



AFEUSA BUSINESS SOLUTION SERIES

Membership Program

Association for Entrepreneurship USA

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AFEUSA MEMBER BENEFITS SUMMARY



1-800MD is an industry-leading telehealth company backed by a national network of board-certified, credentialed physicians throughout the United States. 1.800MD physicians diagnose illnesses, recommend treatment plans and prescribe medications, when deemed appropriate, for its members over the telephone or via secure bi-directional video and email.



VSP VISION SAVINGS PASS

VSP® Vision Savings Pass™ is a discount vision program that offers immediate savings on eye care and eyewear. This is not an insurance plan.

SEE THE SAVINGS

- Access to discounts through a trusted, private-practice VSP network doctor
- Special pricing on complete pairs of glasses and sunglasses
- Unlimited use on materials throughout the year
- One rate of \$50 for an eye exam¹
- 15% savings on a contact lens exam²
- Exclusive Member Extras, like special offers



Legal and Financial Services

Members and family members are eligible to receive legal and financial consultation for an unlimited number of issues at no cost. 24/7 access is also available to a secured site for information, resources and personal documents.

Assessment and Clinical Support Services

Legal Services

Support is available for any legal need including:

- Document Preparation
- Real Estate
- Immigration
- Civil/Consumer/Criminal Issues
- Landlord/Tenant
- Estate Planning
- Domestic/Family Disputes
- Motor Vehicle
- Will Preparation

Financial Services

Support is available for any financial need including:

- Referrals to CPAs, CFPs and
- Debt Management
- College Funding
- Credit Counselors
- Retirement
- Financial Planning
- Credit Counseling
- Lease/Purchase Issues
- Tax Preparation

AFEUSA IS AN ASSOCIATION - NOT INSURANCE - THIS IS A DISCOUNT PROGRAM. All programs may not be available in all states. AFEUSA complies with all federal and state regulations. Services are provided by a registered discount medical provider organization (DMPO) where required.

Services include initial assessment and phone consultation regarding the issue. Members and family members receive 30-Day Financial Coaching and a 90-Day Financial Wellness Action Plan at no cost. If additional assistance is needed, financial coaching can continue for a monthly fee.

Document Preparation

Tools and resources are available for multiple legal and financial needs including:

- Will Preparation
 - Complaint Letters
 - Deeds
 - Living Trusts
 - Personal Service
 - Agreements
 - Home Financing
 - Personal Financing
 - Investment
 - Retirement
 - Leases continued services
- Services include Do It Yourself document

preparation through the Online Legal and Financial Resource Center, as well as Document Assistance services at a reduced fee.

ACI Clinical Services and Work-Life Benefits

ACI Specialty Benefits is your partner for emotional wellness, and offers best-in-class Member Assistance Program (MAP) solutions designed to improve member engagement and emotional health. reduce stress and make life easier. Through ACI's network of clinicians, life coaches and worklife specialists, members receive comprehensive support for any personal or professional need.

ACI's MAP Differentiators:

- 24/7 Program Access - Call, Text, Email, Live Chat, Mobile Apps, Web Services
- All Family Members Covered - Regardless of Location or Relationship
- Face-to-Face, Telephonic and Online Clinical Sessions
- Financial Wellness Consultation and Referrals
- Legal Consultation and Referrals
- Quick Legal Document Preparation and Online Forms
- Always 'Live Answer' - No Automated Prompts
- Veteran and Military Family Support
- Total Well-Being Benefits - Mental, Physical, Emotional

MAP Clinical Services and Work-Life Benefits

ACI will provide comprehensive MAP services including clinical assessment, referral and short-term problem resolution, as well as integrated work-life referrals.

Assessment and Clinical Support Services

- Assessment, referral and short-term problem resolution
- Four (4) face-to-face clinical sessions
- Unlimited telephonic and video sessions and access to panel of in-house clinicians
- Provider network of over 55,000 nationwide
- All contact is compliant with HIPAA, ACA and relevant state and federal regulations

Personal Services

Can't seem to find a reliable plumber? Need a new hairdresser after the last style fiasco? The EAP Benefit now includes resources for Personal Services! Get information and referrals on anything from dry cleaning to event planners and more:

- Home Services
- Fitness
- In-home Personal Care
- Massage/Salon/Spas
- Errand Runners
- Entertainment
- Holiday and Birthday Ideas

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ACI Child-Care Resources

Child Care

From diaper duty to Facebook monitoring, parenting is a 24/7 job. With ACI's child care services, it's never been easier to access reliable, affordable child care locally: Instructions: Just give them your group code, AFEUSA and they will assist you from there

- Day care
- Baby-sitters
- Nannies
- Tutors
- Baby-proofing
- Summer camps
- Preschools
- Adoption
- Emergency child care
- Extended care programs

For comprehensive resources for your child and all work/life needs, contact ACI today.



Answer Financial offers shoppers the opportunity to compare prices and purchase auto and home insurance from top companies through its award-winning website or customer call center.

CORPORATE INFO

3.8+ Million VEHICLES AND HOMES INSURED SERVE IN ALL **50 STATES**

30+ TOP-RATED INSURERS

\$479 AVERAGE SAVINGS REPORTED*

- Answer Financial is one of the largest auto & home insurance agencies in the U.S., with over 3.8 million vehicles and homes insured.
- Insurance shoppers in all 50 states can compare insurance prices from some of the more than 30 top-rated insurers that Answer Financial represents.
- Products offered through Answer Financial include auto insurance, homeowners insurance, condo insurance, renters insurance, motorcycle insurance, RV insurance & boat insurance.

Insurance Partners: List carriers: <https://www.answerfinancial.com/AboutUs/CarrierPartner/3?a=INSURANCE-QUOTE>



Why Pet Benefits?

