



CONTINENTAL AMERICAN INSURANCE COMPANY

Continental American Insurance Company, a wholly-owned subsidiary of
Aflac Incorporated, is the insuring company.

Home Office: 2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

DEPENDENT CHILDREN BENEFIT RIDER TO CERTIFICATE OF INSURANCE FOR SUPPLEMENTAL HOSPITAL INDEMNITY COVERAGE

This rider is a part of the certificate to which it is attached. We have issued this rider to you because: (1) you paid the additional premium for this rider; and (2) we relied on the application you made. Unless amended by this rider, Certificate Definitions, other Provisions and terms apply to this rider.

Effective Date - If issued at the same time as the certificate, this rider becomes effective when the certificate becomes effective. If issued after the certificate becomes effective, this rider will have a later Effective Date, which will be shown in the Dependent Rider Schedule issued with this rider. The insurance of a dependent will become effective on the rider date if such person is active on that date. Otherwise, the Effective Date will be deferred until the day following the date he or she becomes active.

DEFINITIONS

When the terms below are used in this rider, the following definitions will apply:

YOU, YOUR Means the insured named in the Dependent Rider Schedule.

CHILD or CHILDREN Means your natural child(ren), step-children, legally adopted child(ren) or child(ren) placed for adoption, who are:

1. Unmarried;
2. Chiefly dependent on you or your spouse for support; **and**
3. Younger than age 19, or younger than age 25 if they are full-time students. The definition of "full-time student" will be based on the criteria of the learning institution at which the student is enrolled.

Coverage for a child shall continue in force for up to 12 months from the date the child ceases to be a full-time student if the child is unable to continue as a full-time student due to a medical condition. The treating physician must certify when the full-time student withdraws from school that the absence is medically necessary. This only applies to covered full-time students under age 25.

"Child or Children" also includes child(ren), regardless of age, who:

1. Are mentally or physically handicapped;
2. Became or become handicapped prior to age 19 or younger than age 25 if a full-time student; **and**
3. Cannot support themselves because of their handicap.

A child born after the Effective Date of this rider will also be covered from the moment of live birth. No notice or additional premium is required.

DEPENDENT

Means your child or children covered under this rider.

ACTIVE

"Active" as used refers a dependent who is not confined in a hospital and who is able to carry on regular activities customary of a person in good health of the same age and sex.

TREATMENT

Means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

BENEFITS

If a dependent qualifies for benefits under the certificate to which this rider is attached because of a covered accident or a covered sickness, we will provide the benefits contained in the certificate under the Benefit Provisions. The appropriate benefit amounts payable for the dependent are shown in the Benefit Schedule issued with this rider.

LIMITATIONS AND EXCLUSIONS

**PRE-EXISTING
CONDITION**

A pre-existing condition means those conditions for which medical advice or treatment was received or recommended during the 12-month period prior to the effective date of a dependent's coverage.

Pre-existing conditions aren't covered unless the loss for such conditions begins more than 12 months after the effective date of a dependent's coverage. Also, those medical conditions excluded from coverage by name or specific description when the loss begins, aren't covered.

Pregnancy will not be covered if conception was before the Effective Date of your certificate. Pregnancy will be covered as any other sickness when date of conception is after your Effective Date of coverage.

EXCLUSIONS

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the previous provision).

We will not pay benefits for loss contributed to, caused by, or resulting from:

1. War - participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. This exclusion does not include acts of terrorism. We will return the prorated premium for any period not covered by this certificate when you are in such service.
2. Suicide - committing or attempting to commit suicide, while sane or insane.

3. Self-inflicted Injuries - injuring or attempting to injure yourself intentionally.
4. Traveling - traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common Carrier Death Benefit.
5. Racing - Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
6. Aviation - operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
7. Intoxication - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
8. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job.
9. Sports - participating in any organized sport: professional or semi-professional.
10. Routine physical exams and rest cures.
11. Custodial care. This is care meant simply to help people who cannot take care of themselves.
12. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
13. Services performed by a relative.
14. Services related to sex change, sterilization, in vitro fertilization, reversal of a vasectomy or tubal ligation.
15. A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.
16. Elective abortion.
17. Treatment, services, or supplies received outside the United States and its possessions or Canada.
18. Injury or Sickness covered by Worker's Compensation.
19. Dental services or treatment.
20. Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.
21. Mental or emotional disorders without demonstrable organic disease.
22. Alcoholism, drug addiction, or chemical dependency.

GENERAL PROVISIONS

If your dependent child's coverage is terminated because of marriage or attainment of the limiting age, we will still pay benefits for any covered accident or sickness which occurred while the dependent was covered under this rider.

TIME LIMIT ON CERTAIN DEFENSES

After this rider has been in force for a period of one year it shall become incontestable as to the statements contained in the application.

CONTRACT

This rider is part of the certificate, and will terminate when the certificate terminates, or when premiums are no longer paid for this rider.

This rider is subject to all of the terms of the certificate to which it is attached unless any such terms are inconsistent with the terms of this rider.

Signed by the Company at its Home Office.



Teresa White, President



J. Matthew Loudermilk, Secretary



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Dependent Children Definition Rider

This rider is a part of the document to which it is attached. Unless amended by this rider Policy, Certificate and Dependent Rider Definitions, Exclusions and Limitations, other term and provisions apply to this rider.

The definition of Dependent Child(ren) is deleted and replaced by the following:

Dependent Child(ren) means your natural children, step-children, foster children, legally adopted children or children placed for adoption, who are under age 26.

Your natural Children born after the Effective Date of this Rider will be covered from the moment of live birth. No notice or additional premium is required.

Coverage on a Dependent Child(ren) will terminate on the child's 26th birthday. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his parent(s) for support, the above age of twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 26th birthday.

The second paragraph under the provisions **TERMINATION OF AN EMPLOYEE'S INSURANCE** and **TERMINATION OF YOUR INSURANCE** is deleted and replaced by the following:

Insurance for an insured Spouse or Dependent Child will terminate the earliest of:

1. The date the Plan is terminated;
2. The date the Spouse or Dependent Child ceases to be a dependent;
3. The premium due date following the date we receive your written request to terminate coverage for your Spouse and/or all Dependent Children.

This rider is subject to all of the terms of the document to which it is attached unless any such terms are inconsistent with the terms of this Rider.

Signed by the Company at its Home Office.

Paul S. Amos II, President

J. Matthew Loudermilk, Secretary



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DEPENDENT SPOUSE BENEFIT RIDER TO CERTIFICATE OF INSURANCE FOR SUPPLEMENTAL HOSPITAL INDEMNITY COVERAGE

This Rider is a part of the Certificate to which it is attached. We have issued this Rider to you because: (1) you paid the additional premium for this Rider; and (2) we relied on the Application you made. Unless amended by this Rider, Certificate Definitions, other Provisions and terms apply to this Rider.

Effective Date - If issued at the same time as the Certificate, this Rider becomes effective when the Certificate becomes effective. If issued after the Certificate becomes effective, this Rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this Rider. The insurance of a spouse will become effective on the Rider date if such person is active on that date. Otherwise, the Effective Date will be deferred until the day following the date he or she becomes active.

DEFINITIONS

When the terms below are used in this Rider, the following definitions will apply:

YOU, YOUR	Means the insured named in the Rider Schedule.
SPOUSE	Means your legal spouse who is between that ages of 18 and 64.
ACTIVE	"Active" as used refers a dependent who is not confined in a hospital and who is able to carry on regular activities customary of a person in good health of the same age and sex.
TREATMENT	Means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

BENEFITS

If your insured spouse qualifies for benefits under the Certificate to which this Rider is attached because of a covered accident or a covered sickness, we will provide the benefits contained in the Certificate under the Benefit Provisions. The appropriate benefit amounts payable for you insured spouse are shown in the Benefit Schedule issued with this Rider.

LIMITATIONS AND EXCLUSIONS

PRE-EXISTING CONDITION

A pre-existing condition means those conditions for which medical advice or treatment was received or recommended during the 12-month period prior to the Effective Date of your spouse's coverage.

Pre-existing conditions aren't covered unless the loss for such conditions begins more than 12 months after the effective date of your spouse's coverage. Also, those medical conditions excluded from coverage by name or specific description when the loss begins, aren't covered.

Pregnancy will not be covered if conception was before the Effective Date of your Rider. Pregnancy will be covered as any other sickness when date of conception is after your Effective Date of coverage.

EXCLUSIONS

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the previous provision).

We will not pay benefits for loss contributed to, caused by, or resulting from:

1. War - participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. This exclusion does not include acts of terrorism. We will return the prorated premium for any period not covered by this Certificate when you are in such service.
2. Suicide - committing or attempting to commit suicide, while sane or insane.
3. Self-inflicted Injuries - injuring or attempting to injure yourself intentionally.
4. Traveling - traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common Carrier Death Benefit.
5. Racing - Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
6. Aviation - operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
7. Intoxication - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
8. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job.
9. Sports - participating in any organized sport: professional or semi-professional.
10. Routine physical exams and rest cures.
11. Custodial care. This is care meant simply to help people who cannot take care of themselves.
12. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related

procedures, including complications.

13. Services performed by a relative.
14. Services related to sex change, sterilization, in vitro fertilization, reversal of a vasectomy or tubal ligation.
15. A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.
16. Elective abortion.
17. Treatment, services, or supplies received outside the United States and its possessions or Canada.
18. Injury or Sickness covered by Worker's Compensation.
19. Dental services or treatment.
20. Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.
21. Mental or emotional disorders without demonstrable organic disease.
22. Alcoholism, drug addiction, or chemical dependency.

GENERAL PROVISIONS

If your spouse's coverage is terminated because of attainment of the limiting age, we will still pay benefits for any covered accident or sickness which occurred while he/she was covered under this Rider.

TIME LIMIT ON CERTAIN DEFENSES

After this Rider has been in force for a period of one year it shall become incontestable as to the statements contained in the Application.

CONTRACT

This Rider is part of the Certificate, and will terminate when the Certificate terminates, or when premiums are no longer paid for this Rider.

This Rider is subject to all of the terms of the Certificate to which it is attached unless any such terms are inconsistent with the terms of this Rider.

Signed by the Company at its Home Office.



Teresa White, President



J. Matthew Loudermilk, Secretary

BENEFIT SCHEDULE

PLEASE SEE THE CERTIFICATE BENEFIT SCHEDULE.



CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina
800.433.3036

Endorsement to Policy and Certificate of Insurance

This Endorsement alters the Policy and the Certificate to which it is attached. Unless specifically addressed by this Endorsement, all other Policy and Certificate provisions, definitions, and terms continue to apply.

Continental American Insurance Company's mailing addresses for claims and premium payments are changed as listed below.

Notice of Claim and Proof of Loss should be mailed to the Company at:

P.O. Box 84075, Columbus, Georgia, 31993-9103

Premium Payments should be mailed to the Company at:

P.O. Box 84069, Columbus, Georgia, 31908-4069

If applicable, references to 2801 Devine Street, Columbia, SC 29205 are deleted.

Signed for the Company at its Home Office,

Teresa White, President

J. Matthew Loudermilk, Secretary



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CERTIFICATE OF INSURANCE FOR SUPPLEMENTAL HOSPITAL INDEMNITY POLICY

**THIS CERTIFICATE IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE
IT IS DESIGNED TO SUPPLEMENT A MAJOR MEDICAL PROGRAM.**

CERTIFICATE INDEX

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We certify that you are insured under the Supplemental Hospital Indemnity Policy (herein called the Plan) issued to your employer, the Policyholder, subject to the definitions, exclusions and other provisions of the Plan against loss resulting from Hospital Confinement.

