

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATION THAT MUST BE FILED AND POSTED.

ESC 20 Benefits Cooperative

Decide Today To Protect Tomorrow™



**American Public Life
Insurance Company**

A member of the American Fidelity Group.

Summary of Benefits

Benefit Description	Level 1	Level 3
Radiation Therapy / Chemotherapy / Immunotherapy Benefit	\$500 per calendar month of treatment	\$1,500 per calendar month of treatment
Hormone Therapy Benefit	\$50 per treatment, up to 12 per calendar year	\$50 per treatment, up to 12 per calendar year
Surgical Schedule Benefit	\$1,600 max per operation; \$15 per surgical unit	\$4,800 max per operation; \$45 per surgical unit
Anesthesia Benefit	25% of the amount paid for covered surgery	25% of the amount paid for covered surgery
Outpatient Hospital or Ambulatory Surgical Center Benefit	\$200 per day of surgery	\$600 per day of surgery
Hospital Confinement Benefit	\$100 per day, 1 - 90 days; \$100 per day, 91+ days, in lieu of all other benefits	\$300 per day, 1 - 90 days; \$300 per day, 91+ days, in lieu of all other benefits
Government / Charity Hospital / HMO Benefit	\$100 per day in lieu of most other benefits	\$300 per day in lieu of most other benefits
Drugs and Medicine Benefit ■ Inpatient ■ Outpatient	\$150 per Confinement \$50 per prescription, up to \$50 per calendar month	\$150 per Confinement \$50 per prescription, up to \$150 per calendar month
Blood, Plasma and Platelets Benefit	\$150 per day, up to \$7,500 per calendar year	\$250 per day, up to \$12,500 per calendar year
Transportation Benefit	\$.40 per mile by car, up to 1000 miles max. per round trip; up to 12 round trips per calendar year	\$.40 per mile by car, up to 1000 miles max. per round trip; up to 12 round trips per calendar year
Lodging Benefit	\$50 per day, up to 50 days per calendar year	\$50 per day, up to 50 days per calendar year
Bone Marrow / Stem Cell Transplant Benefit	Autologous - \$500 per calendar year Non-Autologous - \$1,500 per calendar year	Autologous - \$1,500 per calendar year Non-Autologous - \$4,500 per calendar year
Attending Physician Benefit	\$30 per day of Confinement	\$50 per day of Confinement
Prosthesis Benefit ■ Surgical Implantation ■ Hair Prosthesis	\$1,000 per device, includes surgical fee; 2 lifetime max \$50 per hair prosthetic; 2 lifetime max.	\$3,000 per device, includes surgical fee; 2 lifetime max \$50 per hair prosthetic; 2 lifetime max.
Second and Third Surgical Opinion Benefit	\$300 per diagnosis; additional \$300 if third opinion	\$300 per diagnosis; additional \$300 if third opinion
Ambulance Benefit ■ Ground ■ Air	\$200 per ground trip \$2,000 per air trip; up to 2 trips per Hospital Confinement (any combination of ground/ air)	\$200 per ground trip \$2,000 per air trip; up to 2 trips per Hospital Confinement (any combination of ground/ air)
Extended Care Benefit	\$100 per day	\$300 per day
Home Health Care Benefit	\$100 per day	\$300 per day
Hospice Care Benefit	\$50 per day, \$9,000 lifetime max	\$100 per day, \$18,000 lifetime max
Physical / Speech Therapy Benefit	\$25 per visit, up to 4 visits per calendar month, \$1,000 lifetime max	\$25 per visit, up to 4 visits per calendar month, \$1,000 lifetime max
Dread Disease Benefit	\$100 per day, 1 - 90 days of Hospital Confinement	\$300 per day, 1 - 90 days of Hospital Confinement
Experimental Treatment Benefit	Pays as any non-experimental benefit	Pays as any non-experimental benefit
Inpatient Special Nursing Services Benefit	\$150 per day of Confinement	\$150 per day of Confinement
Waiver of Premium Benefit	Premium waived after 90 days of Primary Insured continuous total disability due to Cancer	Premium waived after 90 days of Primary Insured continuous total disability due to Cancer



Facts to Consider

New cancer cases in America are diagnosed at the rate of about 3,959 per day.¹

- The ratio of new cancer cases in 2007 is projected to be 53% male, 47% female.²
- An estimated 178,480 new cases of invasive breast cancer are expected to occur among women in the U.S. this year.³
- Of those who have health coverage, 36% have decreased their saving for retirement, and 53% have decreased other saving - all due to rising health care costs.⁴
- On average, every 45 seconds someone in the United States has a stroke.⁵

Optional Riders

Diagnostic Testing Benefit Rider

Nearly one-third of Americans (32%) are very worried about not being able to afford the health care services they think they need.⁶

For a Covered Person:

- Pays an indemnity amount for one medically recognized screening test per calendar year to detect internal Cancer.
- Payable without a diagnosis of Cancer.

