



American Public Life Insurance Company

FOR INQUIRIES OR TO OBTAIN INFORMATION, PLEASE CONTACT:
[2305 Lakeland Drive, Flowood, Mississippi 39232] • Toll Free (800) 256-8606

LIMITED BENEFIT SPECIFIED DISEASE CANCER INSURANCE CERTIFICATE OF INSURANCE

THE BASE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED, PROVIDES LIMITED CANCER TREATMENT BENEFITS, READ IT CAREFULLY.

In this Policy, "you" or "your" refer to the Insured shown in the Certificate Schedule. "We," "our," "us," or "Company" refer to American Public Life Insurance Company.

CERTIFICATE OF INSURANCE: We hereby certify that we have issued and delivered to the Policyholder a group Policy, described on the Certificate Schedule attached hereto. The group Policy covers certain eligible persons, as described in this Certificate. The Policy is a legal contract between the Policyholder and us.

CONSIDERATION: We have issued this Certificate on the basis of the application and in exchange for payment of the first premium. The Certificate Effective Date is the date we assign after we have approved the application for this Certificate and is the date the first premium is due. Dates begin and end at 12:01 a.m. Standard Time at the address of the Policyholder.

OPTIONALLY RENEWABLE: The Policy, under which this Certificate is issued, is optionally renewable. This means that we or the Policyholder have the right to terminate the Policy on any premium due date after the first anniversary following the Policy Effective Date. We must give at least 60 days written notice to the Policyholder prior to Cancellation. We cannot cancel your coverage under this Certificate because of a change in your age or health. We can change your premiums for this Certificate if we change premiums for all similar Certificates issued under the Policy. We must give the Policyholder at least 60 days written notice before we change your premiums.

Signed for American Public Life Insurance Company.

[Chief Administrative Officer

President, Chief Operating Officer]

Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information or knowingly presents false information in an application for insurance may be guilty of insurance fraud.

THE POLICY UNDER WHICH THIS CERTIFICATE WAS ISSUED PROVIDES LIMITED BENEFITS. ALL BENEFITS ARE PAYABLE DIRECTLY TO YOU. THE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A MEDICARE SUPPLEMENT POLICY. IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM US. THIS COVERAGE IS NOT APPROPRIATE FOR ANY PERSON WHO IS ELIGIBLE FOR MEDICAID.

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SECTION 3 - DEFINITIONS

ACTIVELY AT WORK means you are performing in the usual manner all of the regular duties of your employment:

1. as an employee, independent contractor or self-employed person; and
2. at one of the places of business where you normally do such duties or at some location to which your employer sends you; and
3. on a Full-Time basis.

Actively At Work will include a day which is not a scheduled work day only if you would be able to perform in the usual manner all of the regular duties of your employment as if it were a scheduled work day.

ACTIVITIES OF DAILY LIVING (ADLs) mean the basic human functions required for the Covered Person to remain independent. Activities of Daily Living are as follows:

1. Bathing: Getting into or out of the tub or shower and otherwise washing the parts of the body;
2. Transferring: Moving between the bed and the chair, or the bed and a wheelchair;
3. Dressing: Putting on and taking off all necessary items of clothing, and/or medically necessary braces, and artificial limbs usually worn;
4. Toileting: Getting to and from the toilet; getting on and off the toilet; and performing associated personal hygiene; and
5. Eating: Performing all major tasks of getting food into the body.

ACTUAL CHARGE is the amount actually paid by or on behalf of the Covered Person and accepted by the provider for services provided.

CALENDAR YEAR is the period beginning on January 1 and ending on December 31 of the same year.

CANCER is a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant tumors. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; acquired immune deficiency syndrome (AIDS); polycythemia; actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gamopathy; carcinoid; or pre-malignant lesions, benign tumors or polyps.

Such Cancer must be positively diagnosed by a Physician certified by the American Board of Pathology or American Board of Osteopathic Pathology. Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. Diagnosis must be made based on a microscopic examination of fixed tissue, or preparations from the hemic system (either during life or post-mortem). The pathologist establishing the diagnosis shall base his or her judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue and/or specimen.

Clinical diagnosis of Cancer will be accepted as evidence that Cancer exists in a Covered Person when a pathological diagnosis is medically inadvisable if: such medical evidence substantially documents the diagnosis of Cancer; and the Covered Person receives treatment for Cancer by a Physician. When the requisite diagnosis of Cancer can only be made post-mortem, benefits will be paid back to the date of terminal admission to the Hospital.

