possible.
Replaced Policy	Replaced Policy means a prior plan of hospital indemnity insurance sponsored by the Policyholder. The following conditions must be met: <ol style="list-style-type: none"> <li>1. The Primary Covered Person was validly covered under the prior plan on the Policy Effective Date;</li> <li>2. the applicable premium is paid; and</li> <li>3. the prior coverage is terminated upon issuance of this coverage.</li> </ol>
Schedule of Benefits	Schedule of Benefits means the pages so labeled in this Certificate.
Sickness	Sickness means illness, disease or Complication of Pregnancy of a Covered Person which: <ol style="list-style-type: none"> <li>1. first manifests itself while coverage is in force for the Covered Person; and</li> <li>2. does not result from a Pre-existing Condition as defined in this Certificate; and</li> <li>3. is not otherwise specifically excluded by name or description under the terms of the Policy and this Certificate.</li> </ol> <b>Indiana</b> has a variation based on the IN Certificate. <b>See page 16</b> for variation of definition language. <b>Montana</b> has a variation based on the MT Certificate. <b>See page 17</b> for variation of definition language.
Spouse	Spouse means the Primary Covered Person's Spouse, provided the Primary Covered Person and His Spouse are not legally separated or divorced.  <b>District of Columbia</b> has a variation based on the DC Certificate. <b>See page 14</b> for variation of definition language. <b>Illinois</b> has a variation based on the IL Certificate. <b>See page 15</b> for variation of definition language. <b>Louisiana</b> has a variation based on the LA Certificate. <b>See page 16</b> for variation of definition language. <b>Montana</b> has a variation based on the MT Certificate. <b>See page 17</b> for variation of definition language.
United States	United States means the United States and its territories.
You, Your, Member or Primary Covered Person	You, Your, Member or Primary Covered Person mean the individual who is eligible to enroll for insurance and for whom coverage is provided under the Policy and this Certificate.

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

CIVIL UNION	PG 14 (DISTRICT OF COLUMBIA)
CIVIL UNION PARTNER	PG 15 (ILLINOIS)
IMMEDIATE FAMILY MEMBER	PG 16 (MISSISSIPPI)
EMERGENCY MEDICAL CONDITION	PG 16 (MISSOURI)
MENTAL OR NERVOUS DISORDERS	PG 18 (NORTH DAKOTA)

<sup>1</sup>This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital indemnity Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Definitions of each Covered Expense is provided in the Certificate of Insurance. Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

# STATE VARIATIONS AND ADDITIONS

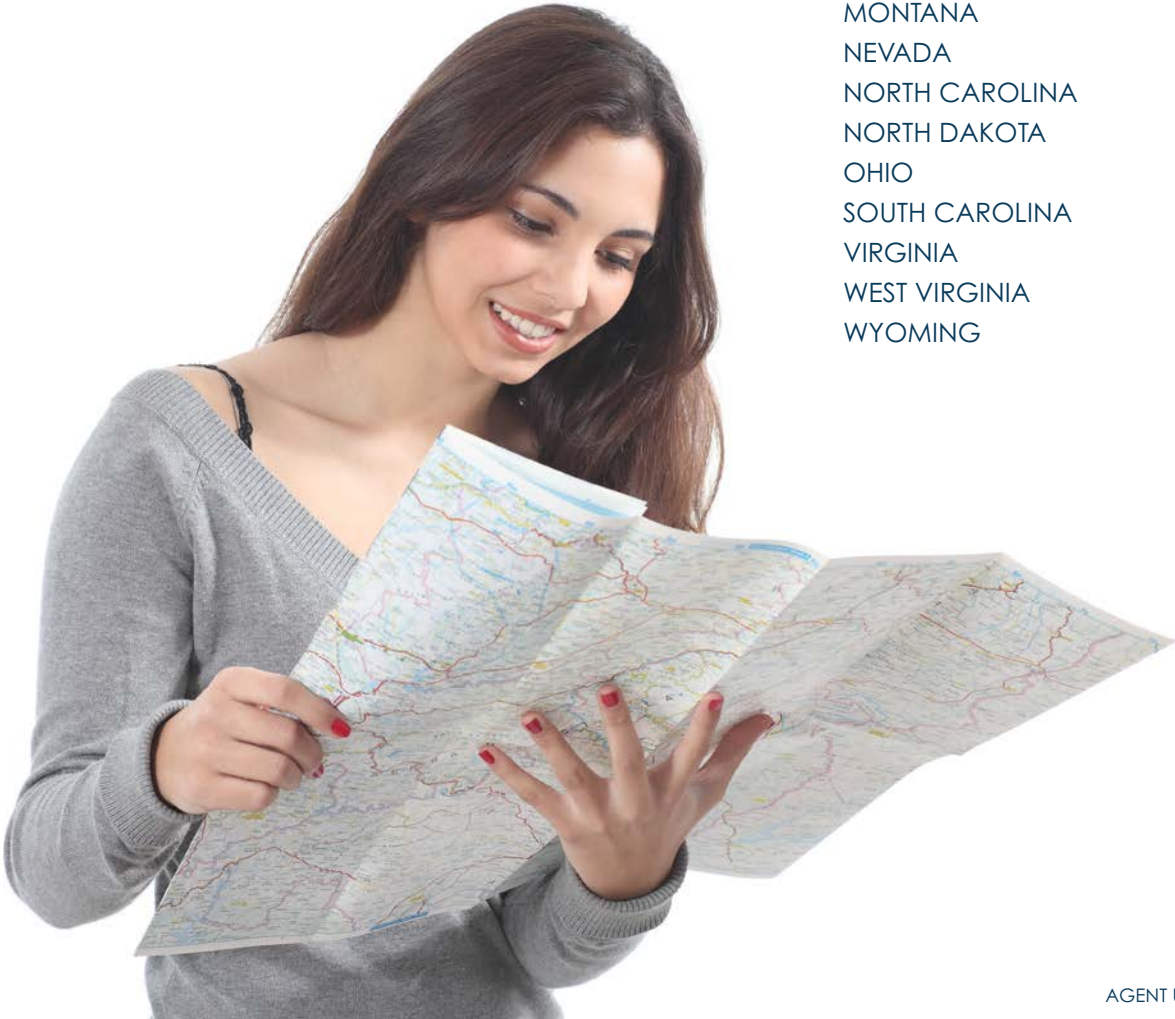
## DEFINITION STATE VARIATIONS

In this section of the agent guide (pages 14-19), all of the state variations that are different from the definitions listed between pages 8-12 are detailed. The descriptions are done alphabetically. You will find all variations or additions for that state within each state section. Some states may carry over to multiple pages depending on the amount of variations or additions.

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

### QUICK STATE PAGES REFERENCE

ARIZONA	PG 14
COLORADO	PG 14
DISTRICT OF COLUMBIA (DC)	PG 14
GEORGIA	PG 14
ILLINOIS	PG 15
INDIANA	PGS 15-16
LOUISIANA	PG 16
MISSISSIPPI	PG 16
MISSOURI	PGS 16-17
MONTANA	PG 17
NEVADA	PG 17
NORTH CAROLINA	PG 18
NORTH DAKOTA	PG 18
OHIO	PG 19
SOUTH CAROLINA	PG 19
VIRGINIA	PG 19
WEST VIRGINIA	PG 19
WYOMING	PG 19



DEFINITION TERM <sup>1</sup>	DEFINITION MEANING <sup>1</sup>
ARIZONA	
Primary Covered Person	Primary Covered Person means the person who has completed and signed the Enrollment Form and who has been accepted for coverage by Us.
COLORADO	
Covered Dependent	Covered Dependent means: <ol style="list-style-type: none"> <li>1. any eligible Spouse or Child, as indicated in the Schedule of Benefits whose coverage has become effective; or</li> <li>2. any eligible Spouse or Child whose coverage has become effective and who is timely added to the Primary Covered Person's Enrollment Form after Primary Covered Person's effective date of Insurance; or</li> <li>3. a newborn or newly adopted child (as described in the Eligibility Section ).</li> </ol>
Pre-existing Condition	Pre-existing Condition means a condition which a Physician has treated or for which a Physician has advised treatment of the Covered Person within 6 months before the Covered Person's effective date of insurance. It is also one which would cause a person to seek diagnosis or care within the same 6 -month period.
DISTRICT OF COLUMBIA	
Child (Children)	Child (Children) means the Primary Covered Person's children all of whom are not yet age 26, including: <ol style="list-style-type: none"> <li>1. a natural child from the moment of birth, stepchild, foster or legally adopted child; or</li> <li>2. a child in the process of adoption (including a child while the Primary Covered Person is a party to a proceeding in which the adoption of such child by the Primary Covered Person is sought); or</li> <li>3. a child for whom the Primary Covered Person is required by a court order to provide medical support</li> <li>4. grandchild, niece or nephew under the primary care of the Covered Person if the legal guardian of the child is not covered by a similar policy; and</li> <li>5. grandchildren who are dependent on the primary Covered Person for federal income tax purposes at the time of application.</li> </ol>
Civil Union	Civil Union means same-sex relationship similar to marriage that is recognized by law.
Medically Necessary	Medically Necessary means the treatment, services or supplies necessary and appropriate for the diagnosis or treatment of Sickness or Injury based upon generally accepted medical practice. The fact that a physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Group Policy.
Spouse	Spouse means the Primary Covered Person's Spouse, provided the Primary Covered Person and His Spouse are not legally separated or divorced. The term Spouse, where referenced in the Policy, shall also mean and include the Primary Covered Person's civil union partner as defined by state law.
GEORGIA	
Child (Children)	Child (Children) means the Primary Covered Person's children all of whom are not yet age 26, including: <ol style="list-style-type: none"> <li>1. a natural child from the moment of birth, stepchild, foster or legally adopted child; or</li> <li>2. a child in the process of adoption (including a child while the Primary Covered Person is a party to a proceeding in which the adoption of such child by the Primary Covered Person is sought); or</li> <li>3. a child for whom the Primary Covered Person is required by a court or administrative order to provide medical support; and</li> <li>4. grandchildren who are dependent on the Primary Covered Person for federal income tax purposes at the time of application.</li> </ol>

<sup>1</sup>This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Indemnity Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Definitions of each Covered Expense is provided in the Certificate of Insurance. Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

DEFINITION TERM <sup>1</sup>	DEFINITION MEANING <sup>1</sup>
ILLINOIS	
Accident	Accident means accidental bodily injuries sustained by a Covered Person which are the direct cause of loss, independent of disease cause of loss, independent of disease or bodily infirmity and occurring while the Covered Person's coverage under the Policy is in force.
Child (Children)	Child (Children) means the Primary Covered Person's children all of whom are not yet age 26, including: <ol style="list-style-type: none"> <li>1. a natural child from the moment of birth, stepchild, foster or legally adopted child; or</li> <li>2. a child in the process of adoption (including a child while the Primary Covered Person is a party to a proceeding in which the adoption of such child by the Primary Covered Person is sought); or</li> <li>3. a child for whom the Primary Covered Person is required by a court order to provide medical support; and</li> <li>4. grandchildren who are dependent on the Primary Covered Person for federal income tax purposes at the time of application, and</li> <li>5. a military veteran under 30 years of age, if an Illinois resident, not married, has served in the active or a reserve component of the United States Armed Forces (including the National Guard) and has received a release or discharge other than dishonorable</li> </ol>
Civil Union Partner	Civil Union Partner means a person of the same or opposite sex as the Primary Covered Person who has applied with the county clerk for a civil union with the Primary Covered Person, received a certificate of civil union with the Primary Covered Person from the county clerk and who has established a civil union with the Primary Covered Person pursuant to the provisions of Illinois law; provided that the civil union was not entered into prior to: <ol style="list-style-type: none"> <li>1. both parties attaining 18 years of age or</li> <li>2. the dissolution of a marriage or civil union or substantially similar legal relationship of one of the parties; and provided that the civil union is not between: <ol style="list-style-type: none"> <li>a. an ancestor and a descendant</li> <li>b. siblings whether the relationship is by the half or the whole blood or by adoption</li> <li>c. an aunt or uncle and a niece or nephew, whether the relationship is by the half or the whole blood or by adoption or</li> <li>d. first cousins.</li> </ol> </li> </ol>
Injury	Injury means bodily injury sustained which: <ol style="list-style-type: none"> <li>1. is the direct cause of loss, independent of disease cause of loss, independent of disease or bodily infirmity from an Accident; and</li> <li>2. occurs while coverage is in force for the Covered Person;</li> </ol> Losses that occur after the Pre-existing Condition limitation has been satisfied will be covered for an Injury that occurred before the date the person becomes a Covered Person under the Policy unless the Injury has been specifically excluded by name or description within this Certificate.
Spouse	Spouse means the Primary Covered Person's Spouse, provided the Primary Covered Person and His Spouse are not legally separated or divorced or the Primary Covered Person's Civil Union Partner/Party to a Civil Union.
INDIANA	
Accident	Accident means a bodily injury resulting directly from an Accident and independently of all other causes. It does not include an intentional, self-inflicted injury, while sane.
Injury	Injury means bodily injury sustained which: <ol style="list-style-type: none"> <li>1. results directly and independently of all other causes from an Accident;</li> <li>2. is not caused or contributed to by Sickness; and</li> <li>3. is not otherwise specifically excluded by name or description under the terms of the Policy and this Certificate.</li> </ol> Losses that occur after the Pre-existing Condition limitation has been satisfied will be covered for an Injury that occurred before the date the person becomes a Covered Person under the Policy unless the Injury has been specifically excluded by name or description within this Certificate.

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DEFINITION TERM <sup>1</sup>	DEFINITION MEANING <sup>1</sup>
INDIANA	
Sickness	Sickness means illness, disease or Complication of Pregnancy of a Covered Person which: <ol style="list-style-type: none"> <li>1. does not result from a Pre-existing Condition as defined in this Certificate; and</li> <li>2. is not otherwise specifically excluded by name or description under the terms of the Policy and this Certificate.</li> </ol>
KENTUCKY	
Physician	Physician means a medical doctor or other person recognized by law or regulation in the state where His services are rendered. The person must be licensed to practice medicine, prescribe and administer drugs or to perform surgery in the United States. Physician includes optometrists, osteopaths, chiropractors, podiatrists, and dentists. The term Physician does not include: <ol style="list-style-type: none"> <li>1. the Primary Covered Person;</li> <li>2. a person related to Him by blood or marriage; or</li> <li>3. a medical doctor or other person practicing outside of the United States.</li> </ol>
LOUISIANA	
Child (Children)	Child (Children) means the Primary Covered Person's children all of whom are not yet age 26, including: <ol style="list-style-type: none"> <li>1. a natural child from the moment of birth, stepchild, foster or legally adopted child; or</li> <li>2. a child in the process of adoption (including a child while the Primary Covered Person is a party to a proceeding in which the adoption of such child by the Primary Covered Person is sought); or</li> <li>3. a child for whom the Primary Covered Person is required by a court order to provide medical support; and</li> <li>4. grandchildren who are in the legal custody of and residing with the grandparent.</li> </ol>
Spouse	Spouse means the Primary Covered Person's Spouse, provided the Primary Covered Person and His Spouse are not legally divorced.
MISSISSIPPI	
Immediate Family	Immediate Family means the Primary Covered Person's Spouse, Child(ren), mother, father, grandmother, grandfather, sister, and brother.
MISSOURI	
Child (Children)	Child (Children) means the Primary Covered Person's unmarried children who are: <ol style="list-style-type: none"> <li>1. not more than 25 years of age; and</li> <li>2. a resident of Missouri; and</li> </ol> not provided coverage as a named subscriber, insured, enrollee, or covered person under any group or individual health benefit plan, or entitled to benefits under Title XVIII of the Social Security Act, P.L. 89-97, 42 U.S.C. Section 1395, et seq.
Emergency Medical Condition	Emergency Medical Condition means the sudden and, at the time, unexpected onset of a health condition that manifests itself by symptoms of sufficient severity, regardless of the final diagnosis given, that would lead a prudent lay person, possessing an average knowledge of medicine and health, to believe that immediate medical care is required, which may include, but shall not be limited to: <ol style="list-style-type: none"> <li>1. placing the person's health in significant jeopardy;</li> <li>2. serious impairment to a bodily function;</li> <li>3. serious dysfunction of any bodily organ or part;</li> <li>4. inadequately controlled pain; or</li> <li>5. with respect to a pregnant woman who is having contractions: <ol style="list-style-type: none"> <li>a. That there is inadequate time to effect a safe transfer to another hospital before delivery; or</li> <li>b. That transfer to another hospital may pose a threat to the health or safety of the woman or unborn child;</li> </ol> </li> </ol>
Emergency Room	Emergency Room means a pre-designated and fixed medical/surgical care area within a Hospital, but shall not be limited to health care services that are provided in a licensed Hospital's emergency facility by an appropriate provider, that: <ol style="list-style-type: none"> <li>1. treats patients on other than an inpatient basis;</li> <li>2. is utilized exclusively for the diagnosis and treatment of such patients' acute and/or critical conditions;</li> <li>3. has emergency life-saving equipment and supplies that are immediately accessible;</li> <li>4. is staffed with medical personnel specially trained for duty in such an area; and</li> <li>5. is not primarily a clinic, Physician's office or free-standing surgical facility.</li> </ol>

