



FOR INQUIRIES OR TO OBTAIN INFORMATION, PLEASE CONTACT:
American Public Life Insurance Company
[6303 N. Portland, Suite 402, Oklahoma City, OK 73112 • 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.**

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 the Certificate. The Policy is a legal contract between the Policyholder and Us.

CONSIDERATION: We have issued the Certificate based on 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 the 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 the Certificate is issued, is optionally renewable. This means that We or the Policyholder have the right to terminate the Policy (subject to the Termination of Policy provision). We cannot cancel Your coverage under the Certificate because of a change in Your age or health. We can change Your premiums for the 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 Operating Officer Secretary

INFORMATION ONLY

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 THE INSURED. THE POLICY UNDER WHICH THE CERTIFICATE IS ISSUED IS NOT A MEDICARE SUPPLEMENT POLICY. IF THE INSURED IS 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.

SECTION 1 - TABLE OF CONTENTS

Certificate of Insurance.....Face Page

Consideration.....Face Page

Optionally RenewableFace Page

Table of ContentsSection 1

Certificate ScheduleSection 2

DefinitionsSection 3

Eligibility and Effective DateSection 4

BenefitsSection 5

Limitations and ExclusionsSection 6

PremiumsSection 7

Termination of CoverageSection 8

ClaimsSection 9

General ProvisionsSection 10

Schedule of BenefitsInsert

Benefit RidersInsert

Back Page

INFORMATION ONLY

SECTION 3 - DEFINITIONS

The following section defines some important terms that may be applicable to Your coverage. These defined terms may appear in Your Certificate or attached riders, as applicable to Your plan. These are only definitions and not indicative of coverage. Please review the Benefit Section of Your Certificate, any attached rider, and the Schedule of Benefits for specific coverage.

ACTIVELY AT WORK means You are:

1. performing in the usual manner all of the regular duties of Your employment as a Benefit-Eligible individual on a scheduled workday; and
2. these duties are being done at one of the places of business where You normally do such duties or at some location to which Your employer sends You.

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

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.

BENEFIT-ELIGIBLE means Your eligibility criteria as defined on the Master Application.

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 Carcinoma 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 gammopathy; 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.

INFORMATION ONLY

CARCINOMA IN SITU means an early stage of Internal Cancer in which the tumor, or tumor cells, are confined to the organ or tissue where it first developed. The disease has not invaded other parts of the organ, tissue, or spread to distant parts of the body. For all cancers, the staging, as supported by medical documents including pathology, surgical and clinical information, will be used to determine if the cancer in question meets the definition of Carcinoma in Situ.

Examples of Carcinoma in Situ include, but are not limited to:

1. for prostate cancer: a diagnosis of Stage A1 or A2, using the Jewett-Whitmore system, or a diagnosis of T1a or T1b using the Tumors, Nodes, Metastases (TNM) system, or equivalent staging; or
2. for breast cancer: a diagnosis of "in situ," or Tis, using the TNM system, or equivalent staging; or
3. for colon cancer: a diagnosis of Stage 0, using the American Joint Cancer Committee (AJCC) staging, or Tis, using the TNM system, or equivalent staging; or
4. for melanoma: a diagnosis of Stage 0, using the AJCC staging, or Tis, using the TNM system, or Level I, using the Clark Level staging, or equivalent staging; or
5. any other cancer which meets the definition of Carcinoma in Situ.

Carcinoma In Situ does not include Internal Cancer, Skin Cancer, or conditions that may be considered pre-cancerous or having malignant potential such as:

1. Actinic keratosis; or
2. Myelodysplastic and non-malignant myeloproliferative disorders; or
3. Aplastic anemia; or
4. Atypia; or
5. Non-malignant monoclonal gammopathy; or
6. Pre-malignant lesions, benign tumors or polyps; or
7. Leukoplakia; or
8. Hyperplasia; or
9. Carcinoid; or
10. Polycythemia.

INFORMATION ONLY

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

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

CERTIFICATE PERIOD is the time period beginning at 12:01 a.m. Standard Time on the same [day of the month/day of the week] that Your Certificate became effective, as shown on the Certificate Schedule and ending at 12:00 a.m. Standard Time the following [month/week] on the same day.

CERTIFICATE SCHEDULE means page 3 of the Certificate.

COMPANY (We, Us or Our) means American Public Life Insurance Company.

COVERED PERSON(S) is a person who is eligible for coverage under the 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 the 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/week] following Our approval of the application/enrollment and receipt of the first premium (see Newborn and Adopted Children provision).

[DATE OF DIAGNOSIS, [for the purpose of Heart Attack or Stroke, means the date a Physician establishes the diagnosis through the use of clinical evidence submitted or laboratory findings,] [and] [for the purpose of Internal Cancer means the date shown on the pathological report submitted, or the date a Physician establishes the Internal Cancer diagnosis through the use of clinical evidence submitted or laboratory findings.]]

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 the 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 the 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 Period in which the conditions cease or the date the Certificate terminates; or
4. any 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 manage 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.

[FIRST OCCURRENCE BENEFIT WAITING PERIOD] means the number of days shown in the Certificate Schedule following the Covered Person's Effective Date. No benefits will be paid for a [Heart Attack or Stroke] [and] [Internal Cancer] when the Date of Diagnosis occurs during the First Occurrence Benefit Waiting Period.]

[HEART ATTACK] means an acute myocardial infarction resulting in the sudden death of the heart muscle resulting from a blockage of one or more coronary arteries. A Physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms. The diagnosis must be based on an event, which consists of all of the following:

1. the sudden onset of symptoms consistent with a heart attack; and
2. elevation of cardiac (heart) biomarkers; and
3. electrocardiographic changes consistent with a heart attack.

The definition of Heart Attack does not include congestive heart failure, atherosclerotic heart disease, angina, including unstable angina, coronary disease, or any other dysfunction of the cardiovascular system.]

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.

HOSPITAL CONFINEMENT (HOSPITAL CONFINED) means the Covered Person is confined to a bed as a resident Inpatient in a Hospital or confined in an observation unit or Emergency Room within a Hospital on the advice of a Physician for at least 18 consecutive hours, to be considered one day of Hospital Confinement. One period of confinement includes all consecutive calendar days a Covered Person is confined as an Inpatient in a Hospital. Successive Hospital stays will be considered as one period of confinement if they are:

1. due to the same or related causes; and
2. separated by less than 30 days.

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 Benefit-Eligible individual, and/or any Eligible Dependent may first apply in writing for coverage under the Certificate:

1. if the Benefit-Eligible individual 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 Benefit-Eligible individual or Eligible Dependent becomes eligible for coverage after the Policy Effective Date, the period ending 31 days after the date the individual is 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. The Insured must be:

1. a Benefit-Eligible employee or independent contractor of the Policyholder; or
2. a Benefit-Eligible member of the Policyholder; or
3. a Benefit-Eligible employee or independent contractor of a member of the Policyholder.

[INTERNAL CANCER] means a disease that 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. For the purposes of this definition, it does not include other conditions that may be considered pre-cancerous or having malignant potential such as:

1. Actinic keratosis;
2. Myelodysplastic and non-malignant myeloproliferative disorders;
3. Aplastic anemia;
4. Atypia;
5. Non-malignant monoclonal gammopathy;
6. Leukoplakia;
7. Hyperplasia;
8. Carcinoid;
9. Polycythemia; or
10. Carcinoma in Situ or any Skin Cancer other than invasive malignant melanoma into the dermis or deeper.

A legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology must positively diagnose the Cancer. Diagnosis must be made based on microscopic examination of fixed tissue, or preparations from the hemic system (either during life or postmortem). 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 of pattern of the suspect tumor, tissue and/or specimen.

Clinical diagnosis of Cancer will be accepted as evidence that Cancer exists 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 legally licensed for the practice of medicine.]

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 the 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
4. 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 You in Your residence.

PLACEMENT (or PLACED) FOR ADOPTION, for the purpose of the Certificate, means the assumption by You 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 the Certificates are issued.