Have peace of mind knowing that your pets are protected and so is your wallet. With Pet Assure, pet owners obtain access to quality vet care without breaking the bank. Pets are family, and nothing is more important than family. Pet benefits help your family save on the quality of care your pet deserves. Pet Assure helps pet owners save on vet care every day. Don't let the cost of vet care compromise the quality of care you and your pets receive. Protect your furry family with pet benefits. Quality pet care coverage at affordable rates allows pet owners to enjoy more time with their pets. Pet Assure Veterinary Discount Plan will save you hundreds on your pets' healthcare care every year by giving you access to quality veterinary care at a discounted rate. Pet Assure Members receive an instant 25% discount on all in-house medical services at participating veterinarians, including savings on wellness, sick and emergency care.

Members save on:

- Vaccinations
- Spay & Neuter
- Dental Procedures
- Emergency Visits
- Surgeries
- And More!

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This is not an Automobile Physical Damage or Automobile Liability insurance contract. Your Membership contains Our 24 hour emergency road service telephone number for You to call when Your Covered Vehicle is disabled. When arranging for Roadside Assistance, please call 1-800-745-5791 and reference Your Producer Code, Member Number and Plan Letter (located in the registration section above). You will not be required to pay any additional fee or sum in addition to the Membership Fee when Your service is for a tow up to five (5) miles or other covered service listed below. You are entitled to one (1) covered service within a seventy two hour (72) period. Covered services not obtained through Us are limited to a maximum reimbursement amount of fifty (\$50) dollars.



Cybercriminals are targeting your PC and mobile keystrokes to steal your private information

Identity theft often begins on your device. It happens when keylogging spyware is unknowingly downloaded after clicking on infected links inside an email, text message or web page. This practice of tricking unsuspecting victims into clicking on links that look legitimate is called phishing. According to recent reports, phishing was found in 90% of breaches and 95% of phishing attempts that led to a breach, were followed by software installation, including keyloggers.

Your Secret Weapon against ID Theft: Protect Your Keystrokes

CyberIDLock is a unique Identity Theft Protection Plan which includes Keystroke Encryption software to protect your keystrokes and help stop ID theft in its earliest stages. Our patented software will encrypt your keystrokes and help keep everything you type private and secure. Hackers can't steal what they can't see!

This encryption technology is so effective against cybercrime, it's the method chosen by top financial institutions and the U.S. Air Force.



NaviGo Health offers convenient access to premier lab testing services, through LabCorp and Quest Diagnostics, that enables our healthcare professionals to pinpoint illnesses, identify STDs and, if necessary, recommend a customized treatment plan. Members have access to more than 5,000 testing locations nationwide, private and discreet service, and the opportunity to review results with a physician. Our discounted lab fees are published on the platform so members know their costs upfront before seeking testing.

Laboratory testing services are offered for the following and more:

- Allergies
- Cholesterol
- Diabetes
- Drug Analysis
- Heavy Metals
- STDs
- Influenza
- Lyme Disease
- Chron's Disease
- Hepatitis
- Thyroid
- Antibodies



Wellness is about promoting personal health and fitness through the natural therapies of diet, nutritional supplements, the benefits of exercise, as well as having a healthy attitude to help improve your total quality of life.

Your Cinergy Select membership offers a comprehensive resource that aims to help members achieve personal health and wellness goals regardless of age, gender or level of fitness. This program provides you with the tools to make wellness part of your daily life.

Participants will receive daily wellness articles, individual home fitness programs, assessment calculators, disease prevention studies, health tips, guidance on nutrition, weight loss and exercise as well as additional links to other health related sites. The site is quick, simple and easy to navigate.



Rx Valet was created to offer a new level of service by assisting members to navigate the challenges of rising prescription drug cost. As consumers we are constantly being bombarded with the loss leaders, low cost promises on one medication, just to be overcharged on another. Insurance plans have recently re-structured co-payments and tiered prescriptions levels that are unfavorable to consumers. We shop and compare all national retailers and online services to find you the lowest price options, and let you decide. Have every prescription sent directly to us and rest assured to have the lowest price service to find you the lowest price options, and let you decide.



As a member of AFEUSA, your ultimate pass to health care savings is Careington's Pass Concept. Never before has it been this easy to spend so little and save so much! Simply pay a one-time fee of \$20 for the pass, or passes, of your choice and save on your next visit to a participating dentist.

AFEUSA MEMBERSHIP LEVELS

Benefits	Select Basic	Select Silver	Select Gold	Select Platinum	Select Diamond
1-800MD	X	X	X	X	X
Rx Valet	X	X	X	X	X
Vision Service Plan (VSP)	X	X	X	X	X
ACI Legal Plan		X	X	X	X
ACI Counseling		X	X	X	X
ACI Child Care		X	X	X	X
Answer Financial		X	X	X	X
Pet Assure			X	X	X
NSD Auto Towing Program			X	X	X
Cyber Lock			X	X	X
NAVIGO Health Laboratory Testing				X	X
My E Wellness					X
Careington Dental Vision Hearing					X
Monthly Dues	\$10.95	\$19.95	\$29.95	\$39.95	\$49.95

Benefits
Health & Well-being
Burnalong
Needy-Meds
American Hearing Benefit
Travel & Auto
Avis/Budget Car Rental
Sky Med Emergency Travel
Sky Med Travel
Car Chex
True Car
Home & Family Programs
Costco Wholesale
Benefit Hub
Home Chef
Long Term Care Resources
Griswold Home Care

Benefits
Financial, HR & Credit
Gusto
Take Charge America
The Credit Clinic
EJ Pro Lease
First American
Business & Office Services
Eric's Jobs
Trapp Technology
UPS Express Delivery
Office Depot/ Office Max
E6 Agency
Newsletter Pro
Education/Business Coaching
Genious Network
Big Results Academy

Benefits
goSmallBiz.com
The Messinger Institute
SocialCore Marketing
Joel Weldon
Empowered Couples University
Legal Shield/Identify Shield
InfoArmor by Allstate
Legal Shield
ID Shield

DISCLOSURE - MEMBER BENEFITS

This program of services (Program) is provided through membership in Association For Entrepreneurship USA (AFEUSA). Service providers associated with this Program (Providers) are solely responsible for the professional advice and service rendered to Program participants, and AFEUSA disclaims liability with respect to such matters.

