



INVITATION TO NEGOTIATE
002-18
EMPLOYEE BENEFITS INSURANCE PLANS

ATTACHMENT 15
**GROUP CRITICAL ILLNESS WITH CANCER
POLICY**



CONTINENTAL AMERICAN INSURANCE COMPANY

Home Office: 2801 Devine Street, Columbia, South Carolina 29205
(herein called Continental American)
(800) 433-3036

(The telephone number listed above is provided for making inquires, obtaining information regarding coverage, and providing assistance in resolving complaints.)

GROUP SPECIFIED CRITICAL ILLNESS POLICY

Based on the application for this Group Insurance Policy (herein called the Plan) made by

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

(herein called the Policyholder)

and based on the payment of the premium when due, Continental American agrees to pay the benefits provided on the following pages.

THIS IS A LIMITED POLICY. THIS POLICY PROVIDES BENEFITS FOR THE SPECIFIED DISEASES LISTED. IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION.

This Plan becomes effective at 12:01 a.m. Standard Time at the policyholder's address on the Effective Date shown below. It may be continued in effect by the payment of premiums as provided in Section II. The Plan will terminate as provided in the provision titled "Termination of the Plan" in Section I.

The first anniversary of this Plan will be the Anniversary Date shown below. Subsequent anniversaries of the Plan will be the same date each year thereafter.

All matter printed or written by Continental American on the following pages forms a part of this Plan as if recited over the signatures below. This Plan is a legal contract between Continental American and the policyholder.

This Plan is delivered in and is governed by the laws of the jurisdiction shown below.

In witness whereof Continental American has caused this Plan to be executed at its Home Office in Columbia, South Carolina on the Effective Date.

READ YOUR POLICY CAREFULLY.

Signed for the Company at its Home Office.

Paul S. Amos II, President

J. Matthew Loudermilk, Secretary

Countersigned by _____
Licensed Resident Agent

Group Policy Number - 17621
Effective Date - 10/1/2012
Jurisdiction - Florida

Anniversary Date - **10/1/2012**
Non-Participating

GROUP POLICY PROVISIONS

- SECTION I** - Eligibility, Effective Date and Termination
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**SECTION I
ELIGIBILITY**

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

Employee as used in this Plan, means a person insured under this Plan:

1. who is an employee of the Policyholder, or an eligible spouse of the employee;
2. who is under age 70; and
3. who is engaged in full-time work; and
4. who is included in the class of employees eligible for coverage as shown on the Application.

EFFECTIVE DATE

The Effective Date of this Plan is shown on Page 1 of the Master Policy.

The Effective Date for an employee is as follows:

1. An employee's insurance will be effective on the date shown on the Certificate Schedule provided the employee is then actively at work.
2. If an employee is not actively at work on the date coverage would otherwise become effective, the Effective Date of his or her coverage will be the date on which such employee is first thereafter actively at work.

The Effective Date for a dependent spouse or child is the date shown on the schedule page subject to the following:

1. The date the employee's insurance is effective for dependents who are eligible on that date; for whom coverage is applied for and premium paid; and who are not hospital confined.
2. At 12:00 a.m. local time, on the day a dependent is no longer hospital confined if the dependent was otherwise eligible for coverage on the date the employee's insurance became effective.
3. For a dependent eligible on or first acquired after the employee's Effective Date, the Effective Date will be:
 - a. For newborn children, the Effective Date is the moment of birth or placement, but we must be given notice of the birth or placement within 30 days. If we receive notice of birth or placement of the child within 60 days, the Effective Date remains the moment of birth. However, we will charge premium for dependents back to the moment of birth or placement when notice is given more than 30 days after birth or placement. Foster children shall be eligible for coverage on the same basis upon placement in a foster home.
 - b. Newborn children for which a decree of adoption has been entered by the employee and/or their spouse (or for whom adoption proceedings have been instituted by the employee and/or their spouse), shall be covered automatically from birth regardless of the validity of the adoption agreement. Ultimate placement of the child with the employee is required. Adopted children, other than newborn adopted children, shall be covered from the time of placement in the employee's residence.

- c. A child of a covered dependent, other than the employee's spouse, will be covered for 18 months from birth, adoption, or placement.

TERMINATION OF THE PLAN

The Plan will cease if the Policyholder fails to pay the premium before the end of the Grace Period.

After the end of the first Plan year, Continental American has the right to cancel the Plan on the day prior to the date any premium is due by giving 45 days written notice mailed to the Policyholder's last known address.

If we fail to provide the 45 days written notice, the coverage will remain in force with the existing rates until after the 45 days notice is given or replacement coverage is obtained, whichever occurs first.

The Plan will terminate when the number of participating employees is less than the number mutually agreed upon by the Policyholder and Continental American in writing.

In these events, this Plan and all certificates issued hereunder will terminate on such date at 12:01 a.m. Standard Time at the Policyholder's address. This will be without prejudice to the rights of any insured person as respects any claim arising during the period the Plan is in force.

The Policyholder has the sole responsibility to notify employees of such termination.

TERMINATION OF AN EMPLOYEE'S INSURANCE

An employee's insurance will terminate on the earliest of:

1. the date the Plan is terminated;
2. on the 31st day after the premium due date if the required premium has not been paid;
3. on the date an employee ceases to meet the definition of an employee as defined in the Plan;
or
4. on the date he or she is no longer a member of the class eligible.

Insurance for dependents (spouse) will terminate the earliest of:

1. the date the Plan is terminated;
2. on the 31st day after the premium due date if the required premium has not been paid;
3. the premium due date following the date a dependent ceases to be a dependent as defined;
4. the premium due date following the date we receive your written request to terminate dependent coverage for all dependents.