<p>Diagnostic Testing Benefit \$25 per Unit; 2 Units</p>
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Critical Illness Rider

Cancer, heart attack and stroke are more likely to disable you than to cause death before the age of 65.⁷

For a Covered Person:

- Pays when diagnosed after 30-day Critical Illness Waiting Period with Internal Cancer or Heart Attack/ Stroke depending upon the Critical Illness coverage elected at time of application.
- Pays the specified Maximum Benefit Amount per Covered Critical Illness, as defined under this rider.
- Each benefit is a one time paid benefit.
- All Critical Illness benefit amounts reduce by 50% at age 70.

<p>Cancer Benefit \$2,500 per Unit; 1 Unit</p>
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<p>Heart Attack /Stroke Benefit \$2,500 per Unit; 1 Unit</p>
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Hospital Intensive Care Unit Rider

In an average day, over 3,150 emergency department visits result in admission to an intensive care unit or coronary care unit.⁸

For a Covered Person:

- Confinement must be due to accident or sickness and begin after the effective date of coverage under this rider.
- A day is defined as a 24-hour period.
- If confined to an ICU for a portion of a day, a prorata share of the daily benefit will be paid.

<p>Pays \$200/Unit per day up to 30 days per confinement in an ICU. 3 Units</p>

<p>Pays \$100 in Ambulance expenses per admission in an ICU.</p>
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¹American Cancer Society: Cancer Facts and Figures 2007, pg. 4. ²American Cancer Society: Cancer Facts and Figures 2007, pg. 4. ³American Cancer Society: Cancer Facts and Figures 2007, pg. 9. ⁴Employee Benefit Research Institute: EBRI Notes, November 2006, Vol. 27, No. 11. ⁵Heart Disease and Stroke Statistics-2006 Update, American Heart Association. ⁶Kaiser Family Foundation/Harvard School of Public Health Poll (Kaiser/HSPH), 2005 Storrs, Conn.: Roper Center for Public Opinion Research, March 31-April 3. ⁷GenRe Risk Insights, Vol. 10, No. 3, 2006, pg. 7. ⁸National Hospital Ambulatory Medical Care Survey: 2004 Emergency Department Summary, tables 1, 20.

Policy Benefit Highlights

Radiation Therapy / Chemotherapy / Immunotherapy Benefit

Pays the indemnity amount when a Covered Person receives treatment and incurs a charge for covered therapy or covered drugs for Radiation Therapy, Chemotherapy, or Immunotherapy as defined in the policy. We will pay only one Radiation Therapy/Chemotherapy/Immunotherapy benefit per calendar month regardless of the number of treatments received during the month. This benefit does not cover other procedures related to Radiation Therapy/Chemotherapy/Immunotherapy. Anti-nausea drugs are not covered under this benefit. This benefit does not include any drugs/medicines covered under the Drugs and Medicine Benefit or the Hormone Therapy Benefit.

Hormone Therapy Benefit

Pays the indemnity amount for hormone therapy treatments as defined in the policy, prescribed by a Physician. This benefit covers drugs and medicines only and not associated administrative processes. This benefit does not include drugs/medicines covered under the Radiation Therapy/Chemotherapy/Immunotherapy Benefit or the Drugs and Medicine Benefit.

Surgical Benefit

Pays an indemnity benefit up to the Maximum Per Operation amount shown in the Schedule of Benefits in the policy when a surgical operation is performed on a Covered Person for covered diagnosed Cancer, Skin Cancer, or reconstructive surgery due to Cancer. Benefits will be calculated by multiplying the surgical unit value assigned to the procedure, as shown in the most current Physician's Relative Value Table, by the Unit Dollar Amount shown in the Schedule of Benefits. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries are paid under the Bone Marrow Transplant Benefit. Surgeries required to implant a permanent prosthetic device are covered under the Prosthesis Benefit.