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

POLICYHOLDER means the legal entity who holds the Policy. The Policyholder is show on the face page of the Policy and Page 3 of the Policy and Certificate.

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

POLICY SCHEDULE means page 3 of the Policy.

PRE-EXISTING CONDITION means a Specified Disease[, Heart Attack or Stroke] [or] [Internal Cancer] for which medical advice, consultation or treatment, including prescribed medication, 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 the Certificate.

[STROKE means a sudden neurological impairment of sensory and/or motor functions due to aneurysm rupture, acute cerebral occlusion, or acute cerebral hemorrhage from a cerebral artery, which results in permanent damage to the nervous system deficit that is diagnosed by a Physician. Stroke does not mean head injury, transient ischemic attack, multi-infarct dementia, or chronic cerebrovascular insufficiency.]

TELEMEDICINE means the use of interactive audio, video, or other telecommunications technology that is used by a health care provider or health care facility to deliver health care services at a site other than the site where the patient is located and delivered over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. 1320d, et seq. The term includes the use of electronic media for consultation relating to the health care diagnosis or Treatment of a patient in real time or through the use of store-and-forward technology. The term does not include the use of audio-only telephone, e-mail, or facsimile transmission.

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 the Certificate if:

1. You are Actively at Work with the Policyholder and qualify for coverage as defined in the Master Application; or
2. You are Actively at Work with a member company of the Policyholder and qualify for coverage as defined in the Master Application; or
3. You are a Benefit-Eligible member of the Policyholder and qualify for coverage as defined in the Master Application.

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 guaranteed 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.

You must apply for insurance during the Initial Enrollment period or within 31 days of the date You first become eligible for coverage. If You do not apply during the Initial Enrollment period or within 31 days of the date You first become eligible for coverage, You may be subject to additional underwriting by Us.

PLAN OF INSURANCE: The Plan Selected shown on the Certificate Schedule determines who is covered under the 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 Period 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/enrollment.

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 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 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

SPECIFIED DISEASE BENEFITS

This section explains benefits We provide for a loss incurred while covered under the Policy and any attached riders, following a diagnosis of Cancer, and for the treatment of Cancer. A charge must be incurred for benefits under these Specified Disease Benefits provisions 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. Face-to-face contact between a Physician and a patient is not required as a prerequisite for payment for services appropriately provided through Telemedicine in accordance with generally accepted health care practices and standards prevailing in the applicable professional community at the time the services were provided.

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 the 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 any 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 any 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.

FIRST OCCURRENCE BENEFITS

This section explains benefits We provide upon the first diagnosis of [Heart Attack or Stroke] [and] [Internal Cancer]. Benefits under these First Occurrence Benefits provisions are payable upon a diagnosis. A charge does not have to be incurred.

[HEART ATTACK OR STROKE: If, while the Policy is in force, a Covered Person receives a first diagnosis of Heart Attack or Stroke, We will pay You a lump sum benefit. This benefit amount is shown on Your Schedule of Benefits. The Date of Diagnosis of the Heart Attack or Stroke must occur after the First Occurrence Benefit Waiting Period. Only one First Occurrence Benefit for Heart Attack or Stroke is payable per Covered Person per lifetime.

The Heart Attack/Stroke lump sum benefit amount will reduce by 50% at age 70.]

[INTERNAL CANCER: If, while the Policy is in force, a Covered Person receives a first diagnosis of Internal Cancer, We will pay You a lump sum benefit. This benefit amount is shown on the Schedule of Benefits. The Date of Diagnosis of Internal Cancer must occur after the First Occurrence Benefit Waiting Period. Only one First Occurrence Benefit for Internal Cancer is payable per Covered Person per lifetime.

The Internal Cancer lump sum benefit amount will reduce by 50% at age 70.]]

SECTION 6 - LIMITATIONS AND EXCLUSIONS

No benefits will be paid for:

1. treatment by any program engaged in research that does not meet the definition of Experimental Treatment (see Section 3); or
2. losses or medical expenses incurred prior to the Covered Person's Effective Date regardless of when a Specified Disease[,] [or Internal Cancer] [or Heart Attack or Stroke] was diagnosed.

[With respect to the First Occurrence Benefit for Heart Attack or Stroke only, no benefits will be paid for any loss caused by or resulting from:

1. intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
2. alcoholism or drug addiction;
3. any act of war, declared or undeclared, or any act related to war, or active service in the armed forces, or military service for any country at war; (If coverage is suspended for any Covered Person during a period of military service, We will refund the pro-rata portion of any premium paid for any such Covered Person upon receipt of the Policyholder's written request.)

4. participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or
5. participation in, or attempting to participate in, a felony, riot or insurrection (a felony is defined by the law of the jurisdiction in which the activity takes place).]

[With respect to the First Occurrence Benefit for Internal Cancer only, no benefits will be paid for

1. a diagnosis of Internal Cancer received outside the territorial limits of the United States; or
2. a metastasis to a new site of any Cancer diagnosed prior to the Covered Person's Effective Date, as this is not considered a first diagnosis of an Internal Cancer.]

ONLY LOSS FOR CANCER: The Policy, under which the 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. [This provision does not apply to the First Occurrence Benefits.]

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 the 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 the 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.

[With regard to the First Occurrence Benefits only, no benefits are provided for a first diagnosis when the Date of Diagnosis occurs during the First Occurrence Waiting Period. If any Covered Person has a [Heart Attack or Stroke] [or] [Internal Cancer] diagnosed before the end of the First Occurrence 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 First Occurrence Benefit Waiting Period is shown on the Certificate Schedule.]

SECTION 7 - PREMIUMS

PREMIUM PAYMENT: The 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, the 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 Period in which the death occurred will be refunded.

SECTION 8 - TERMINATION OF COVERAGE

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

1. the date the renewal premium became due once the grace period has ended 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 Period in which We receive a request from the Policyholder to terminate the Policy; or
4. the end of the Policy Period in which We have terminated the Policy.

We may terminate the Policy [at any time/on any premium due date on or after the first anniversary] following the first Policy Effective Date. We must give at least 60 days written or electronic notice to the Policyholder prior to cancellation.

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 date the renewal premium became due once the grace period has ended if the premium remains unpaid;
3. the date insurance has ceased on all persons covered under the Certificate;
4. the end of the Certificate Period 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 date the renewal premium became due once the grace period has ended if the premium remains unpaid;
4. the end of the Certificate Period in which You request 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 or a Subscribing Unit of the Policyholder, such termination shall be without prejudice to any loss which commenced while the 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 [6303 N. Portland, Suite 402, Oklahoma City, OK 73112] or to any authorized insurance producer. Information sufficient to identify the Covered Person shall be deemed notice to Us. Failure to provide notice within the time prescribed will not invalidate or reduce any claim if it was not reasonably possible to give notice in that time, and the notice is filed as soon as reasonably possible.

CLAIM FORMS: When We receive notice of claim, We will send the claim forms. If these forms are not sent within 15 days, 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 the 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/enrollment attached to the 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 the 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, the 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 the Certificate. No insurance producer may change the 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/enrollment, except fraudulent misstatements, will be used to void the 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/enrollment form 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: The Certificate has a [7, 14, 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 [7, 14, 31] days. During the grace period, the Certificate will stay in force. If the premium is not paid by the end of the [7, 14, 31]-day grace period, Your Certificate will terminate as of the date the renewal premium is due.

The Policyholder or You may cancel coverage under the Certificate pursuant to Section 8 – Termination of Coverage. If coverage is canceled by the Policyholder, by You, or by Us on a premium due date, the grace period will not apply.

REINSTATEMENT: After Your Certificate has lapsed, it may be reinstated only if:

- (a) the Policy is still in force;
- (b) You meet the eligibility requirements in the Certificate; and
- (c) premium payments resume for a due date that is within the same Calendar Year as the date of lapse.

