

HealthGuard

Critical Illness Supplement

A critical illness protection policy that pays a lump sum benefit directly to you upon first diagnosis of a critical illness including:

- Major Organ Transplant
- Heart Attack
- Total Loss of Eyesight
- Stroke
- Total Loss of Hearing
- End Stage Renal Failure



Because no one is immune.

Do you know of anyone who has ever had a heart attack, stroke, or major organ transplant and survived? What was their life like for the first year or two after? Chances are their health insurance didn't cover all the costs, and the situation created undue financial stress on the family.

What is your risk?

The statistics are clear: people are living longer, and as they do, they are more likely to experience a critical illness. According to the American Heart Association*:

- About 92.1 million Americans are living with some form of cardiovascular disease or the after-effects of stroke.
- Direct and indirect costs of cardiovascular diseases and stroke total more than \$329.7 billion.
- Heart disease strikes someone in the U.S. every 40 seconds.
- Someone in the U.S. has a stroke about once every 40 seconds.

*Heart Disease and Stroke Statistics – 2018 At-a-Glance.

Policy Features

- Issue ages 18 through 64
- Choose your lump sum benefit amount of \$10,000, \$20,000, \$30,000, \$40,000, or \$50,000 (Benefit amount will reduce by 50% at age 65)
- One-time, lump sum payment paid directly to you
- Guaranteed renewable to age 80
- First diagnosis coverage – policy terminates upon payment of benefit
- Pays in addition to any other life, major medical, or hospital coverage you already have
- Individual and spouse coverage available

Even though a person's chances of survival have increased, surviving a critical illness comes with a price! UA's HealthGuard supplemental policy can go a long way toward relieving the financial stress so you can concentrate on getting well.

Keep This Booklet. It highlights the benefits of your policy. It is not a contract. Your actual policy provisions will govern your benefits.

Covered Critical Illnesses

- **Major Organ Transplant**
(surgery to transplant a heart, lung, liver, kidney, pancreas, or bone marrow)
- **Heart Attack**
(cardiac arrest caused by acute myocardial infarction)
- **Total Loss of Eyesight**
(total and permanent loss of eyesight in both eyes)
- **Stroke**
(caused by hemorrhage, embolism, thrombosis, or infarction of brain tissue producing a measurable neurological brain deficit)
- **Total Loss of Hearing**
(total and permanent loss of hearing in both ears)
- **End Stage Renal Failure**
(chronic failure of both kidneys, requiring kidney transplant and weekly dialysis)

This Policy Does Not Cover

- Any disease or injury involving the cardiovascular system except heart attack and stroke
- Transient Ischemic Attack (TIA)
- Attacks of Vertebrobasilar Ischemia
- Cerebral Symptoms Due to Migraine
- Cerebral Injury Resulting from Trauma or Hypoxia
- Vascular disease affecting the eye or optic nerve

About United American Insurance Company

Since 1947, United American has provided protection and security to hundreds of thousands of Americans. We offer life and supplemental health insurance policies for all ages and continually strive to meet the needs and concerns of our customers.



All of our supplemental plans offer these advantages:

Guaranteed Renewable:

Your policy cannot be canceled as long as premiums are paid on time.

Individual Protection:

You are purchasing an individual policy, not a group or association policy. The coverage goes with you wherever you go.

Freedom of Choice:

You choose your own doctors, health care providers, and hospitals.

No Precertification Requirements:

You decide when and where to receive treatment.

Limitations and Exclusions.

(1) This policy pays a benefit only for First Diagnosis of a Covered Critical Illness, excluding cancer, while this policy is in force. Proof of First Diagnosis of a Covered Critical Illness must be provided. This policy does not provide benefits for any other disease, sickness, disability, or incapacity. (2) If a Covered Critical Illness first manifests itself during the first 30 days after the Effective Date as shown on the schedule, the policy pays \$500.00 to the Covered Person. An illness is manifested when symptoms exist which relate to a Covered Critical Illness and which would cause an ordinary prudent person to seek diagnosis, care, or treatment. (3) This policy will not pay benefits if the First Diagnosis of a Covered Critical Illness is made outside the United States of America.

