



**Home Office: 111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601**  
**1-800-544-9382**  
**Policyholder Service Address: P. O. Box 1160 • Glenview, Illinois 60025-8160**

## **GROUP INSURANCE POLICY**

**POLICYHOLDER:** NIAGARA WATER  
**POLICY EFFECTIVE DATE:** January 1, 2019  
**POLICY ANNIVERSARY DATE:** January 1, 2020 and each following January  
**PREMIUM DUE DATE:** January 1, 2019 and the 1st of each month thereafter  
**RATE GUARANTEE DATE:** January 1, 2021  
**GOVERNING JURISDICTION:** California  
**ELIGIBLE CLASS(ES):** Eligible Employees  
Eligible Dependents

**COVERAGE TYPE:** Critical Illness

COMBINED INSURANCE COMPANY OF AMERICA (referred to as We, Us, Our, or the Company) will provide benefits under this Policy. We make this promise subject to all of this Policy's provisions.

The Policyholder should read this Policy carefully and contact Us promptly with any questions. This Policy is delivered in and is governed by the laws of the Governing Jurisdiction.

This Policy may be changed in whole or in part. Only an officer of the Company can approve a change. The approval must be in writing and endorsed on or attached to this Policy. No other person, including an agent, may change this Policy or waive any part of it.

Signed for the Company at its home office in Glenview, Illinois.

Kevin Goulding, President

Rebecca L. Collins, Secretary

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## POLICYHOLDER PROVISIONS

### CLERICAL ERROR

Clerical error on the part of the Policyholder or Us will not invalidate insurance otherwise in force nor continue insurance otherwise terminated. Upon discovery of any error, an adjustment will be made in the premiums and/or benefits available. Complete proof must be supplied by the Policyholder documenting any clerical errors.

### EFFECTIVE DATE OF COVERAGE

The Policy becomes effective on the Policy Effective Date shown in the Policy Specifications. Coverage for each Covered Person begins on the Certificate Effective Date shown in the Certificate Specifications of each Individual Certificate.

### ENTIRE CONTRACT

This Policy and the application of the Policyholder constitute the entire contract between Us and the Policyholder, and any statement made by the Policyholder shall, in the absence of fraud, be deemed a representation and not a warranty. No statement made by any Insured whose eligibility has been accepted by Us shall avoid the insurance or reduce the benefits under this Policy or be used in defense to a claim hereunder.

### INFORMATION REQUIRED FROM THE POLICYHOLDER

The Policyholder must provide Us with detailed information about persons who are eligible to become insured under the Policy, including names of such persons, and information about Insureds. These records will be available for review by Us.

### LEGAL ACTION

No legal action can be brought to recover benefits under the Policy for at least 60 days after written Proof of Loss has been furnished to Us; nor after the expiration of three (3) years after the date Proof of Loss is required.

### CONFORMITY WITH STATE STATUTES

Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statute.

## PREMIUM

**Payment of Premium:** The Policy is issued in consideration of the Policy application and payment of the first premium. The first premium is based on the initial rate(s) shown in the Rate Table. The first premium is due on the Premium Due Date shown in the Policy Specifications. The Policyholder must send all premiums to us on or before their respective Premium Due Dates.

**Grace Period:** A grace period of 31 days will be granted for the payment of premiums accruing after the first premium, during which grace period the Policy shall continue in force, but the Policyholder shall be liable to Us for the payment of the premium accruing for the period the Policy continues in force.

**Initial Rate Guarantee and Changes in Premium:** We have the right to adjust the premium for the Policy as determined necessary by Us. A change in premium will not take effect before the Rate Guarantee Date shown in Policy Specifications. However, We may change premium rates at any time for reasons which affect the risk assumed, including but not limited to:

- 1) A change occurs in the Policy design;
- 2) The number of Insureds changes by 10%; or
- 3) A new law or a change in an existing law affecting premium taxes or premium-based fees or other fees or assessments affecting Us.

A premium adjustment will take effect on the next following the adjustment. A change may take effect on an earlier date when both We and the Policyholder agree. Written notice of a premium adjustment will be delivered to the Policyholder and Insureds at least 30 days advance.

**Reinstatement of Policy:** If premium is not paid within the period specified and is subsequently accepted by Us without requiring an application for reinstatement, the Policy will be reinstated.

**Reinstatement of Individual Certificates:** If an Individual Certificate terminates for failure to pay premium, the Insured may apply for reinstatement subject to the reinstatement provision in the Individual Certificate.

#### **POLICY RENEWAL**

The Policy shall automatically renew on each anniversary of the Policy Anniversary Date, subject to the Termination of Policy provision.

#### **TIME LIMIT ON CERTAIN DEFENSES**

After this Policy has been in force for a period of three (3) years, no statements of the Policyholder contained in the application, and no statement relating to insurability made by any Insured eligible for coverage under the Policy shall be used to deny a claim or in contesting the validity of the insurance with respect to which such statement was made after the insurance has been in force prior to the contest for a period of three (3) years during the lifetime of the person with respect to whom any such statement was made.

## **DEFINITIONS**

**Active Employee, Actively at Work** means the Insured is at work for pay on a permanent basis at least 17 ½ hours per week performing the normal duties of the Insured's job.

**Certificate** means the document that explains the parts of the Policy which apply to the Insured and defines benefits and provisions for each Covered Person. A certificate is provided to each Insured.

**Covered Person** means a person listed on the Certificate Specifications as covered under the Certificate, except no person who is on active duty in the military of any country.

**Eligible Class(es)** means the people who may apply for coverage. The Eligible Class(es) are shown in the Policyholder Specifications.

**Eligible Employee** means a person who is an Active Employee of the Policyholder.

**Eligible Dependent** means a person who is:

- 1) The Insured's Spouse/Eligible Domestic Partner/Civil Union;
- 2) The Insured's newborn child;
- 3) The Insured's unmarried natural child, legally adopted child, child in the waiting period prior to finalization of adoption by the Insured, stepchild, or child of the Insured's Domestic Partner under age 27; or
- 4) The Insured's unmarried grandchild under age 27 who is a dependent for federal income tax purposes.

**Eligible Domestic Partner/Civil Union** means a registered domestic partner with the California Secretary of State or registered in another state, or a partner to a civil union.

**Insured** means the person covered by the Certificate and named as Insured in the Certificate Specifications.

**Loss** means an event for which a benefit may become payable under the Policy.

**Spouse** means the person to whom you are legally married or your Eligible Domestic Partner/Civil Union, as defined in the individual Certificates.

**We, Our, Us or the Company** means Combined Insurance Company of America.

## TERMINATION AND PORTABILITY PRIVILEGE

### TERMINATION OF POLICY

The Policy terminates on the date there are no longer any Insureds covered under it.

Coverage under the Policy may also be terminated:

- 1) By the Policyholder with at least 60 days advance written notice delivered or mailed to Us; or
- 2) By Us with at least 60 days advance written notice delivered to the Policyholder.

When both the We and Policyholder agree, the Policy can be canceled on an earlier date.

Coverage under the Policy may be modified by Us with at least 60 days advance written notice delivered to the Policyholder.

### TERMINATION OF COVERAGE UNDER THE POLICY

The Insured's coverage will terminate at the earliest of:

- 1) The end of the period for which premium is paid, subject to the Grace Period;
- 2) The premium due date following the date We receive the Insured's written request to have the insurance terminated;
- 3) The date the Insured enters into active duty status for the military service of any country;
- 4) The date of the Insured's death; or
- 5) The date the Policy is cancelled, subject to the Portability Privilege Provision.

Dependent coverage will terminate at the earliest of:

- 1) The end of the period for which premium is paid, subject to the Grace Period;
- 2) The monthly anniversary of the Certificate Issue Date following the date a Dependent ceases to be a Dependent as defined;
- 3) The date the Insured's coverage terminates, except as provided in the Dependent Conversion Provision;
- 4) The date Dependent enters into active duty status for the military service of any country; or
- 5) The monthly anniversary of the Certificate Issue Date following the date we receive the Insured's written request to terminate the Dependent coverage for the Insured's Spouse/Eligible Domestic Partner/Civil Union and/or Dependent child/children.

### PORTABILITY PRIVILEGE

If the Insured's coverage under the Policy terminated because the Policy was cancelled or the Insured was no longer eligible for payroll deduction, the Insured has the option to continue the Insurance. To continue coverage:

- 1) We must receive a written request and payment of the first premium for the portability coverage no later than 60 days after such termination; and
- 2) The written request is made on a form we furnish or approve for that purpose.

## CERTIFICATES

The Certificates designated in Appendix A, and any amendments thereto, are attached to and made part of the Policy. Any discrepancy or inconsistency between the attached Certificate(s) and any individual Certificate issued to an Insured is governed by the attached Certificate.

The Certificate(s) apply to Covered Persons in accordance with the coverages and benefits elected by the Policyholder in its application and accepted by Company.

**Individual Certificates:** An individual certificate of insurance which sets forth (a) a description of the benefits and coverages; and (b) exclusions or limitations that apply to such benefits and coverages shall be available to each Insured.

# IMPORTANT INFORMATION TO POLICYHOLDERS - CALIFORNIA

In the event you need to contact someone about this Policy for any reason please contact your agent.

If you have additional questions, you may contact the insurance company issuing this Policy at the following address and telephone number:

Combined Insurance Company of America  
P. O. Box 1160  
Glenview, Illinois 60025-8160  
1-800-544-9382

If you have a problem with your insurance company, its agent or representative that has not been resolved to your satisfaction, please call or write to the Department of Insurance.

California Department of Insurance  
Consumer Communications Bureau  
300 South Spring Street, South Tower  
Los Angeles, CA 90013  
1-800-927-4357  
213-897-8921 (if calling from within the Los Angeles area)  
1-800-482-4833 (TDD Number)

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

**APPENDIX A**  
**CERTIFICATE OF COVERAGE**

| <b>State</b> | <b>Form Number</b> |
|--------------|--------------------|
| California   | C16670             |



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**Home Office: 111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601**  
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**CRITICAL ILLNESS INSURANCE CERTIFICATE**  
**THIS IS A LIMITED BENEFIT CERTIFICATE.**  
**PLEASE READ IT CAREFULLY.**

**This Certificate is renewable for any Covered Person who remains eligible for coverage, subject to the “Termination of Coverage” provision; and as long as premium is paid when due, subject to the Grace Period provision.**

**THIS IS SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL HEALTH LAW.**

This is Your Certificate while You are insured. This Certificate is in force as of the Certificate Effective Date. The Certificate Effective Date is shown in the Certificate Specifications.

The Policy alone constitutes the agreement under which payments are made. Benefit payment is governed by all the terms, conditions and limitations of the Policy. We will pay the benefits set forth in this Certificate. If the terms and provisions of the Certificate are different from the Policy, the Policy will govern.

This Certificate was issued on the basis that the information provided by the Policyholder and any information provided by You are correct and complete. If any information is not correct or complete, write to Us within 10 days of receipt of this Certificate. Incorrect or incomplete information can result in the denial of a claim, rescission, or termination of this Certificate.

**NOTICE OF THIRTY DAY RIGHT TO CANCEL THIS CERTIFICATE**

If You are not satisfied with this Certificate, You can return it to Us at the Policyholder Service Address above within 30 days after you receive it. At that time, You should ask Us in writing to cancel it. This Certificate will be cancelled and any premium paid will be refunded.

**PREMIUM ADJUSTMENT**

We have the right to adjust the premium for this Certificate . A premium adjustment will take effect on an anniversary following the adjustment. Written notice of an adjustment will be mailed to You at least 30 days in advance. When a Covered Person's coverage ends, any resulting change in premium will be made on the next monthly anniversary of the Certificate Effective Date.