Our acceptance and application of resumed premium payment to the certificate will activate reinstatement of the Certificate. The Certificate reinstatement date will be the first day of the premium due period for which the Policyholder paid group premiums and Your resumed payment is included. The reinstated Certificate will cover only loss as defined in the Policy that is incurred after the reinstatement date. You and We will have the same rights as before termination, and all other terms of the Policy remain unchanged. All benefits previously paid within the same Calendar Year as the reinstatement will count towards any benefit maximums.

[UNPAID PREMIUM: When a claim is paid under the Certificate, any premium due and unpaid may be deducted from the claim payment if the claim is incurred during the grace period.]

MISSTATEMENT OF AGE: If You misstated the age of any Covered Person on Your application/enrollment, 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 the Certificate that conflicts with the laws of the state of issue is amended to meet the minimum requirements of those laws.



FOR INQUIRIES OR TO OBTAIN INFORMATION, PLEASE CONTACT:
American Public Life Insurance Company
[6303 N. Portland, Suite 402, Oklahoma City, OK 73112
Toll Free (800) 256-8606]

INFORMATION ONLY

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

SECTION 2 – CERTIFICATE SCHEDULE

<i>Policyholder:</i> [ABC Company]	<i>Certificate Number:</i> [M000000]
<i>Policy Effective Date:</i> [6/1/2009]	<i>Certificate Effective Date:</i> [6/1/2009]
<i>Policy Number:</i> [M00000]	<i>Plan Selected:</i> [Individual, Individual and Spouse, Single-Parent Family, Two-Parent Family]
<i>Insured:</i> [John Doe]	<i>Insured's Issue Age:</i> [35]
Waiting Period: [30 Days] First Occurrence Benefit Waiting Period: [30 Days]	Pre-Existing Condition Period: [12] Months Pre-Existing Condition Exclusion Period: [12] Months

CANCER PLAN DESCRIPTION

	Effective Date	Pre-Existing Condition Exclusions
CANCER PLAN [1, 2, 3, 4]:		
Limited Benefit Specified Disease Cancer Insurance Certificate	[xx/xx/xxxx]	[Applied/Credited*]
[Cancer Screening Benefit Rider	[xx/xx/xxxx]	[Applied/Credited*]]
[Surgical Care Benefit Rider	[xx/xx/xxxx]	[Applied/Credited*]]
[Patient Care Benefit Rider	[xx/xx/xxxx]	[Applied/Credited*]]
[Miscellaneous Benefit Rider	[xx/xx/xxxx]	[Applied/Credited*]]
[Hospital Intensive Care Unit Benefit Rider	[xx/xx/xxxx]	[Applied/Credited*]]
[Portability Amendment Rider	[xx/xx/xxxx]]	

TOTAL MONTHLY PREMIUM

\$[XX.xx]

[*Credited for the Employee to the extent the Pre-Existing Condition Exclusion Period was previously satisfied by similar coverage in force immediately prior to the Effective Date.]

[*Credited for each Covered Person to the extent the Pre-Existing Condition Exclusion Period was previously satisfied by similar coverage in force immediately prior to the Covered Person's Effective Date.]

TOTAL PREMIUMS BY MODE

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY	[SPECIAL MODAL*]
[\$XXX.xx]	[\$XXX.xx]	[\$XXX.xx]	[\$XXX.xx]	[\$XXX.xx]

TO CALCULATE A PREMIUM OTHER THAN MONTHLY MULTIPLY THE MONTHLY PREMIUM BY: 3 FOR QUARTERLY; 6 FOR SEMI-ANNUAL; AND 12 FOR ANNUAL. [*SPECIAL MODAL PREMIUM IS THE MONTHLY PREMIUM ADJUSTED TO COINCIDE WITH CERTAIN PAYROLL DEDUCTION REQUIREMENTS.]

[THIS SCHEDULE REFLECTS REVISIONS TO YOUR CERTIFICATE EFFECTIVE [MM/DD/YYYY].]

INFORMATION ONLY

SCHEDULE OF BENEFITS

CANCER PLAN BENEFITS	BENEFIT AMOUNT
SPECIFIED DISEASE BENEFITS	
Radiation Therapy, Chemotherapy, Immunotherapy Maximum per Covered Person per 12-month period	\$ [10,000 - 20,000]
Hormone Therapy Per treatment up to maximum of 12 treatments per Covered Person per Calendar Year	\$50
Experimental Treatment Paid in the same manner and under the same maximums as any other benefit in this Schedule	
[FIRST OCCURRENCE BENEFITS	
[Internal Cancer First Occurrence	
Lump Sum Benefit	\$ [2,500 - 10,000]
[Lump Sum for Eligible Dependent children	\$ [3,750 - 15,000]]
Maximum 1 per Covered Person per lifetime]
[Heart Attack/Stroke First Occurrence	
Lump Sum Benefit	\$ [2,500 - 10,000]
[Lump Sum for Eligible Dependent children	\$ [3,750 - 15,000]]
Maximum 1 per Covered Person per lifetime)]

[OPTIONAL BENEFIT RIDERS	BENEFIT AMOUNT
[Cancer Screening Benefit Rider	
<u>Diagnostic Testing</u> Maximum 1 test per Covered Person per Calendar Year	\$ [50/ 50/ 75/ 100]
<u>Follow-Up Diagnostic Testing</u> Maximum 1 test per Covered Person per Calendar Year	\$ 100
<u>Medical Imaging</u> Per test up to maximum of [1/2] tests per Covered Person per Calendar Year, following diagnosis of Cancer	\$ 500]
[Surgical Benefit Rider	
<u>Surgical</u> Unit Dollar Amount	\$ [15 - 60]
Maximum per operation	\$ [1,500 - 6,000]
<u>Anesthesia</u> Percent of amount paid for covered surgery	25%
<u>Bone Marrow Transplant</u> Maximum per Covered Person per lifetime	\$ [6,000 - 12,000]
<u>Stem Cell Transplant</u> Maximum per Covered Person per lifetime	\$ [600 - 1,200]
<u>Prosthesis</u> Surgical Implantation	\$ [1,000 - 3,000]
Maximum 1 device per site per Covered Person per lifetime	
Non-Surgical (does not include Hair Piece)	\$ [100 - 300]]
Maximum 1 device per site per Covered Person per lifetime	

INFORMATION ONLY

SCHEDULE OF BENEFITS

[Patient Care Benefit Rider	
<u>Hospital Confinement</u>	
[Per day of Hospital Confinement	\$ 100
[Per day for Eligible Dependent children	\$ 200]]
[Per day of Hospital Confinement, days 1-30	\$ [100 - 300]
[Per day for Eligible Dependent children	\$ [200 - 600]]
Per day of Hospital Confinement, days 31+	\$ [200 - 600]
[Per day for Eligible Dependent children	\$ [400 - 1,200]]]
<u>Outpatient Facility</u>	
Per day surgery is performed	\$ [200 - 600]
<u>Attending Physician</u>	
Per day of Hospital Confinement	\$ [30 - 50]
<u>Dread Disease</u>	
[Per day of Hospital Confinement	\$ 100]
[Per day of Hospital Confinement, days 1-30	\$ [100 - 300]
Per day of Hospital Confinement, days 31+	\$ [200 - 600]]
<u>Extended Care Facility</u>	
Per day up to same number of Hospital Confinement Days	\$ [100 - 300]
<u>Donor</u>	
Per day	\$ [100 - 300]
<u>Home Health Care</u>	
Per day up to same number of Hospital Confinement Days	\$ [100 - 300]
<u>Hospice Care</u>	
Per day up to maximum of 365 days per Covered Person per lifetime	\$ [100 - 300]
<u>U.S. Government, Charity Hospital or HMO</u>	
[Maximum per day of Hospital Confinement	\$ 100]
[Maximum per day of Hospital Confinement, days 1-30	\$ [100 - 300]
Maximum per day of Hospital Confinement, days 31+	\$ [200 - 600]]]
[Miscellaneous Benefit Rider	
<u>Cancer Treatment Center Evaluation or Consultation</u>	\$ [Not Included - 750]
Maximum 1 evaluation or consultation per Covered Person per lifetime	
<u>Evaluation or Consultation Travel and Lodging</u>	\$ [Not Included - 350]
Maximum 1 per Covered Person per lifetime	
<u>Second and Third Surgical Opinion</u>	
Per Diagnosis of Cancer	\$ 300
Per Diagnosis if 3 rd Opinion Required	\$ 300
<u>Drugs and Medicine</u>	
Inpatient, per Confinement	\$ 150
Outpatient, per Prescription	\$ 50
Maximum outpatient per Covered Person per month	\$ 150