Termination of the insurance on any employee or dependent shall be without prejudice to his or her rights as regarding any claim arising prior thereto.

SECTION II

PREMIUM PROVISIONS

PREMIUM CALCULATIONS

Premiums payable on any premium due date for insurance will be calculated in accordance with the Schedule of Premiums. The rates shown in this schedule can be changed annually. Continental American will give the policyholder written notice 45 days prior to the date any change in rates is to be effective.

PREMIUM PAYMENTS

The first premiums are due on the Effective Date of this Plan. After that, premiums are due on the first day of each month that the Plan remains in effect.

Aggregate premiums for this Plan are to be paid by the policyholder to Continental American at our Home Office in Columbia, South Carolina. Payment of any premium will not keep the Plan in force beyond the due date of the next premium, except as set forth in the Grace Period.

GRACE PERIOD

This Plan has a 31 day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the next 31 days. During the Grace Period, the Plan will stay in force, unless the Policyholder has given Continental American written notice of discontinuance of the Plan.

SECTION III

GENERAL DEFINITIONS / BENEFIT DEFINITIONS

Insured Person(s) -

- (A) If this is employee coverage as shown in the Certificate Schedule, we insure the employee.
- (B) If this is dependent coverage for the spouse of an eligible insured we insure the Named Insured as shown on the Certificate Schedule Page.
- (C) Coverage for dependent children may be included in an attached Rider (if applicable). Coverage for dependent children is subject to the following:
 - 1. For newborn children, the Effective Date is the moment of birth or placement, but we must be given notice of the birth or placement within 30 days. If we receive notice of birth or placement of the child within 60 days, the Effective Date remains the moment of birth. However, we will charge premium for dependents back to the moment of birth or placement when notice is given more than 30 days after birth or placement. Foster children shall be eligible for coverage on the same basis upon placement in a foster home.
 - 2. Newborn Children for which a decree of adoption has been entered by the employee and/or their spouse (or for whom adoption proceedings have been instituted by the employee and/or their spouse), shall be covered automatically from birth regardless of the validity of the adoption agreement. Ultimate placement of the child with the Employee is required. Adopted Children, other than Newborn Adopted Children, shall be covered from the time of placement in the Employee's residence.
 - 3. A child of a covered dependent, other than the employee's spouse, will be covered for 18 months from birth, adoption, or placement.
- (C) If any person who would otherwise be an Insured Person is specifically excluded from coverage by endorsement to the Certificate or by the Application, then such person shall not be an Insured person.

- (D) Any other additions to the Insured Persons class must be added by endorsement after applying to the company.

Successor Insured - If an employee dies while covered under a Certificate, then their surviving spouse shall become the insured if such spouse is an Insured Person. If there is no surviving spouse covered under the Certificate, then the Certificate shall terminate on the next premium due date.

Dependent Children - All of an employee's children who are less than twenty-five (25) years of age if the child meets the following criteria:

- a. the child is dependent upon the employee for support; and
- b. the child is living with the employee; or
- c. the child is a full-time or part-time student.

However, if any dependent child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on a parent(s) for support, such age of twenty-five (25) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 25th birthday.

Pathologist means a doctor, other than an insured person or a family member, who is licensed to practice medicine and who is also licensed to practice pathologic anatomy by the American Board of Pathology. A pathologist also means an osteopathic pathologist who is certified by the Osteopathic Board of Pathology.

Doctor or Physician means any licensed practitioner of the healing arts acting within the scope of his or her license in treating an injury or illness. It doesn't include an insured person or their family member.

Family Member means an insured person's spouse, son, daughter, mother, father, sister, or brother.

Illness means sickness or disease which first manifests itself while the insured person's coverage is in force and after any applicable Waiting Period. Any loss due to illness must begin while the insured person's coverage is in force.

Medical Necessity and "Medically Necessary" means surgery, procedures, or medication when provided as needed by an insured person's medical condition and according to generally accepted medical practice standards.

Specified Critical Illness means such illness shown in the Schedule and as defined in this policy.

Waiting Period means the number of days after the Effective Date before we will pay benefits for loss due to illness or injury. We won't pay benefits for a Specified Critical Illness which begins during the Waiting Period.

Date of Diagnosis The date of diagnosis is:

For cancer and/or carcinoma in situ: The day the tissue specimen, blood samples and/or titer(s) are taken on which the first diagnosis of cancer or carcinoma in situ is based.

For heart attack: The date that the death (infarction) of a portion of the heart muscle occurred based on the criteria listed under the Heart Attack definition.

For stroke: The date a stroke occurred based on documented neurological deficits and neuroimaging studies.

For end stage renal failure: The date that a doctor or physician recommends that an insured person begin renal dialysis.

Major organ transplant surgery or coronary artery bypass surgery: The date the surgery occurs for covered transplants or covered coronary artery bypass surgery.

BENEFIT DEFINITIONS

Cancer - means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes leukemia. Excluded are Cancers such as:

1. Pre-malignant tumors or polyps;
2. Carcinoma in Situ (non-invasion);
3. Any skin cancers except melanomas;
4. Stage 1 Hodgkin's Disease and Stage A Prostate Cancer;
5. Basal cell carcinoma and squamous cell carcinoma of the skin; and
6. Melanoma that is diagnosed as Clark's Level I or II or Breslow less than .77mm.