The definition of Cancer does not include Skin Cancer.

CERTIFICATE is the individual document issued to you. It describes the coverage under the Policy.

CERTIFICATE EFFECTIVE DATE is the effective date of an individual Certificate issued to you.

CERTIFICATE MONTH is that period of time beginning at 12:01 a.m. Standard Time on the same date of the month that your Certificate became effective, as shown on the Certificate Schedule and ending at 12:00 a.m. Standard Time on the same date the following month.

CERTIFICATE SCHEDULE means page 3 of this Certificate.

COMPANY (we, us or our) means American Public Life Insurance Company.

COVERED PERSON(S) is a person who is eligible for coverage under this Certificate and for whom coverage is in force (see Section 4 - Eligibility and Effective Date).

COVERED PERSON'S EFFECTIVE DATE means the date the Covered Person's coverage under this Certificate becomes effective. Your effective date will be the same as the Certificate Effective Date (subject to Section 4 – Eligibility and Effective Date). Your Eligible Dependents are eligible for insurance on the date you become eligible for insurance or the date a person becomes an Eligible Dependent, whichever is later. The effective date of coverage for each Eligible Dependent will be the first of the month following our approval of the application and receipt of the first premium (see Newborn and Adopted Children provision).

DISABILITY (OR DISABLED) means you are:

1. under the age of 65; and
2. unable to work at any job for which you are qualified by education, training, or experience; and
3. not working at any job for pay or benefits; and
4. under the care of a Physician for the treatment of Cancer;

or, you are:

1. retired or age 65 or older; and
2. unable to perform two (2) or more ADLs, as defined in this policy, without the assistance of another person; and
3. under the care of a Physician for the treatment of Cancer.

ELIGIBLE DEPENDENTS, unless specifically named as excluded in any part of this contract, means:

1. your lawful spouse who lives with you; and/or
2. your, and/or your spouse's, natural child, adopted child or stepchild who is under 26 years of age; or
3. any child, as outlined in #2 above, who becomes incapable of self-sustaining employment because of mental or physical incapacity while covered under this Certificate and prior to reaching the limiting age for dependent children. The child must be dependent on you for support and maintenance. We must receive proof of incapacity within 31 days after coverage would otherwise terminate. Coverage will then continue as long as your insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the two-year period following the child's attainment of the limiting age. The child's coverage will terminate at the earlier of the end of the Certificate Month in which the conditions cease or the date this Certificate terminates; or
4. a child under your charge, care and control, if placed with you for adoption, and who is under the age of 26; or
5. grandchildren residing with you who are under the age of 26.

EMERGENCY ROOM is a specified area within a Hospital that is designated for the emergency care of accidental injuries or sicknesses. This area must:

1. be staffed and equipped to handle trauma; and
2. be supervised and provide treatment by Physicians; and
3. provide care seven days a week, 24 hours a day.

EXPERIMENTAL TREATMENT means drugs, chemical substances or surgeries approved by the National Cancer Institute for experimental use on humans.

EVIDENCE OF INSURABILITY is a statement of the medical history for each person to be insured, which is used in determining if such person is eligible for coverage. Evidence of Insurability will be provided at such person's expense.

FULL-TIME is at least the minimum number of hours per week as defined in the Master Application.

HORMONE THERAPY means the use or manipulation of hormones, natural or synthetic, to prevent growth of malignancy.

HOSPITAL is a place that:

1. is licensed and operated pursuant to law; and
2. provides care and treatment for sick and injured persons on an Inpatient basis; and
3. provides facilities for medical, diagnostic and surgical care; (These facilities need not be at the Hospital. They may be elsewhere if there is a formal agreement for their use.) and
4. provides 24-hour nursing care by or under the supervision of a Nurse; and
5. is supervised by a staff of one or more Physicians; and
6. is accredited by the Joint Commission on the Accreditation of Hospitals; and
7. is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial care, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or care for drug or alcohol addiction.

IMMEDIATE FAMILY is anyone who is related to the Covered Person by any degree of blood, marriage or operation of law. This includes the following relatives: spouse, parents, grandparents, brothers, sisters, children, grandchildren, aunts, uncles, cousins, nephews, nieces, in-laws, adopted relatives, and step relatives.