INFORMATION ONLY

SCHEDULE OF BENEFITS

<u>Hair Piece (Wig)</u>	\$ 150
Maximum of 1 benefit per Covered Person per lifetime	
<u>Transportation</u>	
Travel by bus, plane or train	Actual Coach Fare or \$ [.40 - .75 per mile]
Travel by car	\$ [.40 - .75] per mile
Maximum of 12 trips per Covered Person per Calendar Year for all modes of transportation combined	
<u>Lodging</u>	
Per day up to maximum of 100 days per Covered Person per Calendar Year	\$ [50 - 100]
<u>Family Transportation</u>	
Travel by bus, plane or train	Actual Coach Fare or \$ [.40 - .75 per mile]
Travel by car	\$ [.40 - .75] per mile
Maximum of 12 trips per Covered Person per Calendar Year for all modes of transportation combined	
<u>Family Lodging</u>	
Per day up to maximum of 100 days per Covered Person per Calendar Year	\$ [50 - 100]
<u>Blood, Plasma, and Platelets</u>	
Per day	\$ 300
<u>Ambulance</u>	
Ground, per trip	\$ 200
Air, per trip	\$ 2,000
Maximum 2 trips per Covered Person per Hospital Confinement for all modes of transportation combined	
<u>Inpatient Special Nursing Services</u>	
Per day of Hospital Confinement	\$ 150
<u>Outpatient Special Nursing Services</u>	
Per day up to same number of Hospital Confinement Days	\$ 150
<u>Medical Equipment</u>	\$ [Not Included - 150]
Maximum 1 benefit per Covered Person per Calendar Year	
<u>Physical, Occupational, Speech, Audio Therapy or Psychotherapy</u>	
Per visit	\$ 25
Maximum per Covered Person per Calendar Year	\$ 1,000]
[Hospital Intensive Care Unit Rider	
Intensive Care Unit per day	\$ 600
Step Down Unit per day	\$ 300
Maximum of 45 days per Confinement for any combination of Intensive Care Unit or Step Down Unit]]	

INFORMATION ONLY



2305 Lakeland Drive, Flowood, Mississippi 39232
Toll Free (800) 256-8606

CANCER SCREENING BENEFIT RIDER

Effective Date:

This rider is issued in return for the application and receipt of the first premium for this rider. This rider is part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate that are not in conflict with the provisions of this rider. This rider will terminate on the same date as the Policy/Certificate to which it is attached.

BENEFITS

This section explains benefits we provide for a loss incurred while covered under this rider. A charge must be incurred for benefits to be payable.

DIAGNOSTIC TESTING: We will pay the indemnity amount shown on the Schedule of Benefits, subject to the maximum number of tests per Calendar year, for each Covered Person who receives a screening test that is generally medically recognized to detect internal Cancer including, but not limited to:

1. mammogram;
2. breast ultrasound;
3. breast thermography;
4. breast cancer blood test (CA 15-3);
5. colon cancer blood test (CEA);
6. prostate-specific antigen blood test (PSA);
7. flexible sigmoidoscopy;
8. colonoscopy;
9. virtual colonoscopy;
10. ovarian cancer blood test (CA-125);
11. pap smear (lab test required);
12. chest x-ray;
13. hemocult stool specimen;
14. serum protein electrophoresis (blood test for myeloma);
15. Thin Prep Pap test.

The Covered Person must incur a charge for the screening test. This benefit is available without a diagnosis of Cancer. Screening tests payable under this benefit will **ONLY** be paid under this benefit. This benefit does not include any test payable under the Medical Imaging benefit. Benefits will only be paid for tests performed after the 30-day period following the Covered Person's Effective Date of this rider.

FOLLOW-UP DIAGNOSTIC TESTING: When a Covered Person receives abnormal results from a covered screening test (See Diagnostic Testing benefit), we will pay the indemnity amount shown on the Schedule of Benefits for one follow-up invasive screening test (a test involving an incision or surgery or the insertion of an instrument into the body). For those tests involving an incision or surgery, this benefit will only be paid for a test that results in a negative diagnosis of Cancer. For those invasive tests that do not involve an incision, this benefit will be paid regardless of the diagnosis.

INFORMATION ONLY

MEDICAL IMAGING: We will pay the indemnity amount shown on the Schedule of Benefits, subject to the maximum number of tests per Calendar Year, for a Covered Person, who has been diagnosed with Cancer, and receives either a:

1. Magnetic Resonance Imaging (MRI);
2. Computed Tomography (CT) scan;
3. Computed Axial Tomography (CAT) scan; or
4. Positron Emission Tomography (PET) scan;

when performed due to Cancer or the treatment of Cancer. The MRI, CT scan, CAT scan, or PET scan, must be done at the request of a Physician.

TIME LIMIT ON CERTAIN DEFENSES

After two years from the Covered Person's Effective Date of this rider, no misstatements (except fraudulent misstatements) made by you in the application for this rider will be used to void the rider or to deny a claim for loss that begins after the end of such two year period.

EXCLUSIONS AND LIMITATIONS

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; or
3. losses or medical expenses incurred prior to the Covered Person's Effective Date of this rider ; or
4. loss incurred during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date of this rider as the result of a Pre-Existing Condition (see Section 6 - Limitations and Exclusions in your certificate).

For the purpose of benefits under this rider, the Waiting Period will begin on the Covered Persons Effective Date of this rider (see Section 6 - Limitations and Exclusions in your certificate).

TERMINATION OF RIDER COVERAGE

This rider will terminate and coverage will end for all Covered Persons on the earliest of:

1. the end of the grace period if the premium for this rider remains unpaid;
2. the date the Policy or Certificate to which this rider is attached terminates;
3. the end of the Certificate Month in which we receive a request from the Policyholder to terminate this rider; or
4. the date of your death.

Coverage on an Eligible Dependent terminates under this rider when such person ceases to meet the definition of Eligible Dependent, as defined in the Policy/Certificate.

Signed for American Public Life Insurance Company.

INFORMATION ONLY

President, Chief Executive Officer



2305 Lakeland Drive, Flowood, Mississippi 39232
Toll Free (800) 256-8606

SURGICAL BENEFIT RIDER

Effective Date:

This rider is issued in return for the application and receipt of the first premium for this rider. This rider is part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate that are not in conflict with the provisions of this rider. This rider will terminate on the same date as the Policy/Certificate to which it is attached.

DEFINITIONS

BONE MARROW TRANSPLANT is the harvesting, storage and subsequent reinfusion of stem cells from the recipient's, or a matched donor's, bone marrow.

HOSPITAL CONFINEMENT (HOSPITAL CONFINED) means the Covered Person is confined to a bed as a resident Inpatient in a Hospital, or confined in an observation unit or Emergency Room within a Hospital on the advice of a Physician for at least 18 consecutive hours, to be considered one day of Hospital Confinement. One period of confinement includes all consecutive calendar days a Covered Person is confined as an Inpatient in a Hospital. Successive Hospital stays will be considered as one period of confinement if they are:

1. due to the same or related causes; and
2. separated by less than 30 days.

STEM CELL TRANSPLANT is the harvesting, storage and subsequent reinfusion of stem cells from the recipient's, or a matched donor's, blood.

BENEFITS

This section explains benefits we provide for a loss incurred while covered under this rider, following a diagnosis of Cancer or Skin Cancer, and for the treatment of Cancer or Skin Cancer. A charge must be incurred for benefits to be payable.