Certain provisions of the Plan are summarized in this Certificate. All provisions of the Plan, whether contained in your Certificate or not, apply to the insurance referred to by the Certificate.

The Effective Date of your Certificate is as shown in the Certificate Schedule if you are on that date actively at work for the Policyholder. If not, this Certificate will become effective on the next date you are actively at work as an eligible employee. This Certificate will remain in effect for the period for which the premium has been paid. This Certificate may be continued for further periods as stated in the Plan.

This Certificate is issued in consideration of the payment in advance of the required premium and of your statements and representations in the Application. A copy of your Application is attached and made a part of this Certificate.

This Certificate, on its Effective Date, automatically replaces any Certificate or Certificates previously issued to you under the Plan.

NO RECOVERY FOR PRE-EXISTING CONDITIONS--READ CAREFULLY. No benefits will be provided during the first twelve months of this Certificate for conditions for which medical advice or treatment was received or recommended during the twelve-month period prior to the Effective Date shown in the Certificate Schedule.

SECTION I

DEFINITIONS

When the terms below are used in this Certificate, the following definitions will apply:

We, Us, Our - means Continental American.

You and Your - refer to the person named in the Certificate Schedule.

Covered Person - means you if this Certificate is issued as Individual coverage.

If this Certificate is issued as:

1. Employee/Spouse coverage-Covered Person means you and your legal spouse;
2. Single Parent Family coverage-Covered Person means you and your covered dependent children as defined in the applicable Rider, that have been accepted for coverage;
3. Family coverage-Covered Person means you and your spouse and covered dependent children, as defined in the applicable Rider, that have been accepted for coverage.

Injury or Injuries - means accidental bodily injury or injuries caused solely by or as the result of a covered accident.

Covered Accident - means an accident, which occurs on or after the Effective Date, while this Certificate is in force, and which is not specifically excluded.

Sickness - means an illness, infection, disease or any other abnormal condition, which is not caused solely by or the result of an injury.

Covered Sickness - means an illness, infection, disease or any other abnormal physical condition which is not caused solely by or the result of any injury which:

1. Occurs while this policy is in force; **and**
2. Was not treated or for which a covered person did not receive advice within 12 months before the effective date of his/her coverage; **and**
3. Is not excluded by name or specific description in this Certificate.

Evidence of Insurability – means correct and complete answers to the questions in the Application and any necessary medical history that are used by us to base our acceptance of a person for coverage.

Calendar Year – means the period beginning on the policy Effective Date and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

On-The-Job Benefits - means the benefits we will pay if a covered accident occurs while you are working at any job for pay or benefits. These benefits are shown in the Benefit Schedule under On-The-Job.

Off-The-Job Benefits - means the benefits we will pay if a covered accident occurs while you are not working at any job for pay or benefits. These benefits are shown in the Benefit Schedule under Off-The-Job.

Monthly Benefit - means a specified amount paid for a period of one month, with any periods of less than one month paid at the daily rate of 1/30th of the monthly amount.

Doctor or Physician - means a person, other than yourself, or a member of your immediate family, who:

1. Is licensed by the state to practice a healing art;
2. Performs services which are allowed by his or her license; **and**
3. Performs services for which benefits are provided by this Certificate.

Immediate Family - means your spouse, son, daughter, mother, father, sister, or brother.

Hospital - means a place which:

1. Is legally licensed and operated as a hospital;
2. Provides overnight care of injured and sick people;
3. Is supervised by a doctor;
4. Has full-time nurses supervised by a registered nurse;
5. Has on-site or pre-arranged use of X-ray equipment, laboratory and surgical facilities; **and**
6. Maintains permanent medical history records.

A hospital is not:

1. A nursing home;
2. An extended care facility;
3. A convalescent home;
4. A rest home or a home for the aged;
5. A place for alcoholics or drug addicts; **or**
6. A mental institution.

Hospital Intensive Care Unit - means a place which:

1. Is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
2. Is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
3. Is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
4. Is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a twenty four hour basis; **and**
5. Has a doctor assigned to the intensive care unit on a full-time basis.

A hospital intensive care unit is not any of the following step down units:

1. A progressive care unit;
2. A sub-acute intensive care unit;
3. An intermediate care unit;
4. A private monitored room;
5. A surgical recovery room;
6. An observation unit; **or**
7. Any facility not meeting the definition of a hospital intensive care unit as defined in this policy.

Your Occupation - means the occupation in which you are regularly engaged at the time you become insured.

Actively at Work - to be considered actively at work, you must perform for a full normal workday the regular duties of your employment at the regular place of business of the Group Policyholder or at a location to which you may be required to travel to perform the regular duties of your employment.

Full-Time Work - means spending at least 30 hours per week performing your occupational duties.

Elimination Period - means the number of days of hospital confinement that must elapse before benefits become payable. The number of days is shown in the Benefit Schedule. Benefits are not payable, nor do they accrue, during an Elimination Period.

Treatment - means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

SECTION II PREMIUMS AND INDIVIDUAL TERMINATIONS

PREMIUMS

The initial premium shown in the Certificate Schedule is the premium covering the period from the Effective Date to the next renewal date of this Certificate. Renewal premiums will be in accordance with the Schedule of Premium rates in effect at the time of renewals as set forth in the Plan.

CERTIFICATE TERM

The first term of this Certificate starts on the Effective Date in the Certificate Schedule. It ends on the first renewal date also shown. Later terms will be the periods for which renewal premiums are paid when due. All terms will begin and end at 12:01 A.M., Standard Time, at the Policyholder's address. The renewal premium for each term will be due on the day preceding term end, subject to the Grace Period.

GRACE PERIOD

The Plan has a 31day Grace Period. This means that if a monthly premium is not paid on or before the date it is due, it may be paid during the next 31 days. During the Grace Period, coverage under the Plan will stay in force.

INDIVIDUAL TERMINATIONS

Your insurance will terminate on the earliest of:

1. The date the Plan is terminated;
2. On the 31st day after the premium due date if the required premium has not been paid;
3. On the date you cease to meet the definition of an employee as defined in the Plan;
4. On the premium due date which falls on or first follows your 70th birthday; **or**
5. On the date you are no longer a member of an eligible class.

Termination of any Covered Person's insurance under this Certificate shall be without prejudice to his or her rights as regarding any claim arising prior thereto.

SECTION III BENEFIT PROVISIONS

The benefit amounts payable are shown in the Benefit Schedule. Coverage terminates on the premium due date which falls on or first follows your 70th birthday; at that time all benefits cease regardless of the benefit maximum.

Hospital Confinement - We will pay this benefit in the amount shown in the Benefit Schedule, subject to the Elimination Period if any, when a covered person is confined to a hospital as a resident bed patient as the result of injuries received in a covered accident or because of a covered sickness. In order to receive this benefit for injuries received in a covered accident, the covered person must be confined to a hospital within 6 months of the date of the covered accident.

The length of time shown for hospital confinement in the Benefit Schedule is the maximum period for which a covered person can collect benefits for hospital confinements resulting from covered sickness or from injuries received in the same covered accident. If a covered person is not confined to the hospital for a full month, we will pay benefits on a daily basis; daily benefits will be paid at the rate of 1/30th of the monthly amount.

This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accident, more than one covered sickness or a covered accident and a covered sickness.

Hospital Admission - We will pay this benefit when a Covered Person is admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident or because of a covered sickness. In order to receive this benefit for injuries received in a covered accident, a covered person must be admitted to a hospital within 6 months of the date of the covered accident.

We will pay the Hospital Admission benefit amount shown in the Benefit Schedule. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

We will pay this benefit once for a period of confinement. We will only pay this benefit once for each covered accident or covered sickness. If a Covered Person is confined to the hospital because of the same or related injury or sickness, we will not pay this benefit again.

Surgical Benefit - If surgery due to an injury received in a covered accident or because of a covered sickness is performed by a physician, we will pay the amount for the Surgical Operation shown opposite the procedure listed in the Schedule of Operations up to the maximum shown on the Benefit Schedule per surgical procedure. The surgery can be performed in a Hospital (on an inpatient or outpatient basis), in an Ambulatory Surgical Center, or in a Physician's office.

If an operation is not listed in the Schedule of Operations, we will pay an amount comparable to that which would be payable for the operation listed in the Schedule of Operations which is most nearly similar in severity and complexity.

If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit, the largest, will be provided.

Anesthesia Benefits - When a surgical procedure is performed that is covered under the Surgical Benefit, we will pay the amount shown in the Schedule Of Operations for anesthesia administered by a physician in connection with such procedure. Benefits, however, will be 25% of the amount paid under Surgical Benefit.

ADDITIONAL BENEFITS

Wellness Benefit - We will pay the amount shown on the Benefit Schedule page per calendar year when a Covered Person visits a doctor and the covered person is neither injured nor sick.

SECTION IV LIMITATIONS AND EXCLUSIONS

PRE-EXISTING CONDITION LIMITATION

PRE-EXISTING CONDITION - Pre-existing Condition means within the 12-month period prior to the Effective Date of this certificate those conditions for which medical advice or treatment was received or recommended.

We will not pay benefits for any loss or injury which is caused by, contributed to by, or resulting from a pre-existing condition for 12 months after the Effective Date of this certificate, or for 12 months from the date medical care, treatment, or supplies were received for the pre-existing condition, whichever is less.

A claim for benefits for loss starting after 12 months from the Effective Date of this Certificate, as applicable, will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

Pregnancy is a “pre-existing condition” if conception was before the effective date of this Certificate.

Treatment means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

This Certificate may have been issued as a replacement for a certificate previously issued to you under the Plan. If so, then the pre-existing condition limitation provision of this certificate applies only to any increase in benefits over the prior certificate. Any remaining period of pre-existing condition limitation of the prior certificate would continue to apply to the prior level of benefits.

Pregnancy will not be covered if conception was before the Effective Date of your Certificate. Pregnancy will be covered as any other sickness when date of conception is after your Effective Date of coverage.

EXCLUSIONS

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the previous provision).

We will not pay benefits for loss contributed to, caused by, or resulting from:

1. War - participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. This exclusion does not include acts of terrorism. We will return the prorated premium for any period not covered by this certificate when you are in such service.
2. Suicide - committing or attempting to commit suicide, while sane or insane.
3. Self-inflicted Injuries - injuring or attempting to injure yourself intentionally.
4. Traveling - traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common Carrier Death Benefit.
5. Racing - Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
6. Aviation - operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
7. Intoxication - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
8. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job.
9. Sports - participating in any organized sport: professional or semi-professional.
10. Routine physical exams and rest cures.
11. Custodial care. This is care meant simply to help people who cannot take care of themselves.
12. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.

13. Services performed by a relative.
14. Services related to sex change, sterilization, in vitro fertilization, reversal of a vasectomy or tubal ligation.
15. A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.
16. Elective abortion.
17. Treatment, services, or supplies received outside the United States and its possessions or Canada.
18. Injury or Sickness covered by Worker's Compensation.
19. Dental services or treatment.
20. Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.
21. Mental or emotional disorders without demonstrable organic disease.
22. Alcoholism, drug addiction, or chemical dependency.

SECTION V

CLAIM PROVISIONS

Claims Experience – Continental American, upon request, will provide the Policyholder a complete record of the Policyholder's claims experience incurred upon the Group Policy. This record shall be made available to the Policyholder within 30 days prior to the date upon which the premiums or contractual terms of the Policy may be amended.

