

## OPTIONAL BENEFITS YOU MAY SELECT FOR ADDITIONAL PREMIUM

### HOSPITAL INTENSIVE CARE UNIT BENEFIT RIDER (form L-6047)

If the rider is issued and while coverage is in force, it will provide benefits if an Insured Person goes into a hospital Intensive Care Unit (including a Cardiac Intensive Care Unit or Neonatal Intensive Care Unit, hereinafter "ICU"). Benefits start the first day of confinement in an ICU for sickness or injury. Any combination of benefits payable under this rider is limited to a maximum of 45 days per each period of confinement.

**Intensive Care Unit Benefit** We will pay the daily Hospital Intensive Care Unit benefit amount shown on the Policy Schedule for an Insured Person's confinement in an ICU for sickness or injury. An applicant may select a **daily ICU benefit amount of \$ 1,000 per day**.

**Double Intensive Care Unit Benefit** We will pay **double** the daily Hospital Intensive Care Unit benefit amount shown on the Policy Schedule for an Insured Person's confinement in an ICU as a result of Cancer. We will also double this ICU benefit for only the initial ICU confinement resulting from an Insured Person's travel related injury, provided that the ICU confinement begins within 24 hours of the accident causing the travel related injury. A travel related injury includes **being struck by an automobile, bus, truck, van, motorcycle, train, or airplane; or being involved in an accident in where the Insured Person was the operator or passenger in or on such vehicle**.

**Step Down Unit Benefit** We will pay **one-half** of the daily Hospital Intensive Care Unit benefit amount shown on the Policy Schedule for an Insured Person's confinement in a Step Down Unit for a sickness or injury.

**All benefits contained in this rider will be reduced by one-half at age 75.**

**Exclusions** Benefits are not payable for any ICU or Step Down Unit confinement that results from intentional self-inflicted injury; or the Insured Person's being intoxicated or under the influence of alcohol, drugs or any narcotics, unless administered on and according to the advice of a medical practitioner (second clause not applicable in SD). **THIS IS A LIMITED RIDER**

### SPECIFIED DISEASE BENEFIT RIDER FORM (form L-6052)

#### COVERS THESE 38 SPECIFIED DISEASES - THIS IS A SPECIFIED DISEASE ONLY RIDER

Addison's Disease  
Amyotrophic Lateral Sclerosis  
Botulism  
Bovine Spongiform Encephalopathy  
Budd-Chiari Syndrome  
Cystic Fibrosis  
Diphtheria  
Encephalitis  
Epilepsy  
Hansen's Disease  
Histoplasmosis  
Legionnaire's Disease  
Lyme Disease

Lupus Erythematosus  
Malaria  
Meningitis  
Multiple Sclerosis  
Muscular Dystrophy  
Myasthenia Gravis  
Neimann-Pick Disease  
Osteomyelitis  
Poliomyelitis  
Q Fever  
Rabies  
Reye's Syndrome  
Rheumatic Fever

Rocky Mountain Spotted Fever  
Sickle Cell Anemia  
Tay-Sachs Disease  
Tetanus  
Toxic Epidermal Necrolysis  
Tuberculosis  
Tularemia  
Typhoid Fever  
Undulant Fever  
West Nile Virus  
Whipple's Disease  
Whooping Cough

#### BENEFITS

If an Insured Person is first diagnosed with one or more covered Specified Diseases and is hospitalized for the definitive treatment of any covered Specified Disease, We will pay benefits according to the provisions of this rider. An applicant may **select 1, 2 or 3 units of coverage**.

**Initial Hospitalization Benefit** We will pay a benefit of **\$1,500 per unit of coverage** selected when an Insured Person is confined to a hospital (for 12 or more hours, not applicable in SD) as a result of receiving treatment for a Specified Disease. This benefit is payable only once per period of confinement and once per calendar year for each Insured Person.

**Hospital Confinement Benefit** We will pay a benefit of **\$300 per day per unit of coverage** selected when an Insured Person is hospitalized during any continuous period of 30 days or less for the treatment of a covered Specified Disease. Benefits will **double per day beginning with the 31st day of continuous confinement**.

If the hospital confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless it is the result of an entirely different Specified Disease, or unless the confinements are separated by 30 days or more.

**This page is an Insert to be used with ONLY with Brochure Form L-6040-AD(2/07). If you do not have this Brochure, ask that your agent provide one for you. All exclusions, limitations, definitions and terms of renewability of the Limited Benefit Cancer Policy (form L-6040) apply to these riders.**