SURGICAL: When a surgical operation is performed on a Covered Person for a covered diagnosed Cancer, Skin Cancer, or for reconstructive surgery due to Cancer, we will pay the lesser of:

1. the surgical unit value assigned to the procedure multiplied by the Unit Dollar Amount shown on the Schedule of Benefits; or
2. the maximum per operation amount shown on the Schedule of Benefits.

We will use the most current Physician's Relative Value Table and the Current Procedural Terminology (CPT) Code to determine the surgical unit value assigned to each procedure.

An indemnity benefit will be calculated as follows: Unit Dollar Amount shown on the Schedule of Benefits x surgical unit value = Benefit Amount (up to the maximum per operation amount shown on the Schedule of Benefits).

This benefit will be paid for surgery performed in or out of the Hospital.

Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Two or more surgical procedures performed through different incisions will be considered two operations and benefits will be paid for each procedure. In no case will the benefit payable for one operation exceed the maximum amount per operation in the Schedule of Benefits.

Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone Marrow Transplant or Stem Cell Transplant surgeries are paid under the Bone Marrow or Stem Cell Transplant benefit. Surgeries required to implant a permanent prosthetic device are covered under the Prosthesis benefit.

This benefit is payable for reconstructive breast surgery performed on a non-diseased breast to establish symmetry with a diseased breast when reconstructive surgery on the diseased breast is performed while covered under this rider. Reconstructive surgery to the non-diseased breast must occur within 24 months of the reconstructive surgery of the diseased breast.

ANESTHESIA: We will pay the amount shown on the Schedule of Benefits for the services of an anesthesiologist received as a result of a covered surgery. Hospital Confinement is not required to receive this benefit. Services of an anesthesiologist for Bone Marrow Transplants or Stem Cell Transplants are covered under the Bone Marrow or Stem Cell Transplant benefits. Services of an anesthesiologist for Skin Cancer or surgical prosthesis implantation are not covered under this benefit.

BONE MARROW TRANSPLANT: When a Bone Marrow Transplant is performed on a Covered Person as treatment for a diagnosed Cancer, we will pay the indemnity amount, up to the maximum amount per lifetime, as shown on the Schedule of Benefits. This benefit is payable in or out of the Hospital. This benefit is payable in lieu of the Surgical benefit and the Anesthesia benefit. If a Bone Marrow Transplant and a Stem Cell Transplant are performed on the same day, only the Bone Marrow Transplant will be payable.

STEM CELL TRANSPLANT: When a Stem Cell Transplant is performed on a Covered Person as treatment for a diagnosed Cancer, we will pay the indemnity amount, up to the maximum amount per lifetime, as shown on the Schedule of Benefits. This benefit is payable in or out of the Hospital. This benefit is payable in lieu of the Surgical benefit and the Anesthesia benefit. If a Bone Marrow Transplant and a Stem Cell Transplant are performed on the same day, only the Bone Marrow Transplant will be payable.

PROSTHESIS: We will pay the indemnity amount shown on the Schedule of Benefits for a prosthetic device received due to Cancer that manifested after the Waiting Period following the Covered Person's Effective Date of this rider and, if surgery is required, its surgical implantation, provided the implantation of such device is prescribed by a Physician as a direct result of surgery for Cancer. This benefit does not cover prosthetic related supplies such as special bras or ostomy pouches and supplies. Artificial limbs will be paid under the surgical implantation portion of this benefit. Temporary prosthetic devices used as tissue expanders are covered under the Surgical benefit. Benefits for hair prosthesis are not covered under this benefit.

TIME LIMIT ON CERTAIN DEFENSES

After two years from the Covered Person's Effective Date of this rider, no misstatements (except fraudulent misstatements) made by you in the application for this rider will be used to void the rider or to deny a claim for loss that begins after the end of such two year period.

EXCLUSIONS AND LIMITATIONS

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; or
3. losses or medical expenses incurred prior to the Covered Person's Effective Date of this rider regardless of when a Specified Disease was diagnosed; or

4. loss incurred during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date of this rider as the result of a Pre-Existing Condition (see Section 6 - Limitations and Exclusions in your certificate).

For the purpose of benefits under this rider, the Waiting Period will begin on the Covered Persons Effective Date of this rider (see Section 6 - Limitations and Exclusions in your certificate).

TERMINATION OF RIDER COVERAGE

This rider will terminate and coverage will end for all Covered Persons on the earliest of:

1. the end of the grace period if the premium for this rider remains unpaid;
2. the date the Policy or Certificate to which this rider is attached terminates;
3. the end of the Certificate Month in which we receive a request from the Policyholder to terminate this rider; or
4. the date of your death.

Coverage on an Eligible Dependent terminates under this rider when such person ceases to meet the definition of Eligible Dependent, as defined in the Policy/Certificate.

Signed for American Public Life Insurance Company.



INFORMATION ONLY

President, Chief Operating Officer



2305 Lakeland Drive, Flowood, Mississippi 39232
Toll Free (800) 256-860

PATIENT CARE BENEFIT RIDER

Effective Date:

This rider is issued in return for the application and receipt of the first premium for this rider. This rider is part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate that are not in conflict with the provisions of this rider. This rider will terminate on the same date as the Policy/Certificate to which it is attached.

DEFINITIONS

AMBULATORY SURGICAL CENTER is a free-standing surgical facility which offers ambulatory medical service. The surgical facility is not part of a Hospital, but it must have been reviewed and approved by the appropriate state health commission to provide the treatment or service. An Ambulatory Surgical Center is a place that:

1. has permanent facilities that are equipped for surgical procedures performed by Physicians; and
2. provides anesthesia administered by a licensed anesthesiologist or licensed Nurse anesthetist; and
3. has registered professional nursing services available on site, whenever a patient is in the facility; and
4. has written agreements with local Hospitals to immediately accept patients who develop complications.

It must also require that the patient be admitted, treated and released within a 24-hour period.

BONE MARROW TRANSPLANT is the harvesting, storage and subsequent reinfusion of stem cells from the recipient's, or a matched donor's, bone marrow.

DREAD DISEASE is one or more of the diseases listed below. These diseases must be first diagnosed by a Physician. Diagnosis must be made by the appropriate evaluation, analysis, and study of tissues, blood, body fluids, cultures, and/or special laboratory tests.

Addison's Disease	Myasthenia Gravis	Tay-Sachs Disease
Amyotrophic Lateral Sclerosis	Niemann-Pick Disease	Tetanus
Cystic Fibrosis	Osteomyelitis	Toxic Epidermal Necrolysis
Diphtheria	Poliomyelitis	Toxic Shock Syndrome
Encephalitis	Reye's Syndrome	Tuberculosis
Grand Mal Epilepsy	Rheumatic Fever	Tularemia
Legionnaire's Disease	Rocky Mountain Spotted Fever	Typhoid Fever
Meningitis	Sickle Cell Anemia	Whipple's Disease
Multiple Sclerosis	Systemic Lupus Erythematosus	
Muscular Dystrophy		

EXTENDED CARE FACILITY is an institution or section of a Hospital that is used for the care of convalescent patients and:

1. is licensed and operated pursuant to law; and
2. is primarily engaged in providing, in addition to room and board, skilled nursing, intermediate and custodial care under the direction of a Physician; and
3. provides 24-hour nursing services by or under the supervision of a Nurse; and

4. maintains a daily medical record of each patient; and
5. is not, other than in a minor way, a place for: rest for the aged; the care of drug addicts or alcoholics; the care and treatment of mental or nervous disorders; or educational care.

HOME HEALTH CARE means professional nursing services, respiratory or inhalation therapy and administration of drugs and medicines. This definition does not include: nutrition counseling; medical social services; medical supplies; prosthesis or orthopedic appliances; rental or purchase of durable medical equipment; drugs or medicines; child care; meals or housekeeping services.

HOSPICE CARE means palliative and supportive care for the Terminally Ill. Hospice Care must be provided by a licensed agency under the direction of a Physician. This definition does not include: well baby care; volunteer services; meals; housekeeping services; or family support after the death of the Covered Person.