Notice of Claim - Written notice of claim must be given to us within 60 days after the covered accident or covered sickness, or as soon as reasonably possible. The notice must be sent to us at our Home Office in Columbia, South Carolina. The notice should include the name of the Covered Person and the Certificate number.

Claim Forms - When we receive notice of a claim, we will send you the forms for filing proof of loss. If these forms are not sent to you within 15 days, you will meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated on the Proof of Loss Section.

Proof of Loss - You must give us written proof within 90 days after the loss for which you are seeking benefits. If it is not reasonably possible to give written proof in the time required, we shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than fifteen (15) months from the covered accident or covered sickness unless you were legally incapacitated during that time.

Time Of Payment Of Claims - After we receive written proof of loss and process your claim, we will pay monthly all benefits then due for the claims providing a periodic payment. Benefits for any other loss covered by this certificate will be paid as soon as we receive proper written proof.

Payment Of Claims - Benefits will be paid to you. All of the benefits due will be paid to you unless you assign them elsewhere. Any benefits unpaid at the time of your death will be paid in the following order:

1. To any approved assignee;
2. Your beneficiary;
3. Your surviving spouse;
4. Your estate.

Changing Your Beneficiary - You can ask us to change your beneficiary at any time. The request must be in writing and the change must be approved by us. If approved, it will go into effect the day you sign the request. The change will not have any bearing on payments made before we approved the request.

Physical Examination And Autopsy - At our expense, we can require a Covered Person to have a physical examination as often as reasonably necessary while a claim is pending, or an autopsy in the case of death, where allowed by law. This will be done at our expense.

Legal Action - You cannot take legal action against us for benefits under this Certificate:

1. Within 60 days after you have sent us written proof of loss; **or**
2. More than 6 years from the time written proof is required to be given.

SECTION VI

GENERAL PROVISIONS

Entire Contract - The entire contract consists of:

1. The Plan;
2. The Application of the Policyholder; **and**
3. Your Application(s).

A copy of the Application of the Policyholder shall be attached to the Policy when issued.

All statements made in such application(s) shall, in the absence of fraud, be deemed representations and not warranties. No statement will be used in defense of a claim under this Certificate unless:

- a. The statement is in writing signed by the Policyholder or by you; **and**
- b. A copy of that statement is given to the Policyholder or to you or to your beneficiary or personal representative.

Contract Changes - No change in this Certificate is valid unless approved by our Home Office and unless such approval is endorsed by an officer and attached to this Certificate. No agent has the authority to change this certificate or to waive any of its provisions.

Misstatements of Age - If you incorrectly stated your age in the Application, the benefits will be such as the premium paid would have purchased at the correct age. If, based on your correct age, we would not have issued your certificate, then our responsibility will be to refund the excess premium paid, if any.

Time Limit on Certain Defenses – After one year from the Effective Date of coverage, no misstatements, except fraudulent misstatements made by the Applicant in the Application shall be used to void the coverage or to deny a claim for loss incurred commencing after the expiration of such one-year period.

Conformity With State Statutes - Any provision of this certificate which, on the Effective Date, is in conflict with the laws of the state in which it was issued, will be amended to conform to the minimum requirements of those laws.

SECTION VII**BENEFIT SCHEDULE
HIGH PLAN**

HOSPITAL CONFINEMENT Maximum 180 days per confinement	\$150 per day
HOSPITAL ADMISSION Payable once per admission	\$1,500 per admission
SURGICAL BENEFIT Maximum \$1,500 per surgical procedure	See Surgical Schedule
ANESTHESIA BENEFIT Maximum \$375 per surgical procedure	25% of the amount paid under Surgical Benefit
WELLNESS BENEFIT Maximum per calendar year	\$50

SECTION IX

SCHEDULE OF OPERATIONS

HIGH PLAN

INTEGUMENTARY SYSTEM	Maximum		Maximum
	Surgical		Surgical
	Benefit		Benefit
SKIN		JOINTS	
Incision and Drainage of Cyst	\$ 15.00	Shoulder or Elbow Arthrotomy	\$ 375.00
Acne Surgery	\$ 11.25	Arthroplasty	\$ 600.00
Biopsy	\$ 22.50	Wrist Arthrotomy	\$ 300.00
Excision of Benign Tumor	\$ 30.00	Arthroplasty	\$ 600.00
Excision of Malignant Tumor		Hip Arthrotomy	\$ 525.00
(Trunk, Arms or Legs)	\$ 45.00	Arthroplasty	\$ 750.00
Excision of Malignant Tumor		Knee Arthrotomy	\$ 375.00
(Face, Scalp, Ears, Neck, Hands		Arthroplasty	\$ 750.00
Feet, Genitalia)	\$ 75.00	Ankle Arthrotomy	\$ 375.00
Excision of Malignant Tumor		Arthroplasty	\$ 562.50
(Eyelids, Nose, Lips, Mucous		Hammertoe	\$ 150.00
Membrane)	\$ 112.50		
Excision of Nail	\$ 75.00	DISLOCATIONS	
Repair – Simple Wounds	\$ 15.00	Jaw	\$ 37.50
Repair – Complex Wounds (Linear Repair)	\$ 52.50	Collar Bone (requiring reduction)	\$ 75.00
Repair – Skin Grafts (Single Stage)	\$ 37.50	Shoulder (humerus with anesthesia)	
Repair – Skin Grafts (Multiple Stage)	\$ 112.50	Or Elbow	\$ 37.50
Electro – surgical destruction of		Wrist	\$ 37.50
Chemocautery	\$ 15.00	Fingers or Toes	\$ 15.00
Chemosurgery – malignancies of skin	\$ 150.00	Hip or Knee	\$ 150.00
		Ankle	\$ 75.00
BREAST			
Biopsy	\$ 112.50	TENDONS	
Excision of Cyst or Benign Tumor	\$ 112.50	Repair or Suture	\$ 90.00
Excision of Chest Wall Tumor	\$ 525.00	Lengthening or Shortening	
Mastectomy, simple	\$ 225.00	(e.g. Achilles tendon)	\$ 225.00
Mastectomy, radical	\$ 525.00		
Mammoplasty, Reconstructive	\$ 1,125.00	AMPUTATIONS	
		Arm at Shoulder Joint	\$ 562.50
MUSCULOSKELETAL SYSTEM		Arm below Shoulder Joint	\$ 262.50
		Finger	\$ 112.50
BONE OR CARTILAGE GRAFT		Leg at Hip Joint	\$ 600.00
Spinal Fusion	\$ 600.00	Leg at Knee	\$ 300.00
Spinal Fusion with removal of		Leg above or below knee	\$ 375.00
Intervertebral disc	\$ 600.00	Toe	\$ 75.00
Spinal Fusion of Scoliosis	\$ 900.00		
		RESPIRATORY SYSTEM	
FRACTURES (Requiring Reduction)			
Skull	\$ 562.50	NOSE	
Nose	\$ 37.50	Excision of Nasal Polyps	\$ 22.50
Jaw	\$ 225.00	Submucous resection, Classic Nasal Sept	\$225.00
Vertabrae, one or more	\$ 225.00		
Collar Bone	\$ 112.50	SINUSES	
Shoulder blade (Scapula)	\$ 412.50	Frontal Sinusotomy – simple	\$ 150.00
Upper Arm	\$ 187.50	Frontal Sinusotomy – radical	\$ 450.00
Lower Arm	\$ 112.50	LARYNX	
Hand	\$ 75.00	Laryngectomy	\$ 750.00
Fingers or Toes	\$ 37.50	Laryngoscopy	\$ 30.00
Upper Leg	\$ 300.00		
Lower Leg	\$ 112.50	TRACHEA AND BRONCHI	
Ankle	\$ 187.50	Tracheotomy	\$ 150.00
Foot	\$ 75.00	Bronchoscopy	\$ 112.50
		Closure of Tracheotomy	\$ 187.50

LUNGS			
Thoracotomy	\$ 375.00	Fistulotomy	\$ 75.00
Pneumonotomy	\$ 450.00	Sphincterotomy	\$ 37.50
Pneumonocentesis	\$ 37.50	Fissurectomy or Hemorrhoidectomy	\$ 150.00
Thoracentesis	\$ 22.50	Removal of External Hemorrhoids	\$ 22.50
Pneumonectomy, total	\$ 750.00	Aspiration biopsy of liver, pancreas	
Wedge Resection of Lung,		Or bile duct	\$ 37.50
Single or Multiple	\$ 600.00	Cholecystotomy	\$ 375.00
Thoracoscopy (including biopsy)	\$ 150.00	Cholecystectomy	\$ 450.00
		Pancreatectomy – partial	\$ 600.00
CARDIOVASCULAR SYSTEM		Pancreatectomy – total	\$ 1,050.00
		Laparotomy	\$ 300.00
HEART		Hemiotomy	\$ 262.50
Heart Transplant	\$ 1,500.00		
Catheterization of Heart	\$ 112.50	URINARY SYSTEM	
Suture of Heart wound or injury	\$ 750.00	Nephrolithotomy	\$ 600.00
Valvotomy, aortic and pulmonic valve	\$ 1,125.00	Renal Biopsy	\$ 37.50
Valvotomy, mitral valve	\$ 1,050.00	Nephrectomy	\$ 600.00
Valvutoplasty or Replacement		Lithotripsy	\$ 375.00
Aortic and mitral valve	\$ 1,500.00	Kidney Transplant	\$ 937.50
Coronary Bypass, single or multiple	\$ 1,500.00	Cystotomy	\$ 375.00
Repair of Myocardial Aneurysm	\$ 1,500.00	Cystectomy – partial	\$ 525.00
Repair of Septal Defect	\$ 1,350.00	Cystectomy – complete	\$ 750.00
Angioplasty, percutaneous	\$ 750.00	Urethroscopy or Cystoscopy	\$ 37.50
Pervenous or Transvenous insertion of		Cystoplasty	\$ 600.00
Pacemaker	\$ 375.00	Dilation of Urethra	\$ 15.00
ARTERIES		GENITAL SYSTEM	
Arterlotomy, extramity	\$ 450.00		
Thromboendarterectomy	\$ 900.00	MALE	
Carotid endarterectomy	\$ 900.00	Circumcision	\$ 22.50
Excision and graft, Abdominal Aortic		Orchlectomy	\$ 150.00
Aneurysm	\$ 1,125.00	Reduction of Torsion of Testis	\$ 225.00
Injection – Varicose Veins	\$ 7.50	Excision of Epididymis, Hydrocele,	
		Varicocoele	\$ 225.00
HEMIC AND LYPHATIC SYSTEMS		Vasectomy	\$ 112.50
Splenectomy	\$ 450.00	Biopsy, Prostate	\$ 125.00
Biopsy of Lymph Node	\$ 37.50	Prostatectomy – partial	\$ 600.00
Radical Lymphadenectomy	\$ 382.50	Prostatectomy – radical	\$ 750.00
DIGESTIVE SYSTEM		FEMALE	
Gastrotomy	\$ 375.00	Hysterectomy, Vaginal or Abdominal	\$ 450.00
Gastrectomy, Total	\$ 750.00	Hysterectomy, radical for cancer	
Gastrectomy, Partial	\$ 600.00	Including lymph nodes	\$ 750.00
Gastroscopy	\$ 112.50	Salpingo – oophorectomy	\$ 337.50
Gastro		Repair of cystocele or rectocele	\$ 262.50
Gastrorrhaphy	\$ 375.00	Repair of cystocele and rectocele	\$ 390.00
Enterectathy	\$ 450.00	Tubal Ligation	\$ 300.00
Enterectomy	\$ 525.00	Biopsy or removal of cervical lesion	
Colostomy	\$ 600.00	Or polyp	
Enterostomy	\$ 375.00	Dilation and curettage	\$ 112.50
Enterolysis	\$ 300.00	Myomectomy	\$ 375.00
Diverticulectomy	\$ 375.00	Repair of uterine suspension	\$ 300.00
Appendectomy	\$ 300.00	Cesarian Section	\$ 375.00
Proctectomy	\$ 750.00	Obstetrical Delivery	\$ 150.00
Protosigmoidoscopy	\$ 22.50	Amniocentesis	\$ 37.50
Proctoplasty	\$ 300.00		