**PRE-EXISTING CONDITION LIMITATIONS**

A Pre-existing Condition is not covered unless the date of diagnosis for such condition is at least 12 months after the Certificate Effective Date.

For Combined Insurance Company of America

Kevin Goulding, President

Rebecca L. Collins, Secretary



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**Certificate Specifications**

Owner:

Certificate Number:

Certificate Effective Date: 1/1/19

Premium Amount:

Premium Mode: Semi-Monthly

Policyholder:

Governing Jurisdiction: CA

**Waiting Period:** 00 days

**Schedule of Benefits**

| <b>Covered Person:</b> | <b>Name:</b> | <b>Face Amount:</b> | <b>Maximum Benefit Amount:</b> | <b>Issue Age:</b>  |
|------------------------|--------------|---------------------|--------------------------------|--------------------|
| Insured                |              | \$5,000 to \$95,000 | 3x Face Amount                 | 18+                |
| Spouse                 |              | 50% of Insured      | 3x Face Amount                 | 18+                |
| Children               |              | 25% of Insured      | 3x Face Amount                 | 0 days to 26 years |

Benefit payments are limited to the Maximum Benefit Amount per Covered Person.

**Standard Critical Illness Benefit: 100% of Face Amount**

|                                      | <b>Insured</b> | <b>Spouse</b> | <b>Children</b> |
|--------------------------------------|----------------|---------------|-----------------|
| Covered conditions include:          |                |               |                 |
| Alzheimer's Disease                  | COVERED        | COVERED       | COVERED         |
| Amyotrophic Lateral Sclerosis (ALS)  | COVERED        | COVERED       | COVERED         |
| Benign Brain Tumor                   | COVERED        | COVERED       | COVERED         |
| Life Threatening Cancer              | COVERED        | COVERED       | COVERED         |
| Coma                                 | COVERED        | COVERED       | COVERED         |
| End Stage Renal (Kidney) Failure     | COVERED        | COVERED       | COVERED         |
| Heart Attack (Myocardial Infarction) | COVERED        | COVERED       | COVERED         |
| Loss of Sight, Hearing or Speech     | NOT COVERED    | NOT COVERED   | NOT COVERED     |
| Major Organ Failure                  | COVERED        | COVERED       | COVERED         |
| Multiple Sclerosis                   | COVERED        | COVERED       | COVERED         |
| Paralysis or Dismemberment           | NOT COVERED    | NOT COVERED   | NOT COVERED     |
| Parkinson's Disease                  | NOT COVERED    | NOT COVERED   | NOT COVERED     |
| Severe Burns                         | NOT COVERED    | NOT COVERED   | NOT COVERED     |
| Stroke                               | COVERED        | COVERED       | COVERED         |

Standard Critical Illness Benefit is payable once per covered condition as listed per Covered Person.

Form No. C16670-CA

**Occupational Hepatitis Benefit: of Face Amount**

This benefit is payable only for the Insured or Spouse. No benefits are payable for covered Child(ren).

|                                  | <b>Insured</b> | <b>Spouse</b> |
|----------------------------------|----------------|---------------|
| Covered conditions include:      |                |               |
| Occupational Hepatitis B, C or D | NOT COVERED    | NOT COVERED   |

Only one Occupational Hepatitis Benefit will be payable per Insured or Spouse per lifetime.

|  | <b>Insured</b> | <b>Spouse</b> | <b>Children</b> |
|--|----------------|---------------|-----------------|
| <b>Skin Cancer Benefit: \$250</b>                | COVERED        | COVERED       | COVERED         |
| This benefit is payable once per Covered Person. |                |               |                 |

**Partial Critical Illness Benefit: 25% of Face Amount**

|                                     | <b>Insured</b> | <b>Spouse</b> | <b>Children</b> |
|-------------------------------------|----------------|---------------|-----------------|
| Covered conditions include:         |                |               |                 |
| Non-invasive Early Stage Malignancy | COVERED        | COVERED       | COVERED         |
| Coronary Artery Obstruction         | COVERED        | COVERED       | COVERED         |

Partial Critical Illness Benefit is payable once per covered condition as listed per Covered Person.

**Recurrence Critical Illness Benefit: 50% of Face Amount**

|                             | <b>Insured</b> | <b>Spouse</b> | <b>Children</b> |
|-----------------------------|----------------|---------------|-----------------|
| Covered conditions include: |                |               |                 |
| Benign Brain Tumor          | COVERED        | COVERED       | COVERED         |
| Life Threatening Cancer     | COVERED        | COVERED       | COVERED         |
| Coma                        | COVERED        | COVERED       | COVERED         |
| Heart Attack                | COVERED        | COVERED       | COVERED         |
| Severe Burns                | NOT COVERED    | NOT COVERED   | NOT COVERED     |
| Stroke                      | COVERED        | COVERED       | COVERED         |

Recurrence Critical Illness Benefit is payable for covered conditions up to 2 times per Covered Person regardless of how many covered conditions recur.

**Childhood Critical Illness Benefit: of Face Amount**

This benefit is payable only for the covered Child(ren)

|                             | <b>Child(ren)</b> |
|-----------------------------|-------------------|
| Covered conditions include: |                   |
| Cerebral Palsy              | NOT COVERED       |
| Congenital Birth Defects    | NOT COVERED       |
| Cystic Fibrosis             | NOT COVERED       |
| Down Syndrome               | NOT COVERED       |
| Muscular Dystrophy          | NOT COVERED       |
| Type 1 Diabetes Mellitus    | NOT COVERED       |

Childhood Critical Illness Benefit is payable once per covered Child.

**Additional Benefit Riders:**

|   |             |
|---|-------------|
| <b>Interim Coverage</b>                   | NOT COVERED |
| <b>Automatic Maximum Benefit Increase</b> | NOT COVERED |
| <b>Annual Wellness Benefit</b>            | COVERED     |
| <b>Cancer Treatment</b>                   | NOT COVERED |
| <b>Family Care</b>                        | NOT COVERED |
| <b>Hospital Admission</b>                 | NOT COVERED |
| <b>Mortgage and Rent Helper</b>           | COVERED     |
| <b>Waiver of Premium</b>                  | NOT COVERED |

## DEFINITIONS

**Active Employee, Actively at Work** means the Insured is at work for pay on a permanent basis at least 17 ½ hours per week performing the normal duties of the Insured's job.

**Alzheimer's Disease** means a progressive degenerative disease of the brain and memory that is diagnosed by a Physician.

**Amyotrophic Lateral Sclerosis (ALS)** means motor neuron disease, marked by muscular weakness and atrophy with spasticity and hyperreflexia due to a loss of motor neurons of the spinal cord, medulla and cortex.

**Benign Brain Tumor** means a non-cancerous tumor of the brain which is diagnosed by a Physician. The tumor must result in persistent neurological deficits including but not limited to:

- loss of vision;
- loss of hearing; or
- balance disruption.

**Cerebral Palsy** means a group of disorders of the development of movement and posture causing activity limitation that are attributed to progressive disturbances that occurred in the developing fetal or infant brain. The motor disorders of Cerebral Palsy are often accompanied by disturbances or sensation, cognition, communication, perception and/or behavior and/or by a seizure disorder. Diagnosis must be made by a licensed pediatrician or other Physician .

**Certificate Effective Date** means the date coverage under this Certificate becomes effective. The Certificate Effective Date is shown on the Certificate Specifications. This date will be used to determine Certificate years, months, and anniversaries.

**Child** means the Insured's child who is an Eligible Dependent as defined in this Certificate and shown on the Schedule of Benefits.

**Coma** means a coma resulting from a severe traumatic brain injury that results in a continuous state of profound unconsciousness resulting for a period of 30 or more consecutive days, defined as the absence of:

- 1) eye opening;
- 2) motor response; and
- 3) verbal response.

The term "coma" does not include any medically induced coma.

**Congenital Birth Defects** means the malformation or an organ or organ system that results in the newborn child being confined to a Hospital for thirty (30) or more consecutive days beginning within the first week after birth or date of placement.

Examples include but are not limited to the following:

- Heart defects.
- Lung defects.
- Spina Bifida.
- Cleft lip or palate.
- Limb malformations.
- Development disorders of the brain.

Congenital Birth Defects includes a newborn child who is born with Loss of Sight. Congenital Birth Defects does not include prematurity.

Form No. C16670-CA

**Coronary Artery Obstruction** means a diagnosis of at least 75% cross-sectional occlusion of one or more major coronary arteries (left main, left anterior descending, circumflex or right coronary artery) as demonstrated by coronary angiography, and as interpreted by a qualified Physician. Diagnosis is to be made based on generally accepted principles of medicine in the United States at the time the diagnosis is made.

**Covered Person** means a person listed in the Certificate Specifications as covered under this Certificate.

**Cystic Fibrosis** means a definite diagnosis of cystic fibrosis by a licensed family practitioner, pediatrician or pulmonologist where the covered Child has chronic lung disease and pancreatic insufficiency. The diagnosis made via a sweat test should be based upon sweat chloride concentrations greater than 60mmol/L.

**Dependent** means:

- 1) The Insured's Eligible Dependent whose coverage is in force; and
- 2) The Insured's Eligible Dependent child or grandchild for whom coverage is continued under the Continuation for Incapacitated Children provision of this Certificate.

**Domestic Partner/Partner in a Civil Union** means a registered domestic partner with the California Secretary of State or registered in another state, or a partner in a civil union.

**Down Syndrome** means diagnosis of down syndrome through a study of the 21<sup>st</sup> chromosome.

Down Syndrome includes:

- Trisomy 21 – an individual has three instead of two #21 chromosomes.
- Translocation – an extra part of the 21<sup>st</sup> chromosome is attached to another chromosome.
- Mosaicism – the individual has an extra 21<sup>st</sup> chromosome in only some of the cells but not all of them. The other cells have the usual pair of 21<sup>st</sup> chromosomes.

Diagnosis must be confirmed by a licensed pediatrician or another Physician.

**End Stage Renal Failure** means chronic irreversible failure of the function of both kidneys such that the Covered Person must undergo at least weekly hemodialysis or peritoneal dialysis.

**Eligible Dependent** means a person who is:

- 1) The Insured's Spouse or Domestic Partner/Partner in a Civil Union;
- 2) The Insured's or Spouse's or Domestic Partner's/Partner's in a Civil Union newborn child;
- 3) The Insured's or Spouse's or Domestic Partner's/Partner's in a Civil Union natural child, legally adopted child, or step-child; provided that such child is unmarried and under age 27; or
- 4) The Insured's or Spouse's or Domestic Partner's/Partner's in a Civil Union unmarried grandchild under age 27 who is a dependent for federal income tax purposes.

**Eligible Employee** means a person who is an Active Employee of the Policyholder.

**Heart Attack** means interruption of coronary blood flow that results in damage to the heart muscle. The Heart Attack must be diagnosed by a Physician based upon elevated cardiac enzymes (troponins or CK-MB) or in the absence a report that documents the cardiac enzymes, specific EKG changes that are consistent with cardiac ischemia .

**Hospital** is an institution in the United States or Canada which meets all of the following requirements:

- 1) operates pursuant to state or provincial law for Hospitals located in the United States or Canada;
- 2) operates primarily for the care and treatment of sick or injured persons as Inpatients;
- 3) provides 24 hour nursing service;
- 4) has facilities available for diagnosis and surgery either on its own premises or in facilities available to the Hospital on a pre-arranged basis; and
- 5) has a staff of at least one licensed Physician available at all times.

Hospital does not include rest homes, nursing homes, convalescent homes, homes for the aged, and facilities primarily affording custodial, educational, or rehabilitation facilities, including rehabilitation hospitals.

**Insured** means the person covered by this Certificate, as named in the Certificate Specifications.

**Immediate Family** means You, Your Spouse, and any of Your, or Your Spouse's children, parents, grandparents, brothers, sisters, and their respective spouses.