HOSPITAL CONFINEMENT (HOSPITAL CONFINED) means the Covered Person is confined to a bed as a resident Inpatient in a Hospital, or confined in an observation unit or Emergency Room within a Hospital on the advice of a Physician for at least 18 consecutive hours, to be considered one day of Hospital Confinement. One period of confinement includes all consecutive calendar days a Covered Person is confined as an Inpatient in a Hospital. Successive Hospital stays will be considered as one period of confinement if they are:

1. due to the same or related causes; and
2. separated by less than 30 days.

PRE-EXISTING CONDITION means a Specified Disease, as defined in this rider, 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 under this rider. The Pre-Existing Condition Period is shown on the Certificate Schedule.

SPECIFIED DISEASE, for the purpose of this rider, means Cancer or Dread Disease as defined in this Certificate.

STEM CELL TRANSPLANT is the harvesting, storage and subsequent reinfusion of stem cells from the recipient's, or a matched donor's, blood.

TERMINALLY ILL means the Covered Person's life expectancy is estimated to be six months or less.

BENEFITS

This section explains benefits we provide for a loss incurred while covered under this rider, following a diagnosis of a Specified Disease, and for the treatment of a Specified Disease. A charge must be incurred for benefits to be payable.

HOSPITAL CONFINEMENT: We will pay the indemnity amount shown on the Schedule of Benefits when a Covered Person requires Hospital Confinement for the treatment of a covered Cancer or the treatment of a condition or disease directly caused by Cancer or the treatment of Cancer. We will not pay this benefit for outpatient treatment or a stay of less than 18 hours in an observation unit or Emergency Room.

OUTPATIENT FACILITY: When a surgical procedure is performed on an outpatient basis in a Hospital or at an Ambulatory Surgical Center on a Covered Person for a diagnosed Cancer, we will pay the indemnity amount shown on the Schedule of Benefits when a facility fee is charged by such Hospital or Ambulatory Surgical Center. Surgical procedures for Skin Cancer performed on an outpatient basis in a Hospital or Ambulatory Surgical Center are not covered under this benefit.

ATTENDING PHYSICIAN: When a Covered Person requires the services of a Physician, other than a surgeon, while Hospital Confined for the treatment of Cancer, we will pay the indemnity amount shown on the Schedule of Benefits for one Physician's visit per day of confinement.

DREAD DISEASE: We will pay the indemnity amount shown on the Schedule of Benefits for each day of Hospital Confinement of a Covered Person for treatment of a Dread Disease. Benefits for Dread Disease are ONLY provided under this provision.

EXTENDED CARE FACILITY: We will pay the indemnity amount shown on the Schedule of Benefits for each day a Covered Person is confined in an Extended Care Facility due to Cancer and charges are incurred for room and board. Such confinement must be at the direction of a Physician, and begin within 14 days after a Hospital Confinement. This benefit will be paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement.

DONOR: If expenses are incurred by a donor (other than the Covered Person) on behalf of a Covered Person for a surgery due to organ transplant, Bone Marrow Transplant, or Stem Cell Transplant, for the treatment of Cancer, we will pay the indemnity amount shown on the Schedule of Benefits. This benefit will be paid regardless of where the surgery is performed. Blood donor expenses are not covered under this benefit.

HOME HEALTH CARE: We will pay the indemnity amount shown on the Schedule of Benefits for Home Health Care required due to Cancer which is prescribed by a Physician in lieu of Hospital Confinement. Such care must be provided by a Nurse, or by a home health Nurse's aide under the supervision of a registered Nurse and begin within 14 days following a covered Hospital Confinement. The caregiver may not be a member of your Immediate Family. Physical, occupational, speech or audio therapy, or psychotherapy are not covered under this benefit. This benefit will be paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement. If the Covered Person qualifies for coverage under the Hospice Care benefit, the Hospice Care benefit will be paid in lieu of this benefit.

HOSPICE CARE: When a Covered Person has been diagnosed by a Physician as Terminally Ill due to Cancer and requires Hospice Care, we will pay the indemnity amount shown on the Schedule of Benefits, subject to the maximum number of days per lifetime, for each day care is received. Care must be directed by a licensed hospice organization in the patient's home, or on an outpatient or short-term Inpatient basis in a hospice facility.

U.S. GOVERNMENT, CHARITY HOSPITAL, OR H.M.O.: We will pay the indemnity amount shown on the Schedule of Benefits if an itemized list of services is not available because a Covered Person is:

1. confined in a charity Hospital or a Hospital owned or operated by the United States Government; or
2. covered under a Health Maintenance Organization (H.M.O.) or a Diagnostic Related Group (D.R.G.) where no charges are made to the Covered Person.

If this option is elected, we will pay the amount shown on the Schedule of Benefits. If the Covered Person is confined as an Inpatient in a Hospital as a result of Cancer or Dread Disease, we will pay benefits for each full day of confinement. If outpatient services are provided, we will pay the benefit for each day that outpatient surgery is performed or outpatient therapy is received for Cancer covered by the Policy or any attached riders. This benefit will be paid in lieu of any amounts payable under this rider, the base policy, and the Cancer Screening, Surgical, and Miscellaneous Benefit (except transportation and lodging benefits) riders, as applicable to your plan.

TIME LIMIT ON CERTAIN DEFENSES

After two years from the Covered Person's Effective Date of this rider, no misstatements (except fraudulent misstatements) made by you in the application for this rider will be used to void the rider or to deny a claim for loss that begins after the end of such two year period.

EXCLUSIONS AND LIMITATIONS

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 or
3. losses or medical expenses incurred prior to the Covered Person's Effective Date of this rider regardless of when a Specified Disease was diagnosed; or

4. loss incurred during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date of this rider as the result of a Pre-Existing Condition, as defined in this Rider (see Section 6 - Limitations and Exclusions in your certificate).

For the purpose of benefits under this rider, the Waiting Period will begin on the Covered Persons Effective Date of this rider (see Section 6 - Limitations and Exclusions in your certificate).

ONLY LOSS FOR CANCER OR DREAD DISEASE: This rider pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. This rider also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. This rider 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 except for conditions specifically provided in the Dread Disease benefit.

TERMINATION OF RIDER COVERAGE

This rider will terminate and coverage will end for all Covered Persons on the earliest of:

1. the end of the grace period if the premium for this rider remains unpaid;
2. the date the Policy or Certificate to which this rider is attached terminates;
3. the end of the Certificate Month in which we receive a request from the Policyholder to terminate this rider; or
4. the date of your death.

Coverage on an Eligible Dependent terminates under this rider when such person ceases to meet the definition of Eligible Dependent, as defined in the Policy/Certificate.

Signed for American Public Life Insurance Company.

INFORMATION ONLY

President, Chief Executive Officer



2305 Lakeland Drive, Flowood, Mississippi 39232
Toll Free (800) 256-8606

MISCELLANEOUS BENEFIT RIDER

Effective Date:

This rider is issued in return for the application and receipt of the first premium for this rider. This rider is part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate that are not in conflict with the provisions of this rider. This rider will terminate on the same date as the Policy/Certificate to which it is attached.

DEFINITIONS

BONE MARROW TRANSPLANT is the harvesting, storage and subsequent reinfusion of stem cells from the recipient's, or a matched donor's, bone marrow.

HOSPITAL CONFINEMENT (HOSPITAL CONFINED) means the Covered Person is confined to a bed as a resident Inpatient in a Hospital, or confined in an observation unit or Emergency Room within a Hospital on the advice of a Physician for at least 18 consecutive hours, to be considered one day of Hospital Confinement. One period of confinement includes all consecutive calendar days a Covered Person is confined as an Inpatient in a Hospital. Successive Hospital stays will be considered as one period of confinement if they are:

1. due to the same or related causes; and
2. separated by less than 30 days.

STEM CELL TRANSPLANT is the harvesting, storage and subsequent reinfusion of stem cells from the recipient's, or a matched donor's, blood.

BENEFITS

This section explains benefits we provide for a loss incurred while covered under this rider, following a diagnosis of Cancer, and for the treatment of Cancer. A charge must be incurred for benefits to be payable.