Cancer which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

Carcinoma in situ - Means cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

Cancer and/or carcinoma in situ must be diagnosed in one of two ways:

1. Pathological Diagnosis - A pathological diagnosis of cancer or carcinoma in situ is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a certified pathologist whose diagnosis of malignancy is in keeping with the standards set up by the American Board of Pathology.
2. Clinical Diagnosis - A clinical diagnosis of cancer or carcinoma in situ is based on the study of symptoms.

We will pay benefits for a clinical diagnosis only if:

- a. A pathological diagnosis cannot be made because it is medically inappropriate or life threatening;
- b. There is medical evidence to support the diagnosis; and
- c. A doctor is treating an insured person for cancer and/or carcinoma in situ.

Myocardial Infarction (Heart Attack) - Means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a heart attack.

The diagnosis must include all of the following criteria:

1. New and prior, if any, Electrocardiographic (EKG) findings consistent with Myocardial Infarction; and
2. Elevation of cardiac enzymes above generally accepted laboratory levels of normal in case of

3. creatine phosphokinase (CPK), a CPK-MB measurement must be used; Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms;
4. Chest Pain.

Coronary Artery Bypass Surgery - means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as, but not limited to balloon angioplasty, laser relief, stents or other non-surgical procedures.

Major Organ Transplant - Having a major organ transplant means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.

Stroke - Means Apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident, which is first manifested on or after the policy date. Stroke does not include Transient Ischemic Attacks and attacks of Vertebrobasilar Ischemia. We will pay a benefit for Stroke which produces permanent clinical neurological sequela persisting for at least 30 days following an initial diagnosis made after any applicable Waiting Period. We must receive evidence of the permanent neurological damage provided from Computed Axial Tomography (CAT scan) or Magnetic Resonance Imaging (MRI). **Stroke does not mean head injury, transient ischemic attack or chronic cerebrovascular insufficiency.**

Renal Failure - (Kidney Failure) Means the end stage renal failure presenting as chronic, irreversible failure of both of kidneys to function. The Kidney Failure must necessitate regular renal dialysis, hemo-dialysis or peritoneal dialysis (at least weekly); or which results in kidney transplantation. Renal failure is covered, provided it is not caused by a traumatic event, including surgical traumas.

SECTION IV

BENEFIT PROVISIONS

Specified Critical Illness Benefit

We will pay this benefit if an insured person is diagnosed with one of the specified critical illnesses shown on the Certificate Schedule if:

1. The Date of Diagnosis is after the Waiting Period;
2. The Date of Diagnosis is while this Certificate is in force; and
3. It is not excluded by name or specific description in this Certificate.

If the date of diagnosis of a Specified Critical Illness occurs during the waiting period, the certificate may be returned for a full refund of premium.

The certificate's Initial Maximum Benefit amount is shown in the Schedule. If the Schedule shows a Maximum Benefit Reduction Date, a certificate's Maximum Benefit will be reduced to the Reduced Maximum Benefit Amount, also shown in the Schedule, on that date. Benefits will be based on the Maximum Benefit amount in effect when the loss begins.

We will figure the benefits for each Specified Critical Illness by multiplying:

1. The Maximum Benefit Amount (Initial or Reduced, as the case may be); TIMES
2. The Benefit Percentage shown in the "Benefit Percentages By Certificate Year" table in the certificate Schedule for the applicable Specified Critical Illness and certificate year; LESS
3. Any partial benefits paid under that Critical Illness.

Payment of benefits is subject to the following:

1. We will pay a benefit only once for each Specified Critical Illness.
2. When we have paid the benefits due once for each Specified Critical Illness, the Employee's Certificate ends. No additional benefits are payable for a Surgical Procedure performed as a result of a Specified Critical Illness for which we have paid benefits.
3. We will pay benefits for a Specified Critical Illness in the order the events occur.

No benefits are payable for each Specified Critical Illness after the first unless its date of diagnosis is separated from the prior Specified Critical Illness by at least 90 days.

Portability Privilege

When coverage would otherwise terminate under this Plan because an employee ends employment with the employer, they may elect to continue their coverage. An employee must have been continuously insured for at least twelve months under this Plan and/or the prior plan just before the date their employment terminated. The coverage that may be continued is that which the employee had on the date their employment terminated, including dependent coverage then in effect.

1. Coverage may not be continued for any of the following reasons:
 - a. the employee failed to pay any required premium;
 - b. the employee attained age 70;
 - c. this Group Policy terminates.
2. To keep the certificate in force the employee must:
 - a. make written application to the Company within 31 days after the date their insurance would otherwise terminate;
 - b. pay the required premium to the Company no later than 31 days after the date the certificate would otherwise terminate.
3. Insurance will cease on the earliest of these dates:
 - a. the date the employee fails to pay any required premium;
 - b. the date this Group Policy is terminated.

If an employee qualifies for this Portability Privilege as described, then the same benefits, Plan provisions, and premium rate as shown in their certificate as previously issued will apply.

Health Screening Benefit (Calendar Year Limit)

We will pay this benefit for the following health screening tests performed after the Waiting Period and while this policy is in force. We will pay the amount shown in the Certificate Schedule for the following health screening tests. This benefit is payable once per calendar year up to the maximum health screening benefit amount shown in the certificate schedule.

Health screening test is defined as:

- Stress test on a bicycle or treadmill,
- Fasting blood glucose test,
- Blood test for triglycerides,
- Serum cholesterol test to determine level of HDL and LDL,
- Bone marrow testing,
- Breast ultrasound,
- CA 15-3 (blood test for breast cancer),
- CA 125 (blood test for ovarian cancer),
- CEA (blood test for colon cancer),
- Chest X-ray,
- Colonoscopy,
- Flexible sigmoidoscopy,
- Hemocult stool analysis,
- Mammography,
- Pap smear,
- PSA (blood test for prostate cancer),
- Serum Protein Electrophoresis (blood test for myeloma),
- Thermography.