**Loss of Hearing, Sight or Speech.** "Loss of Hearing" means total and irreversible loss of hearing in both ears. Loss of Hearing that can be corrected by use of any hearing aid or device shall not be considered an irrevocable loss. "Loss of Sight" means total and irreversible loss of sight in both eyes. "Loss of Speech" means damage to vocal cords due to injury that results in the total and permanent inability to speak. The Loss of Hearing, Sight or Speech must be diagnosed by a Physician after the Certificate Effective Date. If we pay one of the following conditions: Loss of Hearing, Sight or Speech for a Covered Person, we will not pay for the other two conditions for that Covered Person.

**Life Threatening Cancer** means leukemia, Hodgkin's Disease, or a malignant tumor that is characterized by uncontrolled cell growth, spread of malignant cells, and invasion of tissue, which results in a positive diagnosis, by a Physician, based upon a microscopic examination of the affected cells, X-ray examination, laboratory examinations, tumor markers, or if consistent with professional medical standards, clinical diagnosis. For purposes of this Certificate, "Life Threatening Cancer" does not include Non-Invasive Early Stage Malignancy as defined in this Certificate.

**Major Organ Failure** means the diagnosis after the Certificate Effective Date of major organ failure of the heart, liver, lung or pancreas or any combination of these organs resulting in the Covered Person being placed on the UNOS (United Network of Organ Sharing) list for a transplant.

**Maximum Benefit Amount** is the amount shown on the Schedule of Benefits. Total benefits payable under this Certificate are limited to the Maximum Benefit Amount for each Covered Person.

**Multiple Sclerosis** means the occurrence of at least two episodes of well-defined neurological abnormalities, with objective evidence of lesions at more than one site within the central nervous system. In order for Multiple Sclerosis to be covered under this Certificate, a Physician must make a definitive diagnosis of Multiple Sclerosis, supported by modern imaging and/or investigative techniques.

**Muscular Dystrophy** means a confirmed diagnosis of one of a group of muscle diseases characterized by progressive skeletal muscle weakness, defects in muscle proteins and the death of muscle cells and tissue. The confirmed diagnosis of Muscular Dystrophy must be made by a Physician.

**Non-invasive Early Stage Malignancy** (localized cancer, also sometimes known as Cancer or Carcinoma in Situ) means a diagnosis of cancer in any area of the body whose cells are localized or confined to the site of origin and have not spread to other tissues or organs (metastasized) or a tumor that is confined to superficial layers which has not invaded to deep tissues, or spread away from the organ of origin. Diagnosis must be made by a Physician, based upon a microscopic examination of the affected cells, X-ray examination, laboratory examinations, or if consistent with professional medical standards, clinical diagnosis. Non-invasive Early Stage Malignancy includes early stage breast cancer, such as ductal carcinoma, and early stage prostate cancers.

Form No. C16670-CA

**Occupational Hepatitis B, C, or D** means a viral hepatitis, types B, C, and D contracted by the Covered Person as a result of the Covered Person's documented accidental exposure in the workplace to blood or other bodily fluids from a person known to be infected with Hepatitis. Hepatitis under this provision does not include type-A hepatitis. In order for Occupational Hepatitis to be covered under this Certificate:

- The Covered Person had not tested positive for Occupational Hepatitis prior to Covered Person's effective date of coverage under this Certificate;
- The Covered Person was performing his or her normal occupational duties at the time of the accidental exposure;
- The accidental exposure was documented by an accident report in accordance with the established occupational procedures at the Covered Person's workplace; and
- The diagnosis of Hepatitis must be confirmed by blood testing administered under the direction of a Physician.

Hepatitis infection acquired outside the workplace is not considered Occupational Hepatitis.

**Owner** means the Insured, unless a different Owner is named in the Certificate Specifications, or the Owner is later changed as provided in this Certificate. If the Owner and Insured are different, then upon the Owner's death, the Insured will become the Owner. The Owner has the right to renew, cancel or reinstate coverage, and all other rights the Certificate provides, including the right to name and change the beneficiary.

**Paralysis or Dismemberment.** "Paralysis" means complete and irrecoverable loss of sensory and motor functions of two or more limbs which is diagnosed by a Physician after the Certificate Effective Date. "Dismemberment" means the loss by actual and complete severance of two or more limbs which occurred after the Certificate Effective Date. Limb means an entire hand or foot at or above the wrist or ankle. If we pay for either the following conditions: Paralysis or Dismemberment for a Covered Person, we will not pay for the other condition for that Covered Person.

**Parkinson's Disease** means a chronic, progressive neurodegenerative disorder characterized by any combination of four cardinal signs: rest tremor, rigidity, bradykinesia and gait disturbance diagnosed after the Certificate Effective Date by a Physician.

**Physician** means a person performing tasks that are within the limits of his or her medical license and is:

- 1) Licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- 2) A legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

A Physician cannot be the Insured or a member of the Insured's Immediate Family, the Insured's business or professional partner, or any person who has a financial affiliation or business interest with the Insured.

**Policyholder** means the entity to whom the Policy is issued. The Policyholder is shown in the Certificate Specifications.

**Pre-existing Condition** means a condition for which a Covered Person received medical advice or treatment within the 12 months preceding the Certificate Effective Date.

**Spouse** means the person to whom the Insured is legally married or the Insured's Domestic Partner/Partner in a Civil Union, as defined under this Certificate and as shown on the Schedule of Benefits.

**Severe Burns** means third degree burns covering at least 20% of your body which are diagnosed by a Physician.

**Skin Cancer** means:

- Stage 1 melanoma; or
- Basal cell or squamous cell carcinoma of the skin.

**Stroke** means a sudden impairment of brain function, due to acute cerebral hemorrhage, or acute cerebral occlusion that results in permanent damage, diagnosed by a Physician, based on abnormal neurologic findings on physical examination, or new abnormalities on CNS imaging studies. Stroke does not mean head injury, concussion, transient ischemic attack, or chronic cerebrovascular insufficiency.

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**Type 1 Diabetes Mellitus** once known as juvenile diabetes or insulin-dependent diabetes, is a chronic condition in which the pancreas produces little or no insulin. The diagnosis of Type 1 Diabetes Mellitus must be made by a Physician.

**Waiting Period** means the period after the Certificate Effective Date for which no benefits are available. The Waiting Period is shown on the Certificate Specifications.

**We, Our, Us or the Company** means Combined Insurance Company of America.

**You or Your** means the Owner named in the Certificate Specifications.

# BENEFITS

Refer to the Schedule of Benefits for benefit amounts and Maximum Benefit Amounts. If the listed condition is “Not Covered” for the Insured, Spouse or Child, then no benefits are payable under this Certificate for such condition for such Covered Person. Benefits are limited to the Maximum Benefit Amount for each Covered Person and subject to the conditions, limitations, exclusions, and waiting periods of this Certificate. For some examples of how benefits are paid, see Appendix A.

## **Standard Critical Illness Benefit**

We will pay this benefit when a Covered Person’s date of diagnosis for a covered condition occurs while this coverage is in force as shown on the Schedule of Benefits and as defined in this Certificate. The amount You will receive is based on the amount of coverage in effect on the date of diagnosis.

If a Covered Person has been diagnosed with and received a benefit for a covered condition and is subsequently diagnosed with a **different** covered condition, we will pay the Covered Person’s Face Amount shown in the Schedule of Benefits for the subsequent and different covered condition if:

- The date of diagnosis of the subsequent covered condition is more than 6 months after any previous date of diagnosis for a covered condition;
- The subsequent date of diagnosis is while coverage under this Certificate is in force; and
- The Maximum Benefit Amount has not been paid for that Covered Person.

All benefits paid will reduce the available Maximum Benefit Amount.

## **Occupational Hepatitis Benefit**

We will pay this benefit when an Insured or Spouse covered under this Certificate is diagnosed with a covered condition while this coverage is in force as shown on the Schedule of Benefits and defined in this Certificate. The amount You will receive is based on the amount of coverage in effect on the date of diagnosis.

All benefits paid will reduce the available Maximum Benefit Amount.

## **Partial Critical Illness Benefit**

We will pay this benefit when a Covered Person is diagnosed with a covered condition while this coverage is in force as shown on the Schedule of Benefits and defined in this Certificate. The amount You will receive is based on the amount of coverage in effect on the date of diagnosis.

All benefits paid will reduce the available Maximum Benefit Amount.

## **Recurrence Critical Illness Benefit**

We will pay this benefit when a Covered Person has recurrence of a covered condition as shown on the Schedule of Benefits if:

- The Standard Critical Illness Benefit for this condition was payable for the Covered Person;
- The condition is shown as Covered in the Recurrence Critical Illness Benefit on the Schedule of Benefits;
- The Covered Person was treatment free for this covered condition during the 6 months prior to the date of diagnosis of this recurrence;
- The Covered Person has returned to work for at least 6 months prior to the date of diagnosis of this recurrence;
- The date of diagnosis of this recurrence of this condition is while coverage under this Certificate is in force; and
- The Maximum Benefit Amount has not been paid for that Covered Person.

The amount You will receive is based on the amount of coverage in effect on the date of diagnosis. All benefits paid will reduce the available Maximum Benefit Amount.

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## **Skin Cancer Benefit**

We will pay this benefit when a Covered Person is diagnosed with Skin Cancer while this coverage is in force as shown on the Schedule of Benefits and defined in this Certificate.

All benefits paid will reduce the available Maximum Benefit Amount.

## **Childhood Critical Illness Benefits**

We will pay this benefit when a covered Child is diagnosed with a covered condition while this coverage is in force as shown on the Schedule of Benefits and defined in this Certificate. The amount You will receive is based on the amount of coverage in effect on the date of diagnosis.

This benefit is payable once per covered Child. All benefits paid will reduce the available Maximum Benefit Amount.

## **EXCLUSIONS**

No benefits will be paid for losses resulting from any intentionally self-inflicted injury.

## **ELIGIBILITY, EFFECTIVE DATE, TERMINATION OF COVERAGE, AND PORTABILITY PRIVILEGE**

### **ELIGIBILITY FOR COVERAGE**

The Insured is eligible for coverage under this Certificate if:

- 1) The Insured's enrollment is approved by Us; and
- 2) The Insured is an Eligible Employee on the Certificate Effective Date.

An Eligible Dependent is eligible for coverage on the later of:

- 1) The date the Insured is eligible for insurance; or
- 2) The date the Insured acquires the Dependent.

An Eligible Dependent is deemed to be acquired as follows:

- a) Spouse or Domestic Partner/Partner in a Civil Union: On the date of the marriage or the date the Domestic Partnership/Civil Union is established.
- b) Natural Child: On the date of birth.
- c) Adopted Child: On the date of adoption or placement for adoption.
- d) Stepchild/Existing Child of a new Domestic Partner/Partner in a Civil Union: On the date of the Insured's marriage or the date the Domestic Partnership/Civil Union is established.
- e) Grandchild: On the date the child is dependent on the Insured, the Insured's Spouse, or the Insured's Domestic Partner/Partner in a Civil Union for Federal Income Tax purposes.

### **ADDITION OF ELIGIBLE DEPENDENTS**

- 1) Newborns: Coverage for a newborn is effective from the moment of birth provided that We receive written notice of the newborn within 45 days after birth, and You pay all required premiums within 31 days after receiving a notice of amount due. If notification of a newborn is received more than 45 days after birth, coverage will be effective on the date written notification is received by Us, provided You pay all required premiums within 31 days after receiving a notice of amount due.