Providers are subject to change without notice and Programs offered may vary in some states. Discounts offered are NOT insurance and may be discontinued or modified at any time. The discounts offered herein may not be used in conjunction with any other discount Program or program. All stated or quoted prices or discounts are current at time of printing this material, and are subject to change without notice.

Most Providers in this Program are not licensed insurers, a health maintenance organization, or other underwriters of health care services. No portion of any Provider's fees will be reimbursed or otherwise paid.

Savings are based on the Provider's usual and customary fees. Actual savings will vary depending on location and specific services or products purchased.

Discounts on professional services are not available where prohibited by law. This Program makes no warranties, express or implied concerning any services provided, including professional services.

Participants may receive a full refund of membership fees, provided membership is canceled within the first 30 days. The Program is not available in all states.

Membership fees are to be paid when due. If the fees are not received, the member has 31 days from the date due to pay their membership fees; or the membership and any benefits provided will terminate without notice.

This Program is not an insurance policy and is not protected by any state Life and Health Guarantee Association.

The participant is responsible and agrees to pay any taxes that may be required by law as a result of membership.

The laws of the State of Illinois shall govern the interpretation, construction, and enforcement of this entire Program.

Any dispute arising from, out of, or relating to this Program, including but not limited to those disputes regarding or relating to the Program, or AFEUSA, shall be resolved by binding, non-appealable arbitration. These provisions shall survive termination of this Program and the participant's membership in the Program. Any cause of action the member may have with respect to the Program must be commenced within one (1) year after the claim or cause of action arises. Complaint Procedure: any complaint regarding the Program or membership should be directed to Member Services at the toll-free number on the ID card or in writing to the address set forth herein.

From time to time, certain Providers may offer products or services to the general public at prices lower than the discounted prices available through this Program. It is the participant's responsibility to verify that the Provider is a participant in the Program. Providers are solely responsible for the professional advice and service rendered to participants and liability with respect to such matters is disclaimed.

Each participant and on behalf of all covered family dependents who are in the Program hereby forever releases, acquits and discharges the Program, AFEUSA, and its employees, officers, directors, agents and affiliates from any and all liabilities. Claims demands, actions and causes of action that such member or covered family member may have by reason of any damage or personal injury sustained as a result of or during the course of the use of any service under the Program. The sole recourse available to a participant or the participant's covered family dependents is cancellation of the membership.

The participant agrees to defend, indemnify, and hold harmless the Program and from any and all liabilities, cost, and expenses, including without limitation attorneys' fees and costs, related to or arising from any unauthorized use of participant's Program; any violation of the Program by the participant or those who access participant's Program; or the use of the Program by the participant or by those who access participant's Program in a manner contrary to any law or regulation or harmful in any way to the Program or any of its affiliates.

The Program may only be used in the United States of America.

AFEUSA has the right to refuse membership to any person for any just or legal cause.

The participant consents to receive electronically all notices, communications and other documents of any kind from AFEUSA. You have the right to withdraw consent to such electronic transmittals; however, such withdrawal does not retroactively withdraw consent to actions occurring prior to such withdrawal.



Optional Supplemental Insurance Available to AFEUSA Members.

The following supplemental insurance plans are available for purchase by AFEUSA members



Accident and Sickness Hospital Indemnity Insurance Plan

Underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Companies

CHUBB®

Accident and Sickness Hospital Indemnity Insurance plan

AFEUSA can provide supplemental health benefits to members. The Accident & Sickness Hospital Indemnity Insurance Plan gives members the freedom to choose any provider, enroll in next day coverage and help with out-of-pocket expenses.



PLAN DETAILS

Effective Date	Membership available on the first of each month, check your member portal on your special effective date.
Eligibility	Enrollment ages: 18 - 64 Coverage will terminate the last day of the premium payment period in which the Insured turns 75.
Reduction of Benefit Amount	The benefit amount payable is reduced by 50% if the Covered Person is age 65 or older on the date of a covered loss. The benefit amount cannot be increased after age 65.
Pre-Existing Condition	This plan does not pay any benefits for Sickness caused by or resulting from a Covered Person's Pre-existing Condition if the Sickness occurs during the first 12 months that a Covered Person is insured under this policy.

A Pre-existing Condition means an accident or a sickness for which, in the six months before the Covered Person becomes insured under the policy, medical advice, treatment or care was sought by a Covered Person, or was recommended by, prescribed by or received from a Physician.

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Companies. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

This policy provides limited benefits on a fixed indemnity basis. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to <http://www.HealthCare.gov>.

ACCIDENT & SICKNESS HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity Plan	Plan #1	Plan #2	Plan #3	Plan #4
In Hospital Indemnity (1 Day Elimination Period for Accident or Sickness)	\$250 per day	\$500 per day	\$750 per day	\$1,000 per day
Max Days Per Confinement	5	5	5	5
Max Number of Days Per Plan Year	10	10	10	10
Intensive Care Unit (1 Day Elimination Period for Accident or Sickness)	\$250 per day	\$500 per day	\$750 per day	\$1,000 per day
Max Days Per Confinement	5	5	5	5
Max Number of Days Per Plan Year	10	10	10	10
Monthly Rates	Plan #1	Plan #2	Plan #3	Plan #4
Primary Member	\$14.22	\$28.43	\$42.65	\$56.87
Primary Member + Spouse/Domestic Partner	\$25.02	\$50.04	\$75.06	\$100.08
Primary Member + Dependent Child(ren)	\$26.15	\$52.29	\$78.44	\$104.59
Family	\$35.66	\$71.31	\$106.97	\$142.62