INITIAL ENROLLMENT means one of the following periods during which the Full-Time employee or association member and/or any Eligible Dependent may first apply in writing for coverage under this Certificate:

1. if the Full-Time employee, association member, or Eligible Dependent is eligible for coverage on the Policy Effective Date, the defined period before the Policy Effective Date as set by us and the Policyholder; or
2. if the Full-Time employee, association member, or Eligible Dependent becomes eligible for coverage after the Policy Effective Date, the period ending 31 days after the date you are first eligible to apply for coverage.

INPATIENT means a Covered Person who is admitted as a resident patient to a Hospital for at least 18 consecutive hours, and is being charged for room and board facilities. This does not include a person who is confined in an observation unit or Emergency Room in a Hospital.

INSURED (you or your) is the person named as the Insured on the Certificate Schedule. To be eligible for coverage, the Insured must be:

1. a Full-Time employee of the Policyholder; or
2. a member in or a Full Time employee of the association, if the Policyholder is an association.

MASTER APPLICATION is the document signed by the Policyholder that contains the answers to our questions and are the Policyholder's representations, which we accepted in good faith as being true, complete and correct. The Master Application is the basis upon which we issued this Policy.

NURSE is any of the following:

1. a licensed practical Nurse (L.P.N.);
 2. a licensed vocational Nurse (L.V.N.);
 3. a graduate registered Nurse (R.N.); or
- other designation as required by state law.

PHYSICIAN is a practitioner of the healing arts who is legally qualified and licensed to practice medicine, and is practicing within the scope of his or her license in the state where so licensed. The Physician must not be a member of the Covered Person's Immediate Family or anyone who normally resides with the Insured in his or her residence.

PLACEMENT (or PLACED) FOR ADOPTION, for purposes of the Certificate, means the assumption by the Insured of physical custody of the child to be adopted and the financial support and care of the child.

POLICY is the document issued to the Policyholder under which this Certificate was issued.

POLICY EFFECTIVE DATE is the date shown as the Policy Effective Date in the Certificate Schedule.

POLICYHOLDER means the association, employer or contracting company who holds the Policy.

POLICY MONTH is that period of time beginning at 12:01 a.m. Standard Time on the same date of the month that the Policy became effective, as shown on the Policy Schedule page and ending at 12:00 a.m. Standard Time the following month on the same date.

POLICY SCHEDULE means page 3 of the Policy.

PRE-EXISTING CONDITION means a Specified Disease for which medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession within the Pre-Existing Condition Period immediately preceding the Covered Person's Effective Date. The Pre-Existing Condition Period is shown on the Certificate Schedule.

RADIATION, CHEMOTHERAPY, or IMMUNOTHERAPY, as approved by the American Medical Association or the Federal Drug Administration, means:

1. radiation therapy (includes mega voltage radiation, electron beam radiation and superficial x-ray therapy, using either natural or artificially propagated radiation; interstitial or intracavity application of radium or radioisotopes in sealed sources; application of radium or radioisotopic plaques or molds; or the administration internally, interstitially or intracavitarily of radium or radioisotopes in nonsealed sources);
2. chemotherapy (including surgical chemotherapy implants; cancericidal chemical substances; and photosensitizing drugs used in correlation with photodynamic therapy).
3. Immunotherapy: monoclonal antibodies and colony stimulating factors used to repair, stimulate or enhance the immune system's natural anti-cancer function.

These therapies must be used for the purpose of modification or destruction of abnormal tissue or to enhance the immune system and not for diagnosis.

These therapies do not include other procedures related to radiation and chemotherapy treatment such as treatment planning, treatment management or consultation. Design and construction of treatment devices, radiation dosimetry calculation, lab tests, x-rays, scans, medical supplies and equipment used in administration (IV solutions, needles, dressings, pumps, catheters, etc.) are not included. Anti-nausea drugs are not included.

SCHEDULE OF BENEFITS is the benefit schedule set forth in the Policy and Certificate.

SKIN CANCER means a cancer or malignant neoplasm of the skin that does not invade bone or does not metastasize to internal or visceral organs.

SPECIFIED DISEASE means Cancer or Skin Cancer as defined in this Certificate.