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DEFINITION TERM <sup>1</sup>	DEFINITION MEANING <sup>1</sup>
MISSOURI	
Hospital	<p>Hospital means an institution which:</p> <ol style="list-style-type: none"> <li>1. operates pursuant to law;</li> <li>2. primarily and continuously provides medical care and treatment of sick and injured persons on an inpatient basis;</li> <li>3. operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of one or more licensed Physicians; and</li> <li>4. provides 24 hour a day nursing service by or under the supervision of registered graduate Nurses (R.N.).</li> </ol> <p>Hospital will also mean a sanatorium operated by or certified by the First Church of Christ, Scientist, Boston, Massachusetts.</p> <p>Hospital does not mean any institution or part thereof which is used primarily as:</p> <ol style="list-style-type: none"> <li>a. a nursing home, convalescent home, or skilled nursing facility;</li> <li>b. a place for rest, custodial care, or for the aged;</li> <li>c. a clinic;</li> <li>d. a place for the treatment of mental illness, Alcoholism, or Drug Addiction.</li> </ol>
Pre-existing Condition	Pre-existing Condition means a condition for which medical advice or treatment was received by the Covered Person during the 12 months prior to the Covered Person's effective date of coverage.
MONTANA	
Child (Children)	<p>Child (Children) means the Primary Covered Person's unmarried children all of whom are not yet age 26, including:</p> <ol style="list-style-type: none"> <li>1. a natural child from the moment of birth, stepchild, foster or legally adopted child; or</li> <li>2. a child from the date of placement for the purpose of adoption (including a child while the Primary Covered Person is a party to a proceeding in which the adoption of such child by the Primary Covered Person is sought) until the placement is disrupted prior to legal adoption and the child is removed from placement; or</li> <li>3. a child for whom the Primary Covered Person is required by a court order to provide medical support; and</li> <li>4. grandchildren who are dependent on the Primary Covered Person for federal income tax purposes at the time of application.</li> </ol>
Pre-existing Condition	Pre-existing Condition means a condition which a Physician has treated or for which a Physician has advised treatment of the Covered Person within 6 months before the Covered Person's effective date of insurance. It is also one which would cause a person to seek diagnosis or care within the same 6-month period.
Sickness	<p>Sickness means illness, disease, or pregnancy of a Covered Person which:</p> <ol style="list-style-type: none"> <li>1. first manifests itself while coverage is in force for the Covered Person; and</li> <li>2. does not result from a Pre-existing Condition as defined in this Certificate; and</li> <li>3. is not otherwise specifically excluded by name or description under the terms of the Policy and this Certificate.</li> </ol>
Spouse	<p>Spouse means the Primary Covered Person's Spouse, provided the Primary Covered Person and His Spouse are not legally separated or divorced.</p> <p>The term Spouse, where referenced in the Policy, shall also mean and include the Primary Covered Person's civil union partner as defined by state law.</p>
NEVADA	
Pre-existing Condition	Pre-existing Condition means a condition which a Physician has treated or for which a Physician has advised treatment of the Covered Person within 6 months before the Covered Person's effective date of insurance. It is also one which would cause a person to seek diagnosis or care within the same 6-month period. The term does not include genetic information in the absence of a diagnosis of the condition related to such information.

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DEFINITION TERM <sup>1</sup>	DEFINITION MEANING <sup>1</sup>
NORTH CAROLINA	
Certificate Effective Date	<p>Certificate Effective Date means the day on which coverage for the Primary Covered Person and other Covered Persons begins no later than 90 days after the first day of employment. Coverage will begin on the first day of the month following the date:</p> <ol style="list-style-type: none"> <li>1. Our Home Office has approved the Primary Covered Person's Enrollment Form; and</li> <li>2. the Policyholder has paid the first premium.</li> </ol>
Child (Children)	<p>Child (Children) means the Primary Covered Person's children all of whom are not yet age 26, including:</p> <ol style="list-style-type: none"> <li>1. a natural child from the moment of birth, stepchild, foster or legally adopted child; or</li> <li>2. a child from the moment of placement in the home of the Primary Covered Person (including a child while the Primary Covered Person is a party to a proceeding in which the adoption of such child by the Primary Covered Person is sought);</li> <li>3. a foster child for whom the Primary Covered Person or Spouse has been appointed legal guardian; or</li> <li>4. a child for whom the Primary Covered Person is required by a court or administrative order to provide medical support; and</li> <li>5. grandchildren who are dependent on the Primary Covered Person for federal income tax purposes at the time of application.</li> </ol>
Covered Dependent	<p>Covered Dependent means:</p> <ol style="list-style-type: none"> <li>1. any eligible Spouse or Child, as indicated in the Schedule of Benefits whose coverage has become effective; or</li> <li>2. any eligible Spouse or Child whose coverage has become effective and who is timely added to the Primary Covered Person's Enrollment Form after Primary Covered Person's effective date of Insurance; or</li> <li>3. a newborn child including a newborn adopted or foster child (as described in the Eligibility Section ).</li> </ol>
Hospital	<p>Hospital means an institution which:</p> <ol style="list-style-type: none"> <li>1. operates pursuant to law;</li> <li>2. primarily and continuously provides medical care and treatment of sick and injured persons on an inpatient basis;</li> <li>3. operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified Physicians; and</li> <li>4. provides 24 hour a day nursing service by or under the supervision of registered graduate Nurses (R.N.).</li> <li>5. Hospital also includes a duly licensed state-tax supported institution functioning as a specialty facility for treatment of a particular type of illness. Facilities are not required to have an operating room or related equipment for surgery.</li> </ol> <p>Hospital will also mean a sanatorium operated by or certified by the First Church of Christ, Scientist, Boston, Massachusetts.</p> <p>Hospital does not mean any institution or part thereof which is used primarily as:</p> <ol style="list-style-type: none"> <li>a. a nursing home, convalescent home, or skilled nursing facility;</li> <li>b. a place for rest, custodial care, or for the aged;</li> <li>c. a clinic;</li> <li>d. a place for the treatment of mental illness, Alcoholism, or Drug Addiction.</li> </ol>
NORTH DAKOTA	
Child (Children)	<p>Child (Children) means the Primary Covered Person's children all of whom are not yet age 26, including:</p> <ol style="list-style-type: none"> <li>1. a natural child from the moment of birth, stepchild, foster or legally adopted child; or</li> <li>2. a child in the process of adoption (including a child while the Primary Covered Person is a party to a proceeding in which the adoption of such child by the Primary Covered Person is sought); or</li> <li>3. a child for whom the Primary Covered Person is required by a court order to provide medical support;</li> <li>4. dependents of the Primary Covered Person's dependent children; and</li> <li>5. grandchildren who are dependent on the Primary Covered Person for federal income tax purposes at the time of application.</li> </ol>
Mental or Nervous Disorder	<p>Mental or Nervous Disorders means a neurosis, psychoneurosis, psychosis, or mental or emotional disease disorder of any kind.</p>

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DEFINITION TERM <sup>1</sup>	DEFINITION MEANING <sup>1</sup>
OHIO	
Child (Children)	<p>Child (Children) means the Primary Covered Person's children all of whom are not yet age 26, including:</p> <ol style="list-style-type: none"> <li>1. a natural Child from the moment of birth, stepchild, foster or legally adopted child; or</li> <li>2. a Child in the process of adoption (including a Child while the Primary Covered Person is a party to a proceeding in which the adoption of such Child by the Primary Covered Person is sought); or</li> <li>3. a Child for whom the Primary Covered Person is required by a court or administrative order to provide medical support; and</li> <li>4. grandchildren who are dependent on the Primary Covered Person for federal income tax purposes at the time of application.</li> </ol>
SOUTH CAROLINA	
Primary Covered Person	<p>Primary Covered Person means the person who has completed and signed the Enrollment Form and who has been accepted for coverage by Us.</p>
VIRGINIA	
Primary Covered Person	<p>Primary Covered Person means the person who has completed and signed the Enrollment Form and who has been accepted for coverage by Us.</p>
WEST VIRGINIA	
Child (Children)	<p>Child (Children) means the Primary Covered Person's children all of whom are not yet age 26, including:</p> <ol style="list-style-type: none"> <li>1. a natural child from the moment of birth, stepchild, foster or legally adopted child; or</li> <li>2. a child from the moment of Placement in the Primary Covered Person's home for the purpose of adoption (including a child while the Primary Covered Person is a party to a proceeding in which the adoption of such child by the Primary Covered Person is sought); or</li> <li>3. a child for whom the Primary Covered Person is required by a court order to provide medical support; and</li> <li>4. grandchildren who are dependent on the Primary Covered Person for federal income tax purposes at the time of application.</li> </ol>
Primary Covered Person	<p>Primary Covered Person means the person who has completed and signed the Enrollment Form and who has been accepted for coverage by Us.</p>
WYOMING	
Medically Necessary	<p>Medically Necessary means the treatment, services or supplies necessary and appropriate for the diagnosis or treatment of Sickness or Injury that:</p> <ol style="list-style-type: none"> <li>1. is medically appropriate for the symptoms, diagnosis or treatment of the condition, illness, disease or injury;</li> <li>2. provides for the diagnosis, direct care and treatment of the patient's condition, illness, disease or injury;</li> <li>3. is in accordance with professional, evidence based medicine and recognized standards of good medical practice and care; and</li> <li>4. is not primarily for the convenience of the patient, physician or other health care provider.</li> </ol>
Pre-existing Condition	<p>Pre-existing Condition means a condition which a Physician has treated or for which a Physician has advised treatment of the Covered Person within 6 months before the Covered Person's effective date of insurance.</p>

<sup>1</sup>This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Group Hospital Indemnity Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Definitions of each Covered Expense is provided in the Certificate of Insurance. Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

# LIMITATIONS & EXCLUSIONS\*

## Exclusions

In addition to any benefit or service-specific exclusion, We will not pay benefits for any loss, which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in this Certificate:

*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. (In **Illinois**, the above paragraph under Exclusions is replaced with the following: In addition to any benefit or service-specific exclusion, We will not pay benefits for any loss, which directly or indirectly, is caused by or results from any of the following unless coverage is specifically provided for by name in this Certificate.) (Limitations & Exclusions are entirely different for **Colorado** and can be viewed on **page 24**.)*

1. mental or emotional disorders without demonstrable organic disease;
2. treatment of Drug Addiction or for the use of drugs, except when the drugs are prescribed by or taken under the direction of a Physician and taken in accordance with the prescribed dosage;  
(LA's #2 exclusion replaces the above language with the following exclusion language: treatment of Addiction for the use of a drug or sedative except when prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;)
3. treatment of Alcoholism, or treatment of the use of alcohol;
4. rest cures;
5. dental services or treatments unless needed due to Injury;  
(NC's #5 exclusion replaces the above language with the following exclusion language: dental services or treatments unless needed due to Injury; or any bone or joint of the jaw, face or head so long as 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.)
6. routine eye examinations, eye glasses or the fitting thereof;
7. hearing aids or the fitting thereof;
8. hospitalization, treatment or service for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by a national government or agency thereof unless the Covered Person is legally required to pay for the charges therefor in the absence of insurance;
9. cosmetic services or treatment, except when such services or treatment is Medically Necessary;  
(NC's #9 exclusion replaces the above language with the following exclusion language: cosmetic services or treatment, except when such services or treatment is Medically Necessary and except for congenital birth defects and anomalies;)
10. Reconstructive plastic surgery, except when Medically Necessary:
  - a. to restore a normal bodily function;
  - b. to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
  - c. for breast reconstruction following mastectomy.  
(IN's #10 exclusion replaces the above language with the following exclusion language: reconstructive plastic surgery, except when Medically Necessary:
    - a. to restore a normal bodily function;
    - b. to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
    - c. for breast reconstruction following mastectomy including all stages of reconstruction of the breast on which the mastectomy has been performed; and surgery and reconstruction of the other breast to produce symmetry.
11. routine well-baby care;
12. losses related to pregnancy that begins before the Covered Person's effective date of insurance; except for Complications of Pregnancy;  
(In **AL, AR, AZ, DC, DE, GA, IL, IN, KY, LA, MO, MS, ND, NE, NV, OH, OK, RI, SC, VA, WI, WV & WY**, the above #12 exclusion replaces the above language with the following exclusion language: losses related to pregnancy that begins before the Covered Person's effective date of insurance;)  
(#12 exclusion language above is not in the **MT** Certificate.)  
(MT's #12 exclusion is the same as #13 exclusion below.)  
(#12 exclusion language above is not in the **NC** Certificate.)  
(NC's #12 exclusion is the same as the #13 exclusion below.)

13. intentionally self-inflicted injury;  
 (CO's #13 exclusion replaces the above language with the following exclusion language: any intentionally self-inflicted injury, while sane;)  
 (MT's #13 exclusion is the same as #14 exclusion below.)  
 (NC's #13 exclusion is the same as the #14 exclusion below.)  
 (#13 exclusion language above is not in the ND Certificate.)  
 (ND's #13 exclusion is the same as the #15 exclusion below.)
14. suicide or any attempted suicide while sane or insane;  
 (CO's & MO's #14 exclusion replaces the above language with the following exclusion language: Suicide, or attempted suicide while sane;)  
 (MT's #14 exclusion is the same as #15 exclusion below.)  
 (NC's #14 exclusion is the same as the #15 exclusion below.)  
 (The language in the above #14 exclusion is not in the ND Certificate.)  
 (ND's #14 exclusion is the same as the #16 exclusion below.)  
 (NV's #14 exclusion replaces the above language with the following exclusion language: suicide or any attempted suicide while sane or insane except as a result of an act of domestic violence or a medical condition (including both physical and mental health conditions.)
15. taking part in an illegal occupation;  
 (MT's #15 exclusion is the same as #16 exclusion below.)  
 (NC's #15 exclusion is the same as the #16 exclusion below with one variation - see #16.)  
 (ND's #15 exclusion is the same as #17 exclusion below.)
16. war, declared or undeclared;  
 (MT's #16 exclusion is the same as #17 exclusion below.)  
 (NC's #15 is the same as above language for #16 with one variation. The exclusion language for #16 above is replaced with the following language: war, declared or undeclared, not including acts of terrorism;)  
 (NC's #16 is the same as #17 exclusion below.)  
 (ND's #16 is the same as #18 exclusion below.)  
 (OK's #16 exclusion replaces the above language with the following exclusion language: war, declared or undeclared while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer.)  
 (VA's #16 exclusion replaces the above language with the following exclusion language: war, declared or undeclared; War does not include terrorism;)
17. commission or attempt to commit a felony or an assault;  
 (MT's #17 exclusion is the same as #18 exclusion below.)  
 (NC's #17 exclusion is the same as #18 exclusion below.)  
 (ND's #17 exclusion is the same as #19 exclusion below.)  
 (NE's #17 exclusion replaces the above language with the following exclusion language: commission or attempt to commit a felony;)
18. commission of or active participation in a riot or insurrection;  
 (MT's #18 exclusion is the same as #19 exclusion below.)  
 (NC's #18 exclusion is the same as #19 exclusion below.)  
 (ND's #18 exclusion is the same as #20 exclusion below.)
19. bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding;  
 (MT's #19 exclusion is the same as #20 exclusion below.)  
 (NC's #19 exclusion is the same as #20 exclusion below.)  
 (ND's #19 exclusion is the same as #21 exclusion below.)

## LIMITATIONS & EXCLUSIONS CONTINUED

20. travel in or on any kind of aircraft, except as:
- a fare-paying passenger on a regularly scheduled commercial airline; or
  - a passenger in a privately owned and operated airplane that seats more than 10 passengers;  
(**MT's #20** exclusion is the same as #21 exclusion below.)  
(**NC's #20** exclusion is the same as #21 exclusion below.)  
(**ND's #20** exclusion is: losses that take place outside the United States;)
21. active duty service in the military, naval or air services. Upon Our receipt of proof of service, We will refund any premium paid for this time on a pro-rata basis. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
- (**MT's #21** exclusion is: losses that take place outside the United States.)  
(**NC's #21** exclusion is: losses that take place outside the United States.)  
(**ND's #21** exclusion is the same as #22 exclusion below.)
22. treatment of Drug Intoxication, except when caused by drugs that are prescribed by or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
- (AL, AR, AZ, DC, DE, GA, IL, IN, KY, LA, MO, MS, NE, NV, OH, OK, RI, SC, TN, VA, WI, WV, & WY's Certificate have a different #22 exclusion from the exclusion language above. **AL, AR, AZ, DC, DE, GA, IL, IN, KY, MO, MS, MT, NE, NV, OH, OK, RI, SC, TN, VA, WI, WV & WY's #22** exclusion is: losses that take place outside the United States;)  
(#22 exclusion language above is the same as **AL, AR, AZ, DC, DE, GA, IL, IN, KY, MO, MS, MT, NE, OH, OK, RI, SC, TN, VA, WI, WV & WY's #23** exclusion.)  
(#22 exclusion language above is the same as **LA's #23**, however with a variation in the language. **LA's #23** exclusion replaces the language from #22 exclusion above with the following exclusion language: treatment of Intoxication, except when prescribed by or taken under the direction of a Physician and taken in accordance with the prescribed dosage;  
(**ND's #22** exclusion is the same as #23 exclusion below.)  
(#22 exclusion language above is not in the **NV** Certificate.)
23. losses for which benefits are compensable under Workers' Compensation law or any similar law.
- (#23 exclusion language above is the same as **AL, AR, DC, DE, GA, IL, IN, KY, LA, MO, MS, MT, NE, OH, OK, RI, SC, TN, VA, WI, WV & WY's #24** exclusion.)  
(**NC's #23** exclusion replaces the above language with the following exclusion language: 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.)  
(#23 exclusion language above is the same as **ND's #22**.)  
(**ND** does not have a #23 exclusion.)
24. treatment by the Primary Covered Person or someone related to Him by blood or marriage.
- (The language in above #24 exclusion is not in the **AL, AR, DC, DE, GA, IL, IN, KY, LA, MO, MS, MT, NE, NV, OH, OK, RI, SC, TN, VA, WI, WV & WY's** Certificate.)  
(**AL, AR, DC, DE, GA, IL, IN, KY, LA, MO, MS, MT, NE, NV, OH, OK, RI, SC, TN, VA, WI, WV & WY's #24** exclusion is the same as the language from #23 exclusion above.)  
(#24 exclusion is not in the **NC** Certificate.)  
(#24 exclusion is not in the **ND** Certificate.)

