

## Cash Cancer Plan



No one plans to get cancer.  
Be prepared if it happens to you.

**HUMANA**  
*Guidance* when you need it most

**Humana** Financial Protection Products

# Cash Cancer Plan



Ensure financial peace of mind for you and your family.

One out of every two men and one out of every three women will get cancer.\* That's a fact that should make you think. But instead of worrying, why not prepare? Humana's **Cash Cancer Plan** is a cancer insurance policy that pays cash to you, or your designee, to help with unexpected, out-of-pocket expenses.

**If you or a member of your family is diagnosed with a covered cancer,\*\* you'll receive a cash payment to use however you want.** For instance, use it to help with:

- ✓ An unexpected loss of income
- ✓ Travel to national cancer centers
- ✓ Trial or experimental treatments
- ✓ Personal home care and household expenses

## Cash Cancer Plan Features

Choice of Who's Covered					
Individual – Single Parent – Family					
Benefit Amount					
\$10,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
Two Payment Methods					
Pay premiums for life of the policy or until claim is filed.			Pay premiums for 20 years (without lapse). Coverage continues with no additional premiums required.		

## Optional Return of Premium Rider

If there are no claims during the term of the rider, premiums will be refunded if the premiums are paid according to the following schedule:

- If the policy is issued when you're age 18-64, and you make no claims after 20 years of coverage, 100% of your premiums will be refunded.
- If the policy is issued when you're age 65-69, and you make no claims after 10 years of coverage, 50% of your premiums will be refunded.

Cash Cancer Plan is Kanawha Insurance Company policy Form 70130 CO and optional rider policy Form 70140. Limitations and exclusions apply. The benefits and riders offered are supplemental and not intended to cover all medical expenses. Please see actual policy for complete details. Humana's Cash Cancer Plan is for protection in the event you are diagnosed with cancer in the future. Please do not apply for this plan if you have ever been diagnosed with cancer. No benefit is payable for a pre-existing condition within the first 12 months of policy issuance. Underwritten by Kanawha Insurance Company – a member of the Humana family of companies.

\* Source: Cancer Facts & Figures 2009, American Cancer Society.

\*\* Covered cancer means first diagnosis and does not include skin cancer other than malignant melanoma.



Child Four

Child Name (First Name, MI, Last Name) (If proposed for coverage)

Suffix

Grid for child name input

Birthdate (MM/DD/YYYY)

Social Security Number

Grid for birthdate input

Grid for social security number input

Gender  Male  Female

BENEFIT SECTION

Plan Type  Individual (adult or child)  Single Parent (parent and all children)
 Family (2 parents and all children)  Children Only (use single parent rate)

Benefit  \$10,000  \$20,000  \$25,000  \$30,000  \$40,000  \$50,000

Payment Period  Lifetime Payment  Payment for 20 years Return of Premium  Yes  No

Payment Method  Bank Draft  Credit Card  Direct Bill/Check (Annual Billing Only)
(Complete Bank Draft or Credit Card Authorization. Annual fee of \$12.00 applies to credit card billing.)

Payment Mode  Monthly  Semi-annual  Annual

Total Modal Premium \$ [ ] [ ] [ ] . [ ] [ ]

(Total modal premium must accompany application)

PROPOSED INSURED'S REPRESENTATION AND AGREEMENT

I hereby represent to Kanawha Insurance Company to the best of my knowledge, information and belief:

Table with 7 columns: Proposed Insured, Spouse, Child 1, Child 2, Child 3, Child 4. Rows contain questions about medical history, existing coverage, and policy understanding.

Signed At \_\_\_\_\_ City

Grid for state input

Signature of Proposed Insured/Owner

Grid for date input

Date (MM/DD/YYYY)



**CREDIT CARD INFORMATION**

Card Holder Information	Credit Card Number	Expiration Date (MM/YY)	Card Type
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	3 or 4-digit security code found on the back of most cards:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Signature of Card Holder _____	Date (MM/DD/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>Name as it appears on the credit card statement.</b> (If different from Proposed Insured)			
Card Holder (First Name, MI, Last Name)			Suffix
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**All charges will be made on the day of Policy.**

As a convenience to me, I request and authorize **KANAWHA INSURANCE COMPANY** to charge my credit card every payment period for payment of premiums.