Anesthesia Benefit

The Anesthesia benefit pays 25% of the amount paid for a covered surgery for the services of an anesthesiologist. Services of an anesthesiologist for bone marrow transplants, Skin Cancer, or surgical prosthesis implantation are not covered under this benefit.

Outpatient Hospital or Ambulatory Surgical Center Benefit

Pays the indemnity amount shown towards the facility fee charges of an Ambulatory Surgical Center or Hospital for an outpatient surgical procedure of a diagnosed Cancer. Surgical procedures for Skin Cancer are not covered under this benefit.

Hospital Confinement Benefit

Pays the indemnity amount shown for a Covered Person while confined to a Hospital for at least 18 continuous hours for the treatment of a covered Cancer or the treatment of a condition or disease directly caused by Cancer or the treatment of Cancer. When the Covered Person's Hospital Confinement continues for more than 90 days, this benefit will be paid in lieu of all other benefits payable for the Covered Person during such Hospital Confinement beginning on the 91st day. A Hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

U.S. Government / Charity Hospital / H.M.O. Benefit

If an itemized list of services is not available because a Covered Person is: confined in a charity Hospital or U.S. Government owned Hospital; or covered under a Health Maintenance Organization (H.M.O.) or a Diagnostic Related Group (D.R.G.) where no charges are made to the Covered Person, the Primary Insured may convert benefits to pay the indemnity amount shown. This benefit will be paid in lieu of most benefits under the policy.

Drugs and Medicines Benefit

Pays the indemnity amount for anti-nausea and pain medication prescribed by a Physician for a Covered Person for treatment of Cancer, who is also receiving Radiation Therapy / Chemotherapy/Immunotherapy, a covered surgery, or a Bone Marrow/Stem Cell Transplant. This benefit does not cover associated administrative processes. This benefit does not include drugs/medicines covered under the Radiation Therapy/Chemotherapy/Immunotherapy Benefit or the Hormone Therapy Benefit.

Blood, Plasma & Platelets Benefit

Pays the indemnity amount for blood, plasma and platelets. This does not include any laboratory processes. Colony stimulating factors are not covered under this benefit. Benefits for Blood, Plasma and Platelets are ONLY provided under this benefit.

Transportation and Lodging Benefits & Family Member Transportation and Lodging Benefits

These benefits pay for transportation of a Covered Person and/or one adult family member, when the Covered Person has been diagnosed with Cancer and receives covered Radiation Therapy, Chemotherapy, Immunotherapy treatment, Bone Marrow/Stem Cell Transplant, or surgery due to Cancer in the nearest Physician prescribed Hospital providing such treatment that is at least 50 miles away from the Covered Person's residence, using the most direct route. Travel must be by scheduled bus, plane or train, or by car and be within the United States or its Territories. Benefits will be provided for only one mode of transportation per round trip (maximum benefit of up to 1000 miles per round trip) and will be paid for up to 12 round trips per Calendar Year. Benefits for travel of the Covered Person and/or family member will be paid: once per Covered Person's Hospital Confinement; or only on days of the Covered Person's outpatient specialized treatment. Benefits for lodging of the Covered Person and/or family member will be paid: once per Covered Person's Hospital Confinement; or only on days of the Covered Person's outpatient specialized treatment. If the family member and the Covered Person travel in the same car or lodge in the same room, benefits for travel and lodging will only be paid under the Transportation and Lodging Benefit for the patient.

Bone Marrow Benefit / Stem Cell Transplant Benefit

Pays the indemnity amount when a bone marrow transplant or peripheral blood stem cell transplant is performed on a Covered Person as treatment for a diagnosed Cancer. This benefit will not be paid for the harvest of bone marrow or stem cells from a donor.

This benefit is payable in or out of the Hospital.

Attending Physician Benefit

Pays the indemnity amount for one Physician's visit per day when a Covered Person requires the services of a Physician, other than a surgeon while Hospital Confined for the treatment of Cancer.

Prosthesis Benefit and Hair Prosthesis Benefit

Pays the indemnity amount for a surgically implanted prosthetic device received due to Cancer that manifested after the 30th day following the Effective Date, provided it was prescribed by a Physician as a direct result of surgery for Cancer. This benefit does not cover prosthetic related supplies. Temporary prosthetic devices used as tissue expanders are covered under the Surgical Benefit. Hair Prosthesis benefit pays the indemnity amount for a Covered Person's hair prosthesis needed as a direct result of Cancer or the treatment of Cancer.