CANCER TREATMENT CENTER EVALUATION or CONSULTATION: If a Covered Person obtains a treatment opinion at a National Cancer Institute designated Comprehensive Cancer Treatment Center, we will pay the indemnity amount shown on the Schedule of Benefits, subject to the maximums per lifetime. If the Comprehensive Cancer Treatment Center is located more than 50 miles from the Covered Person's place of residence, we will also pay the transportation and lodging indemnity amount under this benefit as shown on the Schedule of Benefits. This benefit is payable in lieu of the Transportation and Lodging and Family Member Transportation and Lodging benefits in this rider.

SECOND AND THIRD SURGICAL OPINION: We will pay the indemnity amount shown on the Schedule of Benefits for a second surgical opinion when the attending Physician recommends surgery as treatment of a diagnosed Cancer. The second surgical opinion must be obtained from the consulting Physician prior to surgery. If the second surgical opinion disagrees with the first, we will pay the amount shown on the Schedule of Benefits for a third surgical opinion. This benefit is payable once per diagnosis of Cancer. Surgical opinions for reconstructive, Skin Cancer, or prosthesis surgeries are not covered under this benefit.

DRUGS AND MEDICINE: We will pay the indemnity amount shown on the Schedule of Benefits, subject to the maximums, for anti-nausea and pain medication prescribed by a Physician and administered to a Covered Person, who is also receiving Radiation Therapy, Chemotherapy, or Immunotherapy, a surgery, or Bone Marrow or Stem Cell Transplant due to Cancer. This benefit covers drugs and medicines only. It does not include associated administrative charges. This benefit does not include drugs or medicines covered under the Radiation, Chemotherapy, or Immunotherapy benefit or the Hormone Therapy benefit.

HAIR PIECE (WIG): We will pay the indemnity amount shown on the Schedule of Benefits, subject to the lifetime maximum, for a Covered Person's hair prosthesis needed as a direct result of Cancer or the treatment of Cancer. Benefits for a hair prosthetic will only be paid under this rider.

TRANSPORTATION AND LODGING: We will pay the actual coach fare for transportation by bus, plane or train; or, the per mile amount shown on the Schedule of Benefits for transportation by car, of a Covered Person, who has been diagnosed as having Cancer, to receive Radiation Therapy, Chemotherapy, or Immunotherapy treatment, Bone Marrow or Stem Cell Transplant, or surgery due to Cancer in a Hospital that is at least 50 miles away from the Covered Person's residence, using the most direct route. Such Hospital must be prescribed by a Physician and be the nearest Hospital which offers the specialized treatment. If the Covered Person travels by bus, plane or train, you will have the option to receive the coach fare benefit or the per mile benefit. If you are unable to provide proof of coach fare, the per mile benefit will be paid. If treatment is received on an outpatient basis, we will also pay the amount shown on the Schedule of Benefits, subject to the maximum number of days, for the Covered Person's lodging in a single room in a motel, hotel or other accommodation acceptable to us while the Covered Person is receiving the specialized treatment. Travel must be by scheduled bus, plane or train, or by car and be within the United States or its Territories. Travel by car will be paid at the stated rate shown on the Schedule of Benefits per mile for up to 1,000 miles round trip. Benefits will be provided for only one mode of transportation per round trip, and subject to the maximum number of trips as shown on the Schedule of Benefits. If the Covered Person receives treatment while Hospital Confined, benefits for transportation will be paid once per Hospital Confinement. Benefits for lodging will be paid only on those days the Covered Person received outpatient treatment.

FAMILY MEMBER TRANSPORTATION AND LODGING: We will pay for one adult family member to be near a Covered Person who is receiving Radiation Therapy, Chemotherapy, or Immunotherapy treatment, Bone Marrow or Stem Cell Transplant, or surgery due to Cancer in a Hospital that is at least 50 miles away from the Covered Person's residence, using the most direct route. We will pay the actual coach fare for transportation by bus, plane, or train; or, the per mile amount shown on the Schedule of Benefits for transportation by car. If the family member travels by bus, plane or train, you will have the option to receive the coach fare benefit or the per mile benefit. If you are unable to provide proof of coach fare, the per mile benefit will be paid. If treatment for the Covered Person is received on an outpatient basis, we will pay the amount shown on the Schedule of Benefits, subject to the maximum number of days, for the family member's lodging in a single room in a motel, hotel or other accommodation acceptable to us. Travel must be by scheduled bus, plane or train, or by car and be within the United States or its Territories. Travel by car will be paid at the stated rate per mile shown on the Schedule of Benefits for up to 1,000 miles round trip. If the family member and the Covered Person who is receiving treatment travel in the same car or lodge in the same room, benefits for travel and lodging will only be paid under the Transportation and Lodging benefit. Benefits will be provided for only one mode of transportation per round trip, and subject to the maximum number of trips as shown on the Schedule of Benefits. If the Covered Person receives treatment while Hospital Confined, benefits for travel and/or lodging will be paid once per Hospital Confinement. If treatment is received on an outpatient basis, benefits for travel and/or lodging will be paid only on those days the Covered Person received outpatient treatment.

BLOOD, PLASMA, AND PLATELETS: We will pay the indemnity amount shown on the Schedule of Benefits for blood, plasma and platelets. This does not include any laboratory processes. This benefit is payable in or out of the Hospital. Colony stimulating factors are not covered under this benefit. Benefits for Blood, Plasma, and Platelets are ONLY provided under this benefit.

AMBULANCE: We will pay the indemnity amount shown on the Schedule of Benefits, subject to the maximum number of trips, for transportation of a Covered Person by air or ground ambulance to a Hospital or from one medical facility to another where the Covered Person is admitted as an Inpatient and Hospital Confined for at least 18 consecutive hours for the treatment of Cancer. A licensed ambulance company must provide the ambulance service. If air and ground ambulance service are both required in the same day, we will pay only the highest benefit amount.

INPATIENT SPECIAL NURSING SERVICES: We will pay the indemnity amount shown on the Schedule of Benefits for full-time special nursing care (other than that regularly furnished by a Hospital) while a Covered Person is Hospital Confined for the treatment of Cancer. For the purpose of this benefit, “full-time” means at least eight consecutive hours during a 24-hour period. Such care must be provided by a Nurse; be prescribed by a Physician; and be for the treatment of Cancer.

OUTPATIENT SPECIAL NURSING SERVICES: We will pay the indemnity amount shown on the Schedule of Benefits for outpatient full-time private duty nursing at the Covered Person’s home. Such outpatient services must begin within 14 days following Hospital Confinement for the treatment of Cancer. For the purpose of this benefit, “full-time” means at least eight consecutive hours during a 24-hour period. Such care must be provided by a Nurse; be prescribed by a Physician; and be for the treatment of Cancer. This benefit is payable for up to the same number of days of the Covered Person’s preceding Hospital Confinement. If a Covered Person received both Inpatient Special Nursing Services and Outpatient Special Nursing Services within the same 24-hour period, only the Inpatient Special Nursing Services benefit will be payable.

MEDICAL EQUIPMENT: We will pay the indemnity amount shown on the Schedule of Benefits, subject to the maximum per Calendar Year, for the rental or purchase of the following when prescribed by a Physician for the treatment of Cancer:

1. braces;
2. crutches;
3. wheelchairs;
4. hospital bed;
5. toilet;
6. pulleys;
7. aspirator;
8. incontinence pants;
9. oxygen;
10. surgical dressings;
11. rubber shields; or
12. colostomy and ileostomy appliances.

This benefit will not be paid for medical equipment used while the Covered Person is Hospital Confined.

PHYSICAL, OCCUPATIONAL, SPEECH, AUDIO THERAPY, or PSYCHOTHERAPY: If a Physician advises a Covered Person to seek physical, occupational, speech, audio therapy, or psychotherapy, we will pay the indemnity amount shown on the Schedule of Benefits, subject to the maximum amount per Calendar Year, for this treatment. These therapies must be as a result of Cancer or the treatment of Cancer and be performed by a caregiver licensed in physical, occupational, speech, audio therapy, or psychotherapy. If two or more therapies occur on the same day, only one benefit amount will be paid.