- 2) Newly Adopted Children: Coverage for an adopted child is effective from the date of adoption or placement for adoption if the Insured applies for coverage within sixty (60) days after adoption or placement for adoption. For coverage to continue, We must receive written notice within 60 days after the date of adoption or placement for adoption whichever is earlier; and the Insured must pay all required premiums within 60 days after receiving a notice of amount due. Failure to provide notice within the required time period will not end coverage if it is shown that the notice was furnished as soon as reasonably possible. If notification of the adoption or placement for adoption is received more than 60 days after the date of adoption or placement for adoption, coverage will be effective on the date written notification is received by Us, provided You pay all required premiums within 45 days after receiving a notice of amount due.
- 3) Other than a Newborn or Newly Adopted Child: The Insured must complete and sign an enrollment form that includes the Insured's Dependents. If approved by Us, the additional coverage will be effective on the monthly anniversary of the Certificate Effective Date following approval.

### **EFFECTIVE DATE**

The Insured's coverage will start on the Certificate Effective Date shown in the Certificate Specifications.

### **TERMINATION OF COVERAGE**

The Insured's coverage will terminate at the earliest of:

- 1) The end of the period for which premium is paid, subject to the Grace Period;
- 2) The monthly anniversary of the Certificate Effective Date following the date We receive Your written request to have the Insured's insurance terminated;
- 3) The date of the Insured's death; or
- 4) The date a new Critical Illness Insurance Certificate issued by Combined Insurance Company of America becomes effective.

Dependent coverage will terminate at the earliest of:

- 1) The end of the period for which premium is paid, subject to the Grace Period;
- 2) The monthly anniversary of the Certificate Effective Date following the date a Dependent ceases to be a Dependent as defined;
- 3) The date the Insured's coverage terminates, except as provided in the Dependent Conversion provision;
- 4) The monthly anniversary of the Certificate Effective Date following the date We receive Your written request to terminate Dependent coverage for the Insured's Spouse or Domestic Partner/Partner in a Civil Union and/or Dependent child(ren).

### **CONTINUATION FOR INCAPACITATED CHILDREN**

Dependent children insured hereunder who are incapable of self-sustaining employment due to mental illness, developmental disability, or intellectual disability or physical handicap, and who became incapacitated prior to the age at which Dependent coverage would otherwise terminate and who are chiefly dependent on the Insured for support and maintenance, may continue to be covered regardless of age.

You must submit a notice of the Dependent child's incapacity. Proof of the incapacity and dependency must be furnished to Us within 31 days of the child's attainment of the limiting age and subsequently as may be required by Us, but not more frequently than annually after the two year period following the child's attainment of the limiting age. Coverage for an incapacitated Dependent child will end on the earliest of:

- 1) The date the Dependent marries;
- 2) The date the Dependent obtains self-sustaining employment;
- 3) The date the Dependent ceases to be incapacitated;
- 4) The date the Dependent ceases to be chiefly dependent upon the Insured for support and maintenance; or
- 5) The monthly anniversary of the Certificate Effective Date following the date We receive Your written request to terminate Dependent coverage for the Insured's Dependent child(ren).

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## **DEPENDENT CONVERSION**

If coverage of the Spouse or Domestic Partner/Partner in a Civil Union listed in the Certificate Specifications terminates due to the death of the Insured or the divorce or annulment of the marriage to the Insured, or termination of the Domestic Partnership/Civil Union with the Insured, the Spouse or Domestic Partner/Partner in a Civil Union may purchase an individual certificate of critical illness insurance. The Spouse or Domestic Partner/Partner in a Civil Union may elect to include coverage for Dependent children under the new certificate if coverage for Dependent children is terminated under this Certificate due to the death of the Insured or by request of the Owner at the time of the divorce, annulment, or termination of the Domestic Partnership/Civil Union.

The Spouse or Domestic Partner/Partner in a Civil Union must enroll for conversion within 60 days after the death, divorce, or annulment or termination of the Domestic Partnership/Civil Union and pay the premium for the continued coverage within 31 days after enrollment is made. No evidence of insurability will be required.

The effective date of the new certificate will be the effective date of the termination of coverage under this Certificate. The benefits provided in the new certificate shall be substantially the same as the benefits provided under this certificate. The premium for the new certificate will be that applicable to the attained age of the Spouse or Domestic Partner/Partner in a Civil Union and the form and amount of insurance issued. The class of risk under the new certificate will be the same as the class of risk under this Certificate, or the most comparable class available.

## **PORTABILITY PRIVILEGE**

We will provide Critical Illness Insurance portability coverage subject to these provisions.

Such coverage will not be available for a Covered Person unless:

- 1) The Insured's Critical Illness Insurance under the Policy terminated because the Policy was cancelled or the Insured is no longer eligible for payroll deduction; and
- 2) We receive a written request and payment of the first premium for the portability coverage no later than 60 days after such termination; and
- 3) The request is made on a form we furnish or approve for that purpose.

No portability coverage will be provided if Your Critical Illness Insurance terminated due to failure to pay premium.

## **COVERAGE**

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy for Critical Illness Insurance when Your insurance terminated. Portability coverage may include any Covered Persons. Benefits for portability coverage will be determined as if the Policy had remained in full force and effect.

Portability coverage will be effective on the day after Critical Illness Insurance under the Policy terminates.

# **CLAIM PROVISIONS**

## **NOTICE OF CLAIM**

Written notice of claim must be given to Us within 20 days after the occurrence or commencement of any loss covered by the Certificate, or as soon thereafter as is reasonably possible.

## **CLAIM FORMS**

Upon receipt of a written notice of claim We will furnish to the claimant such forms as are usually furnished by Us for filing proofs of loss. If We do not furnish such forms within 15 days after receipt of written notice, the claimant shall be deemed to have complied with the requirements of the Certificate as proof of loss upon submitting, within the time fixed under the Proof of Loss provision for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

**PROOF OF LOSS**

Written proof of loss must be furnished to Us, in case of claim for loss for which the Certificate provides any periodic payment contingent upon continuing loss, within 90 days after the termination of the period for which We are liable, and in case of claim for any other loss, within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the Insured, later than one year from the time proof is otherwise required.

**TIME OF PAYMENT OF CLAIMS**

Benefits payable under this Certificate for any loss other than loss for which this Certificate provides periodic payments will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, benefits for loss for which this Certificate provides periodic payment will be paid to the Insured monthly and any balance remaining unpaid upon the termination of the period of liability will be paid immediately upon receipt of due written proof.

**PAYMENT OF CLAIMS**

Benefits for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such benefits shall be payable to the estate of the Insured. Any other accrued benefits unpaid at the Insured's death may be paid either to such beneficiary or to such estate. All other benefits will be payable to the Insured.

If any benefits of this policy shall be payable to the estate of the Insured, or to an Insured or beneficiary who is a minor or otherwise not competent to give a valid release, We may pay such benefits up to an amount not exceeding \$1,000 to any relative by blood or connection by marriage of the Insured or beneficiary who is deemed by Us to be equitably entitled thereto. Any payment made by Us in good faith pursuant to this provision shall fully discharge Us to the extent of such payment.

**REFUND OF PREMIUM AT DEATH**

Upon notice of the Insured's death, We will refund to the Beneficiary the portion of any premium that applies to a period beyond the end of the Certificate month in which death occurred.

## **GENERAL PROVISIONS**

**ENTIRE CONTRACT**

The policy including the application, amendments, Certificate and enrollment form constitute the entire contract. No such statement made by the policyholder or by the Insured whose eligibility has been accepted by Us, shall avoid the insurance or reduce the benefits under this policy or be used in defense to a claim hereunder.

No change in the policy shall be valid unless approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change the Policy or waive any of its provisions.

**TIME LIMIT ON CERTAIN DEFENSES**

After two (2) years from the Certificate Effective Date, We cannot use misstatements, except fraudulent misstatements, in Your enrollment form to void coverage or deny a claim for loss incurred after the expiration of the two (2) year period. No claim for loss incurred or disability commencing after two years from the Certificate Effective Date policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the Certificate Effective Date.

**GRACE PERIOD**

A grace period of 31 days will be granted for the payment of premiums accruing after the first premium, during which grace period the Certificate shall continue in force, but the Insured shall be liable to Us for the payment of the premium accruing for the period the Certificate continues in force.

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**PAYMENT OF PREMIUM**

This Certificate is issued in consideration of the Certificate enrollment form, information provided by the Policyholder and payment of the first premium. The first premium is due on the Certificate Effective Date. Subsequent premiums are due and payable in advance. If you do not pay the premiums when due, this Certificate will terminate subject to the Grace Period. The amount and frequency of premium payments are shown in the Certificate Specifications.

All premiums are payable to Us or as otherwise designated in writing by Us. Premiums are payable while coverage continues. Premiums may be paid annually, semi-annually, quarterly, monthly or, subject to Company rules. The Owner may change the frequency of premium payments by filing a written request for such change .

**PHYSICAL EXAMINATION AND AUTOPSY**

We, at our own expense shall have the right and opportunity to examine the person of any individual whose injury or sickness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.

**LEGAL ACTIONS**

No action at law or in equity shall be brought to recover on this Certificate prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Certificate. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

**BENEFICIARY**

The Beneficiary for benefits payable upon the Insured's death will be the Beneficiary named in the Certificate enrollment form, unless You have changed the Beneficiary designation. Unless specifically designated as irrevocable, You may change the Beneficiary designation while the Insured is living by providing written notice to Us. An irrevocable Beneficiary designation may only be changed with the consent of such irrevocable Beneficiary. Unless You specify otherwise, the Beneficiary change will take effect as of the date the written notice was signed by You, subject to any payment or other action taken by Us prior to receipt of such notice. The consent of any Beneficiary, other than an irrevocable Beneficiary, is not required to surrender or assign this Certificate, or to make any other changes in this Certificate. The right to change of beneficiary is reserved to the Insured, and the consent of the beneficiary or beneficiaries shall not be requisite to any change in beneficiary.

If any Beneficiary dies before the Insured, that Beneficiary's interest will pass to any other designated Beneficiaries according to their respective interests. If more than one Beneficiary is designated in a class, each Beneficiary who survives the Insured will receive an equal portion of any benefits payable unless otherwise set forth in the Beneficiary designation.

**CONFORMITY WITH STATE STATUTES**

Any provision of this Certificate which, on its effective date, is in conflict with the laws of the state in which the Insured resides on that date is amended to conform to the minimum requirements of such laws.

**MISSTATEMENT OF ISSUE AGE OR TOBACCO USAGE**

If a Covered Person's age has not been stated correctly, an adjustment in premium, coverage, or both, will be made. The adjustment will correct the coverage to what the premium paid would have bought at the Covered Person's true issue age.

If the Covered Person did not accurately state that he or she used tobacco, an adjustment in premium, coverage, or both, will be made.

**ASSIGNMENT**

You can assign any rights You have under this Certificate, however, if You have designated an irrevocable Beneficiary, the consent of such Beneficiary is required to assign any rights. No assignment is binding on Us until We receive a copy of it. Each assignment will be subject to any payments made or action taken by Us before We received such assignment. We are not responsible for the validity of any assignment.

**NOTICE**

If there are any questions about this Certificate or if anyone seeks to replace this Certificate, please contact a Combined Insurance Company of America agent or the Home Office of the Company. All inquiries should be in writing, stating the Certificate Number.



## COMBINED INSURANCE COMPANY OF AMERICA

111 East Wacker Drive • Suite 700

Chicago, Illinois 60601

### NOTICE OF PROTECTION PROVIDED BY CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTEE ASSOCIATION

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association (“the Association”). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers’ care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone’s rights or obligations or the rights or obligations of the Association.

#### COVERAGE

- **Persons Covered**

Generally, an individual is covered by the Association if the insurer was a member of the Association *and* the individual lives in California at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

- **Amounts of Coverage**

The basic coverage protections provided by the Association are as follows.