Hospital Indemnity Plan	Plan #5	Plan #6	Plan #7	Plan #8
In Hospital Indemnity (One Day Elimination Period for Accident or Sickness)	\$250 per day	\$500 per day	\$750 per day	\$1,000 per day
Max Days Per Confinement	5	5	5	5
Max Number of Days Per Plan Year	10	10	10	10
Intensive Care Unit (One Day Elimination Period for Accident or Sickness)	\$250 per day	\$500 per day	\$750 per day	\$1,000 per day
Max Days Per Confinement	5	5	5	5
Max Number of Days Per Plan Year	10	10	10	10
ER Visit (Limit one Visit per Day):	\$100 per day	\$150 per day	\$200 per day	\$250 per day
Max Number of Days Per Plan Year	2	2	2	2
Physician Office Visit (Limit one Visit per Day)	\$25 per day	\$50 per day	\$75 per day	\$100 per day
Max Number of Days per Plan Year:	2	2	2	2
Monthly Rates	Plan #5	Plan #6	Plan #7	Plan #8
Primary Member	\$41.94	\$81.31	\$128.61	\$160.05
Primary Member + Spouse/Domestic Partner	\$73.81	\$143.10	\$226.35	\$281.68
Primary Member + Dependent Child(ren)	\$77.14	\$149.54	\$236.54	\$294.36
Family	\$105.18	\$203.92	\$322.55	\$401.40

Benefits for Member's Spouse or Domestic Partner are paid at 100% of the benefit amount for any covered loss; Dependent Child benefits are paid at 50% of the benefit amount listed for any covered loss.

Accident and Sickness Hospital Indemnity Benefit Descriptions

In-Hospital Indemnity Benefit

We will pay the daily In-Hospital Benefit Amount, after the Elimination Period shown above, for each day a Covered Person is In-Hospital due to a Sickness or Accident. The first day of a Hospital stay must occur within 30 days of the Accident, causing the Injury.

Intensive Care Unit Indemnity Benefit

We will pay the daily Intensive Care Unit Benefit Amount, after the Elimination Period shown above, for each day of Confinement if an Accident or Sickness causes a Covered Person to be Confined in an Intensive Care Unit. This benefit is paid in addition to the In-Hospital Benefit Amount. The first day of Confinement in the Intensive Care Unit must occur within 30 days of the Accident.

Emergency Room Indemnity Benefit

We will pay the Emergency Room Benefit Amount if an Accident or Sickness causes the Covered Person to require and receive Emergency Medical Care in an emergency room of a Hospital. Treatment must be received within 24 hours of the Accident.

Physician Office Visit Indemnity Benefit

We will pay the Physician Office Visit Indemnity Benefit Amount for a Physician office visit as a result of an Accident or Sickness. The visit must be made to the Physician's office or clinic. The visit to a Physician's office must occur within 30 days of the Accident, causing an Injury. Benefits are not payable for: 1) visits made by a Physician while the Covered Person is Confined in a Hospital; 2) routine eye examinations, or fitting of glasses or fitting of hearing aids; 3) dental examinations or dental care other than expenses resulting from Accidental injury; or 4) Annual physicals, school sports physicals, and other types of preventive visits not required due to an Accident or Sickness.

Definitions

Accident or Accidental means a sudden, unforeseen, and unexpected event which: 1) happens by chance; 2) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; 3) occurs while the Covered Person is insured under this policy which is in force; and 4) is the direct cause of loss.

Elimination Period means the consecutive amount of time, shown in table above, that must elapse before a Benefit Amount becomes payable. The Elimination Period begins on the first day of a Covered Person's Confinement In-Hospital or in an Intensive Care Unit. Benefit Amounts are not payable, nor do they accrue, during an Elimination Period.

Emergency Medical Care means the sudden onset of a medical condition due to Accident or Sickness for which the Covered Person seeks immediate medical care at the nearest available facility. The condition must be one that manifests itself by acute symptoms that are sufficiently severe that, without immediate medical attention, could reasonably be expected to result in: 1) placing the Covered Person's health in serious jeopardy; 2) serious impairment of bodily functions; or 3) serious dysfunction of any bodily organ or part.

Pre-existing Condition means an Accident or a Sickness for which, in the 6 months before the Covered Person becomes insured under the policy, medical advice, treatment or care was sought by a Covered Person, or was recommended by, prescribed by or received from a Physician.

Sickness means a physical illness or disease or Mental Illness that begins while the policy is in force and is not a Pre-existing Condition. Sickness includes Complications of Pregnancy. All Sicknesses due to the same or a related cause are considered one Sickness.



LIMITATIONS & EXCLUSIONS

The following exclusions apply to all benefits under the Accident & Sickness Hospital Indemnity Insurance Plan. Additional exclusions, limitations or conditions may also apply to specific benefits. Please contact your agent for details.

Illegal Acts - This insurance does not apply to any Accident or Sickness directly caused by or resulting from the Covered Person's commission or attempted commission of a felony or being engaged in an illegal occupation.

Intoxication Exclusion Vehicular - This insurance does not apply to any Accident directly caused by or resulting from, directly or indirectly, the Covered Person being intoxicated, while operating a motorized vehicle at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs.

Alcoholism and Drug or Substance Abuse - This insurance does not apply to alcoholism or drug or substance abuse. In addition, the insurance does not apply to any confinement in a detoxification facility or drug or alcohol rehabilitation facility that is not also a hospital or part of a hospital.

Pre-existing Condition - This insurance does not pay any benefits for Sickness caused by or resulting from a Covered Person's Pre-existing Condition if the Sickness occurs during the first 12 months that a Covered Person is insured under this policy.

Pregnancy - This insurance does not apply to normal pregnancy. Complications of pregnancy are covered as any other sickness.

Pregnancy of a Dependent Child - This insurance does not apply to pregnancy of a Dependent Child, unless required by law.

Suicide or Intentional Injury - This insurance does not apply to, and no benefits are payable related to the Covered Person's suicide, attempted suicide or intentionally self-inflicted injury.