There is no limit to the number of years an insured person can receive benefits for health screening tests, as long as this policy is in force.

We will pay this benefit regardless of the results of the test.

SECTION V

LIMITATIONS AND EXCLUSIONS

This policy contains a 30-day "Waiting Period". This means no benefits are payable for any insured person who has been diagnosed before their coverage has been in force 30 days from the "Effective Date" shown in the Certificate Schedule. If an insured person is first diagnosed during the "Waiting Period", benefits for treatment of that Specified Critical Illness will apply only to loss commencing after two years from the "Effective Date" of the Certificate; or, at the employee's option, they may elect to void the Certificate from the beginning and receive a full refund of premium.

PRE-EXISTING CONDITIONS LIMITATION

"Pre-existing Condition" means a sickness or physical condition which, within the 6-month period prior to the Effective Date of the certificate resulted in an insured person's receiving medical advice or treatment.

We will not pay benefits for any condition or illness starting within 12-months of the Effective Date of the certificate which is caused by, contributed to, or resulting from a Preexisting Condition.

A claim for benefits for loss starting after 12-months from the Effective Date of the certificate will not be

reduced or denied on the grounds that it is caused by a Preexisting Condition.

The Certificate may have been issued as a replacement Certificate previously issued to you under the Plan. If so, then the pre-existing condition limitation provision of the Certificate applies only to any increase in benefits over the prior Certificate. Any remaining period of pre-existing condition limitation of the prior Certificate would continue to apply to the prior level of benefits.

"Treatment" means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

EXCLUSIONS

We won't pay for loss due to:

1. Intentionally self-inflicted injury or action.
2. Suicide or attempted suicide while sane or insane.
3. Illegal activities or participation in an illegal occupation.
4. War - declared or undeclared or military conflicts, participation in an insurrection or riot, or civil commotion.
5. Substance Abuse.

SECTION VI

CLAIM PROVISIONS

Notice of Claim: Written notice of claim must be given within sixty (60) days after a covered loss starts, or as soon as reasonably possible. The notice can be given to Continental American at our Home Office. Notice should include the name of the insured person and the Certificate number.

Claim Forms: When we receive a notice of claim, we will send the claimant forms for filing proof of loss. If the forms are not given within 15 working days, proof of loss requirements can be met by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

Proof of Loss: Written proof of loss must be furnished to Continental American at our Home Office within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than one year from the time proof is otherwise required.

Time of Payment of Claims: After receiving written proof of a loss, We will pay all benefits then due for a Critical Illness. Benefits for any other loss covered by this Policy will be paid as soon as we receive proper written proof.

Payment of Claims: All benefits will be payable to the employee. All of the benefits due will be paid to the Employee unless the Employee assigns them elsewhere. All benefits unpaid at the time of the Employee's death will be paid in the following order:

1. To the approved assignee;
2. the Employee's beneficiary;
3. The Employee's surviving spouse;
4. The Employee's estate.

Conformity with State Statutes: Any provision of this policy which, on its "Effective Date", is in conflict with the statutes of the state in which it was issued is hereby amended to conform to the minimum requirements of such statutes.

Additional Coverage with Continental American: We will only pay benefits for Specified Critical Illness, Condition or Procedure under one Specified Illness, Condition or Surgical Procedure Policy or Certificate if an insured person is covered by more than one of our Specified Illness, Condition or Surgical Procedure policies or certificates. An insured person may choose which Certificate they wish to keep in force by sending us written notice of their choice. We will return the premiums paid for any of our other Specified Illness, Condition or Surgical Procedure policies or certificates during the period there was more than one policy or certificate in force.

SECTION VII

GENERAL PROVISIONS

Entire Contract: The entire contract consists of;

1. The Plan;
2. the Application of the Policyholder;
3. The Employee's Application; and
4. Any applicable Riders.

All statements made in such application(s) shall, in the absence of fraud, be deemed representations and not warranties. No statement will be used in defense of a claim under this Plan unless:

1. The statement is in writing signed by the Policyholder or by you; and
2. a copy of that statement is given to the Policyholder or to you, or to your beneficiary.

Addition of New Employee's: Employees hired after the initial enrollment date can apply for coverage annually during open enrollment if the Employee meets the following criteria:

1. has worked for the Policyholder for 90 continuous days;
2. the Employee is working at least 20 hours per week.

Physical Examination and Autopsy: We, at our expense, have the right to have an insured person examined as often as reasonably necessary while a claim is pending. In the case of death, we may also have any autopsy done unless prohibited by law.

Legal Action: You cannot take legal action against Us for benefits under this Plan:

1. within 60 days after you have sent us written proof of loss; or
2. more than the applicable statute of limitations after the time written proof is required to be given.

Time Limit on Certain Defenses: After this Plan has been in force for two years only fraudulent misstatements in the Application of that employee may be used to void coverage or to deny any claim for loss incurred that starts after the two year period.

Clerical Error: Clerical error by the policyholder will not end coverage or continue terminated coverage. In the event of such clerical error, a premium adjustment will be made.

Individual Certificate: Continental American will give the Policyholder a Certificate for each employee. The Certificate will set forth:

1. the coverage;
2. to whom benefits will be paid; and
3. the rights and privileges under the Plan.