- **Life Insurance, Annuities and Structured Settlement Annuities**

For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

- **Life Insurance**

80% of death benefits but not to exceed \$300,000

80% of cash surrender or withdrawal values but not to exceed \$100,000

- **Annuities and Structured Settlement Annuities**

80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed \$250,000

The maximum amount of protection provided by the Association to an individual, for *all* life insurance, annuities and structured settlement annuities is \$300,000, regardless of the number of policies or contracts covering the individual.

- **Health Insurance**

The maximum amount of protection provided by the Association to an individual, as of July 1, 2016, is \$546,741. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer. Changes to this amount will be posted on the Association’s website [www.califega.org](http://www.califega.org).

## COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society
- If the person is provided coverage by the guaranty association of another state
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual .
- Employer and association plans, to the extent they are self-funded or uninsured
- A policy or contract providing any health care benefits under Medicare Part C or Part D
- An annuity issued by an organization that is only licensed to issue charitable gift annuities
- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as certain investment elements of a variable life insurance policy or a variable annuity contract
- Any policy of reinsurance unless an assumption certificate was issued
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1607.02(b)(2)(C).

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## NOTICES

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at [www.califega.org](http://www.califega.org). or contact either of the following:

California Life and Health Insurance  
Guarantee Association  
P.O Box 16860  
Beverly Hills, CA 90209-3319  
(323) 782-0182

California Department of Insurance  
Consumer Communications Bureau  
300 South Spring Street  
Los Angeles, CA 90013  
(800) 927-4357

**Insurance companies and agents are not allowed by California law to use the existence of the Association or its coverage to solicit, induce or encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and California law, then California law will control.**

**IMPORTANT INFORMATION TO POLICYHOLDERS**

1. In the event you need to contact someone about this policy for any reason, please contact:

**Combined Insurance Company of America  
Home Office  
111 East Wacker Drive • Suite 700  
Chicago, IL 60601  
1-800-544-9382**

**Policyholder Service Address:  
P.O. Box 1160  
Glenview, IL 60025-8160**

2. The Department of Insurance should be contacted only after discussions with us, our agent or other representative, or both, have failed to produce a satisfactory resolution to the problem. The address of the Department is:

**Consumer Services Division  
300 South Spring Street, Los Angeles, California 90013  
Telephone in California: 1-800-927-HELP - Outside California: (213) 897-8921  
TDD: 1-800-482-4883  
[www.insurance.ca.gov](http://www.insurance.ca.gov)**



## FACTS

### WHAT DOES COMBINED INSURANCE COMPANY OF AMERICA DO WITH YOUR PERSONAL INFORMATION?

#### Why?

Insurance companies choose how they share your personal information. Federal and state law gives consumers the right to limit some but not all sharing. Federal and state law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

#### What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and payment history
- insurance claim history and medical information
- account transactions and credit scores

When you are no longer our customer, we continue to share information about you as described in this notice.

#### How?

All insurance companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons insurance companies can share their customers' personal information; the reasons Combined chooses to share; and whether you can limit this sharing.

| Reasons we can share your personal information   | Does Combined share? | Can you limit this sharing? |
|--|----------------------|-----------------------------|
| <b>For our everyday business purposes —</b><br>such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus | Yes                  | No                          |
| <b>For our marketing purposes —</b><br>to offer our products and services to you   | Yes                  | No                          |
| <b>For joint marketing with other financial companies —</b>  | Yes                  | No                          |
| <b>For our affiliates' everyday business purposes —</b><br>information about your transactions and experiences   | Yes                  | No                          |
| <b>For our affiliates' everyday business purposes —</b><br>information about your creditworthiness   | No                   | We don't share              |
| <b>For our affiliates to market to you</b>   | Yes                  | Yes                         |
| <b>For nonaffiliates to market to you</b>  | Yes                  | Yes                         |

#### To limit our sharing

 Call 1-800-544-9382 — our menu will prompt you through your choices

##### Please note:

If you are a *new* customer, we can begin sharing your information 30 days from the date we sent this notice. When you are *no longer* our customer, we continue to share your information as described in this notice.

However, you can contact us at any time to limit our sharing.

#### Questions?

Call 1-800-544-9382 or go to [www.combinedinsurance.com](http://www.combinedinsurance.com)

## What we do

|  |   |
|--|---|
| <p><b>How does Combined protect my personal information?</b></p>                                 | <p>To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.</p> <p>We restrict access to personal information to our employees, affiliates' employees, or others who need to know that information to service the account or to conduct our normal business operations.</p>  |
| <p><b>How does Combined collect my personal information?</b></p>                                 | <p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> <li>• apply for insurance or pay insurance premiums</li> <li>• file an insurance claim or provide account information</li> <li>• give us your contact information</li> </ul> <p>We also collect your personal information from others, such as credit bureaus, affiliates or other companies.</p>  |
| <p><b>Why can't I limit all sharing?</b></p>   | <p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> <li>• sharing for affiliates' everyday business purposes— information about your creditworthiness</li> <li>• affiliates from using your information to market to you</li> <li>• sharing for nonaffiliates to market to you</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p> |
| <p><b>What happens when I limit sharing for an account I hold jointly with someone else?</b></p> | <p>Your choices will apply to everyone on your policy.</p>  |

## Definitions

|                               |  |
|-------------------------------|--|
| <p><b>Affiliates</b></p>      | <p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>• <i>Our affiliates include the Combined Life Insurance Company of New York, and other financial companies.</i></li> </ul>         |
| <p><b>Nonaffiliates</b></p>   | <p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>• <i>Nonaffiliates we share with can include insurance companies and direct marketing companies.</i></li> </ul>                |
| <p><b>Joint marketing</b></p> | <p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>• <i>Our joint marketing partners include categories of companies such as insurance companies.</i></li> </ul> |

## Other important information

**For Insurance Customers in AZ, CA, CT, GA, IL, ME, MA, MN, MT, NV, NJ, NC, OH, OR, and VA only:** Under state law, you have the right to see the personal information about you that we have on file. To see your information, write Combined Insurance, Attention: Privacy Officer, PO Box 1160, Glenview, IL 60025-8160. Combined may charge a reasonable fee to cover the costs of providing this information. If you think any of the information is wrong, you may write us. We will let you know what actions we take. If you do not agree with our actions, you may send us a statement. If you want a full description of privacy rights that we will protect in accordance with the law in your home state, please contact us and we will provide it. We may disclose information to certain third parties, such as law enforcement officers, without your permission.

**For California Residents Only:** Your state law requires financial institutions to obtain your consent prior to sharing information about you with non-affiliated third parties while you are resident of California.

**For Nevada Residents Only:** We may contact our existing customers by telephone to offer additional insurance products that we believe may be of interest to you. Under state law, you have the right to opt out of these calls by adding your name to our internal do-not-call list. To opt out of these calls, or for more information about your opt out rights, please contact our customer service department. You can reach us by **calling 1-800-544-9382**, emailing us at [combinedinsurance.com](mailto:combinedinsurance.com), or writing to Combined Insurance, Attention: Privacy Officer, PO Box 1160, Glenview, IL 60025-8160. You are being provided this notice under Nevada state law. In addition to contacting Combined, Nevada residents can contact the Nevada Attorney General for more information about your opt out rights by calling 775-684-1100, emailing [bcpinfo@ag.state.nv.us](mailto:bcpinfo@ag.state.nv.us), or by writing to: Office of the Attorney General, Nevada Department of Justice, Bureau of Consumer Protection: 100 North Carson Street, Carson City, NV 89701.

**For Vermont Residents Only:** Under state law, we will not share information about your creditworthiness within our corporate family except with your authorization or consent, but we may share information about our transactions or experiences with you within our corporate family without your consent.



**Combined Insurance Company of America**  
 A Legal Reserve Stock Corporation  
 (herein called Combined, We, Our or Us)

Home Office: 111 East Wacker • Suite 700 • Chicago, Illinois 60601

Policyholder Service Center: P. O. Box 1160 • Glenview, IL 60025-8160  
 1-800-544-9382

## ANNUAL WELLNESS BENEFIT CERTIFICATE RIDER

### RIDER SCHEDULE

**Rider Effective Date:** 1/1/19

**Benefit Amount:** \$25.00 per day of services

**Maximum Days of Service:** 1 day(s) of service per Covered Person per Certificate year

**Waiting Period:** 30 days

This Certificate Rider is attached to and forms part of the Critical Illness Insurance Certificate ("Certificate"). This Certificate Rider was issued on the basis that the information provided by the Policyholder and any information provided by You are correct and complete.

This Certificate Rider is subject to all the terms, conditions, exclusions and limitations of the Certificate except as otherwise stated herein.

**Annual Wellness Benefit**

We will pay this benefit if a Covered Person undergoes one or more of the following health screening tests or procedures after the waiting period up to the maximum Days of Service.

Wellness Tests are:

|  |  |
|--|--|
| Blood test for triglycerides           | Hemocult stool analysis                                |
| Bone marrow aspiration or biopsy       | Mammography  |
| CA 15-3 (blood test for breast cancer) | Pap smear  |
| CA-125 (blood test for ovarian cancer) | PSA (blood test for prostate cancer)                   |
| Carotid Doppler                        | Serum cholesterol test to determine HDL and LDL levels |
| Chest x-ray                            | Serum protein electrophoresis (blood test for myeloma) |
| Colonoscopy                            | Skin cancer biopsy                                     |
| Echocardiogram                         | Stress test on a bicycle or treadmill                  |
| Fasting blood glucose test             | Thermography   |
| Fasting plasma glucose (FPG)           | Thin prep pap test                                     |
| Hemoglobin A1C(HbA1c)                  | Two hour post-load plasma glucose                      |
| Flexible sigmoidoscopy                 | Virtual colonoscopy.                                   |

Over time, We may add covered Wellness Tests at our option to adjust to advances in medical technology.

The first Certificate year begins on the Certificate Effective Date, continues for a twelve (12) month period, and ends at 11:59 p.m. of the day immediately prior to the annual anniversary of the Certificate Effective Date. Subsequent Certificate years begin on the annual anniversary of the Certificate Effective Date, continues for a twelve (12) month period, and end at 11:59 p.m. of the day immediately prior to the next annual anniversary.

Benefits paid under this Rider do not reduce the available Maximum Benefit Amount under the Certificate.

No other Policy or Certificate provision or condition is changed in any way by this Certificate Rider, except as described above.

For Combined Insurance Company of America



Kevin Goulding, President



Rebecca L. Collins, Secretary





**Combined Insurance Company of America**  
A Legal Reserve Stock Corporation  
(herein called Combined, We, Our or Us)

**Home Office: 111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601**

**Policyholder Service Address; P. O. Box 1160 • Glenview, Illinois 60025-8160  
1-800-544-9382**

## **MORTGAGE AND RENT HELPER BENEFIT CERTIFICATE RIDER**

### **RIDER SCHEDULE**

**Covered Person(s):** Insured  
Spouse

**Rider Effective Date:** 1/1/19

**Mortgage and Rent Helper Benefit:** \$500.00 per month

**Maximum Payments:** 6 per covered condition

This Certificate Rider is attached to and forms part of the Critical Illness Insurance Certificate ("Certificate"). This Certificate Rider was issued on the basis that the information provided by the Policyholder and any information provided by You are correct and complete.

This Certificate Rider is subject to all the terms, conditions, exclusions and limitations of the Certificate except as otherwise stated herein.

### **MORTGAGE AND RENT HELPER BENEFIT**

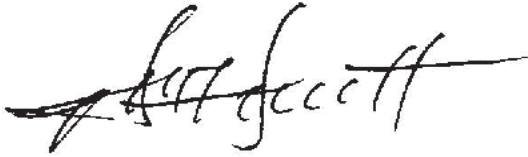
The Mortgage and Rent Helper Benefit is payable if a Covered Person named in the Certificate misses 5 (five) or more days of work in any calendar month as a result of a covered condition for which the Critical Illness Benefit is payable under the Certificate. The missed work must be within twelve (12) months from the date of diagnosis for such covered condition.