1. Each charge shall constitute proper notice of premium due.
2. This Authorization shall not become effective unless and until the Policy is issued.
3. This Authorization shall not be construed as modifying any provisions of the Policy.
4. Kanawha shall not incur any liability if the credit card company does not honor the charge and the Policy shall lapse subject to nonforfeiture provisions.
5. This Authorization may be discontinued by Kanawha or by the undersigned at any time within FIVE (5) business days prior to the payment date. Upon termination of this Authorization, premiums for the Policy will be payable annually.
6. Kanawha will notify me TEN (10) days prior to any changes in payment amounts.

Signature of Card Holder \_\_\_\_\_ Date (MM/DD/YYYY)  /  /

**INSURANCE PRODUCER'S USE**

I certify any information recorded by me on this Application is true and accurate to the best of my knowledge and belief.

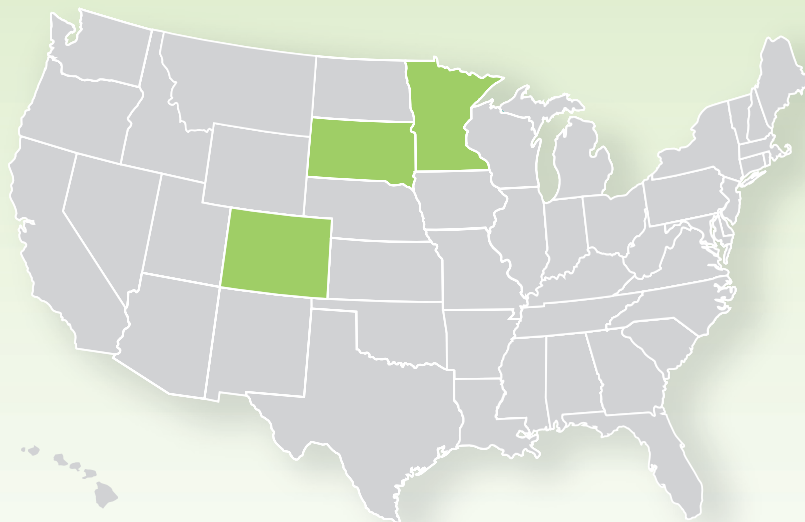
Date (MM/DD/YYYY)  
 /  /

Signature of Licensed Insurance Producer \_\_\_\_\_

Insurance Producer Number	% Credit	Insurance Producer Number	% Credit	Insurance Producer Number	% Credit
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# Cash Cancer Plan

**Rate Sheet**  
**October 2009**  
**Policy - 70130**



**Rates apply to states shaded in green**



**Humana Financial Protection Products**

# Cash Cancer Plan • Monthly Rates

You can select benefit amounts for coverage of \$10,000, \$20,000, \$25,000, \$30,000, \$40,000, or \$50,000. You can calculate the premiums benefit on the \$10,000 modal factors shown below:

## Benefit Amount Calculation

\$10,000 = As shown

\$20,000 = Monthly premium x 2

\$25,000 = Monthly premium x 2.5

\$30,000 = Monthly premium x 3

\$40,000 = Monthly premium x 4

\$50,000 = Monthly premium x 5

### \$10,000 Single

Age	Unisex, Non Tobacco				Unisex, Tobacco			
	Life Pay	Life Pay + ROP Rider	20-Pay	20-Pay + ROP Rider	Life Pay	Life Pay + ROP Rider	20-Pay	20-Pay + ROP Rider
18-29	\$3.00	\$4.00	\$6.00	\$9.00	\$4.00	\$5.00	\$9.00	\$13.00
30-39	5.00	7.00	9.00	14.00	7.00	11.00	15.00	22.00
40-44	7.00	11.00	12.00	18.00	11.00	18.00	20.00	31.00
45-49	10.00	15.00	15.00	22.00	17.00	27.00	26.00	40.00
50-54	14.00	20.00	18.00	27.00	25.00	37.00	34.00	51.00
55-59	19.00	26.00	23.00	33.00	35.00	50.00	43.00	62.00
60-64	24.00	32.00	27.00	37.00	47.00	62.00	53.00	73.00
65-69	29.00	36.00	30.00	38.00	61.00	74.00	63.00	78.00

### \$10,000 Single Parent

Age	Unisex, Non Tobacco				Unisex, Tobacco			
	Life Pay	Life Pay + ROP Rider	20-Pay	20-Pay + ROP Rider	Life Pay	Life Pay + ROP Rider	20-Pay	20-Pay + ROP Rider
18-29	\$3.75	\$5.00	\$7.50	\$11.25	\$5.00	\$6.25	\$11.25	\$16.25
30-39	6.25	8.75	11.25	17.50	8.75	13.75	18.75	27.50
40-44	8.75	13.75	15.00	22.50	13.75	22.50	25.00	38.75
45-49	12.50	18.75	18.75	27.50	21.25	33.75	32.50	50.00
50-54	17.50	25.00	22.50	33.75	31.25	46.25	42.50	63.75
55-59	23.75	32.50	28.75	41.25	43.75	62.50	53.75	77.50
60-64	30.00	40.00	33.75	46.25	58.75	77.50	66.25	91.25
65-69	36.25	45.00	37.50	47.50	76.25	92.50	78.75	97.50

### \$10,000 Family

Age	Unisex, Non Tobacco				Unisex, Tobacco			
	Life Pay	Life Pay + ROP Rider	20-Pay	20-Pay + ROP Rider	Life Pay	Life Pay + ROP Rider	20-Pay	20-Pay + ROP Rider
18-29	\$5.25	\$7.00	\$10.50	\$15.75	\$7.00	\$8.75	\$15.75	\$22.75
30-39	8.75	12.25	15.75	24.50	12.25	19.25	26.25	38.50
40-44	12.25	19.25	21.00	31.50	19.25	31.50	35.00	54.25
45-49	17.50	26.25	26.25	38.50	29.75	47.25	45.50	70.00
50-54	24.50	35.00	31.50	47.25	43.75	64.75	59.50	89.25
55-59	33.25	45.50	40.25	57.75	61.25	87.50	75.25	108.50
60-64	42.00	56.00	47.25	64.75	82.25	108.50	92.75	127.75
65-69	50.75	63.00	52.50	66.50	106.75	129.50	110.25	136.50

# Cash Cancer Plan • Semi-Annual Rates

You can select benefit amounts for coverage of \$10,000, \$20,000, \$25,000, \$30,000, \$40,000, or \$50,000. You can calculate the premiums benefit on the \$10,000 modal factors shown below:

## Benefit Amount Calculation

\$10,000 = As shown

\$20,000 = Monthly premium x 2

\$25,000 = Monthly premium x 2.5

\$30,000 = Monthly premium x 3

\$40,000 = Monthly premium x 4

\$50,000 = Monthly premium x 5

### \$10,000 Single

Age	Unisex, Non Tobacco				Unisex, Tobacco			
	Life Pay	Life Pay + ROP Rider	20-Pay	20-Pay + ROP Rider	Life Pay	Life Pay + ROP Rider	20-Pay	20-Pay + ROP Rider
18-29	\$18.00	\$24.00	\$36.00	\$54.00	\$24.00	\$30.00	\$54.00	\$78.00
30-39	30.00	42.00	54.00	84.00	42.00	66.00	90.00	132.00
40-44	42.00	66.00	72.00	108.00	66.00	108.00	120.00	186.00
45-49	60.00	90.00	90.00	132.00	102.00	162.00	156.00	240.00
50-54	84.00	120.00	108.00	162.00	150.00	222.00	204.00	306.00
55-59	114.00	156.00	138.00	198.00	210.00	300.00	258.00	372.00
60-64	144.00	192.00	162.00	222.00	282.00	372.00	318.00	438.00
65-69	174.00	216.00	180.00	228.00	366.00	444.00	378.00	468.00