WAITING PERIOD means a specified number of days following the Covered Person's Effective Date. No benefits will be paid for a Specified Disease that is diagnosed or occurs during the Waiting Period. The Waiting Period is shown on the Certificate Schedule.

SECTION 4 - ELIGIBILITY AND EFFECTIVE DATE

ELIGIBILITY: You and your Eligible Dependents are eligible to be insured under this Certificate if:

1. you and your Eligible Dependents meet our underwriting rules; and
2. you are Actively at Work with the Policyholder and qualify for coverage as defined in the Master Application;
or
3. you are Actively At Work with a member company of the Policyholder, if the Policyholder is an association.

If we require Evidence of Insurability at the point of sale, then Evidence of Insurability will always be required for any changes to the coverage.

If we do not require Evidence of Insurability at the point of sale, Evidence of Insurability will only be required if:

1. you voluntarily canceled coverage and are reapplying; or
2. you are applying for an amount of coverage over the Guarantee Issue limit; or
3. you are applying for an increase in or addition to coverage any time after your Initial Enrollment period; or
4. an Eligible Dependent did not enroll within 31 days of eligibility.

A person must apply for insurance during the Initial Enrollment period or within 31 days of the date the person first becomes eligible for coverage. If the person does not apply during the Initial Enrollment period or within 31 days of the date the person first becomes eligible for coverage, he or she may be subject to additional underwriting by us.

PLAN OF INSURANCE: The Plan Selected shown on the Certificate Schedule determines who is covered under this Certificate, unless such person is specifically excluded by rider or endorsement. Those eligible under each plan of insurance are as follows:

1. Individual means you; and
2. Individual and Spouse means you and your lawful spouse; and
3. One-Parent Family means you and your Eligible Dependent children; and
4. Two-Parent Family means you and your Eligible Dependent spouse and children.

CHANGE OF PLAN: After the Initial Enrollment, the Plan Selected may be changed as follows:

1. removing a Covered Person will require:
 - a) a request from the Policyholder; and
 - b) submission of the correct premium for the new plan.
2. adding Eligible Dependent(s), except a newborn or adopted child as described in the Newborn and Adopted Children provision, will require:
 - a) an application or notification to add the Eligible Dependent; and
 - b) Evidence of Insurability (if required) for each Eligible Dependent to be added; and
 - c) submission of any additional premium needed for the new plan.

The change of plan will take effect on the beginning of the next Certificate Month after the request has been received and we have notified you in writing that the change has been approved.

EFFECTIVE DATE: You must use forms provided by us when applying for insurance. If our underwriting rules are met and the premium has been paid, the insurance will take effect on the later of the following dates:

1. the requested Certificate Effective Date; or
2. the Certificate Effective Date assigned by us upon approval of the person's application.

If you are not Actively At Work on the Certificate Effective Date due to Disability, injury, sickness, temporary layoff, leave of absence or Family and Medical Leave of Absence, coverage begins on the date you return to Actively At Work. You must also be Actively at Work on the effective date of any increase in or addition to coverage that occurs after the Certificate Effective Date.

NEWBORN AND ADOPTED CHILDREN: If the plan is an Individual Plan or Individual and Spouse Plan, all of your newborn children will be covered automatically on the day he or she is born as long as your coverage was in force on that date. The newborn child's coverage will not continue past the 31-day period following his or her birth unless we are notified by the end of the 31-day period of the addition of such newborn child and any applicable additional premium is paid.

Coverage for newborn/adopted children will also include coverage for: a newborn child adopted by you from the moment of birth, if a petition for adoption was filed within 31 days of the birth of the child; and a child adopted by you from the date of Placement For Adoption. Coverage shall terminate upon the dismissal or denial of a petition for adoption. Coverage for the adopted child will not continue past 31 days after the date of Placement For Adoption unless: we are notified by the end of the 31-day period of the addition of such adopted child and any applicable additional premium is paid.

If the plan is a Single Parent Family Plan or Two Parent Family Plan, all newborn children are covered from the moment of birth and all adopted children are covered from the moment of Placement For Adoption. No notification is necessary and no additional premium is due.

SECTION 5 - BENEFITS

This section explains benefits we provide for a loss incurred while covered under the Policy, following a diagnosis of Cancer and for the treatment of Cancer. A charge must be incurred for benefits to be payable. When coverage terminates, our obligation to pay benefits also terminates for loss incurred after coverage termination for a Specified Disease that manifested itself while the person was covered under the Policy.