Data Required: The policyholder will furnish all information and proofs which Continental American may reasonably require with regard to the Plan.

Misstatement of Age: If an age has been misstated on the application, the benefits will be those the premium paid would have purchased at the correct age.

Grace Period: A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, this policy shall continue in force.

SECTION VIII

BENEFIT SCHEDULE

Initial Maximum Benefit Amount before age 70:	See Certificate Schedules
Reduced Benefit Date:	First Renewal Date after age 70
Reduced Maximum Benefit Amount:	50% of Maximum Benefit
Waiting Period:	30 Days
Percentage for Partial Benefits:	25%

SPECIFIED CRITICAL ILLNESS

BENEFIT PERCENTAGE BY CERTIFICATE YEAR

<hr/>	Certificate Year 1 - Age 70 Initial Maximum Benefit	After Age 70 Reduced Maximum Benefit
Stroke	100%	50%
Cancer	100%	50%
Carcinoma in situ	25%	12.5%
Kidney Failure	100%	50%
Heart Attack	100%	50%
Major Organ Transplant	100%	50%

Maximum Health Screening Benefit Amount: Up to \$50 per insured per calendar year.

PARTIAL BENEFITS

CANCER

Carcinoma in situ	25%	12.5%
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HEART ATTACK

Coronary Artery Bypass Surgery	25%	12.5%
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SECTION IX

OCCUPATIONAL CLASSIFICATIONS

Benefit-eligible employees are classified as such in the Master Application as being **Actively at Work** and **working full-time, a minimum of 16 hours per week**.



Rate sheet prepared by Web User on 10/2/2012 2:18:24 PM.

Florida Payroll Premium rates are Semi-Monthly.

Aflac Group coverage is underwritten by Continental American Insurance Company (CAIC). 1-800-433-3036

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

CAIC GROUP CRITICAL ILLNESS Series 2100 - NON- TOBACCO for Employee

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.56	\$4.56	\$6.56	\$8.56	\$10.56	\$12.56	\$14.56	\$16.56	\$18.56	\$20.56
30-39	\$2.56	\$4.56	\$6.56	\$8.56	\$10.56	\$12.56	\$14.56	\$16.56	\$18.56	\$20.56
40-49	\$4.59	\$8.61	\$12.64	\$16.66	\$20.69	\$24.71	\$28.74	\$32.76	\$36.79	\$40.81
50-54	\$6.68	\$12.55	\$18.43	\$24.30	\$30.18	\$36.05	\$41.93	\$47.80	\$53.68	\$59.55
55-59	\$8.78	\$16.75	\$24.73	\$32.70	\$40.68	\$48.65	\$56.63	\$64.60	\$72.58	\$80.55
60-64	\$11.95	\$23.10	\$34.25	\$45.40	\$56.55	\$67.70	\$78.85	\$90.00	\$101.15	\$112.30
65-69	\$12.98	\$25.15	\$37.33	\$49.50	\$61.68	\$73.85	\$86.03	\$98.20	\$110.38	\$122.55

CAIC GROUP CRITICAL ILLNESS Series 2100 - NON-TOBACCO for Spouse

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$2.56	\$3.56	\$4.56	\$5.56	\$6.56	\$7.56	\$8.56	\$9.56	\$10.56
30-39	\$2.56	\$3.56	\$4.56	\$5.56	\$6.56	\$7.56	\$8.56	\$9.56	\$10.56
40-49	\$4.59	\$6.60	\$8.61	\$10.62	\$12.64	\$14.65	\$16.66	\$18.67	\$20.69
50-54	\$6.68	\$9.61	\$12.55	\$15.49	\$18.43	\$21.36	\$24.30	\$27.24	\$30.18
55-59	\$8.78	\$12.76	\$16.75	\$20.74	\$24.73	\$28.71	\$32.70	\$36.69	\$40.68
60-64	\$11.95	\$17.53	\$23.10	\$28.68	\$34.25	\$39.83	\$45.40	\$50.98	\$56.55
65-69	\$12.98	\$19.06	\$25.15	\$31.24	\$37.33	\$43.41	\$49.50	\$55.59	\$61.68

CAIC GROUP CRITICAL ILLNESS Series 2100 - TOBACCO for Employee

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.34	\$10.11	\$14.89	\$19.66	\$24.44	\$29.21	\$33.99	\$38.76	\$43.54	\$48.31
30-39	\$5.34	\$10.11	\$14.89	\$19.66	\$24.44	\$29.21	\$33.99	\$38.76	\$43.54	\$48.31
40-49	\$10.06	\$19.56	\$29.06	\$38.56	\$48.06	\$57.56	\$67.06	\$76.56	\$86.06	\$95.56
50-54	\$14.50	\$28.20	\$41.90	\$55.60	\$69.30	\$83.00	\$96.70	\$110.40	\$124.10	\$137.80
55-59	\$19.40	\$38.00	\$56.60	\$75.20	\$93.80	\$112.40	\$131.00	\$149.60	\$168.20	\$186.80
60-64	\$26.83	\$52.85	\$78.88	\$104.90	\$130.93	\$156.95	\$182.98	\$209.00	\$235.03	\$261.05
65-69	\$29.20	\$57.60	\$86.00	\$114.40	\$142.80	\$171.20	\$199.60	\$228.00	\$256.40	\$284.80