Benefits paid under this Rider do not reduce the available Maximum Benefit Amount under the Certificate.

Upon receipt of proof of mortgage or rent due for Your residence, We will pay the Mortgage and Rent Helper Benefit amount shown on the Rider Schedule for up to the Maximum Payments.

No other Policy or Certificate provision or condition is changed in any way by this Certificate Rider, except as described above.

Combined Insurance Company of America

A handwritten signature in black ink, appearing to read "Brad Bennett", with a long horizontal flourish extending to the right.

Brad Bennett, President

A handwritten signature in black ink, appearing to read "Rebecca L. Collins", with a long horizontal flourish extending to the right.

Rebecca L. Collins, Secretary

## APPENDIX B

### RATES

| State      | Form Number |
|------------|-------------|
| California | C16670      |

## N Bottling

### Chubb Worksite Solutions - CI Champion - Unismoker Rate Sheet w/ incl Rider

#### Unismoker

Mode Semi-Monthly

#### Face Amounts

|           |       |       |       |       |
|-----------|-------|-------|-------|-------|
| <b>Ee</b> | 5,000 | 5,000 | 5,000 | 5,000 |
| <b>Sp</b> |       | 2,500 |       | 2,500 |
| <b>Ch</b> |       |       | 1,250 | 1,250 |

| <u>Attained Age</u> | <b>Ee</b> | <b>Ee+Sp</b> | <b>Ee+Ch</b> | <b>Ee+Fam</b> |
|---------------------|-----------|--------------|--------------|---------------|
| 18-25               | 1.12      | 1.26         | 1.12         | 1.26          |
| 26-30               | 1.38      | 1.64         | 1.38         | 1.64          |
| 31-35               | 1.56      | 1.91         | 1.56         | 1.91          |
| 36-40               | 1.89      | 2.42         | 1.89         | 2.42          |
| 41-45               | 2.46      | 3.27         | 2.46         | 3.27          |
| 46-50               | 3.42      | 4.71         | 3.42         | 4.71          |
| 51-55               | 4.65      | 6.55         | 4.65         | 6.55          |
| 56-60               | 6.27      | 8.98         | 6.27         | 8.98          |
| 61-65               | 8.36      | 12.11        | 8.36         | 12.11         |
| 66-70               | 10.29     | 15.01        | 10.29        | 15.01         |
| 71-75               | 11.63     | 17.01        | 11.63        | 17.01         |
| 76-80               | 14.17     | 20.86        | 14.17        | 20.86         |
| 81+                 | 21.40     | 31.70        | 21.40        | 31.70         |

#### Rider Add-on

|     |   |
|-----|---|
| All | Riders are included in the rates above; |
|-----|---|

#### Unismoker

Mode Semi-Monthly

#### Face Amounts

|           |        |        |        |        |
|-----------|--------|--------|--------|--------|
| <b>Ee</b> | 10,000 | 10,000 | 10,000 | 10,000 |
| <b>Sp</b> |        | 5,000  |        | 5,000  |
| <b>Ch</b> |        |        | 2,500  | 2,500  |

| <u>Attained Age</u> | <b>Ee</b> | <b>Ee+Sp</b> | <b>Ee+Ch</b> | <b>Ee+Fam</b> |
|---------------------|-----------|--------------|--------------|---------------|
| 18-25               | 1.44      | 1.72         | 1.44         | 1.72          |
| 26-30               | 1.96      | 2.49         | 1.96         | 2.49          |
| 31-35               | 2.32      | 3.03         | 2.32         | 3.03          |
| 36-40               | 2.99      | 4.04         | 2.99         | 4.04          |
| 41-45               | 4.13      | 5.74         | 4.13         | 5.74          |
| 46-50               | 6.04      | 8.62         | 6.04         | 8.62          |
| 51-55               | 8.51      | 12.31        | 8.51         | 12.31         |
| 56-60               | 11.74     | 17.17        | 11.74        | 17.17         |
| 61-65               | 15.92     | 23.43        | 15.92        | 23.43         |
| 66-70               | 19.79     | 29.23        | 19.79        | 29.23         |
| 71-75               | 22.46     | 33.23        | 22.46        | 33.23         |
| 76-80               | 27.55     | 40.92        | 27.55        | 40.92         |
| 81+                 | 42.01     | 62.61        | 42.01        | 62.61         |

#### Rider Add-on

|     |   |
|-----|---|
| All | Riders are included in the rates above; |
|-----|---|

**Unismoker**Mode **Semi-Monthly****Face Amounts**

|           |        |        |        |        |
|-----------|--------|--------|--------|--------|
| <b>Ee</b> | 15,000 | 15,000 | 15,000 | 15,000 |
| <b>Sp</b> |        | 7,500  |        | 7,500  |
| <b>Ch</b> |        |        | 3,750  | 3,750  |

| <u>Attained Age</u> | <b>Ee</b> | <b>Ee+Sp</b> | <b>Ee+Ch</b> | <b>Ee+Fam</b> |
|---------------------|-----------|--------------|--------------|---------------|
| 18-25               | 1.77      | 2.18         | 1.77         | 2.18          |
| 26-30               | 2.54      | 3.33         | 2.54         | 3.33          |
| 31-35               | 3.08      | 4.15         | 3.08         | 4.15          |
| 36-40               | 4.09      | 5.66         | 4.09         | 5.66          |
| 41-45               | 5.79      | 8.21         | 5.79         | 8.21          |
| 46-50               | 8.67      | 12.53        | 8.67         | 12.53         |
| 51-55               | 12.36     | 18.07        | 12.36        | 18.07         |
| 56-60               | 17.22     | 25.36        | 17.22        | 25.36         |
| 61-65               | 23.49     | 34.75        | 23.49        | 34.75         |
| 66-70               | 29.28     | 43.45        | 29.28        | 43.45         |
| 71-75               | 33.29     | 49.45        | 33.29        | 49.45         |
| 76-80               | 40.93     | 60.99        | 40.93        | 60.99         |
| 81+                 | 62.61     | 93.51        | 62.61        | 93.51         |

**Rider Add-on**

|     |   |
|-----|---|
| All | Riders are included in the rates above; |
|-----|---|

**Unismoker**Mode **Semi-Monthly****Face Amounts**

|           |        |        |        |        |
|-----------|--------|--------|--------|--------|
| <b>Ee</b> | 20,000 | 20,000 | 20,000 | 20,000 |
| <b>Sp</b> |        | 10,000 |        | 10,000 |
| <b>Ch</b> |        |        | 5,000  | 5,000  |

| <u>Attained Age</u> | <b>Ee</b> | <b>Ee+Sp</b> | <b>Ee+Ch</b> | <b>Ee+Fam</b> |
|---------------------|-----------|--------------|--------------|---------------|
| 18-25               | 2.09      | 2.65         | 2.09         | 2.65          |
| 26-30               | 3.12      | 4.18         | 3.12         | 4.18          |
| 31-35               | 3.84      | 5.27         | 3.84         | 5.27          |
| 36-40               | 5.19      | 7.29         | 5.19         | 7.29          |
| 41-45               | 7.46      | 10.68        | 7.46         | 10.68         |
| 46-50               | 11.29     | 16.44        | 11.29        | 16.44         |
| 51-55               | 16.22     | 23.83        | 16.22        | 23.83         |
| 56-60               | 22.69     | 33.54        | 22.69        | 33.54         |
| 61-65               | 31.05     | 46.07        | 31.05        | 46.07         |
| 66-70               | 38.78     | 57.67        | 38.78        | 57.67         |
| 71-75               | 44.12     | 65.67        | 44.12        | 65.67         |
| 76-80               | 54.30     | 81.05        | 54.30        | 81.05         |
| 81+                 | 83.22     | 124.42       | 83.22        | 124.42        |

**Rider Add-on**

|     |   |
|-----|---|
| All | Riders are included in the rates above; |
|-----|---|

**Unismoker**Mode **Semi-Monthly****Face Amounts**

|           |        |        |        |        |
|-----------|--------|--------|--------|--------|
| <b>Ee</b> | 25,000 | 25,000 | 25,000 | 25,000 |
| <b>Sp</b> |        | 12,500 |        | 12,500 |
| <b>Ch</b> |        |        | 6,250  | 6,250  |

| <u>Attained Age</u> | <b>Ee</b> | <b>Ee+Sp</b> | <b>Ee+Ch</b> | <b>Ee+Fam</b> |
|---------------------|-----------|--------------|--------------|---------------|
| 18-25               | 2.42      | 3.11         | 2.42         | 3.11          |
| 26-30               | 3.70      | 5.02         | 3.70         | 5.02          |
| 31-35               | 4.61      | 6.38         | 4.61         | 6.38          |
| 36-40               | 6.29      | 8.91         | 6.29         | 8.91          |
| 41-45               | 9.12      | 13.15        | 9.12         | 13.15         |
| 46-50               | 13.92     | 20.35        | 13.92        | 20.35         |
| 51-55               | 20.07     | 29.58        | 20.07        | 29.58         |
| 56-60               | 28.17     | 41.73        | 28.17        | 41.73         |
| 61-65               | 38.61     | 57.39        | 38.61        | 57.39         |
| 66-70               | 48.27     | 71.89        | 48.27        | 71.89         |
| 71-75               | 54.95     | 81.89        | 54.95        | 81.89         |
| 76-80               | 67.68     | 101.12       | 67.68        | 101.12        |
| 81+                 | 103.82    | 155.33       | 103.82       | 155.33        |

Rider Add-on

All Riders are included in the rates above;

**Unismoker**Mode **Semi-Monthly****Face Amounts**

|           |        |        |        |        |
|-----------|--------|--------|--------|--------|
| <b>Ee</b> | 30,000 | 30,000 | 30,000 | 30,000 |
| <b>Sp</b> |        | 15,000 |        | 15,000 |
| <b>Ch</b> |        |        | 7,500  | 7,500  |

| <u>Attained Age</u> | <b>Ee</b> | <b>Ee+Sp</b> | <b>Ee+Ch</b> | <b>Ee+Fam</b> |
|---------------------|-----------|--------------|--------------|---------------|
| 18-25               | 2.74      | 3.57         | 2.74         | 3.57          |
| 26-30               | 4.28      | 5.87         | 4.28         | 5.87          |
| 31-35               | 5.37      | 7.50         | 5.37         | 7.50          |
| 36-40               | 7.39      | 10.53        | 7.39         | 10.53         |
| 41-45               | 10.79     | 15.62        | 10.79        | 15.62         |
| 46-50               | 16.54     | 24.26        | 16.54        | 24.26         |
| 51-55               | 23.93     | 35.34        | 23.93        | 35.34         |
| 56-60               | 33.64     | 49.92        | 33.64        | 49.92         |
| 61-65               | 46.18     | 68.71        | 46.18        | 68.71         |
| 66-70               | 57.77     | 86.11        | 57.77        | 86.11         |
| 71-75               | 65.78     | 98.11        | 65.78        | 98.11         |
| 76-80               | 81.06     | 121.18       | 81.06        | 121.18        |
| 81+                 | 124.43    | 186.23       | 124.43       | 186.23        |

Rider Add-on

All Riders are included in the rates above;