### \$10,000 Single Parent

Age	Unisex, Non Tobacco				Unisex, Tobacco			
	Life Pay	Life Pay + ROP Rider	20-Pay	20-Pay + ROP Rider	Life Pay	Life Pay + ROP Rider	20-Pay	20-Pay + ROP Rider
18-29	\$22.50	\$30.00	\$45.00	\$67.50	\$30.00	\$37.50	\$67.50	\$97.50
30-39	37.50	52.50	67.50	105.00	52.50	82.50	112.50	165.00
40-44	52.50	82.50	90.00	135.00	82.50	135.00	150.00	232.50
45-49	75.00	112.50	112.50	165.00	127.50	202.50	195.00	300.00
50-54	105.00	150.00	135.00	202.50	187.50	277.50	255.00	382.50
55-59	142.50	195.00	172.50	247.50	262.50	375.00	322.50	465.00
60-64	180.00	240.00	202.50	277.50	352.50	465.00	397.50	547.50
65-69	217.50	270.00	225.00	285.00	457.50	555.00	472.50	585.00

### \$10,000 Family

Age	Unisex, Non Tobacco				Unisex, Tobacco			
	Life Pay	Life Pay + ROP Rider	20-Pay	20-Pay + ROP Rider	Life Pay	Life Pay + ROP Rider	20-Pay	20-Pay + ROP Rider
18-29	\$31.50	\$42.00	\$63.00	\$94.50	\$42.00	\$52.50	\$94.50	\$136.50
30-39	52.50	73.50	94.50	147.00	73.50	115.50	157.50	231.00
40-44	73.50	115.50	126.00	189.00	115.50	189.00	210.00	325.50
45-49	105.00	157.50	157.50	231.00	178.50	283.50	273.00	420.00
50-54	147.00	210.00	189.00	283.50	262.50	388.50	357.00	535.50
55-59	199.50	273.00	241.50	346.50	367.50	525.00	451.50	651.00
60-64	252.00	336.00	283.50	388.50	493.50	651.00	556.50	766.50
65-69	304.50	378.00	315.00	399.00	640.50	777.00	661.50	819.00

# Cash Cancer Plan • Annual Rates

You can select benefit amounts for coverage of \$10,000, \$20,000, \$25,000, \$30,000, \$40,000, or \$50,000. You can calculate the premiums benefit on the \$10,000 modal factors shown below:

## Benefit Amount Calculation

\$10,000 = As shown

\$20,000 = Monthly premium x 2

\$25,000 = Monthly premium x 2.5

\$30,000 = Monthly premium x 3

\$40,000 = Monthly premium x 4

\$50,000 = Monthly premium x 5

### \$10,000 Single

Age	Unisex, Non Tobacco				Unisex, Tobacco			
	Life Pay	Life Pay + ROP Rider	20-Pay	20-Pay + ROP Rider	Life Pay	Life Pay + ROP Rider	20-Pay	20-Pay + ROP Rider
18-29	\$36.00	\$48.00	\$72.00	\$108.00	\$48.00	\$60.00	\$108.00	\$156.00
30-39	60.00	84.00	108.00	168.00	84.00	132.00	180.00	264.00
40-44	84.00	132.00	144.00	216.00	132.00	216.00	240.00	372.00
45-49	120.00	180.00	180.00	264.00	204.00	324.00	312.00	480.00
50-54	168.00	240.00	216.00	324.00	300.00	444.00	408.00	612.00
55-59	228.00	312.00	276.00	396.00	420.00	600.00	516.00	744.00
60-64	288.00	384.00	324.00	444.00	564.00	744.00	636.00	876.00
65-69	348.00	432.00	360.00	456.00	732.00	888.00	756.00	936.00