### Pre-Existing Condition Limitations

We will not cover any loss due to a Pre-existing Condition if the loss begins within 12 months after the Covered Person's effective date of insurance. However, We may pay benefits for a loss due to a Pre-existing Condition of a Covered Person who was covered:

1. by a Replaced Policy; and
2. by the Policy, issued by Us to the Policyholder on the Policy Effective Date, and this Certificate.

We will review the claim. If the Pre-existing Condition Limitation in this Certificate does not apply, We will pay the benefits provided by the Policy and this Certificate.

If the Covered Person does not satisfy this Certificate's Pre-existing Condition Limitation, but can satisfy the Replaced Policy's pre-existing condition limitation giving credit for all time insured under both policies; then We will pay the lesser of:

1. the benefits provided by the Policy and this Certificate without applying the Pre-Existing Condition Exclusion; or
2. the benefits provided by the Replaced Policy.

If the Covered Person does not satisfy this Certificate's Pre-existing Condition Limitation or that of the Replaced Policy, no Benefit will be paid.

### Pre-Existing Condition Limitation - COLORADO STATE VARIATION

We will not cover any loss due to a Pre-existing Condition if the loss begins within 6 months after the Covered Person's effective date of insurance. However, We may pay benefits for a loss due to a Pre-existing Condition of a Covered Person who was covered:

1. by a Replaced Policy; and
2. by the Policy, issued by Us to the Policyholder on the Policy Effective Date, and this Certificate.

We will review the claim. If the Pre-existing Condition Limitation in this Certificate does not apply, We will pay the benefits provided by the Policy and this Certificate.

If the Covered Person does not satisfy this Certificate's Pre-existing Condition Limitation, but can satisfy the Replaced Policy's pre-existing condition limitation giving credit for all time insured under both policies; then We will pay the lesser of:

1. the benefits provided by the Policy and this Certificate without applying the Pre-Existing Condition Exclusion; or
2. the benefits provided by the Replaced Policy.

If the Covered Person does not satisfy this Certificate's Pre-existing Condition Limitation or that of the Replaced Policy, no Benefit will be paid.

### Pre-Existing Condition Limitation - MONTANA STATE VARIATION

We will not cover any loss due to a Pre-existing Condition if the loss begins within 12 months after the Covered Person's effective date of insurance. However, We may pay benefits for a loss due to a Pre-existing Condition of a Covered Person who was covered:

1. by a Replaced Policy; and
2. by the Policy, issued by Us to the Policyholder on the Policy Effective Date, and this Certificate.

We will review the claim. If the Pre-existing Condition Limitation in this Certificate does not apply, We will pay the benefits provided by the Policy and this Certificate.

If the Covered Person does not satisfy this Certificate's Pre-existing Condition Limitation, but can satisfy the Replaced Policy's pre-existing condition limitation giving credit for all time insured under both policies; then We will pay the lesser of:

1. the benefits provided by the Policy and this Certificate without applying the Pre-Existing Condition Exclusion; or
2. the benefits provided by the Replaced Policy.

If the Covered Person does not satisfy this Certificate's Pre-existing Condition Limitation or that of the Replaced Policy, no Benefit will be paid. (This does not apply to a newborn or newly adopted Child added after the Covered Person's effective date of insurance. Pregnancy is not considered a Pre-Existing Condition)

# LIMITATIONS & EXCLUSIONS - COLORADO

(What is not covered and Pre-existing Conditions)

**BELOW ARE THE LIMITATIONS & EXCLUSIONS FROM CO CERTIFICATE AND PAGE 24 ONLY APPLIES TO CO:**

## Exclusions

In addition to any benefit or service-specific exclusion, We will not pay benefits for any loss, which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in this Certificate:

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

1. mental or emotional disorders without demonstrable organic disease; treatment of Drug Addiction or for the use of drugs, except when the drugs are prescribed by or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
2. treatment of Alcoholism, or treatment of the use of alcohol;
3. rest cures;
4. dental services or treatments unless needed due to Injury;
5. routine eye examinations, eye glasses or the fitting thereof;
6. hearing aids or the fitting thereof;
7. hospitalization, treatment or service for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by a national government or agency thereof unless the Covered Person is legally required to pay for the charges therefor in the absence of insurance;
8. cosmetic services or treatment, except when such services or treatment is Medically Necessary;
9. reconstructive plastic surgery, except when Medically Necessary:
  - a. to restore a normal bodily function;
  - b. to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
  - c. for breast reconstruction following mastectomy.
10. routine well-baby care;
11. losses related to pregnancy that begins before the Covered Person's effective date of insurance;
12. Any intentionally self-inflicted injury, while sane;
13. Suicide, or attempted suicide while sane;
14. taking part in an illegal occupation;
15. war, declared or undeclared;
16. commission or attempt to commit a felony or an assault;
17. commission of or active participation in a riot or insurrection;
18. bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding;
19. travel in or on any kind of aircraft, except as:
  - a. a fare-paying passenger on a regularly scheduled commercial airline; or
  - b. a passenger in a privately owned and operated airplane that seats more than 10 passengers;
20. active duty service in the military, naval or air services. Upon Our receipt of proof of service, We will refund any premium paid for this time on a pro-rata basis. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
21. losses that take place outside the United States;
22. treatment of Drug Intoxication, except when caused by drugs that are prescribed by or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
23. losses for which benefits are compensable under Workers' Compensation law or any similar law.



## ATTESTATION REQUIRED FOR THESE STATES

**AZ, CA, DC, GA, IL, NJ\*, and NV require this Attestation to be answered “YES” to enroll.**

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?

YES OR NO

If the member answers this question “NO”, the member cannot select a plan that includes Group Hospital Indemnity Insurance. The member can reselect a different plan that does not include Group Hospital Indemnity Insurance. This **only** applies to these 7 states.

\*We no longer market in the state of NJ. It is mentioned here for current membership and not for new sales.

The provisions below are for all Group Hospital Indemnity Insurance states issued by SiriusPoint America Insurance Company to United Business Association (based on the TX Certificate of Insurance). Some states may have variations or added provisions. Those variations and added provisions will be located between pages 38-60. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	All provisions below are based on the TX Version of the Eligibility, Effective Date & Termination Provision Section. Any State Variations will list the state & Page # to view
Certificate Effective Date	<p>Certificate Effective Date</p> <p>We agree to provide the Hospital Indemnity Insurance Benefits described in this Certificate in consideration of the Policyholder's application and payment of the Premium when due. Insurance begins on the Certificate Effective Date.</p>
Individual Coverage - Eligibility	<p>Individual Coverage - Eligibility</p> <p>To be eligible for insurance under the Policy as a Primary Covered Person, a person must be a member of an eligible Class as defined in the Schedule of Benefits.</p>
Enrollment	<p>Enrollment</p> <p>An individual who is a member of an eligible Class may enroll for coverage as a Primary Covered Person during the Initial Enrollment Period as shown in the Schedule of Benefits that follows the later of:</p> <ol style="list-style-type: none"> <li>1. the Policy Effective Date;</li> <li>2. the date the individual first becomes a member of an eligible Class;</li> <li>3. the date the individual completes the Waiting Period shown in the Schedule of Benefits, if applicable.</li> </ol>
Primary Covered Person Effective Date	<p>Primary Covered Person Effective Date</p> <p>Your effective date of coverage under the Policy will be determined as follows:</p> <ol style="list-style-type: none"> <li>1. If You Enroll for coverage when the Policyholder applies for coverage, Your coverage will be effective on the Policy Effective Date.</li> <li>2. If You become eligible after the Policy Effective Date and Enroll during an Initial Enrollment Period, Your coverage will be effective the first of the month following the later of the end of any applicable Waiting Period, Initial Enrollment Period and receipt of the Enrollment Form by Us.</li> </ol> <p><b>North Carolina</b> has a variation based on the NC Certificate. <b>See page 51</b> for variation of provision language.</p>
Family Coverage - Eligibility	<p>Family Coverage - Eligibility</p> <p>Family members eligible for coverage are:</p> <ol style="list-style-type: none"> <li>1. the Primary Covered Person;</li> <li>2. His Spouse;</li> <li>3. His Child(ren).</li> </ol> <p>A Spouse who is an Eligible Member may be covered as a Primary Covered Person or a Covered Dependent, but not both. A Child who is an Eligible Member may be covered as a Primary Covered Person or a Covered Dependent, but not both.</p> <p><b>Colorado</b> has a variation based on the CO Certificate. <b>See page 38</b> for variation of provision language.  <b>Louisiana</b> has a variation based on the LA Certificate. <b>See page 44</b> for variation of provision language.</p>

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

The provisions below are for all Group Hospital Indemnity Insurance states issued by SiriusPoint America Insurance Company to United Business Association (based on the TX Certificate of Insurance). Some states may have variations or added provisions. Those variations and added provisions will be located between pages 38-60. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	All provisions below are based on the TX Version of the Eligibility, Effective Date & Termination Provision Section. Any State Variations will list the state & Page # to view
Newborn Coverage from Birth	<p>Newborn Coverage from Birth If Your coverage includes a Child or Children and if a Child is born to You or Your Spouse while coverage under the Policy is in force, the newborn Child will become covered by the Policy from the moment of birth. No notification of birth is required.</p> <p><b>Colorado</b> has a variation based on the CO Certificate. <b>See page 38</b> for variation of provision language. <b>Georgia</b> has a variation based on the GA Certificate. <b>See page 40</b> for variation of provision language. <b>Montana</b> has a variation based on the MT Certificate. <b>See page 48</b> for variation of provision language. <b>North Carolina</b> has a variation based on the NC Certificate. <b>See page 51</b> for variation of provision language. <b>North Dakota</b> has a variation based on the ND Certificate. <b>See page 52</b> for variation of provision language. <b>South Carolina</b> has the <u>same</u> above provision language but the name is Newborn Coverage (from birth is omitted)</p>
Spouse and Children Effective Date	<p>Spouse and Children Effective Date The effective date of Spouse and Children's coverage under the Policy, a newborn Child, an adopted Child, or a Child placed for adoption depends on when You Enroll the Spouse and Children. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> <li>1. If the Spouse and Children are eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You Enroll the Spouse or Children for coverage at that time;</li> <li>2. If You first become eligible after the Policy Effective Date and You Enroll the Spouse or Children during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective;</li> <li>3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely Enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form;</li> <li>4. If the Child is a newborn Child who is born after Your effective date of coverage and You Enroll the newborn Child as described above, coverage will become effective as of the date of birth; or</li> <li>5. If the Child qualifies for any other reason and first meets the definition of Child after Your effective date of coverage, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.</li> </ol> <p><b>Colorado</b> has a variation based on the CO Certificate. <b>See page 39</b> for variation of provision language. <b>Georgia</b> has a variation based on the GA Certificate. <b>See page 40</b> for variation of provision language. <b>Illinois</b> has a variation based on the IL Certificate. <b>See page 42</b> for variation of provision language. <b>Indiana</b> has a variation based on the IN Certificate. <b>See page 43</b> for variation of provision language. <b>Montana</b> has a variation based on the MT Certificate. <b>See page 48</b> for variation of provision language. <b>Nebraska</b> has a variation based on the NE Certificate. <b>See page 49</b> for variation of provision language. <b>Nevada</b> has a variation based on the NV Certificate. <b>See page 50</b> for variation of provision language. <b>North Carolina</b> has a variation based on the NC Certificate. <b>See page 51</b> for variation of provision language. <b>North Dakota</b> has a variation based on the ND Certificate. <b>See page 52</b> for variation of provision language. <b>Oklahoma</b> has a variation based on the OK Certificate. <b>See page 53</b> for variation of provision language. <b>South Carolina</b> has a variation based on the SC Certificate. <b>See page 55</b> for variation of provision language. <b>Virginia</b> has a variation based on the VA Certificate. <b>See page 56</b> for variation of provision language. <b>West Virginia</b> has a variation based on the WV Certificate. <b>See page 58</b> for variation of provision language. <b>Wisconsin</b> has a variation based on the WI Certificate. <b>See page 59</b> for variation of provision language.</p>

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

The provisions below are for all Group Hospital Indemnity Insurance states issued by SiriusPoint America Insurance Company to United Business Association (based on the TX Certificate of Insurance). Some states may have variations or added provisions. Those variations and added provisions will be located between pages 38-60. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	All provisions below are based on the TX Version of the Eligibility, Effective Date & Termination Provision Section. Any State Variations will list the state & Page # to view
Termination of a Member's Coverage	<p>Termination of a Member's Coverage Member's insurance under the Policy will automatically terminate on the earliest of the following dates:</p> <ol style="list-style-type: none"> <li>1. the date that the Policy terminates;</li> <li>2. the date of termination of any section or part of the Policy and this Certificate with respect to insurance under such section or part;</li> <li>3. the premium due date coinciding with or next following the date that the Member ceases to be a member of an eligible Class;</li> <li>4. the date the Member reaches the Maximum Age shown in the Schedule of Benefits;</li> <li>5. the last day of the Grace Period, if premium remains unpaid by the end of the Grace Period; and</li> <li>6. the date the Policyholder no longer meets participation requirements.</li> </ol> <p>Termination of coverage will not affect a claim for a loss that occurred while coverage was in force under the Policy.</p> <p>However, in no instance will benefits extend beyond the earliest of:</p> <ol style="list-style-type: none"> <li>1. the date benefits payable reach any applicable Daily Benefit Amount or other benefit limit shown in the Schedule of Benefits; and</li> <li>2. the date benefits payable reach any applicable Maximum Number of Daily Benefits, Lump Sum Benefit Amount, Maximum Number of Payments or Coverage Year Maximum shown in the Schedule of Benefits.</li> </ol> <p>In the following states: <b>AL, AR, AZ, CO, DC, DE, GA, KY, LA, MS, MT, NC, ND, NE, NV, OH, OK, RI, SC, TN, VA, WI, WV &amp; WY</b>, the above provision language is <u>replaced</u> with the following:</p> <p>Termination of a Member's Coverage A Member's insurance under the Policy will automatically terminate on the earliest of the following dates:</p> <ol style="list-style-type: none"> <li>1. the date that the Policy terminates;</li> <li>2. the date of termination of any section or part of the Policy and this Certificate with respect to insurance under such section or part;</li> <li>3. the premium due date coinciding with or next following the date that the Member ceases to be a member of an eligible Class;</li> <li>4. the date the Member reaches the Maximum Age shown in the Schedule of Benefits;</li> <li>5. any premium due date, if premium remains unpaid by the end of the Grace Period; and</li> <li>6. the date the Policyholder no longer meets participation requirements.</li> </ol> <p>Termination of coverage will not affect a claim for a loss that occurred while coverage was in force under the Policy.</p> <p>However, in no instance will benefits extend beyond the earliest of:</p> <ol style="list-style-type: none"> <li>1. the date benefits payable reach any applicable Daily Benefit Amount or other benefit limit shown in the Schedule of Benefits; and</li> <li>2. the date benefits payable reach any applicable Maximum Number of Daily Benefits, Lump Sum Benefit Amount, Maximum Number of Payments or Coverage Year Maximum shown in the Schedule of Benefits.</li> </ol> <p><b>Illinois</b> has a variation based on the IL Certificate. <b>See page 42</b> for variation of provision language. <b>Missouri</b> has a variation based on the MO Certificate. <b>See page 47</b> for variation of provision language</p>
Spouse and Child Termination	<p>Spouse and Child Termination If the Primary Covered Person's Spouse or Child is a Covered Person, His coverage will end:</p> <ol style="list-style-type: none"> <li>1. with respect to a covered Spouse, on the date He is Divorced from the Primary Covered Person; or</li> <li>2. on the date the Primary Covered Person dies; or</li> <li>3. on the date the required premium for the Spouse or Child's coverage is not paid; or</li> <li>4. with respect to a covered Child, on the Policy anniversary following the date the Child no longer qualifies as a Child, as defined in this Certificate, unless continued under the Incapacitated Child Continuation provision.</li> </ol> <p><b>Louisiana</b> has a variation based on the LA Certificate. <b>See page 44</b> for variation of provision language. <b>North Dakota</b> has a variation based on the ND Certificate. <b>See page 53</b> for variation of provision language. <b>Tennessee</b> has a variation based on the TN Certificate. <b>See page 55</b> for variation of provision language.</p>