ENDOCRINE SYSTEM			
Incision and drainage of			
Thyroid Gland	\$ 22.50		
Local excision of thyroid cyst			
Or adenoma	\$ 300.00		
Thyroidectomy or parathyroidectomy	\$ 525.00		
Adrenalectomy	\$ 600.00		
NERVOUS SYSTEM			
Burr Holes	\$ 225.00		
Cranioplasty	\$ 750.00		
Craniotomy or Craniectomy	\$ 300.00		
Laminectomy	\$ 750.00		
Spinal Puncture	\$ 15.00		
Paravertebral block, lumbar,			
Or thoracic nerve	\$ 37.50		
Median nerve decompression (Carpal Tunnel)	\$ 225.00		
EYE			
Removal of eye	\$ 300.00		
Excision of pteryglum	\$ 187.50		
Sclerotomy – anterior	\$ 375.00		
Sclerotomy – posterior	\$ 225.00		
Iridectomy	\$ 375.00		
Extraction of lens (including			
Cataract extraction)	\$ 600.00		
Reattachment of retina	\$ 750.00		
Muscle operation (one or more muscles)	\$ 450.00		
Excision of lacrimal gland or sac	\$ 375.00		
EAR			
Drainage of abscess	\$ 15.00		
Otoscopy	\$ 15.00		
Myringotomy	\$ 22.50		
Tympanotomy (diagnostic)	\$ 375.00		
Tympanotomy with insertion of			
Collar Button Tube	\$ 187.50		
Mastoidectomy – simple	\$ 375.00		
Tympanoplasty	\$ 750.00		
Labyrinthotomy or Labyrinthectomy	\$ 750.00		



CONTINENTAL AMERICAN INSURANCE COMPANY

Continental American Insurance Company, a wholly-owned subsidiary of
Aflac Incorporated, is the insuring company.

Home Office: 2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

Portability Privilege Amendment

This Amendment is part of the form to which it is attached. Unless amended by this document, all definitions, exclusions, limitations, terms, and other provisions apply. For the purpose of this Amendment, “you” (including “your” and “yours”) refers to the Insured named in the Certificate Schedule.

Effective Date

This Amendment becomes effective on the Effective Date of the form to which it is attached.

Portability Privilege

The following language replaces the ELIGIBILITY provision found under SECTION I – ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION of the Master Policy and the Certificate of Insurance:

ELIGIBILITY — CLASSES OF COVERAGE

Class I

All full-time and part-time benefit-eligible Employees are eligible for Class I coverage. That eligibility extends to their spouses and children under age 26.

Class II

A Class I primary insured is eligible for Class II coverage if he:

- Was previously insured under Class I; **and**
- Is no longer employed by the Policyholder.

The Employee must elect Class II coverage under the Portability Privilege within 31 days after the date for which his class I eligibility would otherwise terminate.

Only Dependents covered under Class I coverage are eligible for continued coverage under Class II.

Class II insureds cannot continue coverage through the employer’s payroll deduction process. They must remit premiums directly to the Company.

The following language replaces the TERMINATION OF THE PLAN provision found under SECTION I – ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION of the Master Policy.

TERMINATION OF THE PLAN

The Plan will cease if the premium is not paid before the end of the Grace Period.

After the end of the first Plan year, the Company has the right to cancel the Plan. To do so, the Company must give 31 days written notice that the plan will end on the date before the next premium due date.

The Policyholder has the right to cancel the Plan on the date before any premium due date by giving 31 days written notice.

Upon such termination, Class I and Class II coverage will be affected as follows:

Class I

If terminated, this Plan and all certificates issued under this class will terminate on such date at 12:01 a.m. Standard Time at the Policyholder's address. This will be without prejudice to the rights of any Insured regarding any claim arising while the Plan is in force.

The Policyholder has the sole responsibility to notify Class I Employees of such termination. When notice of termination is received by the Company, the Portability Privilege under Class I coverage is no longer available.

Class II

The group policy will remain active, and coverage under Class II will continue as long as premiums are paid, subject to the premium grace period. Notification of any changes in the plan will be provided directly to each insured by the Company. The Policyholder will lose any rights and obligations under the Plan.

The following language replaces the TERMINATION OF AN EMPLOYEE'S INSURANCE provision found under SECTION I – ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION of the Master Policy and the Certificate of Insurance.

TERMINATION OF AN EMPLOYEE'S INSURANCE

An Employee's insurance will terminate on the earliest of the following:

1. The date the Plan is terminated, for Class I insureds;
2. The 31st day after the premium due date if the required premium has not been paid;
3. The date he ceases to meet the definition of an Employee as defined in the Plan, for Class I insureds; **or**
4. The date he is no longer a member of the Class eligible for coverage.

Insurance for Dependents will terminate on the earliest of the following:

1. The date the Plan is terminated, for Dependents of Class I insureds;
2. The 31st day after the premium due date, if the required premium has not been paid;
3. The date the Spouse or Dependent Child ceases to be a dependent; **or**
4. The premium due date following the date we receive the Employee's written request to terminate coverage for his Spouse and/or all Dependent Children.

Termination of the insurance on any Insured will not prejudice his rights regarding any claim arising prior to termination.

The following language replaces the PORTABILITY PRIVILEGE provision found under SECTION I – ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION of the Master Policy and the Certificate of Insurance.

PORTABILITY PRIVILEGE

Under the Portability Privilege provision, when coverage would otherwise terminate because an Employee ends his employment, coverage may be continued. He may exercise the Portability Privilege when there is a change to his coverage class. The Employee — and any covered dependents — will continue the coverage that is in-force on the date employment ends. The continued coverage will be provided under Class II.

The premium rate for portability coverage may change for the class of covered persons on portability on any premium due date. Written notice will be given at least 31 days before any change is to take effect.

The Employee may continue the coverage until the earlier of:

- The date he fails to pay the required premium; **or**
- The date the class of coverage is terminated.

Coverage may not be continued:

- If the Employee fails to pay any required premium; **or**
- If the Company receives notice of Class I plan termination.

General Provisions

Time Limit on Certain Defenses

After two years from the Insured's Effective Date of coverage, the Company may not void coverage or deny a claim for any loss because of misstatements made on the Insured's Application. This does not apply to fraudulent misstatements.

Contract

This Amendment is part of the form to which it is attached. It will terminate when that form terminates.

This Amendment is subject to all of the terms of the form to which it is attached unless those terms are inconsistent with this Amendment.

Signed for the Company at its Home Office,



Teresa White, President



J. Matthew Loudermilk, Secretary

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event you need to contact someone about this insurance for any reason, please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions, you may contact the insurance company issuing this insurance at the following address and telephone number: 2801 Devine Street, Columbia, South Carolina 29205 - 800.433.3036.

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at: the national toll free number 1-877-310-6560, the Virginia-only toll free number 800-552-7945, and the local number 804-371-9691.

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


CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

**NOTICE OF PROTECTION PROVIDED BY VIRGINIA LIFE, ACCIDENT AND SICKNESS INSURANCE
GUARANTY ASSOCIATION**

This notice provides a **brief summary** of the Virginia Life, Accident and Sickness Insurance Guaranty Association (“the Association”) and the protection it provides for policyholders. This safety net was created under Virginia law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that a life, annuity or health insurance company licensed in the Commonwealth of Virginia becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Virginia law, with funding from assessments paid by other life and health insurance companies licensed in the Commonwealth of Virginia.

The basic protections provided by the Association are:

- Life Insurance
 - o \$300,000 in death benefits
 - o \$100,000 in cash surrender or withdrawal values

- Health Insurance
 - o \$500,000 in hospital, medical and surgical insurance benefits
 - o \$300,000 in disability [income] insurance benefits
 - o \$300,000 in long-term care insurance benefits
 - o \$100,000 in other types of health insurance benefits

- Annuities
 - o \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$350,000, except for hospital, medical and surgical insurance benefits, for which the limit is increased to \$500,000.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Virginia law.

To learn more about the above protections, please visit the Association’s website at www.valifega.org or contact:

VIRGINIA LIFE, ACCIDENT AND SICKNESS
INSURANCE GUARANTY ASSOCIATION
c/o APM Management Services, Inc.
1503 Santa Rosa Road, Suite 101
Henrico, VA 23229-5105
804-282-2240

STATE CORPORATION COMMISSION

Bureau of Insurance

P. O. Box 1157

Richmond, VA 23218-1157

804-371-9741

Toll Free Virginia only: 1-800-552-7945

<http://www.scc.virginia.gov/division/boi/index.htm>

Insurance companies and agents are not allowed by Virginia law to use the existence of the Association or its coverage to 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 Virginia law, then Virginia law will control.



CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina
800.433.3036

Endorsement to Policy and Certificate of Insurance

This Endorsement alters the Policy and the Certificate to which it is attached. Unless specifically addressed by this Endorsement, all other Policy and Certificate provisions, definitions, and terms continue to apply.

Continental American Insurance Company's mailing addresses for claims and premium payments are changed as listed below.

Notice of Claim and Proof of Loss should be mailed to the Company at:

P.O. Box 84075, Columbus, Georgia, 31993-9103

Premium Payments should be mailed to the Company at:

P.O. Box 84069, Columbus, Georgia, 31908-4069

If applicable, references to 2801 Devine Street, Columbia, SC 29205 are deleted.

Signed for the Company at its Home Office,

Teresa White, President

J. Matthew Loudermilk, Secretary



CONTINENTAL AMERICAN INSURANCE COMPANY

Continental American Insurance Company, a wholly-owned subsidiary of
Aflac Incorporated, is the insuring company.

Home Office: 2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

Based on the application for this Group Supplemental Hospital Indemnity Insurance Policy (herein called the Plan) made by

Montgomery County Government
(herein called the Policyholder)

and based on the payment of the premium when due, Continental American agrees to pay the benefits provided on the following pages.

This Plan becomes effective at 12:01 a.m. Standard Time at the Policyholder's address on the Effective Date shown below. It may be continued in effect by the payment of premiums as provided in Section II. The Plan will terminate as provided in the Provision titled "Termination of the Plan" in Section I.

The first anniversary of this Plan will be the Anniversary Date shown below. Subsequent anniversaries of the Plan will be the same date each year thereafter.

All matter printed or written by Continental American on the following pages forms a part of this Plan as if recited over the signatures below. This Plan is a legal contract between Continental American and the Policyholder.

**THIS PLAN IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE;
IT IS DESIGNED TO SUPPLEMENT A MAJOR MEDICAL PROGRAM.**

This Plan is delivered in and is governed by the laws of the jurisdiction shown below.

In witness whereof Continental American has caused this Plan to be executed at its Home Office in Columbia, South Carolina, on the Effective Date.

READ YOUR POLICY CAREFULLY.

Signed for the Company at its Home Office.