### \$10,000 Single Parent

Age	Unisex, Non Tobacco				Unisex, Tobacco			
	Life Pay	Life Pay + ROP Rider	20-Pay	20-Pay + ROP Rider	Life Pay	Life Pay + ROP Rider	20-Pay	20-Pay + ROP Rider
18-29	\$45.00	\$60.00	\$90.00	\$135.00	\$60.00	\$75.00	\$135.00	\$195.00
30-39	75.00	105.00	135.00	210.00	105.00	165.00	225.00	330.00
40-44	105.00	165.00	180.00	270.00	165.00	270.00	300.00	465.00
45-49	150.00	225.00	225.00	330.00	255.00	405.00	390.00	600.00
50-54	210.00	300.00	270.00	405.00	375.00	555.00	510.00	765.00
55-59	285.00	390.00	345.00	495.00	525.00	750.00	645.00	930.00
60-64	360.00	480.00	405.00	555.00	705.00	930.00	795.00	1,095.00
65-69	435.00	540.00	450.00	570.00	915.00	1,110.00	945.00	1,170.00

### \$10,000 Family

Age	Unisex, Non Tobacco				Unisex, Tobacco			
	Life Pay	Life Pay + ROP Rider	20-Pay	20-Pay + ROP Rider	Life Pay	Life Pay + ROP Rider	20-Pay	20-Pay + ROP Rider
18-29	\$63.00	\$84.00	\$126.00	\$189.00	\$84.00	\$105.00	\$189.00	\$273.00
30-39	105.00	147.00	189.00	294.00	147.00	231.00	315.00	462.00
40-44	147.00	231.00	252.00	378.00	231.00	378.00	420.00	651.00
45-49	210.00	315.00	315.00	462.00	357.00	567.00	546.00	840.00
50-54	294.00	420.00	378.00	567.00	525.00	777.00	714.00	1,071.00
55-59	399.00	546.00	483.00	693.00	735.00	1,050.00	903.00	1,302.00
60-64	504.00	672.00	567.00	777.00	987.00	1,302.00	1,113.00	1,533.00
65-69	609.00	756.00	630.00	798.00	1,281.00	1,554.00	1,323.00	1,638.00

## CONDITIONAL RECEIPT

*A Conditional Receipt is to be given to an applicant upon receipt of the applicant's check as a deposit for the modal premium(s) for the Policy(ies) applied for herein.*

**Make checks payable to Kanawha Insurance Company. Do not make payable to Insurance Producer or leave payee blank.**

Received from \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Name Month Year

the sum of \$ \_\_\_\_\_ being the payment of \_\_\_\_\_ month(s) premium for the following policies

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The insurance applied for shall not take effect until:

- the date of Policy,
- payment of the modal premium, and
- the Proposed Insured(s) has been approved for coverage as applied.

In the event the application is declined, any payment made by the applicant will be returned.

**No coverage is provided under this Conditional Receipt unless the conditions on this receipt are fulfilled.**

**No coverage is provided for any claims that begin prior to the approval date.**

**No coverage is provided under this Conditional Receipt if the Proposed insured misrepresented a material fact or facts in the Application for insurance/ reinstatement Application.**

**No insurance producer can waive or alter any of the conditions or requirements stated on this conditional receipt.**

\_\_\_\_\_  
Signature of Insurance Producer/Policy Administrator

\_\_\_\_\_  
Telephone Number of Insurance Producer



210 South White Street; Post Office Box 610  
Lancaster, South Carolina 29721-0610  
Telephone (Toll Free) 1-877-378-1505

## NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE

According to your application, you intend to lapse or otherwise terminate your present policy and replace it with a policy to be issued by Kanawha Insurance Company. Your new policy will provide 30 days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find the purchase of this accident and sickness coverage is a wise decision you should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

### Statement to Applicant by Issuer or Producer:

I have reviewed your current accident and sickness insurance coverage. To the best of my knowledge, this accident and sickness policy will not duplicate your existing coverage because you intend to terminate your existing coverage. The replacement policy is being purchased for the following reason(s)(check one):

Additional benefits                       No change in benefits, but lower premiums  
 Fewer benefits and lower premiums       Other (please specify) \_\_\_\_\_

1. Health conditions which you may presently have (preexisting conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of claim for benefits under the new policy, whereas a similar claim may have been payable under your present policy.
2. State law provides that your replacement policy or contract may not contain new preexisting conditions, waiting periods, elimination periods or probationary periods. The issuer will waive any time periods applicable to preexisting conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the present policy.
3. If you wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy has never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

\_\_\_\_\_  
Signature of Producer or Other Representative\*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Typed Name and Address of Issuer or Producer

\_\_\_\_\_  
Date

\* Signature is not required for direct response sales.

*Original to Applicant; Copy to Home Office with Application*

*Kanawha Insurance Company is a member of the Humana family of companies.*



**IMPORTANT NOTICE TO PERSONS ON MEDICARE**

**THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS.**

**This is not Medicare Supplement insurance.**

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance, and is not a substitute for Medicare Supplement insurance.

**This insurance duplicates Medicare benefits because Medicare generally pays for most of the expenses for the diagnosis and treatment of the specific conditions or diagnoses named in the policy.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- Hospitalization
- Physician services
- Hospice
- Other approved items and services

- ✓ Check the coverage in all health policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the ***Guide to Health Insurance for People with Medicare*** available from Kanawha Insurance Company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposed Insured

THE POLICY DESCRIBED IN THIS OUTLINE PROVIDES SUPPLEMENTAL COVERAGE

## **KANAWHA INSURANCE COMPANY**

210 SOUTH WHITE STREET, POST OFFICE BOX 610

LANCASTER, SOUTH CAROLINA 29721-0610

TELEPHONE NUMBER: 877-378-1505

### **SUPPLEMENTAL FIRST DIAGNOSIS CANCER BENEFIT POLICY**

#### **Outline of Coverage for Form Number 70130 CO**

**READ YOUR POLICY CAREFULLY!** This Outline of Coverage provides a very brief description of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and the Company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

#### **THIS IS NOT A MEDICARE SUPPLEMENT POLICY!**

**SUPPLEMENTAL FIRST DIAGNOSIS CANCER BENEFIT POLICY.** The Policy is designed to supplement Your existing medical coverage. Coverage for the onset of a covered Cancer is provided to Insured Persons as outlined in **BENEFIT PROVISIONS**. The **PRE-EXISTING CONDITION LIMITATIONS PROVISION** as well as the **EXCEPTIONS AND LIMITATIONS PROVISION** exclude or limit coverage for certain losses. The Policy does not provide any benefits other than the stated amount for the First Diagnosis of Cancer.

**CAUTION.** The issuance of the Supplemental First Diagnosis Cancer Benefit Policy is based upon Your responses to the questions on Your Application. A copy of Your Application is attached to the Policy. If, to the best of Your knowledge and belief, there is any fraudulent misstatement in Your Application or if any past medical history has been omitted, Your Policy may not be a valid contract. The best time to clear up any questions is now, before a claim arises! If for any reason, any of Your answers are incorrect, contact Us.

**TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND THE PREMIUM REFUNDED.** After You receive Your Policy, take up to 30 days to examine Your Policy. If You are not completely satisfied, You may return it to Us within 30 days and receive a full refund of the Premium You paid.