Voluntary Abortion - This insurance does not apply to voluntary abortion, except with respect to you or your covered spouse or Domestic Partner where such person's life would be endangered if the fetus were carried to term.

Service in the Armed Forces - This insurance does not apply to any Accident or Sickness directly caused by or resulting from, the Covered Person participating in military action while in active military service with the armed forces of any country or established international authority.

War - This insurance does not apply to any Accident or Sickness directly caused by or resulting from war, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss.

Well Baby Care - This insurance does not apply to routine newborn well baby care, including routine nursery charges.

Workers Compensation - This insurance does not cover Accident or Sickness arising out of and in the course of any occupation for compensation, wage or profit or which are payable under Occupational Disease Law, Workers Compensation or similar law, whether or not application for such benefits have been made.

Trade Sanction Laws - This policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance.

ACCIDENT MEDICAL EXPENSE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD&D)

Accident Plan	Plan #1	Plan #2	Plan #3	Plan #4
Accident Medical Expense	\$2,500	\$5,000	\$7,500	\$10,000
AD&D	\$5,000	\$10,000	\$15,000	\$20,000
Zero Deductible Plans	Plan #1	Plan #2	Plan #3	Plan #4
Primary Member	\$12.00	\$15.00	\$17.00	\$20.00
Primary Member + Spouse/Domestic Partner	\$24.00	\$30.00	\$34.00	\$40.00
Primary Member + Dependent Child(ren)	\$27.60	\$34.50	\$39.10	\$46.00
Family	\$33.60	\$42.00	\$47.60	\$56.00
\$250 Deductible Plans	Plan #1	Plan #2	Plan #3	Plan #4
Primary Member	\$9.49	\$12.28	\$14.07	\$16.74
Primary Member + Spouse/Domestic Partner	\$18.97	\$24.55	\$28.14	\$33.48
Primary Member + Dependent Child(ren)	\$21.82	\$28.23	\$32.36	\$38.50
Family	\$26.56	\$34.37	\$39.40	\$46.87

Accidental Death and Dismemberment Schedule of Losses	
Primary Member Principal Sum Amount for Accidental:	
Loss of Life	100% of Principal Sum
Loss of Speech and Loss of Hearing	100% of Principal Sum
Loss of Speech and one of Loss of Hand, Loss of Foot, or Loss of Sight in One Eye	100% of Principal Sum
Loss of Hearing and one of Loss of Hand, Loss of Foot, or Loss of Sight in One Eye	100% of Principal Sum
Loss of Hands (Both), Loss of Feet (Both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot, or Loss of Sight of One Eye	100% of Principal Sum
Loss of Hand, Loss of Foot, or Loss of Sight of One Eye (Any one of each)	50% of Principal Sum
Loss of Speech or Loss of Hearing	50% of Principal Sum
Loss of Thumb and Index Finger of the same Hand	25% of Principal Sum

Accidental Death & Dismemberment Benefit

The benefit is paid for covered losses listed in the Schedule of Losses above. For the benefit to be paid, all of the following three (3) conditions must be met: (1) The insured person is covered for AD&D Insurance on the date of the accident; (2) The loss occurs within 1 year of the date of the accident; (3) The cause of the loss is not excluded. If multiple losses occur as the result of one accident, only the single largest benefit amount applicable to the losses suffered, will be paid. Loss means accidental: loss of foot, loss of hand, loss of hearing, loss of life, loss of sight, loss of sight of one eye, loss of speech, loss of thumb and index finger.

For any losses covered under the Accidental Death & Dismemberment benefit, payment of such Benefit Amount will reduce the Principal Sum. If, subject to all the terms and conditions of this policy, the Insured Person is entitled to receive payment of multiple Benefit Amounts as the result of one (1) Accident, then the maximum We will pay for all benefits shall not exceed the Principal Sum. If, subject to all the terms and conditions of this policy, the Insured Person suffers multiple covered Losses as the result of one (1) Accident, then We will only pay the single largest Benefit Amount applicable to all such covered Losses.

If an Insured Person has not been found within one (1) year of the disappearance, stranding, sinking, or wrecking of any Conveyance in which the Insured Person was an occupant at the time of the Accident, then it will be assumed, subject to all other terms and conditions of this Policy, that the Insured Person has suffered Loss of Life insured under this policy.

If an Accident resulting from an insured Hazard causes the Insured Person to be unavoidably exposed to the elements and as a result of such exposure the Insured Person has a Loss, then such Loss will be insured under this policy.

Accident Medical Expense Benefit

Provides reimbursement for medical expenses if accidental bodily injury causes the insured person to first incur medical expenses within 90 days of an accident. The Benefit Amount for Accident Medical Expense is payable only for Medical Expenses incurred within 52 weeks after the date of the Accident causing the Accidental Bodily Injury, subject to any limitations and exclusions set forth in the policy.

The Maximum Benefit Amount for Accident Medical Expense is payable on an excess basis in AL, AZ, CO, CT, DC, DE, GA, HI, IL, IA, KS, KY, LA, MA, MI, MS, MO, NE, NV, ND, RI, SC, TN, VA, WV, WI, WY. This means that we will determine the reasonable and customary charge for covered medical expenses will reduce payment by any amount already paid or payable by any Other Plan. We will pay the resulting amount less the Deductible, if applicable. The Accident Medical Expense is payable on a primary basis in CA, FL, ID, IN, NJ, NY, OH, TX, VT. This means that we will determine the reasonable and customary charge for covered medical expenses and pay up to the benefit amount regardless of other coverage.

The Benefit Amount for Accident Medical Expense does not apply to charges and services:

1. for which the Insured Person has no obligation to pay;
2. for eyeglasses, contact lenses and other vision or hearing aids and artificial limbs (applies to CA, FL, ID, IN, NJ, NY, OH, TX & VT only);
3. for any injury where worker's compensation benefits or occupational injury benefits are paid;
4. for treatment that is educational, experimental or investigational in nature or that does not constitute accepted medical practice;
5. for any injury occurring while fighting, except in self-defense;
6. or for treatment involving conditions caused by repetitive motion injuries, or cumulative trauma and not as the result of an Accidental Bodily Injury.