RADIATION THERAPY, CHEMOTHERAPY, or IMMUNOTHERAPY: We will pay the Actual Charges up to the amount shown on the Schedule of Benefits per 12-month period when the Covered Person receives Radiation, Chemotherapy, or Immunotherapy. The 12-month period begins on the first day the Covered Person receives covered Radiation Therapy, Chemotherapy, or Immunotherapy.

This benefit is payable only when the Covered Person has incurred a charge for covered therapy or covered drugs as shown on the definition of Radiation, Chemotherapy, or Immunotherapy in this Certificate. For Chemotherapy and Immunotherapy, coverage will be limited to the drugs only.

This benefit does not cover other procedures related to Radiation, Chemotherapy, or Immunotherapy treatment such as treatment planning, treatment management or consultation. Design and construction of treatment devices, radiation dosimetry calculation, lab tests, x-rays, scans, medical supplies and equipment used in administration (IV solutions, needles, dressings, pumps, catheters, etc.) are not covered under this benefit. This benefit does not include anti-nausea or pain medication, or administration thereof, or any drugs or medicines covered under the Hormone Therapy benefit.

HORMONE THERAPY: We will pay the indemnity amount shown on the Schedule of Benefits per Calendar Year when the Covered Person receives Hormone Therapy treatment prescribed by a Physician. This benefit is payable per treatment subject to the maximum number of treatments shown on the Schedule of Benefits. This benefit covers the drugs and medicines only. It does not include associated administrative processes. This benefit does not include any anti-nausea or pain medication, or administration thereof, or drugs or medicines covered under the Radiation Therapy, Chemotherapy, or Immunotherapy benefit.

EXPERIMENTAL TREATMENT: We will provide coverage for Experimental Treatment prescribed by a Physician for the treatment of Cancer the same as we provide coverage for any non-experimental treatment covered under the Policy and any attached riders.

SECTION 6 - LIMITATIONS AND EXCLUSIONS

No benefits will be paid for:

1. care or treatment received outside the territorial limits of the United States; or
2. treatment by any program engaged in research that does not meet the definition of Experimental Treatment (see Section 3) or
3. losses or medical expenses incurred prior to the Covered Person's Effective Date regardless of when a Specified Disease was diagnosed.

ONLY LOSS FOR CANCER: The Policy, under which this Certificate is issued, pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. The Policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The Policy does not cover any other disease, sickness or incapacity, which existed prior to the diagnosis of Cancer, even though after contracting Cancer it may have been complicated, aggravated or affected by Cancer or the treatment of Cancer.

PRE-EXISTING CONDITION EXCLUSION: No benefits are payable for any loss incurred during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date as the result of a Pre-Existing Condition. The Pre-Existing Condition Exclusion Period is shown on the Certificate Schedule. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered. If any change to coverage after the Certificate Effective Date results in an increase or addition to coverage, the Time Limit on Certain Defenses and Pre-Existing Condition Limitation for such increase will be based on the effective date of such increase (see Changes to Coverage in Section 10).

WAITING PERIOD: The Policy, under which this Certificate is issued, contains a Waiting Period during which no benefits will be paid. If any Covered Person has a Specified Disease diagnosed before the end of the Waiting Period immediately following the Covered Person's Effective Date, coverage for that person will apply only to loss that is incurred after one year from the Covered Person's Effective Date. The Waiting Period is shown on the Certificate Schedule. If any Covered Person is diagnosed as having a Specified Disease during the Waiting Period immediately following the Covered Person's Effective Date, you may elect to void the Certificate from the beginning and receive a full refund of premium.

If the Policy, under which this Certificate is issued, replaced group Specified Disease Cancer coverage from any company that terminated within 30 days of the Certificate Effective Date, the Waiting Period will be waived for those Covered Persons that were covered under the prior coverage. However, the Pre-Existing Condition Exclusion provision will still apply.

SECTION 7 - PREMIUMS

PREMIUM PAYMENT: The monthly premium and the Certificate Effective Date are shown on the Certificate Schedule. If the premium is not paid when due or within the grace period, this Certificate will terminate at the end of the period for which premium is due (see Grace Period in Section 10).