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

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PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	All provisions below are based on the TX Version of the Eligibility, Effective Date & Termination Provision Section. Any State Variations will list the state & Page # to view
Incapacitated Child Continuation	<p>Incapacitated Child Continuation            If, on the date a Child reaches age 26, He is an Incapacitated Child as defined below and His coverage will not terminate solely due to age. But the Primary Covered Person must give us notice of the Child's incapacity within 60 days of His termination date. The Child's coverage will continue as long as the Child qualifies as an Incapacitated Child and the required premium is paid.</p> <p>For the purposes of this provision, an Incapacitated Child means a Child of a Primary Covered Person or His Spouse who is mentally disabled or physically handicapped, incapable of earning His own living and primarily dependent on the Primary Covered Person for support and maintenance.</p> <p>We may, from time to time, require proof of the Child's continued incapacity and dependency. After the first two years, we will not require proof more than once each year.</p> <p><b>Arkansas</b> has a variation based on the AR Certificate. <b>See page 38</b> for variation of provision language.  <b>Georgia</b> has a variation based on the GA Certificate. <b>See page 41</b> for variation of provision language.  <b>Indiana</b> has a variation based on the IN Certificate. <b>See page 43</b> for variation of provision language.  <b>Louisiana</b> has a variation based on the LA Certificate. <b>See page 44</b> for variation of provision language.  <b>Mississippi</b> has a variation based on the MS Certificate. <b>See page 45</b> for variation of provision language.  <b>Missouri</b> has a variation based on the MO Certificate. <b>See page 47</b> for variation of provision language.  <b>Montana</b> has a variation based on the MT Certificate. <b>See page 48</b> for variation of provision language.  <b>Nebraska</b> has a variation based on the NE Certificate. <b>See page 49</b> for variation of provision language.  <b>Nevada</b> has a variation based on the NV Certificate. <b>See page 50</b> for variation of provision language.  <b>North Carolina</b> has a variation based on the NC Certificate. <b>See page 51</b> for variation of provision language.  <b>Tennessee</b> has a variation based on the TN Certificate. <b>See page 56</b> for variation of provision language.  <b>Virginia</b> has a variation based on the VA Certificate. <b>See page 57</b> for variation of provision language.</p>
Extension of Benefits	<p>Extension of Benefits            If a Covered Person is in a Period of Confinement on the date the Policy terminates, coverage for the Hospital Indemnity Insurance Benefits shown in the Schedule of Benefits will remain in effect for that Covered Person for 90 days after the Policy's termination date.</p> <p><b>Nevada</b> has a variation based on the NV Certificate. <b>See page 50</b> for variation of provision language.</p>

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

ADOPTED CHILDREN	PG 41 (ILLINOIS)
COURT ORDERED CUSTODY OF CHILD	PG 41 (ILLINOIS)
ADOPTED CHILD(REN) EFFECTIVE DATE	PG 44 (LOUISIANA)
CONTINUATION OF COVERAGE FOR SERVICE IN THE UNIFORMED SERVICES	PG 44 (LOUISIANA)

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

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PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
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</p> <p>Written or authorized electronic/telephonic notice must be given to Us or Our authorized representative within 90 days after a Covered Person's loss or as soon as reasonably possible thereafter. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at Our Home Office in New York, New York, such other place as We may designate for the purpose, or to Our authorized representative. Notice should include the Policyholder's name and policy number and the Covered Person's name and address.</p>
Claim Forms	<p>Claim Forms</p> <p>We will send forms to the claimant for filing proof of loss when We receive the notice of claim. If claim forms are not sent within 15 days after We receive notice, the proof requirements will be met by the claimant upon submitting, within the time fixed in this Certificate for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which claim is made.</p> <p><b>Georgia</b> has a variation based on the GA Certificate. <b>See page 41</b> for variation of provision language.</p> <p><b>South Carolina</b> has a variation based on the SC Certificate. <b>See page 55</b> for variation of provision language.</p>
Proof of Loss	<p>Proof of Loss</p> <p>Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our Home Office or to Our authorized representative, within 90 days of the loss for which claim is made. Failure to furnish proof within the time required will not invalidate or reduce a claim if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.</p> <p><b>North Carolina</b> has a variation based on the NC Certificate. <b>See page 51</b> for variation of provision language.</p> <p><b>Wisconsin</b> has a variation based on the WI Certificate. <b>See page 59</b> for variation of provision language.</p>
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>Benefits will be paid as soon as reasonably possible; but not later than 60 days after We receive proper written Proof of Loss.</p> <p><b>Arkansas</b> has a variation based on the AR Certificate. <b>See page 38</b> for variation of provision language.</p> <p><b>District of Columbia</b> has a variation based on the DC Certificate. <b>See page 39</b> for variation of provision language.</p> <p><b>Georgia</b> has a variation based on the GA Certificate. <b>See page 41</b> for variation of provision language.</p> <p><b>Illinois</b> has a variation based on the IL Certificate. <b>See page 42</b> for variation of provision language.</p> <p><b>Indiana</b> has a variation based on the IN Certificate. <b>See page 43</b> for variation of provision language.</p> <p><b>Kentucky</b> has a variation based on the KY Certificate. <b>See page 43</b> for variation of provision language.</p> <p><b>Louisiana</b> has a variation based on the LA Certificate. <b>See page 45</b> for variation of provision language.</p> <p><b>Mississippi</b> has a variation based on the MS Certificate. <b>See page 46</b> for variation of provision language.</p> <p><b>Missouri</b> has a variation based on the MO Certificate. <b>See page 47</b> for variation of provision language.</p> <p><b>Nebraska</b> has a variation based on the NE Certificate. <b>See page 50</b> for variation of provision language.</p> <p><b>North Carolina</b> has a variation based on the NC Certificate. <b>See page 52</b> for variation of provision language.</p> <p><b>Ohio</b> has a variation based on the OH Certificate. <b>See page 53</b> for variation of provision language.</p> <p><b>Oklahoma</b> has a variation based on the OK Certificate. <b>See page 54</b> for variation of provision language.</p> <p><b>South Carolina</b> has a variation based on the SC Certificate. <b>See page 55</b> for variation of provision language.</p> <p><b>Tennessee</b> has a variation based on the TN Certificate. <b>See page 56</b> for variation of provision language.</p> <p><b>West Virginia</b> has a variation based on the WV Certificate. <b>See page 58</b> for variation of provision language.</p> <p><b>Wyoming</b> has a variation based on the WY Certificate. <b>See page 59</b> for variation of provision language.</p>

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

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PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
CLAIMS PROVISIONS	All provisions below are based on the TX Version of the Claims Provision Section. Any State Variations will list the state & Page # to view
Payment of Claims	<p>Payment of Claims</p> <p>All benefits will be paid in United States currency. All proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person. If the Covered Person dies before all payments due have been made, all remaining amounts payable will be paid to the Covered Person's estate.</p> <p>If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for His property, a payment not exceeding \$1,000 may be made at Our option to any relative by blood or connection by marriage of the payee who has submitted reliable documentary evidence and, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. Any payment We make in good faith fully discharges Our liability to the extent of the payment made.</p> <p>If the Covered Person provides Us with a written release to do so, we may, at Our option, pay benefits directly to the institution or person rendering treatment or services covered under the Policy.</p> <p>We will pay to the Texas Department of Human Services, any amounts which would have been paid to the Primary Covered Person but were paid by the Department through the Medical Assistance Act of 1967, as amended.</p> <p>Benefits payable on behalf of an Insured Dependent Child will be paid to the Texas Department of Human Services upon written notification if: a) the Primary Covered Person has possession of or access to the Child by court order or is not entitled to possession of or access to the Child and is required by court order to pay child support; b) the Texas Department of Human Services is paying benefits on behalf of the Child under Chapter 31 and 32 of the Texas Human Resources Code; and c) notification is given in writing attached to the first submitted claim that such claim reimbursement should be paid to the Texas Department of Human Services.</p> <p>For an Insured Dependent Child, reimbursement may be made on behalf of that Child to a person who is not a Covered Person but who is named managing conservator by court order issued by a court of competent jurisdiction of any state.</p> <p>The managing conservator must submit to Us: a) a proper claim form; b) written notice naming the conservator; and c) certified copy of the court order or other evidence allowed by rule of the State Department of Insurance. This paragraph will not apply when a valid assignment of benefits has been exercised or to claims submitted by the Primary Covered Person where the Primary Covered Person has paid any portion of a medical bill that would be covered under the terms of the Policy.</p> <p>In the following states: <b>AL, AR, AZ, CO, DC, DE, GA, IL, IN, KY, LA, OH, OK, SC, &amp; TN</b>, the above provision language is <u>replaced</u> with the following:</p> <p>Payment of Claims</p> <p>All benefits will be paid in United States currency. All proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person. If the Covered Person dies before all payments due have been made, all remaining amounts payable will be paid to the Covered Person's estate.</p> <p>If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for His property, a payment not exceeding \$1,000 may be made at Our option to any relative by blood or connection by marriage of the payee who has submitted reliable documentary evidence and, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. Any payment We make in good faith fully discharges Our liability to the extent of the payment made.</p> <p>If the Covered Person provides Us with a written release to do so, we may, at Our option, pay benefits directly to the institution or person rendering treatment or services covered under the Policy.</p> <p><b>Missouri</b> has a variation based on the MO Certificate. <b>See page 47</b> for variation of provision language.</p> <p><b>Rhode Island</b> has a variation based on the RI Certificate. <b>See page 54</b> for variation of provision language.</p> <p><b>Virginia</b> has a variation based on the VA Certificate. <b>See page 57</b> for variation of provision language.</p> <p><b>West Virginia</b> has a variation based on the WV Certificate. <b>See page 58</b> for variation of provision language.</p> <p><b>Wyoming</b> has a variation based on the WY Certificate. <b>See page 59</b> for variation of provision language.</p>

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

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PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
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	<p>Physical Examination We, at Our own expense, have the right and opportunity to examine a Covered Person when and as often as We may reasonably require while a claim is pending.</p> <p><b>District of Columbia</b> has a variation based on the DC Certificate. <b>See page 40</b> for variation of provision language.</p>
Legal Actions	<p>Legal Actions No action at law or in equity will be brought to recover benefits under the Policy less than 60 days after satisfactory proof of loss has been furnished as required by the Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.</p> <p><b>Alabama</b> has a variation based on the AL Certificate. <b>See page 38</b> for variation of provision language. <b>Louisiana</b> has a variation based on the LA Certificate. <b>See page 45</b> for variation of provision language. <b>Missouri</b> has a variation based on the MO Certificate. <b>See page 48</b> for variation of provision language. <b>South Carolina</b> has a variation based on the SC Certificate. <b>See page 55</b> for variation of provision language.</p>
Recovery of Overpayment	<p>Recovery of Overpayment If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods. 1. A request for lump sum payment of the overpaid amount. 2. A reduction of any amounts payable under the Policy. If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.</p> <p><b>Oklahoma</b> has a variation based on the OK Certificate. <b>See page 54</b> for variation of provision language. <b>Tennessee</b> has a variation based on the TN Certificate. <b>See page 56</b> for variation of provision language.</p>

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

ADMINISTRATIVE APPEALS DECISION	PG 53 (OHIO)
PAYOR OF LAST RESORT	PG 57 (VIRGINIA)
CLAIM REVIEW	PG 59 (WYOMING)

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



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PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
ADMINISTRATIVE PROVISIONS	All provisions below are based on the TX Version of the Administrative Provision Section. Any State Variations will list the state & Page # to view
Grace Period	<p>Grace Period A Policy Grace Period of 31 days will be granted for payment of required premiums due after the first premium, unless:</p> <ol style="list-style-type: none"> <li>1. the Policyholder has given Us advance written notice of intent to discontinue coverage in accordance with the terms of the Policy; or</li> <li>2. We do not intend to renew the Policy beyond the period for which premium has been accepted; and</li> <li>3. written notice of Our intention not to renew is delivered to the Policyholder at least 31 days before the premium is due.</li> </ol> <p>The Policy and Certificates under the Policy will be in force during the Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The Policyholder is liable to Us for any unpaid premium for the time the Policy was in force.</p> <p>In the following states: <b>CO, GA, NC, NV, VA &amp; WI</b>, the above provision language is <u>replaced</u> with the following: Grace Period A Policy Grace Period of 31 days will be granted for payment of required premiums due after the first premium, unless:</p> <ol style="list-style-type: none"> <li>1. the Policyholder has given Us advance written notice of intent to discontinue coverage in accordance with the terms of the Policy; or</li> <li>2. We do not intend to renew the Policy beyond the period for which premium has been accepted; and</li> <li>3. written notice of Our intention not to renew is delivered to the Policyholder at least 60 days before the premium is due.</li> </ol> <p>The Policy and Certificates under the Policy will be in force during the Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The Policyholder is liable to Us for any unpaid premium for the time the Policy was in force.</p>
Premiums	<p>Premiums Premium rates are expressed in, and premiums are payable in, United States currency. The premiums for the Policy will be based on the rates set forth in this Certificate, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected. We will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the Policyholder.</p> <p><b>Louisiana</b> has a variation based on the LA Certificate. <b>See page 45</b> for variation of provision language. <b>Montana</b> has a variation based on the MT Certificate. <b>See page 49</b> for variation of provision language. <b>North Carolina</b> has a variation based on the NC Certificate. <b>See page 52</b> for variation of provision language.</p>

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PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
ADMINISTRATIVE PROVISIONS	All provisions below are based on the TX Version of the Administrative Provision Section. Any State Variations will list the state & Page # to view
Premium Payment	<p>Premium Payment</p> <p>The total premium paid by the Policyholder is the sum of premiums for all Covered Persons including any amounts contributed toward the cost of the coverage by Covered Persons. The initial premium is due on the Policy Effective Date and each succeeding premium is due on the next succeeding Premium Due Date, as shown in the Schedule of Benefits, unless the Policyholder and We agree to another mode of premium payment. Premiums are paid at Our Home Office or to Our authorized representative.</p> <p>If any premium is not paid when due, the Policy will be cancelled as of the last day of the Grace Period.</p> <p>In the following states: <b>AL, AR, AZ, CO, DC, DE, GA, IN, KY, LA, MO, MS, MT, NC, ND, NE, NV, OH, OK, RI, SC, VA, WI, WV &amp; WY</b>, the above provision language is <u>replaced</u> with the following:</p> <p>Premium Payment</p> <p>The total premium paid by the Policyholder is the sum of premiums for all Covered Persons including any amounts contributed toward the cost of the coverage by Covered Persons. The initial premium is due on the Policy Effective Date and each succeeding premium is due on the next succeeding Premium Due Date, as shown in the Schedule of Benefits, unless the Policyholder and We agree to another mode of premium payment. Premiums are paid at Our Home Office or to Our authorized representative.</p> <p>If any premium is not paid when due, the Policy will be cancelled as of the Premium Due Date of the unpaid premium, except as provided in the Grace Period provision.</p> <p><b>Illinois</b> has a variation based on the MT Certificate. <b>See page 42</b> for variation of provision language.</p>
GENERAL PROVISIONS	All provisions below are based on the TX Version of the General Provision Section. Any State Variations will list the state & Page # to view
Entire Contract Changes	<p>Entire Contract; Changes.</p> <p>The Policy, the Policyholder's Application, and any attached Riders or Amendments along with this Certificate make up the entire contract. A copy of the Primary Covered Person's Enrollment Form will also be attached.</p> <p>No change in the Policy or this Certificate will be valid until approved by an officer of the Company. The change must be signed by an officer of the Company and attached to the Policy. No agent may change the Policy or waive any of its provisions.</p> <p><b>Colorado</b> has a variation based on the CO Certificate. <b>See page 39</b> for variation of provision language.</p> <p><b>Virginia</b> has a variation based on the VA Certificate. <b>See page 57</b> for variation of provision language.</p>
Misstatement of Age	<p>Misstatement of Age</p> <p>If premiums for a Covered Person are based on age and the Covered Person's age has been misstated, there will be a fair adjustment of premiums based on His true age. If the benefits for which the Covered Person is insured are based on age and the Covered Person's age has been misstated, there will be an adjustment of said benefits based on His true age. We may require satisfactory proof of age before paying any claim.</p>

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PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
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
Assignment	<p>Assignment</p> <p>You, or any Covered Person, may assign His rights, privileges and benefits under the Policy to the institution or person rendering services as allowed in the Payment of Claims provision. We will be bound by an assignment of the Covered Person's insurance under the Policy only when the original assignment or a certified copy of the assignment, signed by the Covered Person as assignor and any irrevocable beneficiary, is filed with Us. The assignee may exercise all rights and receive all benefits assigned only while the assignment remains in effect and insurance under the Policy for the assignor remains in force. The assignee takes only such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of the Policy.</p> <p>This insurance may not be levied on, attached, garnished, or otherwise taken for a person's debts unless contrary to law.</p>
Incontestability	<p>Incontestability</p> <p>In the absence of fraud, all statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant or His personal representative.</p> <p>After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance.</p> <p>In the event of death or incapacity, Your representative shall be given a copy.</p> <p>In the following states: <b>AL, AR, AZ, DE, GA, IL, IN, KY, MS, NV, OH, OK, SC, WI, &amp; WV</b>, the above provision language is <u>replaced</u> with the following:</p> <p>Incontestability</p> <p>In the absence of fraud, all statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.</p> <p>After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance.</p> <p>In the event of death or incapacity, Your representative shall be given a copy.</p> <p><b>Colorado</b> has a variation based on the CO Certificate. <b>See page 39</b> for variation of provision language.</p> <p><b>District of Columbia</b> has a variation based on the DC Certificate. <b>See page 40</b> for variation of provision language.</p> <p><b>Louisiana</b> has a variation based on the LA Certificate. <b>See page 45</b> for variation of provision language.</p> <p><b>Missouri</b> has a variation based on the MO Certificate. <b>See page 48</b> for variation of provision language.</p> <p><b>Montana</b> has a variation based on the MT Certificate. <b>See page 49</b> for variation of provision language.</p> <p><b>North Carolina</b> has a variation based on the NC Certificate. <b>See page 52</b> for variation of provision language.</p> <p><b>North Dakota</b> has a variation based on the ND Certificate. <b>See page 53</b> for variation of provision language.</p> <p><b>Rhode Island</b> has a variation based on the RI Certificate. <b>See page 54</b> for variation of provision language.</p> <p><b>Tennessee</b> does <u>not</u> have this provision in the TN Certificate.</p> <p><b>Virginia</b> has a variation based on the VA Certificate. <b>See page 57</b> for variation of provision language.</p> <p><b>Wyoming</b> has a variation based on the WY Certificate. <b>See page 60</b> for variation of provision language.</p>