Teresa White, President

J. Matthew Loudermilk, Secretary

Group Policy Number - 23680
Effective Date - 10/01/2017
Anniversary Date - 10/01/2018
Jurisdiction - Virginia
Non-Participating

GROUP POLICY PROVISIONS

- SECTION I** - Eligibility, Effective Date and Termination
- SECTION II** - Premium Provisions
- SECTION III** - Definitions
- SECTION IV** - Benefit Provisions
- SECTION V** - Limitations and Exclusions
- SECTION VI** - Claim Provisions
- SECTION VII** - General Provisions
- SECTION VIII** - Benefit Schedule
- SECTION IX** - Schedule of Operations
- SECTION X** - Incorporation of Rider Provisions
- SECTION XI** - Occupational Classifications and Schedule of Premiums

SECTION I ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

ELIGIBILITY

Employee as used in this Plan, means a person insured under this Plan who is:

1. An Employee of the Policyholder, and has served 90 days continuous employment;
2. Under age 64; **and**
3. Engaged in full-time work; **and**
4. Included in the class of employees eligible for coverage as shown on the Application.

EFFECTIVE DATE

The Effective Date of this Plan is shown on Page 1.

The Effective Date for an employee is as follows:

1. An employee's insurance will be effective on the date shown on his or her Certificate Schedule provided the employee is then actively at work.
2. If an employee is not actively at work on the date coverage would otherwise become effective, the Effective Date of his or her coverage will be the date on which such employee is first thereafter actively at work.

TERMINATION OF THE PLAN

The Plan will cease if the Policyholder fails to pay the premium before the end of the Grace Period.

In the case where coverage is being terminated due to unpaid premiums, we will send a written letter notifying the Policyholder of the date on which termination will take effect. Our notice will be mailed no later than 15 days before the specified date of termination.

The Policyholder will give written notice to participating employees in the event of termination or upon the receipt of our notice of Termination of the Plan not later than 15 days after receipt of our notice of termination.

After the end of the first Plan year, Continental American has the right to cancel the Plan on the day prior to the date any premium is due by giving 31 days written notice.

The Plan will terminate when the number of participating employees is less than the number mutually agreed upon by the policyholder and Continental American in writing.

In these events, this Plan and all certificates issued hereunder will terminate on such date at 12:01 a.m. Standard Time at the Policyholder's address. This will be without prejudice to the rights of any employee as respects any claim arising during the period the Plan is in force.

The Policyholder has the sole responsibility to notify employees of such termination.

TERMINATION OF AN EMPLOYEE'S INSURANCE

An employee's insurance will terminate on the earliest of:

1. The date the Plan is terminated;
2. On the 31st day after the premium due date if the required premium has not been paid;
3. On the date an employee ceases to meet the definition of an employee as defined in the Plan;
4. On the premium due date which falls on or first follows the employee's 70th birthday; **or**
5. On the date he or she is no longer a member of an eligible class.

Termination of the insurance on any employee shall be without prejudice to his or her rights as regarding any claim arising prior thereto.

SECTION II PREMIUM PROVISIONS

PREMIUM CALCULATIONS

Premiums payable on any premium due date for insurance on employees will be calculated in accordance with the Schedule of Premiums. The rates shown in this Schedule can be changed annually. Continental American will give the Policyholder written notice 31 days prior to the date any change in rates is to be effective.

PREMIUM PAYMENTS

The first premiums are due on the Effective Date of this Plan. After that, premiums are due on the first day of each month that the Plan remains in effect.

Aggregate premiums for this Plan are to be paid by the Policyholder to Continental American at its Home Office in Columbia, South Carolina. Payment of any premium will not keep the Plan in force beyond the due date of the next premium, except as set forth in the Grace Period.

GRACE PERIOD

This Plan has a 31-day Grace Period. This means that if a monthly premium is not paid on or before the date it is due, it may be paid during the next 31 days. During the Grace Period, the Plan will stay in force, unless the Policyholder has given Continental American written notice of discontinuance of the Plan.

SECTION III DEFINITIONS

When the terms below are used in this Plan, the following definitions will apply:

We, Us, Our - means Continental American.

You and Your - refer to an employee as defined in this Plan.

Injury or Injuries - means accidental bodily injury or injuries caused solely by or as the result of a covered accident.

Covered Accident - means an accident, which occurs on or after your Effective Date, while the Insured Person's Certificate is in force, and which is not specifically excluded.

Sickness - means an illness, infection, disease or any other abnormal condition, which is not caused solely by or the result of an injury.

Evidence of Insurability – means correct and complete answers to the questions in the Application and any necessary medical history that are used by us to base our acceptance of a person for coverage.

Covered Sickness - means an illness, infection, disease or any other abnormal physical condition which is not caused solely by or the result of any injury which:

1. Occurs while this Plan is in force; **and**
2. Was not treated or for which you did not receive advice within 12 months before the Effective Date of this Plan; **and**
3. Is not excluded by name or specific description in this Plan.

Calendar Year – means the period beginning on the Plan Effective Date and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

On-The-Job Benefits - means the benefits we will pay if a covered accident occurs while you are working at any job for pay or benefits. These benefits are shown in the Benefit Schedule under On-The-Job.

Off-The-Job Benefits - means the benefits we will pay if a covered accident occurs while you are not working at any job for pay or benefits. These benefits are shown in the Benefit Schedule under Off-The-Job.

Monthly Benefit - means a specified amount paid for a period of one month, with any periods of less than one month paid at the daily rate of 1/30th of the monthly amount.

Doctor or Physician - means a person, other than yourself, or a member of your immediate family, who:

1. Is licensed by the state to practice a healing art;
2. Performs services which are allowed by his or her license; **and**
3. Performs services for which benefits are provided by this Plan.

Family Member means an Insured Person's spouse, son, daughter, mother, father, sister, or brother.

Hospital - means a place which:

1. Is legally licensed and operated as a hospital;
2. Provides overnight care of injured and sick people;
3. Is supervised by a doctor;
4. Has full-time nurses supervised by a registered nurse;
5. Has on-site or pre-arranged use of X-ray equipment, laboratory and surgical facilities; **and**
6. Maintains permanent medical history records.

A hospital is not:

1. A nursing home;
2. An extended care facility;
3. A convalescent home;
4. A rest home or a home for the aged;
5. A place for alcoholics or drug addicts; **or**
6. A mental institution.

Hospital Intensive Care Unit - means a place which:

1. Is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
2. Is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
3. Is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
4. Is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a twenty four hour basis; **and**
5. Has a doctor assigned to the intensive care unit on a full-time basis.

A hospital intensive care unit is not any of the following step down units:

1. A progressive care unit;
2. A sub-acute intensive care unit;
3. An intermediate care unit;
4. A private monitored room;
5. A surgical recovery room;
6. An observation unit; **or**
7. Any facility not meeting the definition of a hospital intensive care unit as defined in this Plan.

Your Occupation - means the occupation in which you are regularly engaged at the time you become insured.

Actively at Work - to be considered actively at work, you must perform for a full normal workday the regular duties of your employment at the regular place of business of the Group Policyholder or at a location to which you may be required to travel to perform the regular duties of your employment.

Full-Time Work - means spending at least 30 hours per week performing your occupational duties.

Elimination Period - means the number of days of hospital confinement that must elapse before benefits become payable. The number of days is shown in the Benefit Schedule. Benefits are not payable, nor do they accrue, during an Elimination Period.

Treatment - means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

SECTION IV BENEFIT PROVISIONS

The benefit amounts payable are shown in the Benefit Schedule. Coverage terminates on the premium due date which falls on or first follows your 70th birthday; at that time all benefits cease regardless of the maximum benefit.

Hospital Confinement - We will pay this benefit in the amount shown in the Benefit Schedule, subject to the Elimination Period if any, when you are confined to a hospital as a resident bed patient as the result of injuries received in a covered accident or because of a covered sickness. In order to receive this benefit for injuries received in a covered accident, you must be confined to a hospital within 6 months of the date of the covered accident.

The length of time shown for hospital confinement in the Benefit Schedule is the maximum period for which you can collect benefits for hospital confinements resulting from covered sickness or from injuries received in the same covered accident. If you are not confined to the hospital for a full month, we will pay benefits on a daily basis; daily benefits will be paid at the rate of 1/30th of the monthly amount.

This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accident, more than one covered sickness or a covered accident and a covered sickness.

Hospital Admission - We will pay this benefit when you are admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident or because of a covered sickness. In order to receive this benefit for injuries received in a covered accident, you must be admitted to a hospital within 6 months of the date of the covered accident.

We will pay the Hospital Admission benefit amount shown in the Benefit Schedule. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

We will pay this benefit once for a period of confinement. We will only pay this benefit once for each covered accident or covered sickness. If you are confined to the hospital because of the same or related injury or sickness, we will not pay this benefit again.

Surgical Benefit - If surgery due to an injury received in a covered accident or because of a covered sickness is performed by a physician, we will pay the amount for the Surgical Operation shown opposite the procedure listed in the Schedule of Operations up to the maximum shown on the Benefit Schedule per surgical procedure. The surgery can be performed in a hospital (on an inpatient or outpatient basis), in an ambulatory surgical center, or in a physician's office.

If an operation is not listed in the Schedule of Operations, we will pay an amount comparable to that which would be payable for the operation listed in the Schedule of Operations which is most nearly similar in severity and complexity.

If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit, the largest, will be provided.

Anesthesia Benefits - When a surgical procedure is performed that is covered under the Surgical Benefit, we will pay the amount shown in the Schedule of Operations for anesthesia administered by a physician in connection with such procedure. Benefits, however, will be 25% of the amount paid under Surgical Benefit.

ADDITIONAL BENEFITS

Wellness Benefit - We will pay the amount shown on the Benefit Schedule page per calendar year when you visit a doctor and you are neither injured nor sick.

SECTION V

LIMITATIONS AND EXCLUSIONS

PRE-EXISTING CONDITION LIMITATION

PRE-EXISTING CONDITION - Pre-existing Condition means within the 12-month period prior to the Effective Date of the Insured Person's Certificate and attached riders, as applicable, those conditions for which medical advice or treatment was received or recommended.

We will not pay benefits for any loss or injury which is caused by, contributed to by, or resulting from a pre-existing condition for 12 months after the Effective Date of a Certificate and attached riders, as applicable, or for 12 months from the date medical care, treatment, or supplies were received for the pre-existing condition, whichever is less.

A claim for benefits for loss starting after 12 months from the Effective Date of a certificate, as applicable, will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

Pregnancy is a "pre-existing condition" if conception was before the Effective Date of a Certificate.

Treatment means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

If the Insured Person's Certificate is issued as a replacement for a Certificate previously issued under this Plan, then the pre-existing condition limitation provision of the new Certificate applies only to any increase in benefits over the prior Certificate. Any remaining period of pre-existing condition limitation of the prior Certificate would continue to apply to the prior level of benefits.

Pregnancy will not be covered if conception was before the Effective Date of the Insured Person's Certificate. Pregnancy will be covered as any other sickness when date of conception is after the Insured Person's Effective Date of coverage.

EXCLUSIONS

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the previous provision).

We will not pay benefits for loss contributed to, caused by, or resulting from:

1. War - participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. This exclusion does not include acts of terrorism. We will return the prorated premium for any period not covered by this certificate when you are in such service.
2. Suicide - committing or attempting to commit suicide, while sane or insane.
3. Self-inflicted Injuries - injuring or attempting to injure yourself intentionally.
4. Traveling - traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common Carrier Death Benefit.
5. Racing - Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
6. Aviation - operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
7. Intoxication - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
8. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job.
9. Sports - participating in any organized sport: professional or semi-professional.
10. Routine physical exams and rest cures.
11. Custodial care. This is care meant simply to help people who cannot take care of themselves.
12. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
13. Services performed by a relative.
14. Services related to sex change, sterilization, in vitro fertilization, reversal of a vasectomy or tubal ligation.