**Unismoker**Mode **Semi-Monthly****Face Amounts**

|           |        |        |        |        |
|-----------|--------|--------|--------|--------|
| <b>Ee</b> | 35,000 | 35,000 | 35,000 | 35,000 |
| <b>Sp</b> |        | 17,500 |        | 17,500 |
| <b>Ch</b> |        |        | 8,750  | 8,750  |

| <u>Attained Age</u> | <b>Ee</b> | <b>Ee+Sp</b> | <b>Ee+Ch</b> | <b>Ee+Fam</b> |
|---------------------|-----------|--------------|--------------|---------------|
| 18-25               | 3.07      | 4.03         | 3.07         | 4.03          |
| 26-30               | 4.86      | 6.72         | 4.86         | 6.72          |
| 31-35               | 6.13      | 8.62         | 6.13         | 8.62          |
| 36-40               | 8.49      | 12.15        | 8.49         | 12.15         |
| 41-45               | 12.45     | 18.09        | 12.45        | 18.09         |
| 46-50               | 19.16     | 28.17        | 19.16        | 28.17         |
| 51-55               | 27.79     | 41.10        | 27.79        | 41.10         |
| 56-60               | 39.11     | 58.10        | 39.11        | 58.10         |
| 61-65               | 53.74     | 80.03        | 53.74        | 80.03         |
| 66-70               | 67.26     | 100.32       | 67.26        | 100.32        |
| 71-75               | 76.61     | 114.33       | 76.61        | 114.33        |
| 76-80               | 94.43     | 141.25       | 94.43        | 141.25        |
| 81+                 | 145.03    | 217.14       | 145.03       | 217.14        |

Rider Add-on

All Riders are included in the rates above;

**Unismoker**Mode **Semi-Monthly****Face Amounts**

|           |        |        |        |        |
|-----------|--------|--------|--------|--------|
| <b>Ee</b> | 40,000 | 40,000 | 40,000 | 40,000 |
| <b>Sp</b> |        | 20,000 |        | 20,000 |
| <b>Ch</b> |        |        | 10,000 | 10,000 |

| <u>Attained Age</u> | <b>Ee</b> | <b>Ee+Sp</b> | <b>Ee+Ch</b> | <b>Ee+Fam</b> |
|---------------------|-----------|--------------|--------------|---------------|
| 18-25               | 3.39      | 4.50         | 3.39         | 4.50          |
| 26-30               | 5.44      | 7.56         | 5.44         | 7.56          |
| 31-35               | 6.89      | 9.74         | 6.89         | 9.74          |
| 36-40               | 9.59      | 13.78        | 9.59         | 13.78         |
| 41-45               | 14.12     | 20.57        | 14.12        | 20.57         |
| 46-50               | 21.79     | 32.08        | 21.79        | 32.08         |
| 51-55               | 31.64     | 46.86        | 31.64        | 46.86         |
| 56-60               | 44.59     | 66.29        | 44.59        | 66.29         |
| 61-65               | 61.30     | 91.35        | 61.30        | 91.35         |
| 66-70               | 76.76     | 114.54       | 76.76        | 114.54        |
| 71-75               | 87.44     | 130.55       | 87.44        | 130.55        |
| 76-80               | 107.81    | 161.31       | 107.81       | 161.31        |
| 81+                 | 165.64    | 248.05       | 165.64       | 248.05        |

Rider Add-on

All Riders are included in the rates above;

**Unismoker**

|             |                     |  |  |  |
|-------------|---------------------|--|--|--|
| <b>Mode</b> | <b>Semi-Monthly</b> |  |  |  |
|-------------|---------------------|--|--|--|

**Face Amounts**

|           |        |        |        |        |
|-----------|--------|--------|--------|--------|
| <b>Ee</b> | 45,000 | 45,000 | 45,000 | 45,000 |
| <b>Sp</b> |        | 22,500 |        | 22,500 |
| <b>Ch</b> |        |        | 11,250 | 11,250 |

| <u>Attained Age</u> | <b>Ee</b> | <b>Ee+Sp</b> | <b>Ee+Ch</b> | <b>Ee+Fam</b> |
|---------------------|-----------|--------------|--------------|---------------|
| 18-25               | 3.72      | 4.96         | 3.72         | 4.96          |
| 26-30               | 6.02      | 8.41         | 6.02         | 8.41          |
| 31-35               | 7.65      | 10.85        | 7.65         | 10.85         |
| 36-40               | 10.69     | 15.40        | 10.69        | 15.40         |
| 41-45               | 15.78     | 23.04        | 15.78        | 23.04         |
| 46-50               | 24.41     | 35.99        | 24.41        | 35.99         |
| 51-55               | 35.50     | 52.62        | 35.50        | 52.62         |
| 56-60               | 50.06     | 74.48        | 50.06        | 74.48         |
| 61-65               | 68.87     | 102.67       | 68.87        | 102.67        |
| 66-70               | 86.25     | 128.76       | 86.25        | 128.76        |
| 71-75               | 98.27     | 146.76       | 98.27        | 146.76        |
| 76-80               | 121.19    | 181.38       | 121.19       | 181.38        |
| 81+                 | 186.24    | 278.95       | 186.24       | 278.95        |

Rider Add-on

|     |   |
|-----|---|
| All | Riders are included in the rates above; |
|-----|---|

**Unismoker**

|             |                     |  |  |  |
|-------------|---------------------|--|--|--|
| <b>Mode</b> | <b>Semi-Monthly</b> |  |  |  |
|-------------|---------------------|--|--|--|

**Face Amounts**

|           |        |        |        |        |
|-----------|--------|--------|--------|--------|
| <b>Ee</b> | 50,000 | 50,000 | 50,000 | 50,000 |
| <b>Sp</b> |        | 25,000 |        | 25,000 |
| <b>Ch</b> |        |        | 12,500 | 12,500 |

| <u>Attained Age</u> | <b>Ee</b> | <b>Ee+Sp</b> | <b>Ee+Ch</b> | <b>Ee+Fam</b> |
|---------------------|-----------|--------------|--------------|---------------|
| 18-25               | 4.04      | 5.42         | 4.04         | 5.42          |
| 26-30               | 6.60      | 9.25         | 6.60         | 9.25          |
| 31-35               | 8.42      | 11.97        | 8.42         | 11.97         |
| 36-40               | 11.79     | 17.02        | 11.79        | 17.02         |
| 41-45               | 17.45     | 25.51        | 17.45        | 25.51         |
| 46-50               | 27.04     | 39.90        | 27.04        | 39.90         |
| 51-55               | 39.35     | 58.37        | 39.35        | 58.37         |
| 56-60               | 55.54     | 82.67        | 55.54        | 82.67         |
| 61-65               | 76.43     | 113.99       | 76.43        | 113.99        |
| 66-70               | 95.75     | 142.98       | 95.75        | 142.98        |
| 71-75               | 109.10    | 162.98       | 109.10       | 162.98        |
| 76-80               | 134.57    | 201.44       | 134.57       | 201.44        |
| 81+                 | 206.85    | 309.86       | 206.85       | 309.86        |

Rider Add-on

|     |   |
|-----|---|
| All | Riders are included in the rates above; |
|-----|---|



**Unismoker**

|             |                     |  |  |  |
|-------------|---------------------|--|--|--|
| <b>Mode</b> | <b>Semi-Monthly</b> |  |  |  |
|-------------|---------------------|--|--|--|

**Face Amounts**

|           |        |        |        |        |
|-----------|--------|--------|--------|--------|
| <b>Ee</b> | 55,000 | 55,000 | 55,000 | 55,000 |
| <b>Sp</b> |        | 27,500 |        | 27,500 |
| <b>Ch</b> |        |        | 13,750 | 13,750 |

| <u>Attained Age</u> | <b>Ee</b> | <b>Ee+Sp</b> | <b>Ee+Ch</b> | <b>Ee+Fam</b> |
|---------------------|-----------|--------------|--------------|---------------|
| 18-25               | 4.37      | 5.88         | 4.37         | 5.88          |
| 26-30               | 7.18      | 10.10        | 7.18         | 10.10         |
| 31-35               | 9.18      | 13.09        | 9.18         | 13.09         |
| 36-40               | 12.89     | 18.64        | 12.89        | 18.64         |
| 41-45               | 19.11     | 27.98        | 19.11        | 27.98         |
| 46-50               | 29.66     | 43.81        | 29.66        | 43.81         |
| 51-55               | 43.21     | 64.13        | 43.21        | 64.13         |
| 56-60               | 61.01     | 90.85        | 61.01        | 90.85         |
| 61-65               | 83.99     | 125.31       | 83.99        | 125.31        |
| 66-70               | 105.24    | 157.20       | 105.24       | 157.20        |
| 71-75               | 119.93    | 179.20       | 119.93       | 179.20        |
| 76-80               | 147.94    | 221.51       | 147.94       | 221.51        |
| 81+                 | 227.45    | 340.76       | 227.45       | 340.76        |

Rider Add-on

|     |   |
|-----|---|
| All | Riders are included in the rates above; |
|-----|---|

**Unismoker**

|             |                     |  |  |  |
|-------------|---------------------|--|--|--|
| <b>Mode</b> | <b>Semi-Monthly</b> |  |  |  |
|-------------|---------------------|--|--|--|

**Face Amounts**

|           |        |        |        |        |
|-----------|--------|--------|--------|--------|
| <b>Ee</b> | 60,000 | 60,000 | 60,000 | 60,000 |
| <b>Sp</b> |        | 30,000 |        | 30,000 |
| <b>Ch</b> |        |        | 15,000 | 15,000 |

| <u>Attained Age</u> | <b>Ee</b> | <b>Ee+Sp</b> | <b>Ee+Ch</b> | <b>Ee+Fam</b> |
|---------------------|-----------|--------------|--------------|---------------|
| 18-25               | 4.69      | 6.35         | 4.69         | 6.35          |
| 26-30               | 7.76      | 10.95        | 7.76         | 10.95         |
| 31-35               | 9.94      | 14.21        | 9.94         | 14.21         |
| 36-40               | 13.99     | 20.27        | 13.99        | 20.27         |
| 41-45               | 20.78     | 30.45        | 20.78        | 30.45         |
| 46-50               | 32.29     | 47.72        | 32.29        | 47.72         |
| 51-55               | 47.07     | 69.89        | 47.07        | 69.89         |
| 56-60               | 66.49     | 99.04        | 66.49        | 99.04         |
| 61-65               | 91.56     | 136.63       | 91.56        | 136.63        |
| 66-70               | 114.74    | 171.42       | 114.74       | 171.42        |
| 71-75               | 130.76    | 195.42       | 130.76       | 195.42        |
| 76-80               | 161.32    | 241.57       | 161.32       | 241.57        |
| 81+                 | 248.06    | 371.67       | 248.06       | 371.67        |

Rider Add-on

|     |   |
|-----|---|
| All | Riders are included in the rates above; |
|-----|---|

**Unismoker**Mode **Semi-Monthly****Face Amounts**

|           |        |        |        |        |
|-----------|--------|--------|--------|--------|
| <b>Ee</b> | 65,000 | 65,000 | 65,000 | 65,000 |
| <b>Sp</b> |        | 32,500 |        | 32,500 |
| <b>Ch</b> |        |        | 16,250 | 16,250 |

| <u>Attained Age</u> | <b>Ee</b> | <b>Ee+Sp</b> | <b>Ee+Ch</b> | <b>Ee+Fam</b> |
|---------------------|-----------|--------------|--------------|---------------|
| 18-25               | 5.01      | 6.81         | 5.01         | 6.81          |
| 26-30               | 8.34      | 11.79        | 8.34         | 11.79         |
| 31-35               | 10.70     | 15.32        | 10.70        | 15.32         |
| 36-40               | 15.08     | 21.89        | 15.08        | 21.89         |
| 41-45               | 22.45     | 32.92        | 22.45        | 32.92         |
| 46-50               | 34.91     | 51.63        | 34.91        | 51.63         |
| 51-55               | 50.92     | 75.65        | 50.92        | 75.65         |
| 56-60               | 71.96     | 107.23       | 71.96        | 107.23        |
| 61-65               | 99.12     | 147.94       | 99.12        | 147.94        |
| 66-70               | 124.24    | 185.63       | 124.24       | 185.63        |
| 71-75               | 141.59    | 211.64       | 141.59       | 211.64        |
| 76-80               | 174.70    | 261.63       | 174.70       | 261.63        |
| 81+                 | 268.66    | 402.58       | 268.66       | 402.58        |