WAIVER OF PREMIUM: If, while the Certificate is in force, the Insured becomes Disabled, we will waive all premiums due including premium for any riders attached to the Certificate. Disability must be due to Cancer and occur while receiving treatment for such Cancer. The Insured must remain Disabled for 60 continuous days before this benefit will begin. The Waiver of Premium will begin on the next premium due date following the 60 consecutive days of Disability. This benefit will continue for as long as the Insured remains disabled until the earliest of:

1. the date the Insured is no longer Disabled; or
2. the date coverage ends according to the Termination provisions in the Certificate; or
3. the date coverage ends according to the Termination provisions in this rider.

Proof of Disability: The Insured must provide us with proof of Disability. This proof includes, but is not limited to, the following documentation:

1. a Physician’s statement containing the following:
 - a. the date Cancer was diagnosed;
 - b. the date Disability, due to Cancer, began;
 - c. the expected date, if any, such disability will end; and
2. the employer’s statement with the last date of work and expected date of return, if known.

Proof of Disability must be provided for each new period of Disability before a new Waiver of Premium benefit is payable.

Proof of Continuance of Disability: The Insured must provide us with proof of continued Disability at least once every three months. From time to time, we may require proof that the Insured continue to be Disabled, but such proof will not be required more often than once a month. We may also require that the Insured be examined at reasonable intervals by one or more Physicians named by us at our expense. If proof is not furnished on request or if the Insured fails to submit to examination, no further premiums will be waived.

Notice of Recovery: The Insured must notify us in writing as soon as Disability due to Cancer ends. We will assume Disability no longer exists if:

1. the Insured does not send us proof of continued Disability at least once every three months;
2. the Insured does not agree to have a physical examination performed; or
3. the Insured notifies us the Disability has ended.

Recurrence Of Prior Disability: If, after recovery from a Disability which has lasted for at least 60 consecutive days, the Insured suffers another Disability that:

1. starts within 30 days of recovery; and
2. is due to the same or related causes as the prior Disability;

then, such Disability will be deemed to have continued during the period between recovery and recurrence.

End of Disability: If the Insured is no longer Disabled, the Insured's coverage will continue until the next premium due date. If the Insured still qualifies as an Insured under the Policy/Certificate, premium must be paid in order for the Insured's coverage under the Certificate to remain in force. If the Insured no longer qualifies as an Insured, the Insured's coverage will terminate as described in the Termination provisions in the Certificate.

This benefit does not apply if the Insured's spouse or an Eligible Child becomes Disabled.

TIME LIMIT ON CERTAIN DEFENSES

After two years from the Covered Person's Effective Date of this rider, no misstatements (except fraudulent misstatements) made by you in the application for this rider will be used to void the rider or to deny a claim for loss that begins after the end of such two year period.

EXCLUSIONS AND LIMITATIONS

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 or
3. losses or medical expenses incurred prior to the Covered Person's Effective Date of this rider regardless of when a Specified Disease was diagnosed; or
4. loss incurred during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date of this rider as the result of a Pre-Existing Condition (see Section 6 - Limitations and Exclusions in your certificate).

For the purpose of benefits under this rider, the Waiting Period will begin on the Covered Persons Effective Date of this rider (see Section 6 - Limitations and Exclusions in your certificate).

TERMINATION OF RIDER COVERAGE

This rider will terminate and coverage will end for all Covered Persons on the earliest of:

1. the end of the grace period if the premium for this rider remains unpaid;
2. the date the Policy or Certificate to which this rider is attached terminates;
3. the end of the Certificate Month in which we receive a request from the Policyholder to terminate this rider; or
4. the date of your death.

Coverage on an Eligible Dependent terminates under this rider when such person ceases to meet the definition of Eligible Dependent, as defined in the Policy/Certificate.

Signed for American Public Life Insurance Company.

INFORMATION ONLY

President, Chief Executive Officer



FOR INQUIRIES, RESOLVING COMPLAINTS, OR TO OBTAIN INFORMATION, PLEASE CONTACT:

American Public Life Insurance Company
[6303 N. Portland, Suite 402, Oklahoma City, OK 73112]
Toll Free (800) 256-8606

PORTABILITY RIDER

This rider is part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate that are not in conflict with the provisions of this rider.

DEFINITIONS

Policy for the purpose of this rider, means the cancer coverage in effect at the time this portability option was extended.

Port or to port means to continue your group cancer coverage provided under the Policy pursuant to the terms of this rider.

Portability (Ported) Coverage means the cancer coverage that has been continued pursuant to the terms of this rider.

Portability trust coverage is offered through the Group Conversion Insurance Trust, which is situated in the state of Oklahoma. The trustee and policyholder of the portability trust is Bank of Oklahoma, N.A.. The trust administrator and insurer of the portability trust is American Public Life Insurance Company.

ELIGIBILITY FOR PORTABILITY COVERAGE

You are eligible to request Portability Coverage if:

1. this Portability Rider is in effect; and
2. your coverage under the Policy terminated for a reason other than non-payment of premium; [and]
3. [your Certificate was in effect at the time your coverage terminated[; and][.]
4. [your Certificate has been continuously in force for the last [12 months] and has not been continued under COBRA[; and][.]
5. [you have not attained age [65-90].]

[You are not eligible to request Portability Coverage if your coverage under the Policy ends for any of the following reasons:

1. [non-payment of any required premium when due, subject to the Policy's grace period;]
2. [the Policy is canceled or terminated by us;]
3. [the Policy is canceled or terminated by the Policyholder and you have elected replacement coverage through the Policyholder's relationship with another insurance carrier;]
4. [a temporary layoff;]
5. [an approved leave of absence][; or]
6. [retirement].]

REQUESTING PORTABILITY COVERAGE

To exercise this option, within [31] days from the date your coverage under the Policy ends, you must:

1. complete the Portability Election Form; and
2. submit the first premium due.

Evidence of Insurability will not be required. Any waiting periods, if applicable, exclusion periods or time limit on certain defense periods not yet met under the Policy, will only apply for the period of time that remains once Ported Coverage has been elected.

Upon our acceptance of the Portability Election, we will issue a new Certificate under the portability trust.

PORTABILITY COVERAGE

The benefits, terms and conditions of the Ported Coverage [will be] the same as those under the Policy immediately prior to the date the portability option was elected, except as stated in this paragraph. [The benefit amounts on the ported coverage will be less any benefit amounts paid or accrued to any limits under the group plan from which this coverage ported.]

Your coverage levels cannot be increased or decreased. Ported Coverage may include any Eligible Dependent(s) who were covered under the Policy at the time of termination. No additional Eligible Dependent may be added to the Ported Coverage except as provided in the Newborn and Adopted Child provision as described in your in your Ported Coverage. An Eligible Dependent may be removed at any time. Premiums will be adjusted accordingly.

EFFECTIVE DATE

If all the eligibility requirements are met, Portability Coverage will be effective on the day after your coverage ends under the Policy.

[MAXIMUM DURATION PERIOD

The maximum period you may continue your coverage is [the later of]:

1. [the date you reach [age 70]; or]
2. [the date this Ported Coverage has been continued for [12 months]].]

PREMIUMS

All future premiums due will be billed directly to you. You are responsible for payment of all premiums for the Ported Coverage. We will notify you of the amount of premium due, the frequency of premium payments, and the premium due dates.

If any premium after the first premium is not paid when due, you will have a 31-day grace period. Insurance will end at the end of the grace period if you fail to make the required premium payment within that time.

We may change the premium rates at the first anniversary date of the Ported Coverage or any premium due date thereafter. No such increase in rates will be made unless [60] days prior notice is given to you. A change will apply to all Insureds with the same coverage as you under this Ported Coverage. Any change will apply on the next premium due date after we notify you.

Signed for American Public Life Insurance Company.

INFORMATION ONLY

[

Secretary]