Second & Third Surgical Opinion Benefit

Pays the indemnity amount once per diagnosis for a Covered Person's second surgical opinion and if the second disagrees with the first, a third opinion, when the attending Physician recommends surgery for the treatment of Cancer. Surgical opinions for reconstructive, Skin Cancer, or prosthesis surgeries are not covered under this benefit.

Ambulance Benefit

Pays the indemnity amount per trip for either licensed air or ground ambulance transportation of a Covered Person to a Hospital or from one medical facility to another where the Covered Person is admitted as an Inpatient and confined for at least 18 consecutive hours for treatment of Cancer.

Extended Care Facility Benefit

Pays the indemnity amount for each day room and board charges are incurred while a Covered Person is confined in an Extended Care Facility due to Cancer at the direction of a Physician that begins within 14 days after a covered Hospital Confinement. Paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement.

Home Health Care Benefit

Pays the indemnity amount for a Covered Person's Home Health Care, as described in the policy, required due to Cancer when prescribed by a Physician in lieu of Hospital Confinement. This benefit does not include physical therapy or speech therapy. This benefit does not include: nutrition counseling; medical social services; medical supplies; prosthesis or orthopedic appliances; rental or purchase of durable medical equipment; drugs or medicine; child care; meals or house-keeping services. This benefit will be paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement. If the Covered Person qualifies for coverage under the Hospice Care Benefit, the Hospice Care Benefit will be paid in lieu of this benefit.

Hospice Care Benefit

Pays the indemnity amount for Hospice Care directed by a licensed Hospice organization, as defined in the policy, of a Covered Person expected to live six months or less due to Cancer. This benefit does not include: well baby care; volunteer services; meals; housekeeping services; or family support after the death of the Covered Person.

Physical or Speech Therapy Benefit

Pays the indemnity amount if a Physician advises a Covered Person to seek physical therapy or speech therapy. Physical or speech therapy must be performed by a caregiver licensed in physical or speech therapy and be needed as a result of Cancer or the treatment of Cancer. We will pay for one treatment per day up to four treatments per calendar month per Covered Person for any combination of physical or speech therapy up to a lifetime maximum of \$1,000.

Dread Disease Benefit

Pays the indemnity amount for each period of Hospital Confinement of a Covered Person for treatment of Dread Disease, as defined in the policy. Benefits for Dread Disease are ONLY provided under this provision of the policy.

Experimental Treatment Benefit

Pays benefits for Experimental Treatment, as defined in the policy, the same as any other non-experimental treatment covered under this policy. This benefit does not provide coverage for treatments received outside of the United States or its Territories.

Inpatient Special Nursing Services Benefit

Pays the indemnity amount shown for full-time nursing care (other than that regularly furnished by a Hospital) while a Covered Person is Hospital Confined for treatment of Cancer. "Full-time" means at least eight consecutive hours during a 24-hour period. Care must be provided by a Nurse, as defined in this policy; be prescribed by a Physician; and be Medically Necessary for the treatment of Cancer.

Waiver of Premium Benefit

If the Primary Insured becomes disabled due to Cancer and remains so for 90 continuous days, we will pay all premiums due after the 90th day so long as the Primary Insured remains disabled. "Disabled" means the Primary Insured's inability because of Cancer: to work at any job for which (s)he is qualified by education, training, or experience; not working at any job for pay or benefits; and are under the care of a Physician for the treatment of Cancer. This policy must be in force at the time disability begins and the Primary Insured must be under age 65.

Limitations and Exclusions

Eligibility

This policy/certificate will be issued only to those persons who meet American Public Life Insurance Company's insurability requirements. The policy/certificate and the Internal Cancer coverage under the Critical Illness Rider will not be issued to anyone who has been diagnosed or treated for Cancer in the previous ten years. The Heart Attack or Stroke coverage under the Critical Illness Rider will not be issued to anyone who has been diagnosed or treated for any heart or stroke related conditions. The Hospital Intensive Care Unit Rider will not cover heart conditions for a period of two years following the Effective Date of coverage for anyone who has been diagnosed or treated for any heart related condition prior to the 30th day following the Covered Person's Effective Date of coverage.

