

# Hospital Indemnity Select

**This is a hospital confinement and other fixed indemnity insurance policy.**

**Underwritten by ManhattanLife Insurance and Annuity Company**

**Administrative Office: 10777 Northwest Freeway, Houston, TX 77092**

**Toll Free Telephone: 800-669-9030**

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## Alabama

### Policy Form AN7003

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## Arkansas

### Policy Form AN7003-AR

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

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Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## Arizona

### Policy Form AN7003-AZ

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum

tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that “cosmetic surgery” shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. treatment incurred outside of the United States; 7. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 8. Experimental or Investigational Procedures or Treatments; 9. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker’s Compensation, Employers’ Liability or similar laws; 10. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 11. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured’s commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## California

### Policy Form AN7003-CA

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured’s Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; 3. the date all maximum benefit amounts have been paid under the terms of this Policy; or, 4. the date You attain the age of 65.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums; or, 3. the date a Covered Dependent attains the age of 65.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders [or Mental or Nervous Disorders]; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that “cosmetic surgery” shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, congenital defect, developmental abnormality or other diseases of the involved part including necessary reconstructive surgery after mastectomies and lymph node dissections to ensure symmetry and address complications like lymphedema, regardless of the length of hospital stays; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker’s Compensation, Employers’ Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured’s commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## Connecticut

### Policy Form AN7003-CT

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

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Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders or Mental or Nervous Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## Florida

### Policy Form AN7003-FL

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

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Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders or Mental or Nervous Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## Georgia Policy Form AN7003

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

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Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces

or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

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**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## Hawaii

### Policy Form AN7003-HI

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**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

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Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse or Reciprocal Beneficiary will become the named Primary Insured provided Your Spouse or Reciprocal Beneficiary is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders or Mental or Nervous Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## Indiana

### Policy Form AN7003-IN

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders [or Mental or Nervous Disorders]; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion..

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## Iowa

### Policy Form AN7003-IA

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.



**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders or Mental or Nervous Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that “cosmetic surgery” shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker’s Compensation, Employers’ Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured’s commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## Kentucky

### Policy Form AN7003-KY

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured’s Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses,

dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

## **Louisiana**

### **Policy Form AN7003-LA**

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse or Civil Union Partner will become the named Primary Insured provided Your Spouse or Civil Union Partner is an Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## Maryland

### Policy Form AN7003-MD

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination** - This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. the date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders or Mental or Nervous Disorders; 3. war or any act of war (whether declared or undeclared), service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

## Michigan

### Policy Form AN7003-MI

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders; 3. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 4. cosmetic surgery, except that “cosmetic surgery” shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 5. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 6. treatment incurred outside of the United States; 7. Experimental or Investigational Procedures or Treatments; 8. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker’s Compensation, Employers’ Liability or similar laws; 9. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 10. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured’s commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation or other willful criminal activity.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured operating a vehicle while being intoxicated or under the influence of any narcotic.

## Minnesota

### Policy Form AN7003-MN

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured’s Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders [or Mental or Nervous Disorders]; 3. war or any act of war (whether declared or undeclared), service in the armed forces or auxiliary units, except if you are a civilian injured or otherwise affected by war, any act of war or terrorism in non-war zones; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that “cosmetic surgery” shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. Experimental or Investigational Procedures or Treatments; 9. Claims that have been paid by Worker’s Compensation, Employers’ Liability or similar laws. Accidents or injury occurring at work should be submitted to workers’ compensation or Employers’ Liability first; 10. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 11. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated while operating a motor vehicle with a blood alcohol level exceeding the legal limit of the State of Minnesota or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## Mississippi

### Policy Form AN7003-MS

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## Missouri

### Policy Form AN7003-MO

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** – We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** – We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that “cosmetic surgery” shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## Nebraska

### Policy Form AN7003-NE

**Right to Examine Policy for 30 Days** – If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** – We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders or Mental or Nervous Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that “cosmetic surgery” shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker’s Compensation, Employers’ Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured’s commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## Nevada

### Policy Form AN7003-NV

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured’s Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders [or Mental or Nervous Disorders]; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that “cosmetic surgery” shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide,

or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured's commission of, or attempt to commit, a felony that they were convicted of or to which a contributing cause was the Insured being engaged in an illegal occupation for which the Insured is convicted of. This exclusion does not apply to Insureds who were victims of domestic violence, regardless of whether the Insured contributed to any loss or injury.

## North Carolina

### Policy Form AN7003-NC

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.



## North Dakota

### Policy Form AN7003

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

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Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

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**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## Ohio

### Policy Form AN7003-OH

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## Oklahoma

### Policy Form AN7003-OK

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning. If You do not receive a full refund of any premium You have paid within 30 days from the date of cancellation, We will pay interest on the proceeds. The interest will be calculated at the same rate of interest as the average United States Treasury Bill rate of the preceding calendar year as certified to the Oklahoma State Insurance Commissioner by the State Treasurer on the first regular business day in January of each year, plus two percentage points which shall accrue from the date of cancellation until the premiums or moneys are returned.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

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**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders or Mental or Nervous Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that “cosmetic surgery” shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker’s Compensation, Employers’ Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured’s commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## **South Carolina**

### **Policy Form AN7003-SC**

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured’s Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that “cosmetic surgery” shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker’s Compensation, Employers’ Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## Tennessee

### Policy Form AN7003

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## Texas

### Policy Form AN7003-TXPA

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** – We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months, and for Insureds 65 or older, until the Insured has been continuously insured under this Policy for 6 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** – We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that “cosmetic surgery” shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States, except for emergency treatment; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## Utah

### Policy Form AN7003-UT

**Right to Examine Policy for 30 Days** – If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** – We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders or Mental or Nervous Disorders; 3. war or any act of war (whether declared or undeclared), service in the armed forces or auxiliary units; 4. voluntary participation in a riot or insurrection where the Insured is found guilty in a criminal proceeding, or is found liable in a civil proceeding; 5. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 6. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 7. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 8. treatment incurred outside of the United States; 9. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 10. Experimental or Investigational Procedures or Treatments; 11. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 12. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 13. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured's voluntary participation in an illegal activity while being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## Wisconsin Policy Form AN7003

**Right to Examine Policy for 30 Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of receipt for a full refund of premium by delivering it or mailing it to Our Administrative Office. Immediately upon such delivery or mailing, this Policy will be deemed void from the beginning.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed,

or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

## West Virginia

### Policy Form AN7003

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**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition, or its complications, until the Insured has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Insured's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination - Cancellation by You:** You may cancel this Policy at any time by written notice delivered or mailed to Our Administrative Office, effective upon receipt or on such later date as specified in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid, and the unearned premium will be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Termination:** This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The date that We receive a request in writing from You to cancel this Policy or on a later date that is requested by You for cancellation; 2. the date this Policy lapses for nonpayment of premium, subject to the Grace Period; or, 3. the date all maximum benefit amounts have been paid under the terms of this Policy.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing from You to cancel coverage for a Covered Dependent or on a later date that is requested by You for cancellation of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your Spouse will become the named Primary Insured provided Your Spouse is a Insured under this Policy on the date of Your death.

**Limitations and Exclusions** - We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following: 1. treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision; 2. care for Substance-Related Disorders; 3. war or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units; 4. dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury; 5. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part; 6. services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member; 7. treatment incurred outside of the United States; 8. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane; 9. Experimental or Investigational Procedures or Treatments; 10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability or similar laws; 11. treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire; 12. treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or, abortion.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was the Insured's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.

**Intoxicants and Narcotics:** We shall not be liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Health Care Practitioner.

