POLICY FORM CILS ARIZONA

Health Guard 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 aftereffects of stroke.
- Direct and indirect costs of cardiovascular deseases 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.

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.

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

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 T	O 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



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

APPLICATION FOR INSURANCE - UNITED AMERICAN INSURANCE COMPANY - A LEGAL RESERVE STOCK COMPANY - ADMINISTRATIVE OFFICES: McK	INNEY, TEXAS						
Plan Code Benefit Amount , Home Office Use Only							
1. Full Name(s) of Family Member(s) to be insured Sex Da	ate of Birth	_					
Applicant / Primary Insured's First Name M.I. Last Name M.I. Last Name	DD YY	Age					
(a) O O							
Spouse / Covered Adult's First Name M.I. Last Name M.I. Last Name	DD YY	Age					
(b)							
2. Where should Premium Notices be sent?	remium Payment						
Name: O Annual	O Semi-Annual						
Pasidanas Addrasa University	O Monthly (APP only	ly)					
	remium Notices atic Payment Plan						
City: Zip Code: Day (01-28) o to Draft Bank							
Applicant's Social Security Number Applicant's E-mail Address:		_					
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: 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: O 8 AM - Noon O Home Phone No. O Work Phone No.	for O Ye						
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 SF	POUS					
2. Have the Dranged Inguised over been treated for cought medical eduice for an been diagraphed as having a diagraph or diagraph involving the boost or simulatory.		ES/NC					
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?							
4. Are the Proposed Insureds awaiting medical test results or been advised to have medical tests or surgery which has not been performed?							
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?							
b. Emphysema, chronic obstructive pulmonary disease (COPD), or a chronic lung disease?							
c. Systemic lupus, Parkinson's disease, seizure disorder, epilepsy, or degenerative disease of the muscles, joints or nerves?	- 88 6	88					

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6 11	Journ the Dropped Incureds tested positive for exposure to the LIIV/infection on board on heading Applied Japanese Deficiency Complement (A		INSURED YES/NO	SPOUSE YES/NO	
	6. Have the Proposed Insureds tested positive for exposure to the HIV infection or been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) caused by the HIV infection or other sickness or condition derived from such infection?				
7. During the past 3 years have the Proposed Insureds received treatment for alcohol abuse or been advised by a physician to reduce alcohol consumption, or used or received treatment or consultation for heroin, cocaine or other similar agents or narcotic drugs?					
	apply to United American Insurance Company for a policy to be issued in reliance upon my written answers to the foregoing questions. The answers ue. I agree the policy shall not be effective unless it has actually been issued. I have received an outline of coverage for the policy applied for.	are, to the best o	of my knowled	ge and	
and/or tre understal connection period of	ze any insurance company, hospital, physician or other practitioner having any information available as to my diagnosis, treatment and prognosis witteratment, to disclose such information to the United American Insurance Company for the purpose of determining my eligibility for insurance and eligible and that any information obtained will not be released to any person or organization except to reinsuring companies or other persons or organizations with this application, with a claim or as may be otherwise lawfully required. I agree that a photostat of this authorization is to be acceptable. This figure 30 months from the date signed. I understand that I or an authorized representative of mine may request a copy of this authorization.	bility for benefits u performing busine	inder this policess or legal se	cy. I ervices in	
Application	ion Signed M M D D Y Y City State Appli	icant's Signature			
	ersigned Agent certifies that the Applicant has read, or had read to him, the completed application and that the Applicant realizes that any false states ult in a loss of coverage under the policy.	•		application	
to replace I certify supplied	best of your knowledge as writing agent, is the insurance applied for intended ace any existing insurance? OYes ONo I have personally seen the applicant and accurately recorded the information d by the applicant. Agent's Last Name Agent's Last Name for first months premium Agent Number I have given an outline of coverage for the policy applied for to the Applicant.	ms.		Policy to: Agent Insured	
CILS-AP	PR(02)	ent's Signature			
	AUTOMATIC PAYMENT PLAN AUTHORIZATION: I authorize you to pay and charge to my account, checks or electronic debits drawn on my account by and payable to the order of United American Insurance Company. This authorization is to remain in effect until revoked by me in writing. All premiums may be automatically withdrawn from my account on MONTHLY mode unless a different mode of premium payment is	s App Only	CILS (CILS-APR(02	
29019	selected on the reverse side. Policy or Registration Requested Effection		(Coder's		
	Signature (as it appears on bank records)	<u>'</u>			