15. A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.
16. Elective abortion.
17. Treatment, services, or supplies received outside the United States and its possessions or Canada.
18. Injury or Sickness covered by Worker's Compensation.
19. Dental services or treatment.
20. Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.
21. Mental or emotional disorders without demonstrable organic disease.
22. Alcoholism, drug addiction, or chemical dependency.

SECTION VI

CLAIM PROVISIONS

Claims Experience – Continental American, upon request, will provide the Policyholder a complete record of the Policyholder’s claims experience incurred upon the Group Policy. This record shall be made available to the Policyholder within 30 days prior to the date upon which the premiums or contractual terms of the Policy may be amended.

Notice of Claim - Written notice of claim must be given within 60 days after the covered accident or covered sickness, or as soon as reasonably possible. The notice must be sent to us at our Home Office in Columbia, South Carolina. The notice should include the name of the Insured Person and the Certificate number.

Claim Forms - When we receive notice of a claim, we will send you the forms for filing proof of loss. If these forms are not sent to you within 15 days, you will meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated on the Proof of Loss Section.

Proof of Loss - You must give us written proof within 90 days after the loss for which you are seeking benefits. If it is not reasonably possible to give written proof in the time required, we shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than fifteen (15) months from the covered accident or covered sickness unless you were legally incapacitated during that time.

Time Of Payment Of Claims - After we receive written proof of loss and process your claim, we will pay monthly all benefits then due for the claims providing a periodic payment. Benefits for any other loss covered by this Plan will be paid as soon as we receive proper written proof.

Payment Of Claims - Benefits will be paid to you. All of the benefits due will be paid to you unless you assign them elsewhere. Any benefits unpaid at the time of your death will be paid in the following order:

1. To any approved assignee;
2. Your beneficiary;
3. Your surviving spouse;
4. Your estate.

Changing Your Beneficiary - You can ask us to change your beneficiary at any time. The request must be in writing and the change must be approved by us. If approved, it will go into effect the day you sign the request. The change will not have any bearing on payments made before we approved the request.

Physical Examination And Autopsy - At our expense, we can require you to have a physical examination as often as reasonably necessary while a claim is pending, or an autopsy in the case of death, where allowed by law. This will be done at our expense.

Legal Action - You cannot take legal action against us for benefits under this Plan:

1. Within 60 days after you have sent us written proof of loss; **or**
2. More than 6 years from the time written proof is required to be given.

SECTION VII GENERAL PROVISIONS

Entire Contract - The entire contract consists of:

1. The Plan;
2. The Application of the Policyholder; **and**
3. The Insured Person's Application(s).

A copy of the Application of the Policyholder shall be attached to the Policy when issued.

All statements made in such Application(s) shall, in the absence of fraud, be deemed representations and not warranties. No statement will be used in defense of a claim under this Plan unless:

- a. The statement is in writing signed by the Policyholder or by you; **and**
- b. A copy of that statement is given to the Policyholder or to you or to your beneficiary or personal representative.

Contract Changes - No change in this Plan is valid unless approved by our Home Office and unless such approval is endorsed by an officer and attached to this Plan. No agent has the authority to change this Plan or to waive any of its provisions.

Misstatements of Age - If you incorrectly stated your age or the ages of your dependents, if any, in the application, the benefits will be such as the premium paid would have purchased at the correct age. If, based on the correct ages, we would not have issued your certificate or insured certain dependents under this certificate, then our responsibility will be to refund the excess premium paid, if any.

Time Limit on Certain Defenses – After one year from the Effective Date of coverage, no misstatements, except fraudulent misstatements made by the applicant in the Application shall be used to void the coverage or to deny a claim for loss incurred commencing after the expiration of such one-year period.

Clerical Error - Clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of such clerical error, a premium adjustment will be made.

Individual Certificate - Continental American will give the Policyholder a Certificate for each employee. The Certificate will set forth:

1. The coverage;
2. To whom benefits will be paid; **and**
3. The rights and privileges under the Plan.

Data Required - The Policyholder will furnish all information and proofs which Continental American may reasonably require with regard to the Plan.

Conformity With State Statutes - Any Provision of this Plan which, on the Effective Date, is in conflict with the laws of the state in which the Plan was issued, will be amended to conform to the minimum requirements of those laws.

SECTION VII**BENEFIT SCHEDULE
HIGH PLAN**

HOSPITAL CONFINEMENT Maximum 180 days per confinement	\$150 per day
HOSPITAL ADMISSION Payable once per admission	\$1,500 per admission
SURGICAL BENEFIT Maximum \$1,500 per surgical procedure	See Surgical Schedule
ANESTHESIA BENEFIT Maximum \$375 per surgical procedure	25% of the amount paid under Surgical Benefit
WELLNESS BENEFIT Maximum per calendar year	\$50

SECTION IX

SCHEDULE OF OPERATIONS

HIGH PLAN

INTEGUMENTARY SYSTEM	Maximum		Maximum
	Surgical		Surgical
	Benefit		Benefit
SKIN		JOINTS	
Incision and Drainage of Cyst	\$ 15.00	Shoulder or Elbow Arthrotomy	\$ 375.00
Acne Surgery	\$ 11.25	Arthroplasty	\$ 600.00
Biopsy	\$ 22.50	Wrist Arthrotomy	\$ 300.00
Excision of Benign Tumor	\$ 30.00	Arthroplasty	\$ 600.00
Excision of Malignant Tumor		Hip Arthrotomy	\$ 525.00
(Trunk, Arms or Legs)	\$ 45.00	Arthroplasty	\$ 750.00
Excision of Malignant Tumor		Knee Arthrotomy	\$ 375.00
(Face, Scalp, Ears, Neck, Hands		Arthroplasty	\$ 750.00
Feet, Genitalia)	\$ 75.00	Ankle Arthrotomy	\$ 375.00
Excision of Malignant Tumor		Arthroplasty	\$ 562.50
(Eyelids, Nose, Lips, Mucous		Hammertoe	\$ 150.00
Membrane)	\$ 112.50		
Excision of Nail	\$ 75.00	DISLOCATIONS	
Repair – Simple Wounds	\$ 15.00	Jaw	\$ 37.50
Repair – Complex Wounds (Linear Repair)	\$ 52.50	Collar Bone (requiring reduction)	\$ 75.00
Repair – Skin Grafts (Single Stage)	\$ 37.50	Shoulder (humerus with anesthesia)	
Repair – Skin Grafts (Multiple Stage)	\$ 112.50	Or Elbow	\$ 37.50
Electro – surgical destruction of		Wrist	\$ 37.50
Chemocautery	\$ 15.00	Fingers or Toes	\$ 15.00
Chemosurgery – malignancies of skin	\$ 150.00	Hip or Knee	\$ 150.00
		Ankle	\$ 75.00
BREAST			
Biopsy	\$ 112.50	TENDONS	
Excision of Cyst or Benign Tumor	\$ 112.50	Repair or Suture	\$ 90.00
Excision of Chest Wall Tumor	\$ 525.00	Lengthening or Shortening	
Mastectomy, simple	\$ 225.00	(e.g. Achilles tendon)	\$ 225.00
Mastectomy, radical	\$ 525.00		
Mammoplasty, Reconstructive	\$ 1,125.00	AMPUTATIONS	
		Arm at Shoulder Joint	\$ 562.50
MUSCULOSKELETAL SYSTEM		Arm below Shoulder Joint	\$ 262.50
		Finger	\$ 112.50
BONE OR CARTILAGE GRAFT		Leg at Hip Joint	\$ 600.00
Spinal Fusion	\$ 600.00	Leg at Knee	\$ 300.00
Spinal Fusion with removal of		Leg above or below knee	\$ 375.00
Intervertebral disc	\$ 600.00	Toe	\$ 75.00
Spinal Fusion of Scoliosis	\$ 900.00		
		RESPIRATORY SYSTEM	
FRACTURES (Requiring Reduction)			
Skull	\$ 562.50	NOSE	
Nose	\$ 37.50	Excision of Nasal Polyps	\$ 22.50
Jaw	\$ 225.00	Submucous resection, Classic Nasal Sept	\$225.00
Vertabrae, one or more	\$ 225.00		
Collar Bone	\$ 112.50	SINUSES	
Shoulder blade (Scapula)	\$ 412.50	Frontal Sinusotomy – simple	\$ 150.00
Upper Arm	\$ 187.50	Frontal Sinusotomy – radical	\$ 450.00
Lower Arm	\$ 112.50	LARYNX	
Hand	\$ 75.00	Laryngectomy	\$ 750.00
Fingers or Toes	\$ 37.50	Laryngoscopy	\$ 30.00
Upper Leg	\$ 300.00		
Lower Leg	\$ 112.50	TRACHEA AND BRONCHI	
Ankle	\$ 187.50	Tracheotomy	\$ 150.00
Foot	\$ 75.00	Bronchoscopy	\$ 112.50
		Closure of Tracheotomy	\$ 187.50

LUNGS			
Thoracotomy	\$ 375.00	Fistulotomy	\$ 75.00
Pneumonotomy	\$ 450.00	Sphincterotomy	\$ 37.50
Pneumonocentesis	\$ 37.50	Fissurectomy or Hemorrhoidectomy	\$ 150.00
Thoracentesis	\$ 22.50	Removal of External Hemorrhoids	\$ 22.50
Pneumonectomy, total	\$ 750.00	Aspiration biopsy of liver, pancreas	
Wedge Resection of Lung,		Or bile duct	\$ 37.50
Single or Multiple	\$ 600.00	Cholecystotomy	\$ 375.00
Thoracoscopy (including biopsy)	\$ 150.00	Cholecystectomy	\$ 450.00
		Pancreatectomy – partial	\$ 600.00
CARDIOVASCULAR SYSTEM		Pancreatectomy – total	\$ 1,050.00
		Laparotomy	\$ 300.00
HEART		Hemiotomy	\$ 262.50
Heart Transplant	\$ 1,500.00		
Catheterization of Heart	\$ 112.50	URINARY SYSTEM	
Suture of Heart wound or injury	\$ 750.00	Nephrolithotomy	\$ 600.00
Valvotomy, aortic and pulmonic valve	\$ 1,125.00	Renal Biopsy	\$ 37.50
Valvotomy, mitral valve	\$ 1,050.00	Nephrectomy	\$ 600.00
Valvutoplasty or Replacement		Lithotripsy	\$ 375.00
Aortic and mitral valve	\$ 1,500.00	Kidney Transplant	\$ 937.50
Coronary Bypass, single or multiple	\$ 1,500.00	Cystotomy	\$ 375.00
Repair of Myocardial Aneurysm	\$ 1,500.00	Cystectomy – partial	\$ 525.00
Repair of Septal Defect	\$ 1,350.00	Cystectomy – complete	\$ 750.00
Angioplasty, percutaneous	\$ 750.00	Urethroscopy or Cystoscopy	\$ 37.50
Pervenous or Transvenous insertion of		Cystoplasty	\$ 600.00
Pacemaker	\$ 375.00	Dilation of Urethra	\$ 15.00
ARTERIES		GENITAL SYSTEM	
Arterlotomy, extramity	\$ 450.00	MALE	
Thromboendarterectomy	\$ 900.00	Circumcision	\$ 22.50
Carotid endarterectomy	\$ 900.00	Orchlectomy	\$ 150.00
Excision and graft, Abdominal Aortic		Reduction of Torsion of Testis	\$ 225.00
Aneurysm	\$ 1,125.00	Excision of Epididymis, Hydrocele,	
Injection – Varicose Veins	\$ 7.50	Varicocale	\$ 225.00
HEMIC AND LYPHATIC SYSTEMS		Vasectomy	\$ 112.50
Splenectomy	\$ 450.00	Biopsy, Prostate	\$ 125.00
Biopsy of Lymph Node	\$ 37.50	Prostatectomy – partial	\$ 600.00
Radical Lymphadenectomy	\$ 382.50	Prostatectomy – radical	\$ 750.00
DIGESTIVE SYSTEM		FEMALE	
Gastrotomy	\$ 375.00	Hysterectomy, Vaginal or Abdominal	\$ 450.00
Gastrectomy, Total	\$ 750.00	Hysterectomy, radical for cancer	
Gastrectomy, Partial	\$ 600.00	Including lymph nodes	\$ 750.00
Gastroscoy	\$ 112.50	Salpingo – oophorectomy	\$ 337.50
Gastro		Repair of cystocele or rectocele	\$ 262.50
Gastrorrhaphy	\$ 375.00	Repair of cystocele and rectocele	\$ 390.00
Enterectathy	\$ 450.00	Tubal Ligation	\$ 300.00
Enterectomy	\$ 525.00	Biopsy or removal of cervical lesion	
Colostomy	\$ 600.00	Or polyp	
Enterostomy	\$ 375.00	Dilation and curettage	\$ 112.50
Enterolysis	\$ 300.00	Myomectomy	\$ 375.00
Diverticulectomy	\$ 375.00	Repair of uterine suspension	\$ 300.00
Appendectomy	\$ 300.00	Cesarian Section	\$ 375.00
Proctectomy	\$ 750.00	Obstetrical Delivery	\$ 150.00
Protosigmoidoscopy	\$ 22.50	Amniocentesis	\$ 37.50
Proctoplasty	\$ 300.00		