First Diagnosis. The first time you are diagnosed by a physician as having a Covered Critical Illness which is first manifested after the Waiting Period and while this policy is in force.

Guaranteed Renewable to Age 80; Premiums Subject to Change.

This policy is guaranteed renewable to the policy anniversary following the 80th birthday of the Insured named in the policy. As long as premiums are paid when due, we cannot cancel the policy. The Company may change the premium on a class basis for all policies of this same form issued in your state. The policy terminates at age 80 or upon payment of benefit, if earlier.

Benefits Reduce. The benefit amount for a covered person will be reduced by one-half after the policy anniversary date following the covered person's 65th birthday.

Benefit Selection. If the applicant and spouse are on the same policy, the benefit selection must be the same. Otherwise, they may apply on separate applications and choose different benefit amounts.

MAKE CHECK PAYABLE TO UNITED AMERICAN INS. CO.

Received of _____ the sum of \$ _____
for _____ month's premium, other policy fees and noninsurance charges
with application for policy Form CILS. If for any reason the policy is not issued,
payment is to be refunded in full. Insurance is not effective until policy applied
for has been issued.

AGENT'S SIGNATURE

DATE

UA **United American**
Insurance Company
Since 1947

P.O. Box 8080
McKinney, Texas 75070
www.unitedamerican.com

APPLICATION FOR INSURANCE - UNITED AMERICAN INSURANCE COMPANY - A LEGAL RESERVE STOCK COMPANY - ADMINISTRATIVE OFFICES: MCKINNEY, TEXAS

Plan Code Benefit Amount , Home Office Use Only

1. Full Name(s) of Family Member(s) to be insured

	Applicant / Primary Insured's First Name	M.I. Last Name	Sex	Date of Birth			Age
			M F	MM	DD	YY	
(a)	<input type="text"/>	<input type="text"/>	<input type="radio"/> <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Spouse / Covered Adult's First Name	M.I. Last Name		MM	DD	YY	Age
(b)	<input type="text"/>	<input type="text"/>	<input type="radio"/> <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Where should Premium Notices be sent?

Name:

Residence Address
Street or Route:

City: State: Zip Code:

Applicant's Social Security Number: - -

Applicant's E-mail Address:

Mode of Premium Payment

Annual Semi-Annual
 Quarterly Monthly (APP only)

Send Premium Notices
 Automatic Payment Plan

Day (01-28) of the Month to Draft Bank Account:

Application Verification Information

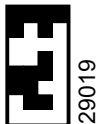
A recorded interview may be necessary as part of the underwriting of your application for insurance. The most convenient time and place for the interview is:

8 AM - Noon Home Phone No. - -
 Noon - 6 PM Work Phone No. - -
 6 PM - 9 PM

Will the insurance being applied for replace or change any existing insurance? Yes No

IF THE ANSWER TO ANY OF QUESTIONS 3 THRU 7 IS "YES," THE PROPOSED INSURED IS NOT ELIGIBLE FOR COVERAGE. FILL IN APPLICABLE BUBBLE FOR EACH PROPOSED INSURED.

	INSURED YES/NO	SPOUSE YES/NO
3. Have the Proposed Insureds ever been treated for, sought medical advice for, or been diagnosed as having a disease or disorder involving the heart or circulatory system, kidney (other than stones), pancreas, stroke, transient ischemic attack, pulmonary fibrosis, cirrhosis, hepatitis B or C, coronary artery disease, blood clot, loss of hearing, loss of sight, or bone marrow or major organ transplant? _____	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
4. Are the Proposed Insureds awaiting medical test results or been advised to have medical tests or surgery which has not been performed? _____	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
5. During the past 3 years, have the Proposed Insureds been treated for, taken medication for, or been diagnosed as having:		
a. Kidney failure, cirrhosis of the liver, sickle cell anemia, hemophilia, bone marrow or major organ transplants, or diabetes? _____	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
b. Emphysema, chronic obstructive pulmonary disease (COPD), or a chronic lung disease? _____	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
c. Systemic lupus, Parkinson's disease, seizure disorder, epilepsy, or degenerative disease of the muscles, joints or nerves? _____	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>



29019

CILS-APR(02)