If You are working either under contract to or as a Full Time Employee for the Policyholder, or You are a member in or employed by the association, You are eligible for insurance provided You qualify for coverage as defined in the Master Application. You must apply for insurance within thirty (30) days of the Policy Effective Date or the date that You become eligible for coverage. If You do not apply within thirty (30) days of the Policy Effective Date or the date You become eligible for coverage, You may be subject to additional underwriting by Us.

Cancer means a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant tumors. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; polycythemia; actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gamopathy; carcinoid; or pre-malignant lesions, benign tumors or polyps.

Base Policy

All diagnosis of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. This policy/certificate pays only for loss resulting from definitive cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. This policy/certificate also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer.

No benefits are payable for any Covered Person for any loss incurred during the first year of this policy/certificate as a result of a Pre-Existing Condition. A Pre-Existing Condition is a Cancer or Dread Disease for which, within 12 months prior to the Effective Date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession, or for which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice or treatment. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered. This policy/certificate contains a 30-day waiting period during which no benefits will be paid under this policy/certificate. If any Covered Person has a Cancer or Dread Disease diagnosed before the end of the 30-day period immediately following the Covered Person's Effective Date, coverage for that person will apply only to loss that is incurred after one year from the Effective Date of such person's coverage. If any Covered Person is diagnosed as having a Cancer or Dread Disease during the 30-day period immediately following the Effective Date, you may elect to void the policy/certificate from the beginning and receive a full refund of premium. All benefits payable only up to the maximum amount listed in the Schedule of Benefits in the policy.

Diagnostic Testing Benefit Rider

We will pay the indemnity amount for one generally medically recognized internal Cancer screening test per Covered Person per Calendar Year. Screening tests include, but are not limited to: mammogram; breast ultrasound; breast thermography; breast cancer blood test (CA 15-3); colon cancer blood test (CEA); prostate-specific antigen blood test (PSA); flexible sigmoidoscopy; colonoscopy; virtual colonoscopy; ovarian cancer blood test (CA-125); pap smear (lab test required); chest x-ray; hemocult stool specimen; serum protein electrophoresis (blood test for myeloma); Thin Prep Pap test. Screening tests payable under this benefit will ONLY be paid under this benefit. Benefits will only be paid for tests performed after the 30-day period following the Covered Person's effective date of coverage.

Critical Illness Rider

Benefits will only be paid for a Covered Critical Illness as shown on the Policy/Certificate Schedule page in the policy. No benefits will be provided for any loss caused by or resulting from: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; or alcoholism or drug addiction; or any act of war, whether declared or undeclared, or any act related to war; or military service for any country at war; or a Pre-Existing Condition; or a Covered Critical Illness when the Date of Diagnosis occurs during the Waiting Period; or participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or participation in, or attempting to participate in a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place). Internal Cancer does not include: other conditions that may be considered pre-cancerous or having malignant potential such as: acquired immune deficiency syndrome (AIDS); or actinic keratosis; or myelodysplastic and non-malignant myeloproliferative disorders; or aplastic anemia; or atypia; or non-malignant monoclonal gamopathy; or Leukoplakia; or Hyperplasia; or Carcinoid; or Polycythemia; or carcinoma in situ or any skin cancer other than invasive malignant melanoma into the dermis or deeper. For a Pre-Existing Condition no benefits are payable. Pre-Existing Condition, as used in this rider means any sickness or condition for which prior to the Effective Date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession, or for which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice or treatment.

Hospital Intensive Care Unit Rider

No benefits will be provided during the first two years of this rider for Hospital Intensive Care Unit confinement caused by any heart condition when any heart condition was diagnosed or treated prior to the 30th day following the Covered Person's Effective Date of this rider. The heart condition causing the confinement need not be the same condition diagnosed or treated prior to the Effective Date. No benefits will be provided if the loss results from: attempted suicide, whether sane or insane; or intentional self-injury; or alcoholism or drug addiction; or any act of war, whether declared or undeclared, or any act related to war; or military service for any country at war. No benefits will be paid for confinements in units such as: Surgical Recovery Rooms, Progressive Care, Burn Units, Intermediate Care, Private Monitored Rooms, Observation Units, Telemetry Units or Psychiatric Units not involving intensive medical care; or other facilities which do not meet the standards for Intensive Care Unit as defined in the Rider. For a newborn child born within the ten-month period following the effective date of this rider, no benefits will be provided for Hospital Intensive Care Unit Confinement that begins within the first 30 days following the birth of such child.