ENDOCRINE SYSTEM				
Incision and drainage of				
Thyroid Gland	\$ 22.50			
Local excision of thyroid cyst				
Or adenoma	\$ 300.00			
Thyroidectomy or parathyroidectomy	\$ 525.00			
Adrenalectomy	\$ 600.00			
NERVOUS SYSTEM				
Burr Holes	\$ 225.00			
Cranioplasty	\$ 750.00			
Craniotomy or Craniectomy	\$ 300.00			
Laminectomy	\$ 750.00			
Spinal Puncture	\$ 15.00			
Paravertebral block, lumbar,				
Or thoracic nerve	\$ 37.50			
Median nerve decompression (Carpal Tunnel)	\$ 225.00			
EYE				
Removal of eye	\$ 300.00			
Excision of pteryglum	\$ 187.50			
Sclerotomy – anterior	\$ 375.00			
Sclerotomy – posterior	\$ 225.00			
Iridectomy	\$ 375.00			
Extraction of lens (including				
Cataract extraction)	\$ 600.00			
Reattachment of retina	\$ 750.00			
Muscle operation (one or more muscles)	\$ 450.00			
Excision of lacrimal gland or sac	\$ 375.00			
EAR				
Drainage of abscess	\$ 15.00			
Otoscopy	\$ 15.00			
Myringotomy	\$ 22.50			
Tympanotomy (diagnostic)	\$ 375.00			
Tympanotomy with insertion of				
Collar Button Tube	\$ 187.50			
Mastoidectomy – simple	\$ 375.00			
Tympanoplasty	\$ 750.00			
Labyrinthotomy or Labyrinthectomy	\$ 750.00			

SECTION X

INCORPORATION OF RIDER PROVISIONS

Dependent Spouse Rider	CA8500-DSR (VA)
Dependent Child Rider	CA8500-DCR (VA)
Dependent Definition Rider	CAI0040VA
Portability Privilege Rider	CAICCLASSPORT

SECTION XI OCCUPATIONAL CLASSIFICATIONS AND SCHEDULE OF PREMIUMS

Benefit-eligible employees are classified as such in the Master Application as being **Actively at Work** and **working full-time, a minimum of 30 hours per week.**

GROUP HOSPITAL INDEMNITY



Mark III Accounts - Semimonthly (24pp/yr)		
Plan II	Employee	\$ 14.72
	Employee & Spouse	\$ 30.21
	Employee & Dependent Children	\$ 25.91
	Family	\$ 41.40

Benefit Summary	
Hospital Confinement (Per Day)	\$ 150
Hospital Admission (Per Confinement)	\$ 1,500
Surgical Benefit (Per Procedure)	\$ 1,500
Anesthesia Benefit - (Up to This Amount)	\$ 375
Wellness	\$ 50

Please note: Premiums shown are accurate as of publication. They are subject to change.



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Underwritten by:
Continental American Insurance Company
2801 Devine Street | Columbia, South Carolina 29205



CONTINENTAL AMERICAN INSURANCE COMPANY

Continental American Insurance Company, a wholly-owned subsidiary of
Aflac Incorporated, is the insuring company.

Home Office: 2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

Portability Privilege Amendment

This Amendment is part of the form to which it is attached. Unless amended by this document, all definitions, exclusions, limitations, terms, and other provisions apply. For the purpose of this Amendment, “you” (including “your” and “yours”) refers to the Insured named in the Certificate Schedule.

Effective Date

This Amendment becomes effective on the Effective Date of the form to which it is attached.

Portability Privilege

The following language replaces the ELIGIBILITY provision found under SECTION I – ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION of the Master Policy and the Certificate of Insurance:

ELIGIBILITY — CLASSES OF COVERAGE

Class I

All full-time and part-time benefit-eligible Employees are eligible for Class I coverage. That eligibility extends to their spouses and children under age 26.

Class II

A Class I primary insured is eligible for Class II coverage if he:

- Was previously insured under Class I; **and**
- Is no longer employed by the Policyholder.

The Employee must elect Class II coverage under the Portability Privilege within 31 days after the date for which his class I eligibility would otherwise terminate.

Only Dependents covered under Class I coverage are eligible for continued coverage under Class II.

Class II insureds cannot continue coverage through the employer’s payroll deduction process. They must remit premiums directly to the Company.

The following language replaces the TERMINATION OF THE PLAN provision found under SECTION I – ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION of the Master Policy.

TERMINATION OF THE PLAN

The Plan will cease if the premium is not paid before the end of the Grace Period.

After the end of the first Plan year, the Company has the right to cancel the Plan. To do so, the Company must give 31 days written notice that the plan will end on the date before the next premium due date.

The Policyholder has the right to cancel the Plan on the date before any premium due date by giving 31 days written notice.

Upon such termination, Class I and Class II coverage will be affected as follows:

Class I

If terminated, this Plan and all certificates issued under this class will terminate on such date at 12:01 a.m. Standard Time at the Policyholder's address. This will be without prejudice to the rights of any Insured regarding any claim arising while the Plan is in force.

The Policyholder has the sole responsibility to notify Class I Employees of such termination. When notice of termination is received by the Company, the Portability Privilege under Class I coverage is no longer available.

Class II

The group policy will remain active, and coverage under Class II will continue as long as premiums are paid, subject to the premium grace period. Notification of any changes in the plan will be provided directly to each insured by the Company. The Policyholder will lose any rights and obligations under the Plan.

The following language replaces the TERMINATION OF AN EMPLOYEE'S INSURANCE provision found under SECTION I – ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION of the Master Policy and the Certificate of Insurance.

TERMINATION OF AN EMPLOYEE'S INSURANCE

An Employee's insurance will terminate on the earliest of the following:

1. The date the Plan is terminated, for Class I insureds;
2. The 31st day after the premium due date if the required premium has not been paid;
3. The date he ceases to meet the definition of an Employee as defined in the Plan, for Class I insureds; **or**
4. The date he is no longer a member of the Class eligible for coverage.

Insurance for Dependents will terminate on the earliest of the following:

1. The date the Plan is terminated, for Dependents of Class I insureds;
2. The 31st day after the premium due date, if the required premium has not been paid;
3. The date the Spouse or Dependent Child ceases to be a dependent; **or**
4. The premium due date following the date we receive the Employee's written request to terminate coverage for his Spouse and/or all Dependent Children.

Termination of the insurance on any Insured will not prejudice his rights regarding any claim arising prior to termination.

The following language replaces the PORTABILITY PRIVILEGE provision found under SECTION I – ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION of the Master Policy and the Certificate of Insurance.

PORTABILITY PRIVILEGE

Under the Portability Privilege provision, when coverage would otherwise terminate because an Employee ends his employment, coverage may be continued. He may exercise the Portability Privilege when there is a change to his coverage class. The Employee — and any covered dependents — will continue the coverage that is in-force on the date employment ends. The continued coverage will be provided under Class II.

The premium rate for portability coverage may change for the class of covered persons on portability on any premium due date. Written notice will be given at least 31 days before any change is to take effect.

The Employee may continue the coverage until the earlier of:

- The date he fails to pay the required premium; **or**
- The date the class of coverage is terminated.

Coverage may not be continued:

- If the Employee fails to pay any required premium; **or**
- If the Company receives notice of Class I plan termination.

General Provisions

Time Limit on Certain Defenses

After two years from the Insured's Effective Date of coverage, the Company may not void coverage or deny a claim for any loss because of misstatements made on the Insured's Application. This does not apply to fraudulent misstatements.

Contract

This Amendment is part of the form to which it is attached. It will terminate when that form terminates.

This Amendment is subject to all of the terms of the form to which it is attached unless those terms are inconsistent with this Amendment.

Signed for the Company at its Home Office,



Teresa White, President



J. Matthew Loudermilk, Secretary



CONTINENTAL AMERICAN INSURANCE COMPANY

Continental American Insurance Company, a wholly-owned subsidiary of
Aflac Incorporated, is the insuring company.

Home Office: 2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

DEPENDENT SPOUSE BENEFIT RIDER TO CERTIFICATE OF INSURANCE FOR SUPPLEMENTAL HOSPITAL INDEMNITY COVERAGE

This Rider is a part of the Certificate to which it is attached. We have issued this Rider to you because: (1) you paid the additional premium for this Rider; and (2) we relied on the Application you made. Unless amended by this Rider, Certificate Definitions, other Provisions and terms apply to this Rider.

Effective Date - If issued at the same time as the Certificate, this Rider becomes effective when the Certificate becomes effective. If issued after the Certificate becomes effective, this Rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this Rider. The insurance of a spouse will become effective on the Rider date if such person is active on that date. Otherwise, the Effective Date will be deferred until the day following the date he or she becomes active.

DEFINITIONS

When the terms below are used in this Rider, the following definitions will apply:

YOU, YOUR	Means the insured named in the Rider Schedule.
SPOUSE	Means your legal spouse who is between that ages of 18 and 64.
ACTIVE	"Active" as used refers a dependent who is not confined in a hospital and who is able to carry on regular activities customary of a person in good health of the same age and sex.
TREATMENT	Means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

BENEFITS

If your insured spouse qualifies for benefits under the Certificate to which this Rider is attached because of a covered accident or a covered sickness, we will provide the benefits contained in the Certificate under the Benefit Provisions. The appropriate benefit amounts payable for you insured spouse are shown in the Benefit Schedule issued with this Rider.

LIMITATIONS AND EXCLUSIONS

PRE-EXISTING CONDITION

A pre-existing condition means those conditions for which medical advice or treatment was received or recommended during the 12-month period prior to the Effective Date of your spouse's coverage.

Pre-existing conditions aren't covered unless the loss for such conditions begins more than 12 months after the effective date of your spouse's coverage. Also, those medical conditions excluded from coverage by name or specific description when the loss begins, aren't covered.