This insurance applies only to Medically Necessary charges and services.

If the Primary Member selects the \$250 Deductible plan, then We will reduce any Benefit Amount for Accident Medical Expense by such Deductible. This Deductible applies separately to each Insured Person and each

Accident. Only payments for Medical Expenses incurred by the Insured Person for an Accident can be used to satisfy the Deductible requirement.

Definitions

Accident or Accidental means a sudden, unforeseen, and unexpected event which: 1) happens by chance; 2) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; 3) occurs while the Insured Person is insured under this policy which is in force; and 4) is the direct cause of loss.

Accidental Bodily Injury means bodily injury, which: 1) is Accidental; 2) the direct cause of a loss; and 3) occurs while the Insured Person is insured under this policy, which is in force. Accidental Bodily Injury does not include conditions caused by repetitive motion injuries or cumulative trauma not a result of an Accident, including, but not limited to: 1) Osgood-Schlatter's Disease; 2) bursitis; 3) Chondromalacia; 4) shin splints; 5) stress fractures; 6) tendinitis; and 7) Carpal Tunnel Syndrome.

Medical Expense means the Reasonable and Customary Charges for Medical Services for the care and treatment of Accidental Bodily Injuries sustained in an Accident.

Reasonable and Customary Charge means the lesser of: 1) the usual charge made by Physicians or other health care providers for a given service or supply; or 2) the charge We reasonably determine to be the prevailing charge made by Physicians or other health care providers for a given service or supply in the geographical area where it is furnished.

Limitations and Exclusions

Aircraft Pilot or Crew

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from the Insured Person entering, or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.

Disease or Illness

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from an Insured Person's emotional trauma, mental or physical illness, disease, normal pregnancy, normal childbirth or elective abortion, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof except physical illness or disease attributed to a Heart or Circulatory Failure. This exclusion does not apply to an Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria.

Illegal Acts

This insurance does not apply to any Accident, Accidental Bodily Injury, or Loss caused by or resulting from the Insured Person's commission or attempted commission of any illegal act including but not limited to any felony.

Intoxication Exclusion Vehicular

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from the Insured Person being intoxicated, while operating a motorized vehicle at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs.

Narcotic Exclusion

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from the Insured Person being under the influence of any narcotic or other controlled substance at the time of an Accident. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.

Service in the Armed Forces

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from the

Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority.

Suicide or Intentional Injury

This insurance does not apply to any Accident, Accidental Bodily Injury, or Loss caused by or resulting from the Insured Person's suicide, attempted suicide or intentionally self-inflicted injury.

Trade Sanctions

This insurance does not apply to any Accident, Accidental Bodily Injury, or Loss when: 1) the United States of America has imposed any trade or economic sanctions prohibiting insurance of any Accident, Accidental Bodily Injury, or Loss; or 2) there is any other legal prohibition against providing insurance for any Accident, Accidental Bodily Injury, or Loss.

War

This insurance does not apply to any Accident, Accidental Bodily Injury, or Loss caused by or resulting from a declared or undeclared War.

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Companies. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

This policy provides limited benefits. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to <http://www.HealthCare.gov>.

CRITICAL ILLNESS INSURANCE

Why Critical Illness Coverage?

Additional costs associated with critical illnesses may not be covered by health insurance and may leave survivors and their families with unpaid expenses. Critical Illness insurance may help to pay unexpected out of pocket costs. Critical Illness is available for individual or family coverage. Critical Illness insurance pays the applicable benefit amount if an Insured Person, while insured under this policy, is first Diagnosed with a covered condition, subject to the Pre-Existing Condition exclusion.

How can I use the money?

Critical Illness Benefits are paid directly to you or your designees, regardless of any other insurance you may have. You choose how to spend the money at a time when you and your family may need extra cash the most.

The lump sum benefit amount can help with:

- Co-pays and deductibles
- Medical bills
- Bills
- Home healthcare
- Extra recovery time
- Living expenses

Catagory	Covered Critical Condition	Plan #1	Plan #2	Plan #3	Plan #4
	Critical Condition Benefit Amount*	\$5,000	\$10,000	\$15,000	\$20,000
Cancer	Type 1 Cancer	100%	100%	100%	100%
Heart & Circulatory	Heart Attack	100%	100%	100%	100%
Heart & Circulatory	Stroke	100%	100%	100%	100%
Monthly Rates		Plan #1	Plan #2	Plan #3	Plan #4
Primary Member		\$6.45	\$12.89	\$19.34	\$25.79
Primary Member + Spouse/Domestic Partner		\$12.89	\$25.78	\$38.68	\$51.57
Primary Member + Dependent Child(ren)		\$6.65	\$13.30	\$19.96	\$26.61
Family		\$13.15	\$26.30	\$39.44	\$52.59

*The benefit amount for a covered spouse is equal to the Primary Member’s benefit amount. The benefit amount for a covered Dependent Child is equal to 25% of the Primary Member’s benefit amount.

The plan will pay a maximum of 100% per category for each Critical Condition suffered by the Insured Person. Benefits are paid one time for each category of Critical Condition. The Lifetime Maximum Benefit Amount that We will pay for each Insured Person* under this policy is 200% of the Benefit Amount for all occurrences combined for all Covered Conditions. Coverage under this policy ceases when the Lifetime Maximum Amount has been reached. Any amount payable under this policy will be reduced by 50% if an Insured Person is age 70 or older on the date the benefit becomes payable.