CAIC GROUP CRITICAL ILLNESS Series 2100 - TOBACCO for Spouse

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$5.34	\$7.72	\$10.11	\$12.50	\$14.89	\$17.27	\$19.66	\$22.05	\$24.44
30-39	\$5.34	\$7.72	\$10.11	\$12.50	\$14.89	\$17.27	\$19.66	\$22.05	\$24.44
40-49	\$10.06	\$14.81	\$19.56	\$24.31	\$29.06	\$33.81	\$38.56	\$43.31	\$48.06
50-54	\$14.50	\$21.35	\$28.20	\$35.05	\$41.90	\$48.75	\$55.60	\$62.45	\$69.30
55-59	\$19.40	\$28.70	\$38.00	\$47.30	\$56.60	\$65.90	\$75.20	\$84.50	\$93.80
60-64	\$26.83	\$39.84	\$52.85	\$65.86	\$78.88	\$91.89	\$104.90	\$117.91	\$130.93
65-69	\$29.20	\$43.40	\$57.60	\$71.80	\$86.00	\$100.20	\$114.40	\$128.60	\$142.80



Rate sheet prepared by Web User on 10/2/2012 2:18:24 PM.

Florida Payroll Premium rates are Semi-Monthly.

Aflac Group coverage is underwritten by Continental American Insurance Company (CAIC). 1-800-433-3036

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.
For more information about policy/plan benefits and limitations, please refer to the accompanying
product brochure for each insurance policy/plan listed below.

Rates include cancer benefit.

Rates include \$50 Health Screening Benefit.



Rate sheet prepared by Web User on 10/7/2013 1:44:31 PM.

Florida Payroll Premium rates are Semi-Monthly.

Aflac Group coverage is underwritten by Continental American Insurance Company (CAIC). 1-800-433-3036

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

CAIC GROUP CRITICAL ILLNESS Series 2100 - NON- TOBACCO for Employee Buy Up Rates

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
18-29	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00
30-39	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00
40-49	\$4.03	\$8.05	\$12.08	\$16.10	\$20.13	\$24.15	\$28.18	\$32.20	\$36.23
50-54	\$5.88	\$11.75	\$17.63	\$23.50	\$29.38	\$35.25	\$41.13	\$47.00	\$52.88
55-59	\$7.98	\$15.95	\$23.93	\$31.90	\$39.88	\$47.85	\$55.83	\$63.80	\$71.78
60-64	\$11.15	\$22.30	\$33.45	\$44.60	\$55.75	\$66.90	\$78.05	\$89.20	\$100.35
65-69	\$12.18	\$24.35	\$36.53	\$48.70	\$60.88	\$73.05	\$85.23	\$97.40	\$109.58

CAIC GROUP CRITICAL ILLNESS Series 2100 - NON-TOBACCO for Spouse Buy Up Rates

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000
18-29	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00
30-39	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00
40-49	\$4.03	\$6.04	\$8.05	\$10.06	\$12.08	\$14.09	\$16.10
50-54	\$5.88	\$8.81	\$11.75	\$14.69	\$17.63	\$20.56	\$23.50
55-59	\$7.98	\$11.96	\$15.95	\$19.94	\$23.93	\$27.91	\$31.90
60-64	\$11.15	\$16.73	\$22.30	\$27.88	\$33.45	\$39.03	\$44.60
65-69	\$12.18	\$18.26	\$24.35	\$30.44	\$36.53	\$42.61	\$48.70

CAIC GROUP CRITICAL ILLNESS Series 2100 - TOBACCO for Employee Buy Up Rates

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
18-29	\$4.78	\$9.55	\$14.33	\$19.10	\$23.88	\$28.65	\$33.43	\$38.20	\$42.98
30-39	\$4.78	\$9.55	\$14.33	\$19.10	\$23.88	\$28.65	\$33.43	\$38.20	\$42.98
40-49	\$9.50	\$19.00	\$28.50	\$38.00	\$47.50	\$57.00	\$66.50	\$76.00	\$85.50
50-54	\$13.70	\$27.40	\$41.10	\$54.80	\$68.50	\$82.20	\$95.90	\$109.60	\$123.30
55-59	\$18.60	\$37.20	\$55.80	\$74.40	\$93.00	\$111.60	\$130.20	\$148.80	\$167.40
60-64	\$26.03	\$52.05	\$78.08	\$104.10	\$130.13	\$156.15	\$182.18	\$208.20	\$234.23
65-69	\$28.40	\$56.80	\$85.20	\$113.60	\$142.00	\$170.40	\$198.80	\$227.20	\$255.60

CAIC GROUP CRITICAL ILLNESS Series 2100 - TOBACCO for Spouse Buy Up Rates

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000
18-29	\$4.78	\$7.16	\$9.55	\$11.94	\$14.33	\$16.71	\$19.10
30-39	\$4.78	\$7.16	\$9.55	\$11.94	\$14.33	\$16.71	\$19.10
40-49	\$9.50	\$14.25	\$19.00	\$23.75	\$28.50	\$33.25	\$38.00
50-54	\$13.70	\$20.55	\$27.40	\$34.25	\$41.10	\$47.95	\$54.80
55-59	\$18.60	\$27.90	\$37.20	\$46.50	\$55.80	\$65.10	\$74.40
60-64	\$26.03	\$39.04	\$52.05	\$65.06	\$78.08	\$91.09	\$104.10
65-69	\$28.40	\$42.60	\$56.80	\$71.00	\$85.20	\$99.40	\$113.60



Rate sheet prepared by Web User on 10/7/2013 1:44:31 PM.

Florida Payroll Premium rates are Semi-Monthly.

Aflac Group coverage is underwritten by Continental American Insurance Company (CAIC). 1-800-433-3036

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.
For more information about policy/plan benefits and limitations, please refer to the accompanying
product brochure for each insurance policy/plan listed below.