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

The provisions below are for all Group Hospital Indemnity Insurance states issued by SiriusPoint America Insurance Company to United Business Association (based on the TX Certificate of Insurance). Some states may have variations or added provisions. Those variations and added provisions will be located between pages 38-60. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
GENERAL PROVISIONS	All provisions below are based on the TX Version of the General Provision Section. Any State Variations will list the state & Page # to view
Conformity with State Statutes	<p>Conformity with State Statutes Any provision of the Policy and any Certificate, which, on its effective date, is in conflict with the statutes of the state in which the Policy or Certificate is delivered, is hereby amended to conform to the minimum requirements of those statutes.</p> <p><b>Mississippi</b> has a variation based on the MS Certificate. <b>See page 47</b> for variation of provision language. <b>Montana</b> has a variation based on the MT Certificate. <b>See page 49</b> for variation of provision language. <b>Nebraska</b> has a variation based on the NE Certificate. <b>See page 50</b> for variation of provision language. <b>North Carolina</b> has a variation based on the NC Certificate. <b>See page 52</b> for variation of provision language. <b>Rhode Island</b> has a variation based on the RI Certificate. <b>See page 54</b> for variation of provision language. <b>West Virginia</b> has a variation based on the WV Certificate. <b>See page 58</b> for variation of provision language.</p>
Clerical Error	<p>Clerical Error Clerical error, whether by the Policyholder or Us, will not void the insurance of any Covered Person if that insurance would otherwise have been in effect or extend the insurance of any Covered Person if that insurance would otherwise have ended or been reduced as provided in the Policy.</p>
Workers' Compensation Insurance	<p>Workers' Compensation Insurance The Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation law.</p>

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

INSURANCE FRAUD	PG 50 (NEVADA)
CHANGE IN BENEFICIARY	PG 52 (NORTH CAROLINA)
TIME LIMIT ON CERTAIN DEFENSES	PG 56 (TENNESSEE)
CHANGE IN BENEFICIARY	PG 58 (VIRGINIA)

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

# STATE VARIATIONS AND ADDITIONS

## PROVISION VARIATIONS

In this section of the agent guide (pages 38-60), all of the state variations that are different from the provisions listed between pages 26-36 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 38
ARKANSAS	PG 38
COLORADO	PGS 38-39
DISTRICT OF COLUMBIA (DC)	PGS 39-40
GEORGIA	PGS 40-41
ILLINOIS	PGS 41-42
INDIANA	PG 43
KENTUCKY	PG 43
LOUISIANA	PGS 44-45
MISSISSIPPI	PGS 45-47
MISSOURI	PGS 47-48
MONTANA	PGS 48-49
NEBRASKA	PGS 49-50
NEVADA	PG 50
NORTH CAROLINA	PGS 51-52
NORTH DAKOTA	PGS 52-53
OHIO	PG 53
OKLAHOMA	PGS 53-54
RHODE ISLAND	PG 54
SOUTH CAROLINA	PG 55
TENNESSEE	PGS 55-56
VIRGINIA	PGS 56-58
WEST VIRGINIA	PG 58
WISCONSIN	PG 59
WYOMING	PGS 59-60



PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
ALABAMA	
CLAIMS PROVISIONS	
Legal Actions	<p>Legal Actions</p> <p>No action at law or in equity will be brought to recover benefits under the Policy less than 60 days after satisfactory proof of loss has been furnished as required by the Policy. No such action will be brought more than six years after the time such written proof of loss must be furnished.</p>
ARKANSAS	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Incapacitated Child Continuation	<p>Incapacitated Child Continuation</p> <p>If, on the date a Child reaches age 26, He is an Incapacitated Child as defined below and His coverage will not terminate solely due to age. But the Primary Covered Person must give us notice of the Child's incapacity. The Child's coverage will continue as long as the Child qualifies as an Incapacitated Child and the required premium is paid.</p> <p>We may, at Our expense, require that You furnish proof of mental incapacity or physical handicap after the Child's eligibility would otherwise end. Thereafter, We may, at Our expense, require proof, but not more frequently than annually.</p> <p>The premium rate charged for such Child will remain at the Child premium rate.</p> <p>For the purposes of this provision, an Incapacitated Child means 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 19 years of age and who is chiefly dependent upon the Named Insured for support and maintenance. Coverage shall continue so long as the coverage of the Named Insured remains in force and so long as the dependent Child remains in such condition.</p>
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>All benefits payable under the Policy will be payable immediately upon receipt of written proof of such loss.</p>
COLORADO	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Family Coverage - Eligibility	<p>Family Coverage - Eligibility</p> <p>Family members eligible for coverage are:</p> <ol style="list-style-type: none"> <li>1. the Primary Covered Person;</li> <li>2. His Spouse;</li> <li>3. His unmarried Child(ren).</li> </ol> <p>A Spouse who is a Member may be covered as a Primary Covered Person or a Covered Dependent, but not both. A Child who is a Member may be covered as a Primary Covered Person or a Covered Dependent, but not both.</p>
Newborn or Adopted Children Coverage	<p>Newborn or Adopted Children Coverage</p> <p>If Your coverage includes a Child or Children and if a Child is born to or adopted by You or Your Spouse while coverage under the Policy is in force, the newborn or the newly adopted Child will become covered by the Policy from the moment of birth or placement for adoption. No notification of birth is required.</p>

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

PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
COLORADO	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse and Children Effective Date	<p>Spouse and Children Effective Date</p> <p>The effective date of Spouse and Children's coverage under the Policy, excluding a Late Enrollee, a newborn Child, an adopted Child, or a Child placed for adoption depends on when You Enroll the Spouse and Children. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> <li>1. If the Spouse and Children are eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You Enroll the Spouse or Children for coverage at that time;</li> <li>2. If You first become eligible after the Policy Effective Date and You Enroll the Spouse or Children during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective;</li> <li>3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely Enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form;</li> <li>4. If the Child is a newborn or newly adopted Child who is born or adopted after Your effective date of coverage and You Enroll the newborn or newly adopted Child as described above, coverage will become effective as of the date of birth or placement for adoption; or</li> <li>5. If the Child qualifies for any other reason and first meets the definition of Child after Your effective date of coverage, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.</li> </ol>
GENERAL PROVISIONS	
Entire Contract Changes	<p>Entire Contract; Changes</p> <p>The Policy, the Policyholder's Application, and any attached Riders or Amendments along with this Certificate make up the entire contract. A copy of the Primary Covered Person's Enrollment Form will also be attached.</p> <p>No change in the Policy or this Certificate will be valid until approved by an officer of the Company. The change must be signed by an officer of the Company and attached to the Policy. Any such change which reduces or eliminates coverage shall have been either requested in writing or signed by the Policyholder. No agent may change the Policy or waive any of its provisions.</p>
Incontestability	<p>Incontestability</p> <p>In the absence of fraud, all statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a signed copy of the written instrument containing the statement is, or has been, furnished to the claimant.</p> <p>After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance.</p> <p>In the event of death or incapacity, Your beneficiary or representative shall be given a copy.</p>
DISTRICT OF COLUMBIA (DC)	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>Benefits will be paid immediately upon receipt of due written proof of such loss; but not later than 60 days after We receive proper written Proof of Loss.</p>

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

PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
DISTRICT OF COLUMBIA (DC)	
CLAIMS PROVISIONS	
Physical Examination and Autopsy	<p><b>Physical Examination and Autopsy</b></p> <p>We, at Our own expense, have the right and opportunity to examine a Covered Person when and as often as We may reasonably require while a claim is pending and to make an autopsy in case of death when it is not forbidden by law.</p>
GENERAL PROVISIONS	
Incontestability	<p><b>Incontestability</b></p> <p>In the absence of fraud, all statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.</p> <p>After three years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance.</p> <p>In the event of death or incapacity, Your representative shall be given a copy.</p>
GEORGIA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Newborn and Adopted Children Coverage	<p><b>Newborn and Adopted Children Coverage</b></p> <p>If Your coverage includes a Child or Children and if a Child is born to or adopted by You or Your Spouse while coverage under the Policy is in force, the newborn or adopted Child will become covered by the Policy from the moment of birth, placement for adoption, or final decree of adoption. No notification of birth or adoption is required.</p>
Spouse and Children Effective Date	<p><b>Spouse and Children Effective Date</b></p> <p>The effective date of Spouse and Children's coverage under the Policy, excluding a Late Enrollee, a newborn Child, an adopted Child, or a Child placed for adoption depends on when You Enroll the Spouse and Children. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> <li>1. If the Spouse and Children are eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You Enroll the Spouse or Children for coverage at that time;</li> <li>2. If You first become eligible after the Policy Effective Date and You Enroll the Spouse or Children during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective;</li> <li>3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely Enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form;</li> <li>4. If the Child is a newborn or adopted Child who is born or adopted after Your effective date of coverage and You Enroll the newborn Child as described above, coverage will become effective as of the date of birth, placement for adoption, or final decree of adoption ; or</li> <li>5. If the Child qualifies for any other reason and first meets the definition of Child after Your effective date of coverage, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.</li> </ol>

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



PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
GEORGIA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Incapacitated Child Continuation	<p>Incapacitated Child Continuation</p> <p>If, on the date a Child reaches age 26, He is an Incapacitated Child as defined below and His coverage will not terminate solely due to age. But the Primary Covered Person must give Us notice of the Child's incapacity within 60 days of His termination date. The Child's coverage will continue as long as the Child qualifies as an Incapacitated Child and the required premium is paid.</p> <p>For the purposes of this provision, an Incapacitated Child means a Child of a Primary Covered Person or His Spouse who is developmentally or physically disabled, incapable of earning His own living and primarily dependent on the Primary Covered Person for support and maintenance.</p> <p>We may, from time to time, require proof of the Child's continued incapacity and dependency. After the first two years, We will not require proof more than once each year.</p>
CLAIMS PROVISIONS	
Claim Forms	<p>Claim Forms</p> <p>We will send forms to the claimant for filing proof of loss when We receive the notice of claim. If claim forms are not sent within 10 working days after We receive notice, the proof requirements will be met by the claimant upon submitting, within the time fixed in this Certificate for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which claim is made.</p>
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>Benefits will be payable upon receipt of proper written or electronic Proof of Loss. After receipt, We will, within 15 working days for electronic claims or 30 calendar days for paper claims, send the Covered Person payment for undisputed claims or a notice which states Our reasons for denying the claim, in whole or in part. If We fail to process claims accordingly, We will add interest to the claim payment in the amount of 12% per annum.</p>
ILLINOIS	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Adopted Children	<p>Adopted Children</p> <p>Coverage of an adopted Child or a Child who is in the custody of the Primary Covered Person pursuant to an interim court order of adoption or placement for adoption, whichever comes first, vesting temporary custody of the Child in the Primary Covered Person regardless of whether a final order granting adoption is ultimately issued, will be automatic for the first 31 days following the adoption, date of the interim court order or date on which the Child is placed for adoption. For coverage to continue beyond this time, We must receive notice and the required premium within the 31-day period. Coverage will become effective on the earlier of the date of adoption, date of the interim court order, or date on which the Child is placed for adoption. If You notify Us after that 31-day period, the Child's coverage will become effective on the date that notice is given to Us. Coverage will terminate for any Child being adopted on the earlier of:</p> <ol style="list-style-type: none"> <li>1. The date the adoption is disapproved; or</li> <li>2. The date the Child is removed from Your custody.</li> </ol>
Court Ordered Custody of Children	<p>Court Ordered Custody of Children</p> <p>Coverage is provided to a Child in the court ordered custody of a Primary Covered Person on the same basis and to the same extent, and in the same manner, as for a newborn Dependent Child. We must receive notification within 31 days of the date on which the court order establishing custody of the Child by the Primary Covered Person was issued and any additional premiums that are due for the coverage of the Child must be paid. In order to establish court ordered custody, the Primary Covered Person must send to Us a copy of the court order that establishes that the Primary Covered Person has full legal custody of the Child. If the Primary Covered Person notifies Us after the 31-day period, the Dependent Child's coverage will become effective on the date that notice is given to Us.</p>

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

PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
ILLINOIS	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse and Children Effective Date	<p><b>Spouse and Children Effective Date</b>  The effective date of Spouse and Children's coverage under the Policy, excluding a Late Enrollee, a newborn Child, an adopted Child, or a Child placed for adoption depends on when You Enroll the Spouse and Children. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> <li>1. If the Spouse and Children are eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You Enroll the Spouse or Children for coverage at that time;</li> <li>2. If You first become eligible after the Policy Effective Date and You Enroll the Spouse or Children during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective;</li> <li>3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely Enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form ;</li> <li>4. If the Child is a newborn Child who is born after Your effective date of coverage and You Enroll the newborn Child as described above, coverage will become effective as of the date of birth; or</li> <li>5. If the Child qualifies for any other reason and first meets the definition of Child after Your effective date of coverage, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.</li> </ol>
Termination of a Member's Coverage	<p><b>Termination of a Member's Coverage</b>  A Member's insurance under the Policy will automatically terminate on the earliest of the following dates:</p> <ol style="list-style-type: none"> <li>1. the date that the Policy terminates;</li> <li>2. the date of termination of any section or part of the Policy and this Certificate with respect to insurance under such section or part;</li> <li>3. the premium due date coinciding with or next following the date that the Member ceases to be a member of an eligible Class;</li> <li>4. the date the Member reaches the Maximum Age shown in the Schedule of Benefits; ; and</li> <li>5. the date the Policyholder no longer meets participation requirements.</li> </ol> <p>Termination of coverage will not affect a claim for a loss that occurred while coverage was in force under the Policy.  However, in no instance will benefits extend beyond the earliest of:</p> <ol style="list-style-type: none"> <li>1. the date benefits payable reach any applicable Daily Benefit Amount or other benefit limit shown in the Schedule of Benefits; and</li> <li>2. the date benefits payable reach any applicable Maximum Number of Daily Benefits, Lump Sum Benefit Amount, Maximum Number of Payments or Coverage Year Maximum shown in the Schedule of Benefits.</li> </ol>
CLAIMS PROVISIONS	
Time of Payment of Claims	<p><b>Time of Payment of Claims</b>  All claims will be paid within 30 days following receipt of due proof of loss. Failure to pay within 30 days entitles the Primary Covered Person to interest at the rate of 9 per cent per annum from the 30th day after receipt of proof of loss to the date of late payment, provided that interest amounting to less than one dollar will not be paid.</p>
ADMINISTRATIVE PROVISIONS	
Premium Payment	<p><b>Premium Payment</b>  The total premium paid by the Policyholder is the sum of premiums for all Covered Persons including any amounts submitted toward the cost of the coverage by Covered Persons. The initial premium is due on the Policy Effective Date and each succeeding premium is due on the next succeeding Premium Due Date, as shown in the Schedule of Benefits, unless the Policyholder and We agree to another mode of premium payment. Premiums are paid at Our Home Office or to Our authorized representative.  If any premium is not paid when due, the Policy will be cancelled as of the Premium Due Date of the unpaid premium, except as provided in the Grace Period provision.</p>

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

PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
INDIANA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse and Children Effective Date	<p>Spouse and Children Effective Date The effective date of Spouse and Children's coverage under the Policy, a newborn Child, an adopted Child, or a Child placed for adoption depends on when You Enroll the Spouse and Children. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> <li>1. If the Spouse and Children are eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You Enroll the Spouse or Children for coverage at that time;</li> <li>2. If You first become eligible after the Policy Effective Date and You Enroll the Spouse or Children during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective;</li> <li>3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely Enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form;</li> <li>4. If the Child is a newborn Child who is born after Your effective date of coverage and You Enroll the newborn Child as described above, coverage will become effective as of the date of birth;</li> <li>5. If the Child is an adopted Child, coverage will become effective upon the earlier of: <ol style="list-style-type: none"> <li>a. The date of placement for the purpose of adoption; or</li> <li>b. The date of entry of an order granting the adoptive parent custody of the Child for purposes of adoption; or</li> </ol> </li> <li>6. If the Child qualifies for any other reason and first meets the definition of Child after Your effective date of coverage, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.</li> </ol>
Incapacitated Child Continuation	<p>Incapacitated Child Continuation If, on the date a Child reaches age 26 and He is an Incapacitated Child as defined below, His coverage will not terminate solely due to age. But the Primary Covered Person must give us notice of the Child's incapacity within 120 days of His termination date. The Child's coverage will continue as long as the Child qualifies as an Incapacitated Child and the required premium is paid.</p> <p>For the purposes of this provision, an Incapacitated Child means a Child of a Primary Covered Person or His Spouse who is mentally disabled, intellectually disabled or physically disabled, incapable of earning His own living and primarily dependent on the Primary Covered Person for support and maintenance. We may, from time to time, require proof of the Child's continued incapacity and dependency. After the first two years, we will not require proof more than once each year.</p>
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims We will pay or notify the claimant of any deficiencies within 30 days if the claim is filed electronically or within 45 days if the claim is filed on paper.</p>
KENTUCKY	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims Benefits will be paid within 30 days from the date upon which notice and proof of claim, in the substance and form required by the terms of the Policy, are furnished to Us.</p> <p>If We fail to make a good faith attempt to settle a claim within the 30 days, We will pay interest at the rate of 12% per annum from and after the expiration of the 30 day period.</p> <p>If We fail to settle a claim within the 30 days without a reasonable foundation, You or Your health care provider will be entitled to be reimbursed for reasonable attorney's fees incurred. No part of the fee for representing the claimant in connection with this claim shall be charged against a benefit otherwise due to You.</p>