Pregnancy will not be covered if conception was before the Effective Date of your Rider. Pregnancy will be covered as any other sickness when date of conception is after your Effective Date of coverage.

EXCLUSIONS

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the previous provision).

We will not pay benefits for loss contributed to, caused by, or resulting from:

1. War - participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. This exclusion does not include acts of terrorism. We will return the prorated premium for any period not covered by this Certificate when you are in such service.
2. Suicide - committing or attempting to commit suicide, while sane or insane.
3. Self-inflicted Injuries - injuring or attempting to injure yourself intentionally.
4. Traveling - traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common Carrier Death Benefit.
5. Racing - Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
6. Aviation - operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
7. Intoxication - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
8. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job.
9. Sports - participating in any organized sport: professional or semi-professional.
10. Routine physical exams and rest cures.
11. Custodial care. This is care meant simply to help people who cannot take care of themselves.
12. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related

procedures, including complications.

13. Services performed by a relative.
14. Services related to sex change, sterilization, in vitro fertilization, reversal of a vasectomy or tubal ligation.
15. A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.
16. Elective abortion.
17. Treatment, services, or supplies received outside the United States and its possessions or Canada.
18. Injury or Sickness covered by Worker's Compensation.
19. Dental services or treatment.
20. Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.
21. Mental or emotional disorders without demonstrable organic disease.
22. Alcoholism, drug addiction, or chemical dependency.

GENERAL PROVISIONS

If your spouse's coverage is terminated because of attainment of the limiting age, we will still pay benefits for any covered accident or sickness which occurred while he/she was covered under this Rider.

TIME LIMIT ON CERTAIN DEFENSES

After this Rider has been in force for a period of one year it shall become incontestable as to the statements contained in the Application.

CONTRACT

This Rider is part of the Certificate, and will terminate when the Certificate terminates, or when premiums are no longer paid for this Rider.

This Rider is subject to all of the terms of the Certificate to which it is attached unless any such terms are inconsistent with the terms of this Rider.

Signed by the Company at its Home Office.



Teresa White, President



J. Matthew Loudermilk, Secretary

BENEFIT SCHEDULE

PLEASE SEE THE CERTIFICATE BENEFIT SCHEDULE.



CONTINENTAL AMERICAN INSURANCE COMPANY

Continental American Insurance Company, a wholly-owned subsidiary of
Aflac Incorporated, is the insuring company.

Home Office: 2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

DEPENDENT CHILDREN BENEFIT RIDER TO CERTIFICATE OF INSURANCE FOR SUPPLEMENTAL HOSPITAL INDEMNITY COVERAGE

This rider is a part of the certificate to which it is attached. We have issued this rider to you because: (1) you paid the additional premium for this rider; and (2) we relied on the application you made. Unless amended by this rider, Certificate Definitions, other Provisions and terms apply to this rider.

Effective Date - If issued at the same time as the certificate, this rider becomes effective when the certificate becomes effective. If issued after the certificate becomes effective, this rider will have a later Effective Date, which will be shown in the Dependent Rider Schedule issued with this rider. The insurance of a dependent will become effective on the rider date if such person is active on that date. Otherwise, the Effective Date will be deferred until the day following the date he or she becomes active.

DEFINITIONS

When the terms below are used in this rider, the following definitions will apply:

YOU, YOUR Means the insured named in the Dependent Rider Schedule.

CHILD or CHILDREN Means your natural child(ren), step-children, legally adopted child(ren) or child(ren) placed for adoption, who are:

1. Unmarried;
2. Chiefly dependent on you or your spouse for support; **and**
3. Younger than age 19, or younger than age 25 if they are full-time students. The definition of "full-time student" will be based on the criteria of the learning institution at which the student is enrolled.

Coverage for a child shall continue in force for up to 12 months from the date the child ceases to be a full-time student if the child is unable to continue as a full-time student due to a medical condition. The treating physician must certify when the full-time student withdraws from school that the absence is medically necessary. This only applies to covered full-time students under age 25.

"Child or Children" also includes child(ren), regardless of age, who:

1. Are mentally or physically handicapped;
2. Became or become handicapped prior to age 19 or younger than age 25 if a full-time student; **and**
3. Cannot support themselves because of their handicap.

A child born after the Effective Date of this rider will also be covered from the moment of live birth. No notice or additional premium is required.

DEPENDENT

Means your child or children covered under this rider.

ACTIVE

"Active" as used refers a dependent who is not confined in a hospital and who is able to carry on regular activities customary of a person in good health of the same age and sex.

TREATMENT

Means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

BENEFITS

If a dependent qualifies for benefits under the certificate to which this rider is attached because of a covered accident or a covered sickness, we will provide the benefits contained in the certificate under the Benefit Provisions. The appropriate benefit amounts payable for the dependent are shown in the Benefit Schedule issued with this rider.

LIMITATIONS AND EXCLUSIONS

**PRE-EXISTING
CONDITION**

A pre-existing condition means those conditions for which medical advice or treatment was received or recommended during the 12-month period prior to the effective date of a dependent's coverage.

Pre-existing conditions aren't covered unless the loss for such conditions begins more than 12 months after the effective date of a dependent's coverage. Also, those medical conditions excluded from coverage by name or specific description when the loss begins, aren't covered.

Pregnancy will not be covered if conception was before the Effective Date of your certificate. Pregnancy will be covered as any other sickness when date of conception is after your Effective Date of coverage.

EXCLUSIONS

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the previous provision).

We will not pay benefits for loss contributed to, caused by, or resulting from:

1. War - participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. This exclusion does not include acts of terrorism. We will return the prorated premium for any period not covered by this certificate when you are in such service.
2. Suicide - committing or attempting to commit suicide, while sane or insane.

3. Self-inflicted Injuries - injuring or attempting to injure yourself intentionally.
4. Traveling - traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common Carrier Death Benefit.
5. Racing - Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
6. Aviation - operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
7. Intoxication - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
8. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job.
9. Sports - participating in any organized sport: professional or semi-professional.
10. Routine physical exams and rest cures.
11. Custodial care. This is care meant simply to help people who cannot take care of themselves.
12. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
13. Services performed by a relative.
14. Services related to sex change, sterilization, in vitro fertilization, reversal of a vasectomy or tubal ligation.
15. A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.
16. Elective abortion.
17. Treatment, services, or supplies received outside the United States and its possessions or Canada.
18. Injury or Sickness covered by Worker's Compensation.
19. Dental services or treatment.
20. Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.
21. Mental or emotional disorders without demonstrable organic disease.
22. Alcoholism, drug addiction, or chemical dependency.

GENERAL PROVISIONS

If your dependent child's coverage is terminated because of marriage or attainment of the limiting age, we will still pay benefits for any covered accident or sickness which occurred while the dependent was covered under this rider.

TIME LIMIT ON CERTAIN DEFENSES

After this rider has been in force for a period of one year it shall become incontestable as to the statements contained in the application.

CONTRACT

This rider is part of the certificate, and will terminate when the certificate terminates, or when premiums are no longer paid for this rider.

This rider is subject to all of the terms of the certificate to which it is attached unless any such terms are inconsistent with the terms of this rider.

Signed by the Company at its Home Office.



Teresa White, President



J. Matthew Loudermilk, Secretary



CONTINENTAL AMERICAN INSURANCE COMPANY

Continental American Insurance Company, a wholly-owned subsidiary of
Aflac Incorporated, is the insuring company.

Home Office: 2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

Dependent Children Definition Rider

This rider is a part of the document to which it is attached. Unless amended by this rider Policy, Certificate and Dependent Rider Definitions, Exclusions and Limitations, other term and provisions apply to this rider.

The definition of Dependent Child(ren) is deleted and replaced by the following:

Dependent Child(ren) means your natural children, step-children, foster children, legally adopted children or children placed for adoption, who are under age 26.

Your natural Children born after the Effective Date of this Rider will be covered from the moment of live birth. No notice or additional premium is required.

Coverage on a Dependent Child(ren) will terminate on the child's 26th birthday. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his parent(s) for support, the above age of twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 26th birthday.

The second paragraph under the provisions **TERMINATION OF AN EMPLOYEE'S INSURANCE** and **TERMINATION OF YOUR INSURANCE** is deleted and replaced by the following:

Insurance for an insured Spouse or Dependent Child will terminate the earliest of:

1. The date the Plan is terminated;
2. The date the Spouse or Dependent Child ceases to be a dependent;
3. The premium due date following the date we receive your written request to terminate coverage for your Spouse and/or all Dependent Children.

This rider is subject to all of the terms of the document to which it is attached unless any such terms are inconsistent with the terms of this Rider.

Signed by the Company at its Home Office.

Teresa White, President

J. Matthew Loudermilk, Secretary

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event you need to contact someone about this insurance for any reason, please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions, you may contact the insurance company issuing this insurance at the following address and telephone number: 2801 Devine Street, Columbia, South Carolina 29205 - 800.433.3036.

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at: the national toll free number 1-877-310-6560, the Virginia-only toll free number 800-552-7945, and the local number 804-371-9691.

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


CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

**NOTICE OF PROTECTION PROVIDED BY VIRGINIA LIFE, ACCIDENT AND SICKNESS INSURANCE
GUARANTY ASSOCIATION**

This notice provides a **brief summary** of the Virginia Life, Accident and Sickness Insurance Guaranty Association (“the Association”) and the protection it provides for policyholders. This safety net was created under Virginia law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that a life, annuity or health insurance company licensed in the Commonwealth of Virginia becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Virginia law, with funding from assessments paid by other life and health insurance companies licensed in the Commonwealth of Virginia.

The basic protections provided by the Association are:

- Life Insurance
 - o \$300,000 in death benefits
 - o \$100,000 in cash surrender or withdrawal values

- Health Insurance
 - o \$500,000 in hospital, medical and surgical insurance benefits
 - o \$300,000 in disability [income] insurance benefits
 - o \$300,000 in long-term care insurance benefits
 - o \$100,000 in other types of health insurance benefits

- Annuities
 - o \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$350,000, except for hospital, medical and surgical insurance benefits, for which the limit is increased to \$500,000.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Virginia law.

To learn more about the above protections, please visit the Association’s website at www.valifega.org or contact:

VIRGINIA LIFE, ACCIDENT AND SICKNESS
INSURANCE GUARANTY ASSOCIATION
c/o APM Management Services, Inc.
1503 Santa Rosa Road, Suite 101
Henrico, VA 23229-5105
804-282-2240

STATE CORPORATION COMMISSION

Bureau of Insurance

P. O. Box 1157

Richmond, VA 23218-1157

804-371-9741

Toll Free Virginia only: 1-800-552-7945

<http://www.scc.virginia.gov/division/boi/index.htm>

Insurance companies and agents are not allowed by Virginia law to use the existence of the Association or its coverage to 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 Virginia law, then Virginia law will control.

CERTIFICATE SCHEDULE
Hospital Indemnity

INSURED «ISNAMF» «ISNAML»	GROUP POLICY NUMBER «ISGRP»
EFFECTIVE DATE «ISPHEF»	CERTIFICATE NUMBER «ISCERT»
INITIAL PREMIUM («ISBLMD») «ISPREM»	FIRST RENEWAL DATE «ISPHRN»

COVERAGE FOR: «COVERAGE»

All Benefits are shown in the Benefit Schedule.

HOSPITAL ADMISSION: «BENEFIT» Per Admission

This benefit is payable once per admission and is subject to any pre-existing limitations based on your effective date of coverage.