There is a 30 Day Waiting Period. Waiting Period means the number of consecutive days immediately following a member's Effective Date of insurance before the Insured Person may become eligible for benefits. Benefits will not be paid for a Critical Condition if the Diagnosis is made or a procedure is recommended during the Benefit Waiting Period; or Benefits will not be paid for a Critical Condition for which an Insured Person exhibits symptoms that would cause a person to seek medical treatment by a licensed Physician of a Critical Condition during the Waiting Period. If a Critical Condition is Diagnosed, a procedure is recommended, or an Insured Person exhibits symptoms that would cause a person to seek medical treatment by a licensed Physician of a Critical Condition during the Benefit Waiting Period, the Primary Insured Person may terminate coverage under this policy for a premium refund. The Primary Insured Person must request, in writing, termination of insurance. If an Insured Person receives benefits under this policy for a covered Critical Condition, he or she can receive benefits for a different covered Critical Condition as long as the date of Diagnosis is separated by at least 12 months.

Type 1 Cancer

For the purpose of this policy, Type 1 Cancer means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue and which is not specifically hereafter excluded. Leukemia's are included, except Stage 0 chronic lymphocytic leukemia, and lymphomas are included, with the exception of HIV-related lymphoma and cutaneous lymphoma. Diagnosis of Type 1 Cancer will be the date on which the Type 1 Cancer is first confirmed through either a Pathological Diagnosis or a Clinical Diagnosis. If a Pathological Diagnosis is not available then We will accept a Clinical Diagnosis if the following conditions are met: 1) a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening; 2) there is medical evidence in the form of laboratory testing including tumor markers, if available, physical examination findings, and imaging study or other diagnostic study findings to support the Diagnosis; and 3) a licensed Physician is treating the Insured Person for Type 1 Cancer.

Type 1 Cancer does not include: 1) any pre-malignant lesions, benign tumors, or polyps; 2) any papillary tumor of the bladder classified as Ta under TNM Classification; 3) any tumor of the prostate classified as T1a or T1b under TNM Classification; 4) any papillary carcinoma of the thyroid that is one centimeter or less in diameter; 5) any tumor in the presence of human immunodeficiency virus; 6) any Skin Cancers, unless the tumor is a malignant melanoma of greater than 1.0 millimeter maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method; 7) Type 2 Cancer; 8) chronic Lymphocytic Leukemia (CLL), equal to Stage 0, as defined by RAI classification; 9) any non-malignant or non-invasive lesions; 10) any Carcinoma in Situ; 11) Squamous or Basal Cell Carcinoma; and 12) any grade of dysplasia.

Heart Attack

For the purpose of this policy, Heart Attack (myocardial infarction) means inadequate blood supply to myocardium (heart muscle), causing infarction (tissue necrosis) of a portion of the myocardium (heart muscle). The Diagnosis of a Heart Attack will be the date on which ischemic death of a portion of the heart muscle is first confirmed by a licensed Physician. Diagnosis must be made by a licensed Physician and evidenced by a rise of biochemical cardiac markers to levels Diagnostic of myocardial infarction, with at least one of the following: 1) New and serial electrocardiographic (EKG) findings consistent with myocardial infarction; 2) Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

Heart Attack does not include: 1) elevated biochemical cardiac markers as a result of intra-arterial cardiac procedures including coronary angiography and coronary angioplasty, in the absence of new Q waves; 2) ECG changes suggesting a prior (not current) myocardial infarction; 3) Heart Attack does not include any other disease or injury involving the cardiovascular system; 4) Cardiac Arrest not caused by a myocardial infarction is not a Heart Attack; 5) A Heart Attack that occurs during a heart related medical procedure.

Stroke

For the purpose of this policy, Stroke means death of brain tissue due to an acute cerebrovascular event with a demonstrable loss of neurological function persisting for thirty (30) days, and permanent neurologic deficit measuring 96 hours – three months or more after the event that results in a score of two (2) or higher on the Modified Rankin Scale for Stroke outcome. The Diagnosis of a Stroke must be made by a licensed Physician, and supported by objective clinical findings and laboratory data. We must receive evidence of the permanent neurological damage provided from Computed Axial Tomography (CAT scan) or magnetic Resonance Imaging (MRI).

Stroke does not include 1) Transient Ischemic Attacks (TIAs); 2) Vertebrobasilar Ischemia; 3) Chronic Cerebrovascular insufficiencies; 4) Head Injury.

Definitions

Carcinoma In Situ means a non-invasive cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

Covered Condition means Type 1 Cancer, Heart Attack or Stroke.

Diagnose, Diagnosed or Diagnosis means the initial definitive establishment by a licensed Physician of an Insured Person's Covered Condition.

Pathological Diagnosis means a Diagnosis based on a microscopic study of fixed tissue or preparations from the blood systems. This type of Diagnosis must be done by a licensed Physician who is a board certified pathologist and whose Diagnosis of malignancy conforms to the standards set by the American College of Pathology.

Pre-Existing Condition means any illness, disease, injury, mental illness or condition for which medical advice, Diagnosis, care or treatment: 1) was received by an Insured Person; 2) was recommended to an Insured Person; or 3) would have been sought by a reasonably prudent person, during the six (6) month period before becoming insured under this policy. In the case of an increase in an Insured Person's Benefit Amount, the Pre-Existing Condition applies: 1) only to the amount of the increase, and 2) during the six (6) month period immediately prior to the increase.

Sickness means a physical illness or disease that begins while the policy is in force and is not a Pre-existing Condition. All Sicknesses due to the same or a related cause are considered one Sickness.

A Squamous or Basal Cell Carcinoma is a Skin Cancer originating from the cells found in the outermost layer of the skin known as the epidermis.

TNM Classification means the classification standards for Type 1 Cancer, Skin Cancer, and Type 2 Cancer as developed by the American Joint Committee on Cancer.

Limitations and Exclusions

Alcoholism or Drug Abuse or Substance Use Disorder

This insurance does not apply to a Covered Condition caused by or resulting directly from the Insured Person's alcoholism or drug abuse or substance use disorder. In addition, the insurance does not apply to any confinement in a detoxification facility or drug or alcohol rehabilitation facility that is not also a Hospital or part of a Hospital.