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

PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
LOUISIANA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Family Coverage - Eligibility	<p>Family Coverage - Eligibility Family members eligible for coverage are:</p> <ol style="list-style-type: none"> <li>1. the Primary Covered Person;</li> <li>2. His Spouse;</li> <li>3. His Civil Union Partner;</li> <li>4. His Child(ren).</li> </ol> <p>A Spouse who is an Eligible Member may be covered as a Primary Covered Person or a Covered Dependent, but not both. A Child who is an Eligible Member may be covered as a Primary Covered Person or a Covered Dependent, but not both.</p>
Adopted Child(ren) Effective Date	<p>Adopted Child(ren) Effective Date Coverage for an adopted Child(ren) or Child(ren) placed for adoption will be effective from:</p> <ol style="list-style-type: none"> <li>1. the date of birth if the petition for adoption is filled within 31 days of the birth;</li> <li>2. the date of placement for the purpose of adoption if a petition for adoption is filled within 31 days of placement of the Child;</li> <li>3. the date of placement pursuant to an adoption placement agreement executed with an adoption agency licensed in accordance with the Louisiana Child Care Facility and Child-Placing Agency Licensing Act, or corresponding law of any other state; or</li> <li>4. from the date on which the act of voluntary surrender becomes irrevocable.</li> </ol>
Spouse and Child Termination	<p>Spouse and Child Termination If the Primary Covered Person's Spouse or Child is a Covered Person, His coverage will end:</p> <ol style="list-style-type: none"> <li>1. with respect to a covered Spouse on the date He is Divorced from the Primary Covered Person; or</li> <li>2. on the date the Primary Covered Person dies; or</li> <li>3. on the date the covered Spouse reaches the Maximum Age shown in the Schedule of Benefits; or</li> <li>4. on the date the required premium for the Spouse or Child's coverage is not paid; or</li> <li>5. with respect to a covered Child, on the Policy anniversary following the date the Child no longer qualifies as a Child, as defined in this Certificate, unless continued under the Incapacitated Child Continuation provision.</li> </ol>
Continuation of Coverage for Service in the Uniformed Services	<p>Continuation of Coverage for Service in the Uniformed Services If the Primary Covered Person's coverage would otherwise terminate due to a leave of employment to perform service in the uniformed services, the Primary Covered Person is entitled to continue coverage for the Primary Covered Person and their Covered Dependents. A Covered Dependent who is subsequently called to services in the uniformed services will continue to be considered a Covered Dependent under the Policy without any lapses in coverage, provided that all required contributions are made. We will notify the Covered Person of their right to continue coverage at the time We are notified of the Covered Person's leave to perform service in the uniformed services. The Covered Person should obtain an election form from the Policyholder or employer and, once election is made, forward all monthly Premiums to the Policyholder for payment to Us. Continuation must be elected prior to termination of coverage under the Policy. Continuation of coverage will end on the earliest of the following dates:</p> <ol style="list-style-type: none"> <li>1. The date the Covered Person returns from active service in the uniformed services, is reemployed and is Actively-At- Work, and is reinstated for the coverage provided by the policy and this certificate;</li> <li>2. The end of the grace period following the date any required premium has not been paid;</li> <li>3. The date coverage ends because the Covered Person violates a material condition of the Policy;</li> <li>4. The date coverage is or could be obtained under any other group health plan; or</li> <li>5. The date this Certificate is cancelled or terminated.</li> </ol>
Incapacitated Child Continuation	<p>Incapacitated Child Continuation If, on the date a Child reaches age 26, He is an Incapacitated Child as defined below and His coverage will not terminate solely due to age. But the Primary Covered Person must give Us notice of the Child's incapacity within 60 days of His termination date. The Child's coverage will continue as long as the Child qualifies as an Incapacitated Child and the required premium is paid. For the purposes of this provision, an Incapacitated Child means a Child of a Primary Covered Person or His Spouse who because of an intellectual or physical disability is incapable of earning His own living and primarily dependent on the Primary Covered Person for support and maintenance. We may, from time to time, require proof of the Child's continued incapacity and dependency but not more frequently than annually after the two-year period following the attainment of the limiting age..</p>

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PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
LOUISIANA	
CLAMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims Benefits will be paid immediately upon receipt of written Proof of Loss.</p>
Legal Actions	<p>Legal Actions No action at law or in equity will be brought to recover benefits under the Policy less than 60 days after satisfactory proof of loss has been furnished as required by the Policy. No such action will be brought more than one (1) year after the time such written proof of loss must be furnished.</p>
ADMINISTRATIVE PROVISIONS	
Premiums	<p>Premiums Premium rates are expressed in, and premiums are payable in, United States currency. The premiums for the Policy will be based on the rates set forth in this Certificate, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected. We will provide notifications of premiums due or premium changes, by mail to the most current address in Our files, to the Policyholder. . We will notify the Policyholder in writing at least 45 days before any increase of 20% or more in the premium rates.</p>
GENERAL PROVISIONS	
Incontestability	<p>Incontestability In the absence of fraud, all statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. After three years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance. In the event of death or incapacity, Your representative shall be given a copy.</p>
MISSISSIPPI	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Incapacitated Child Continuation	<p>Incapacitated Child Continuation If, on the date a Child reaches age 26, He is an Incapacitated Child as defined below and His coverage will not terminate solely due to age. But the Primary Covered Person must give us notice of the Child's incapacity within 60 days of His termination date. The Child's coverage will continue as long as the Child qualifies as an Incapacitated Child and the required premium is paid. For the purposes of this provision, an Incapacitated Child means a Child of a Primary Covered Person or His Spouse who is intellectual disability or a physical disability, incapable of earning His own living and primarily dependent on the Primary Covered Person for support and maintenance. We may, from time to time, require proof of the Child's continued incapacity and dependency. After the first two years, we will not require proof more than once each year.</p>

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PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
MISSISSIPPI	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p><b>Time of Payment of Claims</b></p> <p>All benefits payable under this Certificate for any loss will be paid within 25 days after receipt of due written Proof of 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 Loss in the form of clean claim where claims are submitted in paper format. Benefits due under the Certificate 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 and other information essential for Us to administer preexisting condition, coordination of benefits and subrogation provisions, if any. A "clean claim" means a claim received by Us for adjudication and which requires no further information, adjustment or alteration by the provider of the services or the Covered 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. Errors, such as system errors, attributable to Us, do not change the clean claim status.</p> <p>A clean claim does not include any of the following</p> <ol style="list-style-type: none"> <li>1. A duplicate claim, which means an original claim and its duplicate when the duplicate is filed within 30 days of the original claim;</li> <li>2. Claims which are submitted fraudulently or that are based upon material misrepresentations;</li> <li>3. Claims that require information essential for Us to administer preexisting condition, coordination of benefits or subrogation provisions, if any; or</li> <li>4. Claims submitted by a provider more than 30 days after the date of service; if the provider does not submit the claim on behalf of the Covered Person, then a claim is not clean when submitted more than 30 days after the date of billing by the provider to the Covered Person.</li> </ol> <p>Not later than 25 days after the date We actually receive an electronic claim, We will pay the appropriate benefit in full, or any portion of the claim that is clean, and notify the provider (where the claim is owed to the provider) or the Covered Person (where the claim is owed to the Covered 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 will pay the appropriate benefit in full, or any portion of the claim that is clean, and notify the provider (where the claim is owed to the provider) or the Covered Person (where the claim is owed to the Covered 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 will be paid within 20 days after receipt.</p> <p>For purposes of this provision, the term "pay" means that We will 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 the provider (where the claim is owed to the provider) or the Covered Person (where the claim is owed to the Covered Person). To calculate the extent to which any benefits are overdue, payment will 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 provider (where the claim is owed to the provider) or the Covered Person (where the claim is owed to the Covered 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 provider or Covered Person.</p> <p>If the claim is not denied for valid and proper reasons by the end of the applicable time period prescribed in this provision, We must pay the provider (where the claim is owed to the provider) or the Covered Person (where the claim is owed to the Covered Person) interest on accrued benefits at the rate of 3% 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 will be credited to the account of the person or entity to whom such amount is owed. The provisions of this paragraph will not apply to any claims or benefits owed under Medicare Advantage plans or Medicare Advantage Prescription Drug plans.</p> <p>In the event We fail to pay benefits when due, the person entitled to such benefits may bring action to recover such benefits, any interest which may accrue as provided in this provision and any other damages as may be allowable by law. If it is determined in such action that We acted in bad faith as evidenced by a repeated or deliberate pattern of failing to pay benefits and/or claims when due, the person entitled to such benefits (health care provider or Covered Person) will be entitled to recover damages in an amount up to 3 times the amount of the benefits that remain unpaid until the claim is finally settled or adjudicated.</p>

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PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
MISSISSIPPI	
GENERAL PROVISIONS	
Conformity with State Statutes	<p>Conformity with State Statutes</p> <p>Any provision of this Certificate, which, on its effective date, is in conflict with the statutes of the state in which the Primary Covered Person resides on such date, is hereby amended to conform to the minimum requirements of those statutes.</p>
MISSOURI	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Termination of a Member's Coverage	<p>Termination of a Member's Coverage</p> <p>A Member's insurance under the Policy will automatically terminate on the earliest of the following dates:</p> <ol style="list-style-type: none"> <li>1. the date that the Policy terminates;</li> <li>2. the premium due date coinciding with or next following the date that the Member ceases to be a member of an eligible Class;</li> <li>3. the date the Member reaches the Maximum Age shown in the Schedule of Benefits;</li> <li>4. any premium due date, if premium remains unpaid by the end of the Grace Period; and</li> <li>5. the date the Policyholder no longer meets participation requirements.</li> </ol> <p>Termination of coverage will not affect a claim for a loss that occurred while coverage was in force under the Policy.</p> <p>However, in no instance will benefits extend beyond the earliest of:</p> <ol style="list-style-type: none"> <li>1. the date benefits payable reach any applicable Daily Benefit Amount or other benefit limit shown in the Schedule of Benefits; and</li> <li>2. the date benefits payable reach any applicable Maximum Number of Daily Benefits, Lump Sum Benefit Amount, Maximum Number of Payments or Coverage Year Maximum shown in the Schedule of Benefits.</li> </ol>
Incapacitated Child Continuation	<p>Incapacitated Child Continuation</p> <p>If, on the date a Child reaches age 26, He is an Incapacitated Child as defined below and His coverage will not terminate solely due to age. But the Primary Covered Person must give us notice of the Child's incapacity within 60 days of His termination date. The Child's coverage will continue as long as the Child qualifies as an Incapacitated Child and the required premium is paid.</p> <p>For the purposes of this provision, an Incapacitated Child means a Child of a Primary Covered Person or His Spouse who is and continues to be both incapable of self-sustaining employment by reason of mental or physical handicap and chiefly dependent upon the Primary Covered Person for support and maintenance.</p> <p>We may, from time to time, require proof of the Child's continued incapacity and dependency. After the first two years, we will not require proof more than once each year.</p>
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>Benefits will be paid as soon as reasonably possible; but not later than 30 days after We receive proper written Proof of Loss.</p>
Payment of Claims	<p>Payment of Claims</p> <p>All benefits will be paid in United States currency. All proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person. If the Covered Person dies before all payments due have been made, all remaining amounts payable will be paid to the Covered Person's estate.</p> <p>If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for His property, a payment not exceeding \$1,000 may be made at Our option to any relative by blood or connection by marriage of the payee who has submitted reliable documentary evidence and, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.</p> <p>If the Covered Person provides Us with a written release to do so, we may, at Our option, pay benefits directly to the institution or person rendering treatment or services covered under the Policy.</p>

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PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
MISSOURI	
CLAIMS PROVISIONS	
Legal Actions	<p>Legal Actions</p> <p>No action at law or in equity will be brought to recover benefits under the Policy less than 60 days after proof of loss has been furnished as required by the Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.</p>
GENERAL PROVISIONS	
Incontestability	<p>Incontestability</p> <p>The validity of the Policy will not be contested, except for nonpayment of premiums, after it has been in force for two years from its date of issue. No statement made by any Covered Person under the Policy relating to insurability shall be used in contesting the validity of the insurance with respect to which such statement was made after such insurance has been in force prior to the contest for a period of two years during such person's lifetime nor unless it is contained in a written instrument signed by the Covered Person making such statement; except that, no such provision shall preclude the assertion at any time of defenses based upon the Covered Person's ineligibility for coverage under the Policy or upon other provisions in the Policy.</p> <p>Any additional exclusions or limitations, not otherwise excluded from the Covered Person's coverage under the Policy, may only apply to a disease or physical condition for which medical advice or treatment was received by the Covered Person during the 12 months prior to the effective date of the Covered Person's coverage.</p>
MONTANA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Newborn and Adoptive Coverage	<p>Newborn and Adoptive Coverage</p> <p>If Your coverage includes a Child or Children and if a Child is born to or adopted by You or Your Spouse while coverage under the Policy is in force, the newborn or newly adopted Child will become covered by the Policy from the moment of birth or date of placement for adoption. No notification of birth or adoption is required.</p>
Spouse and Children Effective Date	<p>Spouse and Children Effective Date</p> <p>The effective date of Spouse and Children's coverage under the Policy, excluding a Late Enrollee, a newborn Child, an adopted Child, or a Child placed for adoption, depends on when You Enroll the Spouse and Children. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> <li>1. If the Spouse and Children are eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You Enroll the Spouse or Children for coverage at that time;</li> <li>2. If You first become eligible after the Policy Effective Date and You Enroll the Spouse or Children during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective;</li> <li>3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely Enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form;</li> <li>4. If the Child is a newborn or a newly adopted Child who is born or adopted after Your effective date of coverage and You Enroll the newborn or a newly adopted Child as described above, coverage will become effective as of the date of birth or date of placement for adoption; or</li> <li>5. If the Child qualifies for any other reason and first meets the definition of Child after Your effective date of coverage, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.</li> </ol>
Incapacitated Child Continuation	<p>Incapacitated Child Continuation</p> <p>If, on the date a Child reaches age 26, He is an Incapacitated Child as defined below and His coverage will not terminate solely due to age. But the Primary Covered Person must give Us notice of the Child's incapacity within 60 days of His termination date. The Child's coverage will continue as long as the Child qualifies as an Incapacitated Child and the required premium is paid.</p> <p>For the purposes of this provision, an Incapacitated Child means a Child of a Primary Covered Person or His Spouse who is intellectually disabled or physically disabled, incapable of earning His own living, unmarried and primarily dependent on the Primary Covered Person for support and maintenance.</p> <p>We may, from time to time, require proof of the Child's continued incapacity and dependency. After the first two years, We will not require proof more than once each year.</p>

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PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
MONTANA	
ADMINISTRATIVE PROVISIONS	
Premiums	<p>Premiums</p> <p>Premium rates are expressed in, and premiums are payable in, United States currency. The premiums for the Policy will be based on the rates set forth in this Certificate, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected. We will provide notifications of premiums due or premium changes at least 60 days in advance, by mail to the most current address in Our files, to the Policyholder.</p>
GENERAL PROVISIONS	
Incontestability	<p>Incontestability</p> <p>In the absence of fraud, all statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a written copy of the instrument containing the statement and signed by the claimant, is, or has been, furnished to the claimant or beneficiary.</p> <p>After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance.</p> <p>In the event of death or incapacity, Your representative shall be given a copy.</p>
Conformity with Montana Statutes	<p>Conformity with Montana Statutes</p> <p>The provisions of this Policy conform to the minimum requirements of Montana law and control over any conflicting statutes of any state in which the insured resides on or after the effective date of this Policy.</p>
NEBRASKA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse and Children Effective Date	<p>Spouse and Children Effective Date</p> <p>The effective date of Spouse and Children's coverage under the Policy, excluding a Late Enrollee, a newborn Child, an adopted Child, or a Child placed for adoption depends on when You Enroll the Spouse and Children. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> <li>1. If the Spouse and Children are eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You Enroll the Spouse or Children for coverage at that time;</li> <li>2. If You first become eligible after the Policy Effective Date and You Enroll the Spouse or Children during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective;</li> <li>3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely Enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form ;</li> <li>4. If the Child is a newborn Child who is born after Your effective date of coverage and You Enroll the newborn Child as described above, coverage will become effective as of the date of birth; or</li> <li>5. If the Child qualifies for any other reason and first meets the definition of Child after Your effective date of coverage, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.</li> </ol>
Incapacitated Child Continuation	<p>Incapacitated Child Continuation</p> <p>If, on the date a Child reaches age 26, He is an Incapacitated Child as defined below and His coverage will not terminate solely due to age. But the Primary Covered Person must give us notice of the Child's incapacity within 60 days of His termination date. The Child's coverage will continue as long as the Child qualifies as an Incapacitated Child and the required premium is paid.</p> <p>For the purposes of this provision, an Incapacitated Child means a Child of a Primary Covered Person or His Spouse who is mentally disabled or physically handicapped, incapable of earning His own living[, unmarried] and primarily dependent on the Primary Covered Person for support and maintenance.</p> <p>We may, from time to time, require proof of the Child's continued incapacity and dependency. After the first two years, we will not require proof more than once each year.</p>