Limitations and Exclusions *continued*

Family Coverage

You can take advantage of several options to extend coverage to your family:

- Family Plan - You and your spouse and any Eligible Child* under age 25.
- Single Parent Family - You and any Eligible Child* under 25.

Conditionally Renewable

This policy/certificate is conditionally renewable. This means that We have the right to terminate your policy/certificate on any premium due date after the first Policyholder's Anniversary Date. We must give the Policyholder at least 60 days written notice prior to cancellation. We cannot change Your coverage because of a change in Your age or health. We can change Your premiums if We change premiums for all similar Certificates issued to the Policyholder. We must give the Policyholder at least 60 days written notice before We change Your premiums.

Termination of Coverage

Your Insurance coverage will end on the earliest of these dates: (a) the date You no longer qualify as an Insured; (b) the last day of the period for which a premium has been paid, subject to the Grace Period; (c) the date the Policy terminates (See Conversion provision); (d) the date You retire; (e) the date You cease employment, or terminate Your contract with the employer through whom You originally became insured under the Policy (See Conversion provision); or (f) the date We receive Your written request for termination. Termination of Dependent(s) Insurance coverage on Your Dependent(s) will end on the earliest of these dates: (a) the date the coverage under the Certificate terminates; (b) the date the Dependent no longer meets the definition of Dependent, as defined in the Policy/Certificate (See Conversion provision); (c) the date We receive Your written request for termination.

Termination of Rider Coverage

This rider terminates: (a) when Your coverage terminates under the Policy/Certificate to which this Rider is attached; or, (b) when any premium for this rider is not paid before the end of the Grace Period; or, (c) when You give Us a written request to do so. Coverage on a Dependent terminates under this rider when such person ceases to meet the definition of Dependent, as defined in the Policy.