PREMIUM CHANGES: The premium rates may be changed by us at the first anniversary date of the Policy or any premium due date thereafter. No such increase in rates will be made unless 60 days prior notice is given to the Policyholder. If a change in benefits increases our liability, premium rates may be changed on the date the liability is increased.

REFUND OF UNEARNED PREMIUM: Upon the death of a Covered Person, any premium paid for such person for any period beyond the end of the Certificate Month in which the death occurred will be refunded.

SECTION 8 - TERMINATION OF COVERAGE

TERMINATION OF POLICY: We or the Policyholder may terminate the Policy on any premium due date after the first Policy anniversary date.

Insurance coverage under the Policy will end on the earliest of these dates:

1. the end of the grace period if the premium for all Certificates in force remains unpaid;
2. the date all Certificates under the Policy terminate;
3. the end of the Policy Month in which we receive a request from the Policyholder to terminate this Policy; or
4. the end of the Policy Month in which we have terminated the Policy, subject to a 60-day written notice.

In addition, we may end the coverage of a Policyholder if:

1. fewer persons are insured than the Policyholder's application requires;
2. the Policyholder does not promptly provide us with information that is reasonably required; or
3. the Policyholder fails to perform any of its obligations that relate to the Policy.

TERMINATION OF CERTIFICATE: Insurance coverage under the Certificate and any attached riders will end on the earliest of these dates:

1. the date the Policy terminates;
2. the end of the grace period if the premium remains unpaid;
3. the date insurance has ceased on all persons covered under this Certificate;
4. the end of the Certificate Month in which the Policyholder requests to terminate this coverage;
5. the date you no longer qualify as an Insured;
6. the date of your death.

TERMINATION OF COVERAGE: Insurance coverage for a Covered Person under the Certificate and any attached riders for a Covered Person will end as follows:

1. the date the Policy terminates;
2. the date the Certificate terminates;
3. the end of the grace period if the premium remains unpaid;
4. the end of the Certificate Month in which the Policyholder requests to terminate the coverage for an Eligible Dependent;
5. the date a Covered Person no longer qualifies as an Insured or Eligible Dependent;
6. the date of the Covered Person's death.

We may end the coverage of any Covered Person who submits a fraudulent claim.

TERMINATION WITHOUT PREJUDICE: If termination of coverage occurs because of termination of your employment, contract, or membership with the Policyholder, such termination shall be without prejudice to any loss which commenced while this Certificate was in force.

CANCELLATION BY YOU: You may cancel the Certificate at any time by notifying the Policyholder. Notice must then be communicated to us by the Policyholder (see Termination of Certificate above, bullet 4). Cancellation will take effect pursuant to Termination of Certificate, bullet 4, or on such later date as may be specified in such

notice. In the event of such Cancellation, we will promptly return the pro rata portion of any unearned premium paid to the premium payor. This will not prejudice any claim that originated prior to the date Cancellation took effect.

SECTION 9 - CLAIMS

NOTICE OF CLAIM: Notice of claim must be given to us within twenty (20) days after the loss occurs or begins when there is a claim for covered charges, or as soon as reasonably possible. We must receive notice at our home office at [2305 Lakeland Drive, Flowood, Mississippi 39232] or to any authorized insurance producer. Information sufficient to identify the Covered Person shall be deemed notice to us.

CLAIM FORMS: When we receive notice of claim, we will send the claim forms to you. If these forms are not sent within 15 days day of receipt of notice of claim, the requirements for submitting proof of loss may be satisfied by giving us a written statement of the nature and extent of the loss within the time limit for filing written proof of loss (see Proof of Loss provision).

PROOF OF LOSS: Written proof of loss must be given to us within 90 days after the date of such loss. However, the claim will not be reduced or denied if it was not reasonably possible to give proof in that time; and the proof is filed as soon as reasonably possible. In no event, except the absence of legal capacity, may proof be given later than one year after the loss.

Proof of Loss includes, but is not limited to, the following documentation:

1. a completed Claim Form provided by us, or some other mutually agreed-upon means;
2. the Explanation of Benefits showing the services rendered;
3. an itemized bill;
4. another form of proof of loss acceptable to us and applicable to the loss claimed.

TIME OF PAYMENT OF CLAIMS: All benefits will be paid promptly after receipt of due written proof of loss.