Rates include cancer benefit.

Maximum total benefit for Employees is \$50,000 and for Spouses is \$25,000.



CONTINENTAL AMERICAN INSURANCE COMPANY

Home Office: 2801 Devine Street, Columbia, South Carolina 29205

(herein called Continental American)

(800) 433-3036

(The telephone number listed above is provided for making inquires, obtaining information regarding coverage, and providing assistance in resolving complaints.)

DEPENDENT CHILDREN BENEFIT RIDER TO CERTIFICATE OF INSURANCE FOR CRITICAL ILLNESS

This rider is a part of the certificate to which it is attached. We have issued this rider to you because: (1) you paid the additional premium for this rider; and (2) we relied on the application you made. Unless amended by this rider, Certificate Definitions, other Provisions and terms apply to this rider.

Effective Date - If issued at the same time as the certificate, this rider becomes effective when the certificate becomes effective. If issued after the certificate becomes effective, this rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this rider. The insurance of a dependent will become effective on the rider date if such person is active on that date. Otherwise, the Effective Date will be deferred until the day following the date he or she becomes active.

DEFINITIONS

When the terms below are used in this rider, the following definitions will apply:

YOU, YOUR Means the person named in the Certificate Schedule.

CHILDREN Means your natural children, step-children, legally adopted children, foster children or children placed for adoption, who are younger than twenty-five (25) years of age if the child meets the following:

- the child is dependent upon you for support; and
- the child is living with you; or
- the child is a full-time or part-time student.

"Children" also includes dependent children, regardless of age, who:

- are incapable of self-sustaining employment by reason of mental retardation or physical handicap; and
- are chiefly dependent upon you or your spouse for support and maintenance.

If your children are covered under this rider, your children born after the Effective Date of this rider will also be covered from the moment of live birth. Adopted Children shall be covered from the time of placement in your residence. If you enter into an adoption agreement before a child's birth, coverage shall begin for that child from the moment of birth regardless of the validity of the adoption agreement. Ultimate placement of the child with you is required. No notice or additional premium is required.

A child of a covered dependent, other than your spouse, will be covered for 18 months from birth, adoption, or placement.

DEPENDENT Means your child or children, named in the application for this rider for whom a premium is paid.

ACTIVE "Active" as used refers to a dependent who is not confined in a hospital and who is able to carry on regular activities customary of a person in good health of the same age and sex.

TREATMENT Means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

BENEFITS

If a dependent child contracts a Specified Critical Illness after any applicable Waiting Period and while this policy is in force, we will provide the benefits contained in the certificate under the Benefits Section. The appropriate benefit amounts we will pay for the dependent are shown in the Dependent Children Benefit Schedule issued with this rider.

LIMITATIONS AND EXCLUSIONS

This policy contains a 30-day "Waiting Period". This means no benefits are payable for any covered person who has been diagnosed before coverage has been in force 30 days from the "Effective Date" shown in the Certificate Schedule. If a covered person is first diagnosed during the "Waiting Period", you may elect to void the Certificate from the beginning and receive a full refund of premium.

PRE-EXISTING CONDITION

A pre-existing condition is a medical condition disclosed or not disclosed on the application for which, prior to the effective date of coverage that medical advice or treatment was recommended by, or received from, a doctor within the six (6) month period before the Effective Date of coverage.

Pre-existing conditions aren't covered unless the loss for such conditions begins more than 12 months after the effective date of coverage. Also, those medical conditions excluded from coverage by name or specific description when the loss begins, aren't covered.

EXCLUSIONS

We won't pay for loss due to:

1. Intentionally self-inflicted injury or action.
2. Suicide or attempted suicide while sane or insane.

3. Illegal activities or participation in an illegal occupation.
4. War - declared or undeclared or military conflicts, participation in an insurrection or riot, or civil commotion.
5. Substance Abuse.

GENERAL PROVISIONS

If your dependent child's coverage is terminated because of marriage or attainment of the limiting age, we will still pay benefits for any covered condition which was diagnosed while the dependent was covered under this rider.

TIME LIMIT ON CERTAIN DEFENSES

After this rider has been in force for a period of two years it shall become incontestable as to the statements contained in the application.

CONTRACT

This rider is part of the certificate, and will terminate when the certificate terminates, or when premiums are no longer paid for this rider.

This rider is subject to all of the terms of the certificate to which it is attached unless any such terms are inconsistent with the terms of this rider.

READ YOUR POLICY CAREFULLY.

Signed for the Company at its Home Office.



Paul S. Amos II, President



J. Matthew Loudermilk, Secretary



CONTINENTAL AMERICAN INSURANCE COMPANY

Home Office: 2801 Devine Street, Columbia, South Carolina 29205
(herein called Continental American)
800-433-3036

Children Definition Rider

This rider is a part of the document to which it is attached. Unless amended by this rider Policy, Certificate and Dependent Rider Definitions, Exclusions and Limitations, other term and provisions apply to this rider.

The definition of Children is deleted and replaced by the following:

Children means your natural children, step-children, foster children, legally adopted children or children placed for adoption, who are under age 26.

Newborn children shall automatically be covered from the moment of birth. You must notify us of the birth of a child within 31 days of the birth in order to have the coverage extended beyond 31 days. Adopted children or foster children shall be covered from the time of placement in your residence. If you enter into an adoption agreement before a child's birth, coverage shall begin for that child from the moment of birth regardless of the validity of the adoption agreement. Ultimate placement of the child with you is required. You must notify us within 31 days in order to have the coverage extended beyond 31 days.