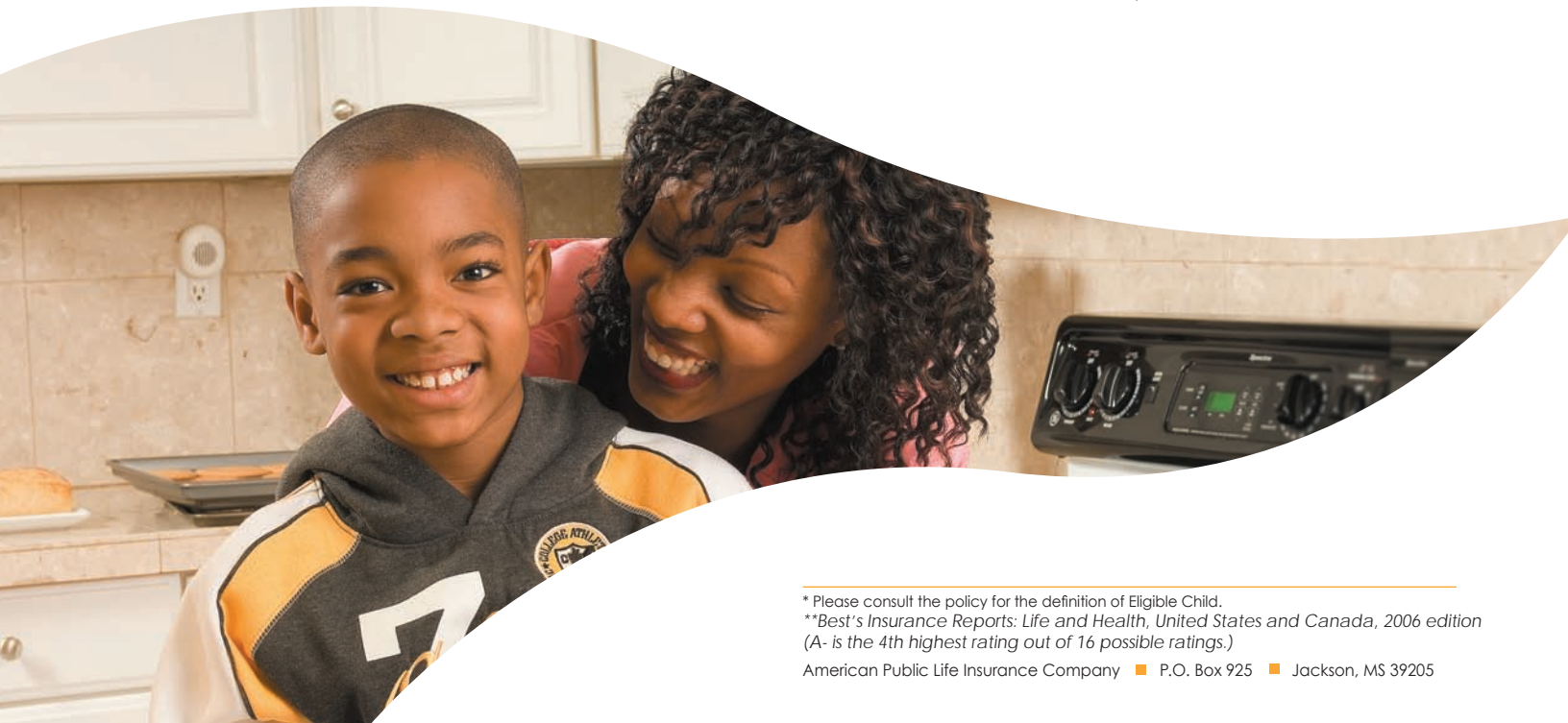
The Company Behind Your Plan

American Public Life Insurance Company, rated A-(excellent) by A.M. Best**, is domiciled in the State of Oklahoma with an administrative office in Jackson, MS. We are currently licensed to transact business in 46 States and the District of Columbia. We have a wide variety of supplemental insurance products available for you and your family with different benefit levels and premiums to fit a variety of budgets. For more information on any of our plans, you may contact your American Public Life Insurance Company representative, visit our website at www.ampublic.com, or contact our administrative office at (800) 256-6736.

Available Products offered by American Public Life

- Dental
- Accident
- Intensive Care
- Medical Supplement
- Hospital Indemnity
- Cancer
- Whole Life
- Term Life
- Disability Income
- Heart Disease/Attack/Stroke

All products not available in all states.



* Please consult the policy for the definition of Eligible Child.

**Best's Insurance Reports: Life and Health, United States and Canada, 2006 edition (A- is the 4th highest rating out of 16 possible ratings.)

GC-3 Group Cancer Indemnity Insurance

Group Cancer Monthly Premiums (Composite)

Level 1			Level 3		
Individual	1 Parent	2 Parent	Individual	1 Parent	2 Parent
\$8.90	\$12.10	\$15.30	\$23.50	\$31.90	\$40.40

Optional Benefit Riders' Monthly Premiums (Composite)

Critical Illness Rider

Rates based on 1 unit (1 unit = \$2,500)

Cancer & Heart / Stroke		
Individual	1 Parent	2 Parent
\$3.90	\$5.50	\$7.10

Diagnostic Testing Benefit Rider

Rates based on 2 units (2 units = \$50)

Diagnostic		
Individual	1 Parent	2 Parent
\$2.00	\$3.00	\$4.00

Hospital Intensive Care Unit Rider

Rates based on 3 units (3 units = \$600)

ICU		
Individual	1 Parent	2 Parent
\$3.00	\$4.20	\$6.30

Selected Benefits

Cancer Solution Plan		
<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 3	\$ _____
Critical Illness Rider		
<input type="checkbox"/> Cancer & Heart / Stroke Benefit		\$ _____
Diagnostic Testing Benefit Rider		
<input type="checkbox"/> Diagnostic Benefit Rider		\$ _____
Hospital Intensive Care Unit Rider		
<input type="checkbox"/> Hospital Intensive Care Benefit		\$ _____
Total \$ _____ per _____ pay period		

Financial Benefit Services, LLC
 2121 N. Glenville Dr.
 Richardson, TX 75082
 800-583-6908
 972-690-8500

Underwritten by:



This is a brief description of the coverage. For actual benefits and other provisions, please refer to the policy. This coverage does not replace Workers' Compensation Insurance. This product is inappropriate for people who are eligible for Medicaid coverage. ■ Policy Form GC-3 (07/08) Texas ■ Limited Benefit Group Cancer Indemnity Insurance. ■ Employee Brochure. ■ E.S.C. 20 Benefit Co-Op