PAYMENT OF CLAIMS: We will pay all benefits to you. Any benefits that have not been paid at the time of your death will be paid to the beneficiary, if living, or to your estate. If benefits are payable to your estate or to any person who is not competent to give us a valid release, we have the right to pay up to \$1,000 of those benefits to any person related to you by blood or marriage who we believe is justly entitled to such payment. If we make a payment under this provision in good faith, we will be released from liability to the extent of the payment.

PHYSICAL EXAMINATION: If the Covered Person makes a claim, the Covered Person must submit to a physical examination as often as we may reasonably request. We will pay for these examinations.

LEGAL ACTION: No legal action can be taken to receive benefits under this Certificate less than 60 days after written proof of loss has been furnished as required; or more than three years after written proof of loss is required to be furnished.

SECTION 10 - GENERAL PROVISIONS

ENTIRE CONTRACT: The contract is made up of the Policy, the Master Application of the Policyholder, your application attached to this Certificate, if any, the Schedule of Benefits and any attached riders or endorsements.

Statements made by the Policyholder or you, in the absence of fraud, are representations and not warranties. No such statements will be used to void the insurance, reduce benefits or defend a claim under this Certificate unless the statement is in writing; and a copy of that statement is given to you, your beneficiary, or your personal representative.

CHANGES TO THE ENTIRE CONTRACT: No changes to the Policy, this Certificate, or any attached riders or endorsements, will be valid unless approved by one of our executive officers. The change must be signed by the officer and attached to this Certificate. No insurance producer may change this Certificate or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After two years from the Covered Person's Effective Date, no misstatement made in the application, except fraudulent misstatements, will be used to void this Certificate or deny a claim for any loss incurred commencing after the end of the two year period.

CHANGES TO COVERAGE: You may have the right to change the plan or amount of insurance, or both, after the Certificate Effective Date if the Policyholder and we agree. A new application and Evidence of Insurability may be required. Any change in coverage will only apply to a Specified Disease that occurs after the effective date of such change in coverage. No changes to coverage will be allowed during the first 12 months except for a qualifying event including, but not limited to, a birth, death, divorce, adoption or marriage. No increases to coverage will be allowed if a diagnosis of a Specified Disease has occurred prior to the request for change.

If any change to coverage after the Certificate Effective Date results in an increase in or addition to coverage, the premiums will be based on his or her attained age on the effective date of the increase or addition, and the Time Limit on Certain Defenses and Pre-Existing Condition Exclusion provision for such increase will be based on the effective date of such increase or addition. Such changes include, but are not limited to, the following:

1. an increase in the benefit amounts;
2. adding a Covered Person; or
3. adding a rider.

If any change to coverage after the Certificate Effective Date results in a decrease in or deletion to coverage, the premiums will be based on his or her original age on the effective date of the decrease or deletion, and the Time Limit on Certain Defenses and Pre-Existing Condition Exclusion provision will not be affected. Such changes include, but are not limited to, the following:

1. a decrease in the benefit amounts;
2. deleting a Covered Person; or
3. deleting a rider.

GRACE PERIOD: This Certificate has a 31-day grace period for paying premium. This means that if a renewal premium is not paid by the date due, it may be paid during the following 31 days. During the grace period, this Certificate will stay in force. If the premium is not paid by the end of the 31-day grace period, your Certificate will terminate as of the date the renewal premium is due.

UNPAID PREMIUM: Upon determining your continued eligibility, any premium due and unpaid may be deducted from the claim payment when a claim is paid.

MISSTATEMENT OF AGE: If you misstated the age of any Covered Person on your application, the benefits will be based on such Covered Person's correct age. Any difference in premium will be deducted from claims paid and future premiums will be adjusted accordingly. If we have accepted a premium on behalf of the person for a period after the date when coverage should have ended, we will refund any such premium, but we will not pay any claims for services the person received after coverage should have ended.

CONFORMITY WITH STATE STATUTES: On the Certificate Effective Date, any provision of this Certificate that is in conflict with the laws of the state of issue is amended to meet the minimum requirements of those laws.



American Public Life Insurance Company

FOR INQUIRIES OR TO OBTAIN INFORMATION, PLEASE CONTACT:

[2305 Lakeland Drive, Flowood, Mississippi 39232]

Toll Free (800) 256-8606

**LIMITED BENEFIT SPECIFIED DISEASE CANCER INSURANCE
CERTIFICATE OF INSURANCE**