Rider Add-on

|     |   |
|-----|---|
| All | Riders are included in the rates above; |
|-----|---|

**Unismoker**Mode **Semi-Monthly****Face Amounts**

|           |        |        |        |        |
|-----------|--------|--------|--------|--------|
| <b>Ee</b> | 70,000 | 70,000 | 70,000 | 70,000 |
| <b>Sp</b> |        | 35,000 |        | 35,000 |
| <b>Ch</b> |        |        | 17,500 | 17,500 |

| <u>Attained Age</u> | <b>Ee</b> | <b>Ee+Sp</b> | <b>Ee+Ch</b> | <b>Ee+Fam</b> |
|---------------------|-----------|--------------|--------------|---------------|
| 18-25               | 5.34      | 7.27         | 5.34         | 7.27          |
| 26-30               | 8.92      | 12.64        | 8.92         | 12.64         |
| 31-35               | 11.46     | 16.44        | 11.46        | 16.44         |
| 36-40               | 16.18     | 23.51        | 16.18        | 23.51         |
| 41-45               | 24.11     | 35.39        | 24.11        | 35.39         |
| 46-50               | 37.53     | 55.54        | 37.53        | 55.54         |
| 51-55               | 54.78     | 81.41        | 54.78        | 81.41         |
| 56-60               | 77.43     | 115.41       | 77.43        | 115.41        |
| 61-65               | 106.68    | 159.26       | 106.68       | 159.26        |
| 66-70               | 133.73    | 199.85       | 133.73       | 199.85        |
| 71-75               | 152.42    | 227.86       | 152.42       | 227.86        |
| 76-80               | 188.07    | 281.70       | 188.07       | 281.70        |
| 81+                 | 289.27    | 433.48       | 289.27       | 433.48        |

Rider Add-on

|     |   |
|-----|---|
| All | Riders are included in the rates above; |
|-----|---|

**Unismoker**

|             |                     |  |  |  |
|-------------|---------------------|--|--|--|
| <b>Mode</b> | <b>Semi-Monthly</b> |  |  |  |
|-------------|---------------------|--|--|--|

**Face Amounts**

|           |        |        |        |        |
|-----------|--------|--------|--------|--------|
| <b>Ee</b> | 75,000 | 75,000 | 75,000 | 75,000 |
| <b>Sp</b> |        | 37,500 |        | 37,500 |
| <b>Ch</b> |        |        | 18,750 | 18,750 |

| <u>Attained Age</u> | <b>Ee</b> | <b>Ee+Sp</b> | <b>Ee+Ch</b> | <b>Ee+Fam</b> |
|---------------------|-----------|--------------|--------------|---------------|
| 18-25               | 5.66      | 7.73         | 5.66         | 7.73          |
| 26-30               | 9.50      | 13.48        | 9.50         | 13.48         |
| 31-35               | 12.23     | 17.56        | 12.23        | 17.56         |
| 36-40               | 17.28     | 25.13        | 17.28        | 25.13         |
| 41-45               | 25.78     | 37.86        | 25.78        | 37.86         |
| 46-50               | 40.16     | 59.45        | 40.16        | 59.45         |
| 51-55               | 58.63     | 87.16        | 58.63        | 87.16         |
| 56-60               | 82.91     | 123.60       | 82.91        | 123.60        |
| 61-65               | 114.25    | 170.58       | 114.25       | 170.58        |
| 66-70               | 143.23    | 214.07       | 143.23       | 214.07        |
| 71-75               | 163.25    | 244.08       | 163.25       | 244.08        |
| 76-80               | 201.45    | 301.76       | 201.45       | 301.76        |
| 81+                 | 309.87    | 464.39       | 309.87       | 464.39        |

Rider Add-on

|     |   |
|-----|---|
| All | Riders are included in the rates above; |
|-----|---|

**Unismoker**

|             |                     |  |  |  |
|-------------|---------------------|--|--|--|
| <b>Mode</b> | <b>Semi-Monthly</b> |  |  |  |
|-------------|---------------------|--|--|--|

**Face Amounts**

|           |        |        |        |        |
|-----------|--------|--------|--------|--------|
| <b>Ee</b> | 80,000 | 80,000 | 80,000 | 80,000 |
| <b>Sp</b> |        | 40,000 |        | 40,000 |
| <b>Ch</b> |        |        | 20,000 | 20,000 |

| <u>Attained Age</u> | <b>Ee</b> | <b>Ee+Sp</b> | <b>Ee+Ch</b> | <b>Ee+Fam</b> |
|---------------------|-----------|--------------|--------------|---------------|
| 18-25               | 5.99      | 8.20         | 5.99         | 8.20          |
| 26-30               | 10.08     | 14.33        | 10.08        | 14.33         |
| 31-35               | 12.99     | 18.68        | 12.99        | 18.68         |
| 36-40               | 18.38     | 26.76        | 18.38        | 26.76         |
| 41-45               | 27.44     | 40.34        | 27.44        | 40.34         |
| 46-50               | 42.78     | 63.36        | 42.78        | 63.36         |
| 51-55               | 62.49     | 92.92        | 62.49        | 92.92         |
| 56-60               | 88.38     | 131.79       | 88.38        | 131.79        |
| 61-65               | 121.81    | 181.90       | 121.81       | 181.90        |
| 66-70               | 152.72    | 228.29       | 152.72       | 228.29        |
| 71-75               | 174.08    | 260.30       | 174.08       | 260.30        |
| 76-80               | 214.83    | 321.83       | 214.83       | 321.83        |
| 81+                 | 330.48    | 495.30       | 330.48       | 495.30        |

Rider Add-on

|     |   |
|-----|---|
| All | Riders are included in the rates above; |
|-----|---|

**Unismoker**

|             |              |  |  |  |
|-------------|--------------|--|--|--|
| <b>Mode</b> | Semi-Monthly |  |  |  |
|-------------|--------------|--|--|--|

**Face Amounts**

|           |        |        |        |        |
|-----------|--------|--------|--------|--------|
| <b>Ee</b> | 85,000 | 85,000 | 85,000 | 85,000 |
| <b>Sp</b> |        | 42,500 |        | 42,500 |
| <b>Ch</b> |        |        | 21,250 | 21,250 |

| <u>Attained Age</u> | <b>Ee</b> | <b>Ee+Sp</b> | <b>Ee+Ch</b> | <b>Ee+Fam</b> |
|---------------------|-----------|--------------|--------------|---------------|
| 18-25               | 6.31      | 8.66         | 6.31         | 8.66          |
| 26-30               | 10.66     | 15.17        | 10.66        | 15.17         |
| 31-35               | 13.75     | 19.79        | 13.75        | 19.79         |
| 36-40               | 19.48     | 28.38        | 19.48        | 28.38         |
| 41-45               | 29.11     | 42.81        | 29.11        | 42.81         |
| 46-50               | 45.41     | 67.27        | 45.41        | 67.27         |
| 51-55               | 66.34     | 98.68        | 66.34        | 98.68         |
| 56-60               | 93.86     | 139.98       | 93.86        | 139.98        |
| 61-65               | 129.37    | 193.22       | 129.37       | 193.22        |
| 66-70               | 162.22    | 242.51       | 162.22       | 242.51        |
| 71-75               | 184.91    | 276.51       | 184.91       | 276.51        |
| 76-80               | 228.21    | 341.89       | 228.21       | 341.89        |
| 81+                 | 351.08    | 526.20       | 351.08       | 526.20        |

**Rider Add-on**

|     |   |
|-----|---|
| All | Riders are included in the rates above; |
|-----|---|

**Unismoker**

|             |              |  |  |  |
|-------------|--------------|--|--|--|
| <b>Mode</b> | Semi-Monthly |  |  |  |
|-------------|--------------|--|--|--|

**Face Amounts**

|           |        |        |        |        |
|-----------|--------|--------|--------|--------|
| <b>Ee</b> | 90,000 | 90,000 | 90,000 | 90,000 |
| <b>Sp</b> |        | 45,000 |        | 45,000 |
| <b>Ch</b> |        |        | 22,500 | 22,500 |

| <u>Attained Age</u> | <b>Ee</b> | <b>Ee+Sp</b> | <b>Ee+Ch</b> | <b>Ee+Fam</b> |
|---------------------|-----------|--------------|--------------|---------------|
| 18-25               | 6.64      | 9.12         | 6.64         | 9.12          |
| 26-30               | 11.24     | 16.02        | 11.24        | 16.02         |
| 31-35               | 14.51     | 20.91        | 14.51        | 20.91         |
| 36-40               | 20.58     | 30.00        | 20.58        | 30.00         |
| 41-45               | 30.77     | 45.28        | 30.77        | 45.28         |
| 46-50               | 48.03     | 71.18        | 48.03        | 71.18         |
| 51-55               | 70.20     | 104.44       | 70.20        | 104.44        |
| 56-60               | 99.33     | 148.16       | 99.33        | 148.16        |
| 61-65               | 136.94    | 204.54       | 136.94       | 204.54        |
| 66-70               | 171.71    | 256.73       | 171.71       | 256.73        |
| 71-75               | 195.74    | 292.73       | 195.74       | 292.73        |
| 76-80               | 241.58    | 361.96       | 241.58       | 361.96        |
| 81+                 | 371.69    | 557.11       | 371.69       | 557.11        |

**Rider Add-on**

|     |   |
|-----|---|
| All | Riders are included in the rates above; |
|-----|---|

**Unismoker**

Mode **Semi-Monthly**

**Face Amounts**

|           |        |        |        |        |
|-----------|--------|--------|--------|--------|
| <b>Ee</b> | 95,000 | 95,000 | 95,000 | 95,000 |
| <b>Sp</b> |        | 47,500 |        | 47,500 |
| <b>Ch</b> |        |        | 23,750 | 23,750 |

| <u>Attained Age</u> | <b>Ee</b> | <b>Ee+Sp</b> | <b>Ee+Ch</b> | <b>Ee+Fam</b> |
|---------------------|-----------|--------------|--------------|---------------|
| 18-25               | 6.96      | 9.58         | 6.96         | 9.58          |
| 26-30               | 11.82     | 16.87        | 11.82        | 16.87         |
| 31-35               | 15.27     | 22.03        | 15.27        | 22.03         |

**COMBINED INSURANCE COMPANY OF AMERICA**  
Home Office: 111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601

**APPLICATION FOR GROUP POLICY**

**Name of Employer:** Niagara Water

**Address:** 2560 East Philadelphia St., Ontario, CA 91761

The Employer hereby applies for the following Combined Insurance Company of America's Policy/Policies:

Listing of Combined Policies Applied for

Critical Illness

The Employer hereby authorizes Combined, its licensed agents or enrollers, to offer all of the eligible employees the opportunity to enroll for coverage under the Policy/Policies issued to Employer.

An eligible employee is one who works at least 17 1/2 hours per week and who has been actively employed by Employer/Organization for at least 1 months.

The Employer agrees to provide Combined's licensed agents or enrollers direct access to its employees to solicit individual applications.

The Employer further agrees to deduct any premiums for this coverage from employees' paychecks and forward these premiums to Combined when due.

Employer agrees to reimburse Combined for any and all premiums, and costs associated with the loss thereof, which are misappropriated by Employer or any of its employees, agents, or representatives.

Executed on 12 day of November 20 18.

Kusti Mommsey  
Signature of Officer of Employer

Kusti Mommsey Benefits & HR  
Print Name and Title of Officer Operations mgr

Combined Insurance Company of America  
Authorized Agent

The falsity of any statement in the application for any policy shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of risk or the hazard assumed by Combined.