

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

OUTLINE OF COVERAGE

CRITICAL ILLNESS POLICY

THIS POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

POLICY FORM CIC1039-KS

PLEASE READ YOUR POLICY CAREFULLY: This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

BENEFITS PROVIDED UNDER THE POLICY:

Please indicate the proposed insured's choice by checking the appropriate box:

Option A Option B

- Critical Illness Cancer Only**
- Critical Illness without Cancer**
- Critical Illness with Cancer**

LUMP SUM BENEFIT (available on Option A and Option B): We will pay a lump sum benefit when you are diagnosed for the first time as having a specified critical illness. We will pay this benefit even when a specified critical illness is not diagnosed until after death. This benefit is not payable for skin cancer. However, you are not eligible for the lump sum benefit for any specified critical illness diagnosed or treated before the effective date of this policy or during the waiting period.

CONSULTATION BENEFIT (available on Option B only): We will pay a one time amount of \$250 when you are diagnosed with a specified critical illness and consult a physician or an alternative care practitioner for a treatment plan.

HOSPITAL CONFINEMENT BENEFIT (available on Option B only): For the first 30 days or less we will pay \$200 for each day you are confined as an inpatient in a hospital due to a specified critical illness. Beginning with the 31st consecutive day we will pay \$400 for each day. This benefit will be calculated based on the number of days that the hospital charges you for room and board. A "day" means a 24-hour period.

RADIATION/CHEMOTHERAPY BENEFIT (available on Option B only; NOT AVAILABLE WITH CRITICAL ILLNESS WITHOUT CANCER COVERAGE): We will pay \$200 for each day you receive radiation therapy and chemotherapy injected by medical personnel as part of your definitive cancer treatment.

For self-injected medications, medications dispensed by pump or implant or oral chemotherapy, we will pay \$200 per drug with a combined monthly maximum of \$1,600.

At the time of administration these treatments must be fully or investigationally approved for the treatment of cancer by the U.S. Food and Drug Administration or the treatment must be recognized for the treatment of cancer in a standard reference compendia or in a substantially accepted peer-reviewed medical literature. These treatments may be performed on an outpatient or inpatient basis. Laser surgery is not considered radiation treatment. Oral chemotherapy taken on an outpatient basis is payable only once per prescription on the date filled. We will not pay for any treatment planning, treatment management, or any type of laboratory results, x-ray or other imaging used for diagnosis or disease monitoring, or other diagnostic tests related to these treatments. Benefits are not payable for any devices or supplies such as intravenous solutions and needles related to these treatments.

WELLNESS BENEFIT (available on Option B only): We will pay for one wellness screening per calendar year after the waiting period has been met. See the policy for the specific types of wellness screenings available under this benefit.

LIMITATIONS AND EXCLUSIONS:

We will not pay benefits for loss contributed to, caused by, or resulting from your: Having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified critical illness; Diagnosis of a specified critical illness during the waiting period; Participating or attempting to participate in an illegal act, or working at an illegal job; Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a physician; Injuring or attempting to injure yourself intentionally, regardless of mental capacity; Committing or attempting to commit suicide, regardless of mental capacity; Participating in any sporting event for pay or prize money; Being exposed to war or any act of war, declared or not, or participating in or contracting with the armed forces (including Coast Guard) of any country or international authority; Alcoholism, drug abuse, or chemical dependency. No benefits are payable for a pre-existing condition as defined in the policy, during the first 12 months after the effective date of coverage. For any additional details regarding limitations and exclusion refer to the policy.

SUMMARY OF CLAIMS DETERMINATION PROCESS:

As provided for in the eligibility for benefits and the limitations and exclusions sections of your policy, the following steps are taken in order to determine eligibility under any claim filed: (1) determine when the claim was incurred, and whether the loss is covered by the policy. This step may require the collection of medical records, a death certificate, autopsy findings from a medical examiner or coroner, and information regarding medical history from physicians, hospitals, other insurance companies, government agencies and medical records copying services; (2) determine if the claim was incurred at a time when your coverage was in force, during the waiting period, or during a lapse in coverage; and (3) determine if any policy exclusions exist for the claim.

CANCELLATION OF THIS POLICY:

If for any reason the Insured is not satisfied with this policy, it may be returned to us at our administrative office within 10 days after it is received for a complete refund of premium and cancellation of the policy. After such 10 days, you may cancel this policy at any time. Your request must be in writing, and sent to us at our administrative office. Cancellation will become effective on the day we receive the request, or on a later date specified in your request. After we receive your written request to cancel this policy, we will return the unearned portion of any premium paid according to the policy.

PREMIUM: Your initial premium depends on the optional benefits you selected. We reserve the right to change premium rates upon written notice at least 31 days before the change is to become effective.

Your modal premium for the benefits selected is \$ _____.

AGENT INFORMATION:

Date	Agent Name	Agent Signature
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THIS OUTLINE OF COVERAGE IS A BRIEF SUMMARY OF THE BENEFITS PROVIDED. PLEASE CONSULT THE POLICY ITSELF TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.

PLEASE RETAIN THIS OUTLINE OF COVERAGE FOR YOUR RECORDS.