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PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
NEBRASKA	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims We will pay any benefits due immediately after We receive written proof of loss.</p>
GENERAL PROVISIONS	
Conformity with State and Federal Law	<p>Conformity with State and Federal Law Any provision of the Policy and this Certificate which, on its Policy and Certificate Effective Date, is in conflict with the law of the federal government or the state in which the Insured resides is hereby amended to conform to the minimum requirements of such law.</p>
NEVADA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse and Children Effective Date	<p>Spouse and Children Effective Date The effective date of Spouse and Children's coverage under the Policy, excluding a Late Enrollee, a newborn Child, an adopted Child, or a Child placed for adoption depends on when You Enroll the Spouse and Children. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> <li>1. If the Spouse and Children are eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You Enroll the Spouse or Children for coverage at that time;</li> <li>2. If You first become eligible after the Policy Effective Date and You Enroll the Spouse or Children during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective;</li> <li>3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely Enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form ;</li> <li>4. If the Child is a newborn Child who is born after Your effective date of coverage and You Enroll the newborn Child as described above, coverage will become effective as of the date of birth; or</li> <li>5. If the Child qualifies for any other reason and first meets the definition of Child after Your effective date of coverage, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.</li> </ol>
Incapacitated Child Continuation	<p>Incapacitated Child Continuation If, on the date a Child reaches age 26, He is an Incapacitated Child as defined below and His coverage will not terminate solely due to age. But the Primary Covered Person must give us notice of the Child's incapacity within 60 days of His termination date. The Child's coverage will continue as long as the Child qualifies as an Incapacitated Child and the required premium is paid.</p> <p>For the purposes of this provision, an Incapacitated Child means a Child of a Primary Covered Person or His Spouse who is intellectually disabled or physically handicapped, incapable of earning His own living, and primarily dependent on the Primary Covered Person for support and maintenance.</p> <p>We may, from time to time, require proof of the Child's continued incapacity and dependency. After the first two years, we will not require proof more than once each year.</p>
Extension of Benefits	<p>Extension of Benefits If a Covered Person is in a Period of Confinement on the date the Policy terminates, coverage for the Hospital Indemnity Insurance Benefits shown in the Schedule of Benefits will remain in effect for that Covered Person for 90 days</p>
GENERAL PROVISIONS	
Insurance Fraud	<p>Insurance Fraud Any person who knowingly and willingly with the intent to defraud or deceive any insurance company or other person files a statement of claim containing false, incomplete or missing information commits a fraudulent insurance act and may be guilty of a category D felony and may be punished as provided by state law. In addition to any other penalty, a court may order the person to pay restitution.</p> <p>We will provide information concerning insurance fraud to the state Attorney General, the state Commissioner of Insurance and any state investigative or law enforcement agency or any agency of the Federal Government.</p>

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

PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
NORTH CAROLINA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Primary Covered Person Effective Date	<p>Primary Covered Person Effective Date</p> <p>Your effective date of coverage under the Policy will be determined as follows:</p> <ol style="list-style-type: none"> <li>1. If You Enroll for coverage when the Policyholder applies for coverage, Your coverage will be effective on the Policy Effective Date.</li> <li>2. If You become eligible after the Policy Effective Date and Enroll during an Initial Enrollment Period, Your coverage will be effective no later than 90 days after the first day of employment following the later of the end of any applicable Waiting Period, Initial Enrollment Period and receipt of the Enrollment Form by Us.</li> </ol>
Newborn Coverage from Birth	<p>Newborn Coverage from Birth</p> <p>If Your coverage includes a Child or Children and if a Child is born to, or adopted by You or Your Spouse while coverage under the Policy is in force, the newborn, adopted or foster Child will become covered by the Policy from the moment of birth or placement in the adoptive or foster home. No notification of birth is required.</p>
Spouse and Children Effective Date	<p>Spouse and Children Effective Date</p> <p>The effective date of Spouse and Children's coverage under the Policy, excluding a Late Enrollee, a newborn Child, an adopted Child, or a Child placed for adoption depends on when You Enroll the Spouse and Children. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> <li>1. If the Spouse and Children are eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You Enroll the Spouse or Children for coverage at that time;</li> <li>2. If You first become eligible after the Policy Effective Date and You Enroll the Spouse or Children during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective no later than 90 days after the first day of employment;</li> <li>3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely Enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form;</li> <li>4. If the Child is a newborn, adopted or foster Child who is born or placed in the adoptive or foster home after Your effective date of coverage and You Enroll the newborn, adopted or foster Child as described above, coverage will become effective as of the date of birth or placement in the adoptive or foster home; or</li> <li>5. If the Child qualifies for any other reason and first meets the definition of Child after Your effective date of coverage, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.</li> </ol>
Incapacitated Child Continuation	<p>Incapacitated Child Continuation</p> <p>If, on the date a Child reaches age 26, He is an Incapacitated Child as defined below and His coverage will not terminate solely due to age. But the Primary Covered Person must give Us notice of the Child's incapacity within 31 days of the Child's attainment of the limiting age. The Child's coverage will continue as long as the Child qualifies as an Incapacitated Child and the required premium is paid.</p> <p>For the purposes of this provision, an Incapacitated Child means a Child of a Primary Covered Person or His Spouse who is incapable of earning His own living due to mental or physical handicap and primarily dependent on the Primary Covered Person for support and maintenance.</p> <p>We may, from time to time, require proof of the Child's continued incapacity and dependency but not more frequently than annually during the period following the date the child reaches the limiting age.</p>
CLAIMS PROVISIONS	
Proof of Loss	<p>Proof of Loss</p> <p>Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our Home Office or to Our authorized representative, within 180 days of the loss for which claim is made. Failure to furnish proof within the time required will not invalidate or reduce a claim if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.</p>

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PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
NORTH CAROLINA	
CLAIMS PROVISIONS	
Time of Payment of Claims	Time of Payment of Claims Benefits will be paid immediately and in no event later than 30 days after We receive proper written Proof of Loss.
ADMINISTRATIVE PROVISIONS	
Premiums	Premiums Premium rates are expressed in, and premiums are payable in, United States currency. The premiums for the Policy will be based on the rates set forth in this Certificate, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected. We will provide notifications to the Policyholder in writing at least forty-five 45 days in advance of premiums due or premium changes, by mail to the most current address in Our files.
GENERAL PROVISIONS	
Change in Beneficiary	Change in Beneficiary Unless the Covered Person makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the Covered Person and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of the Policy or to any change of beneficiary or beneficiaries, or to any other changes in the Policy.
Incontestability	Incontestability All statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for non-payment of premium. In the event of death or incapacity, Your representative shall be given a copy.
Conformity with State Statutes	Conformity with State Statutes Any provision of the Policy and any Certificate, which, on its effective date, is in conflict with the statutes of the state in which the Covered Person resides on such date, is hereby amended to conform to the minimum requirements of those statutes.
NORTH DAKOTA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Newborn Coverage from Birth	Newborn Coverage from Birth If Your coverage includes a Child or Children and if a Child is born to or adopted by You or Your Spouse while coverage under the Policy is in force, the newborn or the newly adopted Child will become covered by the Policy from the moment of birth or placement for adoption. No notification of birth or placement is required.
Spouse and Children Effective Date	Spouse and Children Effective Date The effective date of Spouse and Children's coverage under the Policy, a newborn Child, an adopted Child, or a Child placed for adoption depends on when You Enroll the Spouse and Children. The applicable premium must be paid. The effective dates are as follows: <ol style="list-style-type: none"> <li>1. If the Spouse and Children are eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You Enroll the Spouse or Children for coverage at that time;</li> <li>2. If You first become eligible after the Policy Effective Date and You Enroll the Spouse or Children during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective;</li> <li>3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely Enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form;</li> <li>4. If the Child is a newborn or newly adopted Child who is born or adopted after Your effective date of coverage and You Enroll the newborn or newly adopted Child as described above, coverage will become effective as of the date of birth or placement for adoption; or</li> <li>5. If the Child qualifies for any other reason and first meets the definition of Child after Your effective date of coverage, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.</li> </ol>

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

PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
NORTH DAKOTA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse and Child Termination	<p>Spouse and Child Termination</p> <p>If the Primary Covered Person's Spouse or Child is a Covered Person, His coverage will end:</p> <ol style="list-style-type: none"> <li>1. with respect to a covered Spouse, on the date He is Divorced from the Primary Covered Person; or</li> <li>2. on the date the Primary Covered Person dies[, unless continued under the Widow or Widower's Continuation provision; or</li> <li>3. on the date the required premium for the Spouse or Child's coverage is not paid; or</li> <li>4. with respect to a covered Child, on the Policy anniversary following the date the Child no longer qualifies as a Child, as defined in this Certificate, unless continued under the Incapacitated Child Continuation provision.</li> </ol>
GENERAL PROVISIONS	
Incontestability	<p>Incontestability</p> <p>In the absence of fraud, all statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a signed copy of the written instrument containing the statement is, or has been, furnished to the claimant.</p> <p>After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance.</p> <p>In the event of death or incapacity, Your beneficiary or representative shall be given a copy.</p>
OHIO	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits immediately or within 30 days following receipt of due written proof of loss.</p>
Administrative Appeals of a Claim Decision	<p>Administrative Appeals of a Claim Decision:</p> <p>If the Covered Person or the Covered Person's provider would like additional information or have any complaints concerning the basis upon which payment was made, they may contact Our Customer Service Department at 800-328-1114. We will address the Covered Person's concerns and will attempt to resolve them satisfactorily. If We are unable to resolve a concern over the phone, We will request submission of the concern in writing to pursue a formal grievance. The Covered Person may also contact the Ohio Department of Insurance to file a grievance.</p>
OKLAHOMA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse and Children Effective Date	<p>Spouse and Children Effective Date</p> <p>The effective date of Spouse and Children's coverage under the Policy, excluding a Late Enrollee, a newborn Child, an adopted Child, or a Child placed for adoption depends on when You Enroll the Spouse and Children. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> <li>1. If the Spouse and Children are eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You Enroll the Spouse or Children for coverage at that time;</li> <li>2. If You first become eligible after the Policy Effective Date and You Enroll the Spouse or Children during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective;</li> <li>3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely Enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form ;</li> <li>4. If the Child is a newborn Child who is born after Your effective date of coverage and You Enroll the newborn Child as described above, coverage will become effective as of the date of birth; or</li> <li>5. If the Child qualifies for any other reason and first meets the definition of Child after Your effective date of coverage, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.</li> </ol>

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PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
OKLAHOMA	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims Benefits will be paid immediately after We receive proper written Proof of Loss.</p>
Recovery of Overpayment	<p>Recovery of Overpayment If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.</p> <ol style="list-style-type: none"> <li>1. A request for lump sum payment of the overpaid amount.</li> <li>2. A reduction of any amounts payable under the Policy.</li> </ol> <p>If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate. Such deduction will not be made more than twenty-four (24) months after benefits are paid with respect to a Covered Person except payment made because of fraud committed by a Covered Person or by a provider; or if the Covered Person or provider has otherwise agreed to make a refund of the claim overpayment.</p>
RHODE ISLAND	
CLAIMS PROVISIONS	
Payment of Claims	<p>Payment of Claims All benefits will be paid in United States currency. All proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person. If the Covered Person dies before all payments due have been made, all remaining amounts payable will be paid to the Covered Person's estate or beneficiary.</p> <p>If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for His property, a payment not exceeding \$1,000 may be made at Our option to any relative by blood or connection by marriage of the payee or beneficiary, who has submitted reliable documentary evidence and, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. Any payment We make in good faith fully discharges Our liability to the extent of the payment made.</p> <p>If the Covered Person provides Us with a written release to do so, We may, at Our option, pay benefits directly to the institution or person rendering treatment or services covered under the Policy.</p>
GENERAL PROVISIONS	
Incontestability	<p>Incontestability All statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.</p> <p>After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for non-payment of premiums or lack of eligibility for insurance.</p> <p>In the event of death or incapacity, Your representative shall be given a copy.</p>
Conformity with State Statutes	<p>Conformity with State Statutes Any provision of the Policy and any Certificate, which, on its effective date, is in conflict with the statutes of the state in which the Covered Person resides on that date, is hereby amended to conform to the minimum requirements of those statutes.</p>

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

PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
SOUTH CAROLINA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse and Children Effective Date	<p>Spouse and Children Effective Date</p> <p>The effective date of Spouse and Children's coverage under the Policy, excluding a Late Enrollee, a newborn Child, an adopted Child, or a Child placed for adoption depends on when You Enroll the Spouse and Children. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> <li>1. If the Spouse and Children are eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You Enroll the Spouse or Children for coverage at that time;</li> <li>2. If You first become eligible after the Policy Effective Date and You Enroll the Spouse or Children during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective;</li> <li>3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely Enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form;</li> <li>4. If the Child is a newborn who is born after Your effective date of coverage and You Enroll the newborn Child as described above, coverage will become effective as of the date of birth; or</li> <li>5. If the Child qualifies for any other reason and first meets the definition of Child after Your effective date of coverage, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.</li> </ol>
CLAIMS PROVISIONS	
Claim Forms	<p>Claim Forms</p> <p>We will send forms to the claimant for filing proof of loss when We receive the notice of claim. If claim forms are not sent within 15 working days after We receive notice, the proof requirements will be met by the claimant upon submitting, within the time fixed in this Certificate for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which claim is made.</p>
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid not more than 60 days after Our receipt of due written proof of the loss. Subject to Our receipt of due written proof of loss, all accrued benefits for loss for which the Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which We are liable and any balance remaining unpaid upon termination of liability will be paid upon receipt of such proof.</p>
Legal Actions	<p>Legal Actions</p> <p>No action at law or in equity will be brought to recover benefits under the Policy less than 60 days after satisfactory proof of loss has been furnished as required by the Policy. No such action will be brought more than six years after the time such written proof of loss must be furnished.</p>
TENNESSEE	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse and Child Termination	<p>Spouse and Child Termination</p> <p>If the Primary Covered Person's Spouse or Child is a Covered Person, His coverage will end:</p> <ol style="list-style-type: none"> <li>1. with respect to a covered Spouse, on the date He is Divorced from the Primary Covered Person; or</li> <li>2. on the date the Primary Covered Person dies, unless continued under the Widow or Widower's Continuation provision; or</li> <li>3. on the date the required premium for the Spouse or Child's coverage is not paid; or</li> <li>4. with respect to a covered Child, on the Policy anniversary following the date the Child no longer qualifies as a Child, as defined in this Certificate, unless continued under the Incapacitated Child Continuation provision.</li> </ol>

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PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
TENNESSEE	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Incapacitated Child Continuation	<p>Incapacitated Child Continuation</p> <p>If, on the date a Child reaches age 26, He is an Incapacitated Child as defined below and His coverage will not terminate solely due to age. But the Primary Covered Person must give us notice of the Child's incapacity within 60 days of His termination date. The Child's coverage will continue as long as the Child qualifies as an Incapacitated Child and the required premium is paid.</p> <p>For the purposes of this provision, an Incapacitated Child means a Child of a Primary Covered Person or His Spouse who because of an intellectual or physical disability is incapable of earning His own living and primarily dependent on the Primary Covered Person for support and maintenance.</p> <p>We may, from time to time, require proof of the Child's continued incapacity and dependency. After the first two years, we will not require proof more than once each year.</p>
CLAIMS PROVISION	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>Benefits will be paid as soon as reasonably possible; but not later than 30 days after We receive proper written Proof of Loss.</p>
Recovery of Overpayment	<p>Recovery of Overpayment</p> <p>If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.</p> <ol style="list-style-type: none"> <li>1. A request for lump sum payment of the overpaid amount.</li> <li>2. A reduction of any amounts payable under the Policy.</li> </ol> <p>If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.</p> <p>Any such request, reduction of recovery must be made by Us within 18 months from the date We paid the claim. This time limit does not apply if the Covered Person does not provide complete information, was not eligible for coverage or material misstatements or fraud have occurred.</p>
Time Limit on Certain Defenses	<p>Time Limit on Certain Defenses.</p> <p>In the absence of fraud, all statements the Primary Covered Person has made to obtain insurance under the Policy are considered representations and not warranties. After two years from the Certificate Effective Date, no misstatements, except fraudulent statements, made in the Primary Covered Person's application for coverage under the Policy will be used to void His coverage under the Policy. After two years from the Certificate Effective Date of coverage with respect to which any claim is made, no misstatements, except fraudulent misstatements, will be used to deny a claim for loss incurred or disability commencing after the expiration of such two years. We may only contest coverage if the misstatement is made in a written instrument containing the signature of the Primary Covered Person and a copy is given to the Primary Covered Person, or His beneficiary.</p>
VIRGINIA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse and Children Effective Date	<p>Spouse and Children Effective Date</p> <p>The effective date of Spouse and Children's coverage under the Policy, excluding a Late Enrollee, a newborn Child, an adopted Child, or a Child placed for adoption depends on when You Enroll the Spouse and Children. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> <li>1. If the Spouse and Children are eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You Enroll the Spouse or Children for coverage at that time;</li> <li>2. If You first become eligible after the Policy Effective Date and You Enroll the Spouse or Children during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective;</li> <li>3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely Enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form;</li> <li>4. If the Child is a newborn Child who is born after Your effective date of coverage and You Enroll the newborn Child as described above, coverage will become effective as of the date of birth;</li> <li>5. If the Child qualifies for any other reason and first meets the definition of Child after Your effective date of coverage, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.</li> </ol>