**AMOUNT OF BENEFITS.** If an Insured Person receives a First Diagnosis of internal Cancer or malignant melanoma, We will pay the Supplemental First Diagnosis Cancer Benefit Amount shown on the Policy Schedule. No Supplemental First Diagnosis of Cancer Benefit Amount is payable for a diagnosis of skin Cancer other than malignant melanoma. The First Diagnosis must be after the Waiting Period and while the Policy is

in force with respect to the Insured Person. Each Insured Person is limited to one Supplemental First Diagnosis Cancer Benefit Amount under the terms of the Policy.

**EXCEPTIONS AND LIMITATIONS.** The Policy provides benefits only for First Diagnosis of internal Cancer or malignant melanoma. The Policy does not cover any other disease, sickness, incapacity, or injury. No benefit is payable for the diagnosis of skin Cancer other than malignant melanoma. Cancer First Diagnosed during the Waiting Period will not be a covered condition.

**PRE-EXISTING CONDITION LIMITATIONS.** The Policy does not cover Pre-existing Conditions for 12 months after the Date of Policy with respect to persons named in the Application for Insurance.

The Policy does not cover Pre-existing Conditions for 12 months after the effective date of coverage with respect to any Insured Person added after the Date of Policy.

Pre-existing Condition Limitations do not apply to Newborn Children or to Newly Adopted Children.

**RENEWAL CONDITIONS.** You may renew the Policy for life by paying each renewal Premium as it becomes due. Premiums are payable for life unless You choose the 20 Pay Option at the time of Application for the Policy. We do have the right to cancel the Policy for non-payment of Premium, the reasons stated in the Time Limit on Certain Defenses provision, and/or for the payment of the Supplemental First Diagnosis Cancer Benefit.

If the Supplemental First Diagnosis Cancer Benefit for an Insured Person has been paid, other Insured Persons may continue the Policy or purchase a Conversion Policy as outlined in the Termination of Coverage and Conversion of Coverage provisions of the Policy.

A child shall cease to be an Insured Person on his or her 19th birthday, unless still in school as a full-time student, then on the child's 25th birthday.

**PREMIUM CHANGES.** We reserve the right to change Premium rates. A change in the rates will apply to all policies of this form in Your state of residence. The change will be effective on the next Premium due date of Your Policy. If We change the rates, Your Premiums will be determined by Your Age on the Date of Policy. We will write to You, at the address shown in Our records, at least 45 days before We change Your Premium rate.

**GRACE PERIOD.** The Policy has a 31 day Grace Period. This means if a renewal Premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the Grace Period the Policy will stay in force.

**YOUR TOTAL PREMIUM (AT TIME OF APPLICATION):**

**COVERAGE:**

Individual

Single Parent

Family

The Supplemental First Diagnosis Cancer Benefit selected is:

\$10,000

\$20,000

\$25,000

\$30,000

\$40,000

\$50,000

The annual Premium amount for Policy 70130 CO is \$ \_ \_ \_ \_ \_ .

The modal Premium amount for Policy 70130 CO is \$ \_ \_ \_ \_ \_ .

The annual Premium amount for Rider 70140 Return of Premium is \$ \_ \_ \_ \_ \_ .

Total Annual Premium Payable \$ \_ \_ \_ \_ \_ .

**Waiting Period.** There is a 30 day Waiting Period following the Date of Policy, or the date an Eligible Dependent is added to the Policy, if later, during which no benefit amount will be paid. Cancer First Diagnosed during the Waiting Period will not be covered. There is no Waiting Period for Newborn Children or Newly Adopted Children.

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**RECEIPT FOR OUTLINE OF COVERAGE FOR POLICY FORM 70130 CO**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Licensed Resident Agent**

\_\_\_\_\_  
**Date**

**THIS PORTION RETAINED BY APPLICANT**

Form 1663 CO

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**RECEIPT FOR OUTLINE OF COVERAGE FOR POLICY FORM 70130 CO**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Licensed Resident Agent**

\_\_\_\_\_  
**Date**

**THIS PORTION RETAINED BY KANAWHA INSURANCE COMPANY**