



## CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina  
800.433.3036

Please call the toll-free number above with any questions about this coverage.

### **Dependent Children Benefit Rider To Certificate of Insurance for Group Supplemental Hospital Indemnity Policy**

This Rider is part of the Certificate to which it is attached. We have issued this Rider because:

- We have accepted your Application, and
- You have paid the additional premium for this Rider.

This Rider is subject to all the definitions, exclusions, limitations, terms, and other provisions of the Certificate to which it is attached, unless those terms are inconsistent with 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, this Rider will have a later Effective Date. Dependent Child coverage will become effective on the Effective Date of the Rider if the Dependent Child is Active on that date. Otherwise, the Effective Date will be deferred until the day following the date he becomes Active.

#### **DEFINITIONS**

When the terms below are used in this Rider, the following definitions apply (other applicable terms and definitions are included in the **Definitions** section of your Certificate):

**Active** refers to a Dependent Child 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 gender.

**Dependent Child or Dependent Children** means your or your Spouse's natural children, step-children, grandchildren who are in the legal custody of and residing with you, foster children, children subject to legal guardianship, legally adopted children or Children Placed for Adoption. Dependent Children must be younger than age 26.

However, there is an exception to the age-26 limit above. This limit will not apply to any Dependent Child who is incapable of self-sustaining employment due to mental or physical handicap and is chiefly dependent on a parent for support and maintenance. You or your Spouse must provide us with proof of this incapacity and dependency within 31 days following the Dependent Child's 26th birthday, but not more frequently than annually.

Newborn, adopted, and foster children are equally considered under this Plan. A newborn child will be covered from the moment of birth, if the birth occurs while the Plan is in force. Foster children and adopted children will be treated the same as newborn infants and eligible for coverage on the same basis upon placement in the foster home or placement for adoption. Prior notification will not be required unless an additional premium charge to add the Dependent is due. If an additional premium charge is due to cover the Dependent, we will cover the newborn child, foster child, or adopted child from the moment of birth or placement if the child is enrolled within 60 days after the date of birth or placement.

If a parent is required by a court or administrative order to provide insurance for a child, and the parent is eligible for family insurance coverage, we:

- Will allow the parent to enroll, under the Family Coverage, a child who is otherwise eligible for the coverage without regard to any enrollment season restrictions.
- Will enroll the child under Family Coverage upon application of the child's other parent or the Department of Health and Human Services in connection with its administration of the Medical Assistance or Child Support Enforcement Program if the parent is enrolled but fails to make application to obtain coverage for the child.
- Will not disenroll or eliminate coverage of the child unless we are provided satisfactory written evidence that:
  - The court or administrative order is no longer in effect; or
  - The child is or will be enrolled in comparable health benefit plan coverage through another health insurer, which coverage will take effect no later than the effective date of disenrollment.

We will not decline enrollment of a child on the grounds the child was born out of wedlock, the child was not claimed as dependent on the parent's federal tax return, or the child does not reside with the parent or in the insurer's service area.

### **BENEFITS**

If a Dependent Child qualifies for benefits under the Certificate to which this Rider is attached because of a Covered Accidental Injury or Covered Sickness, we will provide the benefits shown in the Certificate under the **Benefit Provisions** section.

### **GENERAL PROVISIONS**

If your Dependent Child's coverage terminates, we will provide benefits for valid claims that arose while his coverage was active.

### **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 Application. The Company will not use fraudulent misstatements as a basis for contesting the Certificate after coverage has been in force for more than two years.

### **CONTRACT**

This Rider is part of the Group Supplemental Hospital Indemnity Certificate. It will terminate:

- When the Certificate terminates,
- On the premium due date following the date the covered Child no longer qualifies as a Dependent,
- When the covered Dependent Child reaches age 26 (details in the **Definitions** section of this Rider),
- On the premium due date following the date we receive your written request to terminate coverage for your Child,  
or
- When premiums are no longer paid for this Rider.

Signed for the Company at its Home Office,



Teresa White, President



J. Matthew Loudermilk, Secretary