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PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
VIRGINIA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Incapacitated Child Continuation	<p><b>Incapacitated Child Continuation</b>            If, on the date a Child reaches age 26, He is an Incapacitated Child as defined below and His coverage will not terminate solely due to age. But the Primary Covered Person must give Us notice of the Child's incapacity within 60 days of His termination date. The Child's coverage will continue as long as the Child qualifies as an Incapacitated Child and the required premium is paid.</p> <p>For the purposes of this provision, an Incapacitated Child means a Child of a Primary Covered Person or His Spouse who because of intellectual disability or physical handicap, is incapable of earning His own living and primarily dependent on the Primary Covered Person for support and maintenance.</p> <p>We may, from time to time, require proof of the Child's continued incapacity and dependency. After the first two years, We will not require proof more than once each year.</p>
CLAIMS PROVISIONS	
Payment of Claims	<p><b>Payment of Claims</b>            All benefits will be paid in United States currency. All proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person. If the Covered Person dies before all payments due have been made, all remaining amounts payable will be paid to the Covered Person's estate.</p> <p>If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for His property, a payment not exceeding \$5,000 may be made at Our option to any relative by blood or connection by marriage of the payee who has submitted reliable documentary evidence and, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. Any payment We make in good faith fully discharges Our liability to the extent of the payment made.</p> <p>If the Covered Person provides Us with a written release to do so, We may, at Our option, pay benefits directly to the institution or person rendering treatment or services covered under the Policy.</p>
Payor of Last Resort	<p><b>Payor of Last Resort:</b>            The Virginia Department of Medical Assistance Services is the payor of last resort when a Covered Person is eligible for medical assistance in the Commonwealth. To the extent the Virginia Department of Medical Assistance Services has made payment for medical services where We have a legal obligation to make payment for such services under this Policy, the Commonwealth automatically acquires all rights to such payment from Us.</p>
GENERAL PROVISIONS	
Entire Contract Changes	<p><b>Entire Contract; Changes</b>            The Policy, the application of the Policyholder and any individual applications of the Primary Covered Persons shall constitute the entire contract between the parties.</p> <p>A copy of the application of the Policyholder shall be attached to the Policy when issued.</p> <p>All statements made by the Policyholder or by the Primary Covered Persons shall be deemed representations and not warranties.</p> <p>No written statement made by a Primary Covered Person shall be used in any contest unless a copy of the statement is furnished to the Primary Covered Person or to his beneficiary or personal representative.</p>
Incontestability	<p><b>Incontestability</b>            The validity of the Policy of any coverage under the Policy may not be contested, except for nonpayment of premiums, after the Policy or coverage has been in force for two years from its date of issue.</p> <p>No statement made by a Primary Covered Person relating to his insurability or the insurability of his Dependents will be used in contesting the validity of the insurance with respect to which such statement was made:</p> <ol style="list-style-type: none"> <li>1. after the insurance has been in force prior to the contest for a period of two years during the lifetime of the person about whom the statement was made; and</li> <li>2. unless the statement is contained in a written instrument signed by the Primary Covered Person.</li> </ol>

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PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
VIRGINIA	
GENERAL PROVISIONS	
Change of Beneficiary	<p>Change of Beneficiary</p> <p>You can change the beneficiary at any time by giving the Company written notice. The beneficiary's consent is not required for this or any other change in the Policy, unless the designation of the beneficiary is irrevocable.</p>
WEST VIRGINIA	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse and Children Effective Date	<p>Spouse and Children Effective Date</p> <p>The effective date of Spouse and Children's coverage under the Policy, excluding a Late Enrollee, a newborn Child, an adopted Child, or a Child placed for adoption depends on when You Enroll the Spouse and Children. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> <li>1. If the Spouse and Children are eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You Enroll the Spouse or Children for coverage at that time;</li> <li>2. If You first become eligible after the Policy Effective Date and You Enroll the Spouse or Children during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective;</li> <li>3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely Enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form;</li> <li>4. If the Child is a newborn Child who is born after Your effective date of coverage and You Enroll the newborn Child as described above, coverage will become effective as of the date of birth; or</li> <li>5. If the Child qualifies for any other reason and first meets the definition of Child after Your effective date of coverage, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.</li> </ol>
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>Benefits will be paid immediately upon receipt of proper written Proof of Loss.</p>
Payment of Claims	<p>Payment of Claims</p> <p>All benefits will be paid in United States currency. All proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person. If the Covered Person dies before all payments due have been made, all remaining amounts payable will be paid to the Covered Person's estate.</p> <p>If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for His property, a payment not exceeding \$1,000 may be made at Our option to any relative by blood or connection by marriage or beneficiary of the payee who has submitted reliable documentary evidence and, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. Any payment We make in good faith fully discharges Our liability to the extent of the payment made.</p> <p>If the Covered Person provides Us with a written release to do so, We may, at Our option, pay benefits directly to the institution or person rendering treatment or services covered under the Policy.</p>
GENERAL PROVISIONS	
Conformity with State Statutes	<p>Conformity with State Statutes</p> <p>Any provision of the Policy and any Certificate, which, on its effective date, is in conflict with the statutes of the state in which the Covered Person resides on such date, is hereby amended to conform to the minimum requirements of those statutes.</p>

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

PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
WISCONSIN	
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	
Spouse and Children Effective Date	<p>Spouse and Children Effective Date The effective date of Spouse and Children's coverage under the Policy, excluding a Late Enrollee, a newborn Child, an adopted Child, or a Child placed for adoption depends on when You Enroll the Spouse and Children. The applicable premium must be paid. The effective dates are as follows:</p> <ol style="list-style-type: none"> <li>1. If the Spouse and Children are eligible for coverage when the Policyholder applies for coverage, the coverage for the dependent will become effective on the Policy Effective Date if You Enroll the Spouse or Children for coverage at that time;</li> <li>2. If You first become eligible after the Policy Effective Date and You Enroll the Spouse or Children during Your Initial Enrollment Period, the coverage for the dependent will be effective on the same date that Your coverage becomes effective;</li> <li>3. If Your Spouse is a new Spouse who first becomes eligible after Your effective date of coverage and You timely Enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form;</li> <li>4. If the Child is a newborn Child who is born after Your effective date of coverage and You Enroll the newborn Child as described above, coverage will become effective as of the date of birth; or</li> <li>5. If the Child qualifies for any other reason and first meets the definition of Child after Your effective date of coverage, coverage will become effective as of the first day of the month next following the date on which We receive Your Enrollment Form.</li> </ol>
CLAIMS PROVISIONS	
Proof of Loss	<p>Proof of Loss Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our Home Office or to Our authorized representative, within one year of the loss for which claim is made. It is a sufficient proof of loss if a first-class postage prepaid envelope addressed to Us or Our authorized representative containing the proper notice of proof is deposited in any U.S. post office within the time given. Failure to furnish proof within the time required will not invalidate or reduce a claim if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.</p>
WYOMING	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims Benefits will be paid as soon as reasonably possible; but not later than 45 days after We receive proper written Proof of Loss.</p>
Payment of Claims	<p>Payment of Claims All benefits will be paid in United States currency. All proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person. If the Covered Person dies before all payments due have been made, all remaining amounts payable will be paid to the Covered Person's estate. If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for His property, a payment not exceeding \$1,000 may be made at Our option to any relative by blood or connection by marriage or adoption of the payee who has submitted reliable documentary evidence and, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. Any payment We make in good faith fully discharges Our liability to the extent of the payment made. If the Covered Person provides Us with a written release to do so, We may, at Our option, pay benefits directly to the institution or person rendering treatment or services covered under the Policy.</p>
Claim Review	<p>Claim Review If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon within 15 days of Our decision. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.</p>

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

PROVISION <sup>2</sup>	PROVISION DESCRIPTION <sup>2</sup>
WYOMING	
GENERAL PROVISIONS	
Incontestability	<p>Incontestability</p> <p>All statements You have made to obtain insurance under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the written instrument containing the statement is signed by the person making the statement and, is or has been, furnished to the claimant.</p> <p>After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for lack of eligibility for insurance or non-payment of the required premium.</p> <p>In the event of death or incapacity, Your representative shall be given a copy.</p>

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

# SPECIAL STATE SPECIFIC ADDITIONAL DISCLAIMERS

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

THIS IS A HOSPITAL CONFINEMENT INDEMNITY CERTIFICATE.

THE POLICY UNDER WHICH THE CERTIFICATE IS ISSUED PROVIDES LIMITED BENEFITS.

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

THE POLICY UNDER WHICH THE CERTIFICATE IS ISSUED IS NOT A MEDICARE SUPPLEMENT POLICY.

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

THE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS A LEGAL CONTRACT BETWEEN THE POLICYHOLDER AND THE COMPANY.

PLEASE READ YOUR CERTIFICATE CAREFULLY  
NON-PARTICIPATING

## **ARKANSAS**

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

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

## **CALIFORNIA, FLORIDA, MICHIGAN, NEW JERSEY\*, TEXAS**

THE INSURANCE POLICY UNDER WHICH THE CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKER'S COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKER'S COMPENSATION SYSTEM.

## **COLORADO** (replaces the top All States Disclaimer above)

THIS IS A HOSPITAL CONFINEMENT INDEMNITY CERTIFICATE.

THE POLICY UNDER WHICH THE CERTIFICATE IS ISSUED PROVIDES LIMITED BENEFITS.

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

THE POLICY UNDER WHICH THE CERTIFICATE IS ISSUED IS NOT A MEDICARE SUPPLEMENT POLICY.

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

THE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS A LEGAL CONTRACT BETWEEN THE POLICYHOLDER AND THE COMPANY.

PLEASE READ YOUR CERTIFICATE CAREFULLY  
NON-PARTICIPATING

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

LIMITED BENEFIT, PLEASE READ CAREFULLY

\*We no longer market in the state of NJ. It is mentioned here for current membership and not for new sales.

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

## SPECIAL STATE SPECIFIC ADDITIONAL DISCLAIMERS (con't)

### **FLORIDA (State Endorsement)**

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

### **ILLINOIS**

#### NOTICE OF COMPLAINT

This notice is to advise You that should any complaints arise regarding this insurance, You may contact the following:

ILLINOIS DEPARTMENT OF INSURANCE

Consumer Division of Public Services Section

SPRINGFIELD, ILLINOIS 62767

The Insurance Company:

SIRIUSPOINT AMERICA INSURANCE COMPANY

One World Trade Center

285 Fulton Street, 47th Floor

New York, NY 10007

(212) 312-2500 Consumer Hotline (800) 622-4461; (317) 232-2395

Complaints can be filed electronically at [www.in.gov/idoi](http://www.in.gov/idoi).

### **INDIANA**

NOTICE: Questions regarding Your Certificate or coverage should be directed to: Sirius America Insurance Company Contact number 212.312.2500. If You (a) need the assistance of the governmental agency that regulates insurance; or (b) have a complaint You have been unable to resolve with Your insurer You may contact the Department of Insurance by mail, telephone or email: State of Indiana Department of Insurance Consumer Services Division 311 West Washington Street, Suite 300 Indianapolis, Indiana 46204 Consumer Hotline: (800) 622-4461; (317) 232-2395 Complaints can be filed electronically at [www.in.gov/idoi](http://www.in.gov/idoi).

### **KENTUCKY (Added to the ALL STATES disclaimer on page XX)**

IF YOU PURCHASE THIS COVERAGE ONLY, YOU WILL NOT SATISFY THE FEDERAL REQUIREMENT THAT YOU HAVE HEALTH COVERAGE, WHICH IS IN EFFECT BEGINNING JANUARY 1, 2014.

### **NORTH CAROLINA**

Insurance Code, but is issued under a group master policy located in another state and may be governed by that state's laws.

Important Cancellation Information – Please Read the Provision Entitled Termination Provisions, Found on Page 15 of the Group Hospital Indemnity Certificate of Insurance.

The Certificate contains a Pre-Existing Condition Limitation

### **NORTH DAKOTA**

#### RIGHT TO EXAMINE CERTIFICATE

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

<sup>2</sup>This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.

## SPECIAL STATE SPECIFIC ADDITIONAL DISCLAIMERS (con't)

### OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### VIRGINIA

#### IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event You need to contact someone about this insurance for any reason please contact Your agent. If no agent was involved in the sale of this insurance, or if You have additional questions You may contact the insurance company issuing this insurance at the address and telephone number shown above.

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

Bureau of Insurance

P.O. Box 1157,

Richmond, Virginia 23218- 1157;

toll free telephone number 1-800-552-7945

and telephone number for out of- state calls for the Bureau of Insurance 1-877-310-6560.

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

### WEST VIRGINIA

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

### WISCONSIN

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

Please read the copy of the enrollment form attached to your certificate or which has been otherwise previously delivered to you by Us. Omissions or misstatements in the enrollment form could cause an otherwise valid claim to be denied.

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

### WYOMING

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

<sup>2</sup>This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Group Critical Illness Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details. If there are any discrepancies between this brochure and the Certificate, the Certificate will govern.





**INSURANCE PREMIUMS FOR  
GROUP HOSPITAL INDEMNITY INSURANCE  
UNDERWRITTEN BY SIRIUSPOINT AMERICA INSURANCE COMPANY**

COMPLEMENT CARE / GAP EDGE+	Insurance Premiums <sup>†</sup> (per month)
Individual	\$10.85
Individual + 1	\$23.44
Family	\$36.73

<sup>†</sup>This is only the Group Hospital 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 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 INDEMNITY INSURANCE.**

# DISCLAIMERS FOR GROUP HOSPITAL INDEMNITY INSURANCE

Below are the disclaimers that need to be disclosed to a potential member when doing a Group Hospital Indemnity Insurance sale that is issued by SiriusPoint America Insurance Company.

## MAIN DISCLAIMER

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

## Optional Supplemental UBA Gap Disclaimer

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

## Group Hospital Indemnity Insurance Disclaimer

You hereby request Group Hospital Indemnity Insurance underwritten by SiriusPoint America Insurance Company, New York, NY.

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

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

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

# DISCLAIMERS FOR GROUP HOSPITAL INDEMNITY INSURANCE

Below are the disclaimers that need to be disclosed to a potential member when doing a Group Hospital Indemnity Insurance sale that is issued by SiriusPoint America Insurance Company.

## PAYMENT AUTHORIZATION

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

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

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

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

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

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

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

## SATISFACTION GUARANTEED

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

If you are not completely satisfied with your UBA Membership, any supplemental UBA Gap or Benefit Boost products, you can cancel at any time in the first thirty (30) days for a full refund of paid premiums or membership dues. Cancellation requests can be made by email ([info@ubamembers.com](mailto:info@ubamembers.com)), phone (866-438-4274), or through the Member Portal ([members.UBAapplication.com](http://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 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 Indemnity Insurance that is issued by SiriusPoint America Insurance Company. As long as the general practice and points of the script is followed, it doesn't have to be word for word since all conversations flow in different ways with different sales. It is good practices that all main points of the script outline are part of a sales recording. This will help protect you for any potential complaints you could have in the future from a disgruntled or unhappy member. We recommend saving the sales recording for any future needs.

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

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

- Schedule of Benefits information for the **[PLAN NAME / CLASS]** chosen (page 5 in Agent Guide for reference)
- Explain the Hospital Indemnity Benefits and how it works (page 6 in Agent Guide for reference)
- Send the member a PDF copy of the state-specific Certificate of Insurance by email so that they can review the insurance details along with the Limitations and Exclusions so that you can answer any questions that they might have on the coverage. Make sure that discuss this point that you have sent them a copy of the Certificate to review in your sales presentation.
- Answer any questions based on the STATE in which the member resides. Read all disclaimers. Then complete the application or send your unique link for them to complete the application. Instruct and explain to the potential member that they will receive an email for the verification, application review and e-signature to complete and that the application process will not be completed unless the application is reviewed, accepted and e-signed by them.
- Follow the Application Signature for Recording Script before ending the sales call recording. It is best practices to keep the recording of the entire sales call for any potential future complaint needs for your protection.
- Read the Attestation to see if eligible for Group Hospital Indemnity Insurance if in one of these states: AZ, CA, DC, GA, IL, or NV. It is required that the member has comprehensive health insurance like ACA or a Group health insurance plan. (see page 25 in agent guide for the attestation a member must answer "YES" on the enrollment application)

## **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 Indemnity Insurance provided as part of **[PLAN NAME]** is issued and underwritten by SiriusPoint America Insurance Company.

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

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

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

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