If your children are covered under this Rider, children born or placed in your home after the Effective Date of this Rider will also be covered from the moment of birth or placement. No notice or additional premium is required.

Coverage on Children will terminate on the child's 26th birthday. However, a child of a covered dependent, other than your spouse, will be covered for 18 months from birth, adoption, or placement.

If any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is chiefly dependent on his parent(s) for support and maintenance, the above age of twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 26th birthday.

This rider is subject to all of the terms of the document to which it is attached unless any such terms are inconsistent with the terms of this Rider.

Signed by the Company at its Home Office.

Paul S. Amos II, President

J. Matthew Loudermilk, Secretary

AFLAC PRIVACY PRACTICES

Protecting the privacy and confidentiality of information about our customers is very important to American Family Life Assurance Company of Columbus, American Family Life Assurance Company of New York and Continental American Insurance Company (collectively, "Aflac"). Accordingly, we strive to comply with each of the following practices in everything we do:

- **We do not sell, rent, lease or otherwise disclose personal information of our customers for purposes unrelated to our products and services.** The personal information of our customers is of paramount importance to us. Therefore, we provide this information only to our employees, agents and third parties as required to allow them to help us develop and provide our insurance and employee benefit products and services.
- **We work to ensure information integrity and security.** We use technology tools and design our business practices to help ensure that the personal information of our customers is properly gathered, stored and processed. We also work to maintain the security of, and internal and external access to, the personal information of our customers through the use of technology and our business practices.
- **We expect our agents and employees to respect the personal information of our customers.** Aflac has business policies and practices in place to help ensure that our employees and agents carry out these practices and otherwise protect personal information about our customers. Both employees and agents are subject to censure, dismissal, or termination for violation of these policies.

These Privacy Practices apply to our U.S. customers. Due to legal and cultural differences, our practices may vary outside the United States.

PRIVACY NOTICE

Aflac and our agents provide this notice to let you know about the current privacy practices of Aflac and our agents. **You do not need to do anything in response to this notice. This notice is merely to inform you about how we safeguard your information.**

Collection of Information

As part of Aflac's normal underwriting and operating procedures, Aflac (and our agents acting on our behalf) need to obtain information to determine an individual's eligibility for our products and services, and to perform our insurance functions. Aflac and our agents may collect nonpublic personal information (which includes both nonpublic personal financial information and nonpublic personal health information) about Aflac's customers, including:

- Information from our customers (including names, addresses, financial and health information).
- Information about the customers' transactions with Aflac or our agents (including claims and payment information).
- Information from consumer reporting agencies (including creditworthiness and credit history); motor vehicle records agencies (including accident reports and violations); investigators (including information regarding general character and participation in hazardous activities); insurance support organizations such as the Medical Information Bureau, Inc. (including claims, and health and insurance application histories); and the customers' health care providers (including health history), employers (including salary and benefits information), and family members.

Disclosure of Information

Aflac may disclose the nonpublic personal financial information we collect, as described above, as well as information about your transactions with us (such as your policy coverage, premiums, and payment history) to our agents or other third parties who perform services or functions on our behalf, including in some circumstances the marketing of Aflac products. We may also disclose the nonpublic personal financial information we collect to other third parties as authorized by you, or as required or permitted by law.

Our agents will make disclosures of our customers' nonpublic personal financial information only while acting on Aflac's behalf and, furthermore, will make such disclosures only as Aflac itself is permitted to make.

Neither Aflac nor our agents will use or share with other parties any nonpublic personal health information about Aflac customers for any purpose other than disclosures for the performance of insurance functions by Aflac or on our behalf, disclosures that are permitted or required by law, or disclosures that the customer has authorized.

Neither Aflac nor our agents will further disclose any nonpublic personal information about a former customer of Aflac other than as may be required or permitted by law.

Confidentiality and Security

Aflac and our agents will safeguard, according to strict standards of security and confidentiality, any information we collect, receive or maintain about Aflac's customers. Aflac maintains administrative, technical, and physical safeguards to ensure the security and confidentiality of our customer information and records, to protect against anticipated threats or hazards to such records, and to protect against unauthorized access to or use of such information or records.

Internally, Aflac limits access to our customers' information to only those employees who need access to the information to perform their job functions. Employees who misuse information are subject to disciplinary actions. Externally, we do not disclose customer information to any third parties unless we have previously informed the customer of the disclosure, have been authorized to do so by the customer, or are required or permitted to make the disclosure by law or our regulators.

NOTICE OF INFORMATION PRACTICES

Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia require insurers and agents to describe their information practices in addition to providing a Privacy Notice. There is significant overlap between the two notices, but in general our Information Practices include the following: Aflac may obtain information about you and any other persons proposed for insurance. Some of this information will come from you and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. Residents of these states have the right to access and correct the information collected about them except information that relates to a claim or to a civil or criminal proceeding. They also have the right to receive the specific reason for an adverse underwriting decision in writing. If you wish to have a more detailed explanation of our information practices required by your state, please submit a written request to: Aflac Worldwide Headquarters, ATTN: Client Services, 1932 Wynnton Road, Columbus, Georgia 31999.

NOTICE OF PRIVACY PRACTICES - PROTECTED HEALTH INFORMATION

If you would like a copy of Aflac's Notice of Privacy Practices - Protected Health Information issued pursuant to the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended in 2009, copies are available by sending a written request to: Aflac Worldwide Headquarters, ATTN: Privacy Office, 1932 Wynnton Road, Columbus, Georgia 31999.