Pre-Existing Condition

No Benefit Amount will be paid under this policy for a Covered Condition caused by or resulting directly from a Pre-Existing Condition. This Pre-Existing Condition exclusion only applies for twelve (12) months, beginning with the effective date of the Insured Person's insurance. However, in the event of any increase in Benefit Amount, the twelve (12) month period will begin anew with respect to the amount of such increase.

Procedures and Diagnosis Outside the US or its Territories

This insurance does not apply to a Covered Condition that has been Diagnosed or to any surgical procedures

that have been performed outside of the United States or its Territories, unless the Diagnosis can be verified by a Physician licensed to practice within the United States or its Territories.

Rest care or custodial care and treatment

This insurance does not apply to any rest care or custodial care or treatment for any Sickness or Accident.

Refusal of Medical Treatment

This insurance does not apply to a Covered Condition caused by or resulting from, directly or indirectly, the Insured Person's refusal of the following recommended medical treatment: a. a Physician has recommended treatment with angioplasty or Coronary Artery By-Pass Graft for coronary artery disease, the Insured Person refuses treatment, and the Insured Person suffers a Heart Attack; or b. a Physician has recommended treatment for a brain aneurysm or carotid artery stenosis, the Insured Person refuses treatment, and the Insured Person suffers a Stroke; or c. a Physician has recommended a Diagnostic biopsy or Diagnostic/therapeutic excision of a mass or lesion suspected of being Cancer, the Insured Person refuses and the Insured Person develops Type 1 Cancer.

Trade Sanction Laws

This policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance.

Uninsured Critical Condition

This insurance does not apply to any loss caused by or resulting directly from any illness not specifically listed as a Covered Condition shown in Section C, under the Schedule of Eligible Benefits.

Workers Compensation

This insurance does not cover Sickness or Accident arising out of and in the course of any occupation for compensation, wage or profit or which are payable under Occupational Disease Law, Workers Compensation or similar law, whether or not application for such benefits have been made.

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Companies. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

This policy provides limited benefits on a fixed indemnity basis. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to <http://www.HealthCare.gov>.

SUPPLEMENTAL INSURANCE STATE AVAILABILITY

	AME/AD&D	Critical Illness	Accident & Sickness HIP
Alabama	YES	YES	YES
Alaska	NO	NO	NO
Arizona	YES	YES	YES
Arkansas	NO	NO	NO
Colorado	YES	YES	NO
Connecticut	YES	YES	NO
DC	YES	YES	YES
Delaware	YES	YES	YES
Florida	YES	NO	YES
Georgia	YES	YES	YES
Hawaii	YES	YES	YES
Idaho	YES	YES	NO
Illinois	YES	YES	YES
Indiana	YES	YES	YES
Iowa	YES	YES	YES
Kansas	YES	YES	NO
Kentucky	YES	YES	YES
Louisiana	YES	YES	NO
Maine	NO	NO	NO
Maryland	NO	NO	NO
Massachusetts	YES	YES	NO
Michigan	YES	YES	YES
Minnesota	NO	NO	NO
Mississippi	YES	YES	YES
Missouri	YES	YES	YES
Montana	NO	NO	NO

	AME/AD&D	Critical Illness	Accident & Sickness HIP
Nebraska	YES	YES	YES
Nevada	YES	YES	NO
New Hampshire	NO	YES	NO
New Jersey	YES	YES	NO
New Mexico	NO	NO	NO
New York	YES	NO	NO
North Carolina	NO	NO	NO
North Dakota	YES	YES	YES
Ohio	YES	YES	YES
Oklahoma	NO	YES	YES
Oregon	NO	NO	NO
Pennsylvania	NO	NO	NO
Rhode Island	YES	YES	YES
South Carolina	YES	YES	YES
South Dakota	NO	NO	NO
Tennessee	YES	YES	YES
Texas	YES	YES	YES
Utah	NO	NO	NO
Vermont	YES	YES	NO
Virginia	YES	YES	YES
Washington	NO	YES	NO
West Virginia	YES	YES	YES
Wisconsin	YES	YES	YES
Wyoming	YES	YES	YES

Definitions - Standard for All Insurance

Covered Person means the Insured Person and his or her insured Dependents.

Dependent means a Dependent Child, Spouse or Domestic Partner of an Insured Person.

Domestic Partner means a person designated by the Insured Person who is registered as a Domestic Partner or legal equivalent under laws of the governing jurisdiction or who: 1) is at least 18 years of age and competent to enter into a contract; 2) is not related to the Insured Person by blood; 3) has exclusively lived with the Insured Person for at least 12 consecutive months prior to the date of enrollment; 4) is not legally married or separated; and 5) as of the date of enrollment, has with the Insured Person at least 2 of the following financial arrangements: a) a joint mortgage or lease; b) a joint bank account; c) joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease; or d) a joint credit card account with a financial institution. Neither the Insured Person nor the Domestic Partner can be married to or in a civil union with anyone else.

Dependent Child means a Primary Insured Person's unmarried child from the moment of birth, including a natural child, grandchild, stepchild or adopted child from the date of placement with a Primary Insured Person. The Dependent Child must be: 1. under the age of twenty-six (26); or 2. under the age of thirty (30) if the child: a) is an Illinois resident; and b) served as a member of the active or reserve components of any of the branches of the Armed Forces of the United States; and c) received a release or discharge other than a dishonorable discharge.; or 3. classified as an Incapacitated Dependent Child.

Incapacitated Dependent Child means a child who, as a result of being mentally or physically challenged, is permanently incapable of self-support and permanently dependent on a Primary Insured Person for support and maintenance. The incapacity must have occurred while the child was: 1) under the age of twenty-six(26); or 2) under the age of thirty (30) if the child: a) is an Illinois resident; and b) served as a member of the active or reserve components of any of the branches of the Armed Forces of the United States; and c) received a release or discharge other than a dishonorable discharge.