

# MONUMENTAL LIFE INSURANCE COMPANY

(Herein, "we," "us," "our" or "the Company")

Home Office: 4333 Edgewood Road N.E. Cedar Rapids, Iowa 52499

Administrative Office: 101 JFK Parkway, Short Hills, NJ 07078

## CERTIFICATE OF INSURANCE

Policyholder: **MARANATHA BAPTIST BIBLE COLLEGE**

Policy Number: **CWI302K**

We have issued a Policy to the Policyholder. Our name, the Policyholder name and the Policy Number are shown above. The provisions of the Policy which are important to you are summarized in this certificate; consisting of this form, the Schedule with the most recent Effective Date and any additional forms which have been made a part of this certificate. This certificate replaces all certificates which may have been given to you earlier for the Policy. The Policy alone is the only contract under which payment will be made. Any difference between the Policy and this certificate will be settled according to the provisions of the Policy. The Policy may be inspected at the office of the Policyholder.

## GROUP HOSPITAL INDEMNITY INSURANCE CERTIFICATE NONPARTICIPATING



Secretary



President

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### READ YOUR CERTIFICATE CAREFULLY

**30 Day Right to Examine Certificate:** We urge you to examine this certificate closely. If you are not satisfied, return it to us within 30 days of your Original Insurance Effective Date. In that event, we will consider it void from the certificate effective date and any premium paid will be refunded. Any claims paid during the initial 30 day period will be deducted from the refund.

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**SCHEDULE OF BENEFITS**

**Effective Date of Coverage: August 1, 2014**

**Group Policy: CWI302K**

Covered Person's Name:	Please contact Bollinger for a copy.
Effective Date of Coverage:	August 1, 2014
Certificate Number:	Please contact Bollinger for a copy.

Insurance benefits are determined by this Schedule and the terms of the Group Policy.

**SCHEDULE OF BENEFITS**

**INPATIENT BENEFITS**

	<b>Member</b>	<b>Spouse</b>	<b>Child(ren)</b>
<b>Hospital Daily Benefit (Accident and Sickness)</b>	\$1,000 per day	\$1,000 per day	\$1,000 per day
Maximum Benefit – under age 35	30 days	30 days	30 days
 <b>Hospital Daily Benefit (Drug and Alcohol)</b>	 \$100 per day	 \$100 per day	 \$100 per day
Maximum Benefit – under age 35	5 days	5 days	5 days
 <b>Hospital Daily Benefit (Mental/Nervous)</b>	 \$50 per day	 \$50 per day	 \$50 per day
Maximum Benefit – under age 35	5 days	5 days	5 days

**ADDITIONAL BENEFITS**

	<b>Member</b>	<b>Spouse</b>	<b>Child(ren)</b>
<b>Ambulance Services</b>	\$250 per day	\$250 per day	\$250 per day
Maximum Amount per policy year of	\$250	\$250	\$250
 <b>Emergency Room</b>	 \$100 per day	 \$100 per day	 \$100 per day
Maximum Amount per policy year of	\$200	\$200	\$200
 <b>Outpatient Physician Visit</b>	 \$75 per day	 \$75 per day	 \$75 per day
Maximum Benefit per policy year of	5 days	5 days	5 days
 <b>Outpatient Diagnostic X-Ray</b>	 \$100 per day	 \$100 per day	 \$100 per day
Maximum Benefit per policy year of	3 days	3 days	3 days
 <b>Outpatient Diagnostic Laboratory Tests</b>	 \$100 per day	 \$100 per day	 \$100 per day
Maximum Benefit per policy year of	3 days	3 days	3 days

## ADDITIONAL BENEFITS (con't)

<b>Outpatient Drug and Alcohol</b>	\$75 per day	\$75 per day	\$75 per day
Maximum Benefit per policy year of	5 days	5 days	5 days
<b>Outpatient Mental and Nervous</b>	\$75 per day	\$75 per day	\$75 per day
Maximum Benefit per policy year of	5 days	5 days	5 days
<b>Wellness</b>	\$75 per day	\$75 per day	\$75 per day
Maximum Benefit per policy year of	1 day	1 day	1 day

## RIDERS

<b>Surgical and Anesthesia Benefit Rider</b>	\$1,000 per day	\$1,000 per day	\$1,000 per day
Maximum Benefit	\$2,000	\$2,000	\$2,000

## GENERAL DEFINITIONS

**Age** means the Covered Person's attained age on any Premium Due Date.

**Complication of Pregnancy** means a condition requiring Hospital Confinement (when pregnancy is not terminated), whose diagnosis is distinct from pregnancy but adversely affected or caused by pregnancy, such as:

- acute nephritis or nephrosis;
- cardiac decompensation;
- missed abortion;
- pre-eclampsia;
- hyperemesis gravidarum; and
- similar medical and surgical conditions of comparable severity.

Complication of Pregnancy will also include:

- non-elective cesarean section;
- termination of ectopic pregnancy; and
- spontaneous termination of pregnancy, occurring during a period of gestation in which a viable birth is not possible.

However, the term Complication of Pregnancy will not include:

- false labor, occasional spotting, or morning sickness;
- physician prescribed rest;

or any similar condition associated with the management of a difficult pregnancy not consisting of a nosologically distinct Complication of Pregnancy.

**Confined or Confinement** means being an Inpatient in either or, due to Sickness or Injury,:

- a Hospital;
- a Skilled Nursing Facility with respect to the Skilled Nursing Facility Benefit.

**Covered Person** means the Eligible Member, while covered by the Policy.

**Day of Confinement** means a period of 24 hours as an Inpatient confined in:

- a) a Hospital;
- b) for which a daily room and board charge is made for a full day of Confinement;
- c) a Skilled Nursing Facility with respect to the Skilled Nursing Facility Benefit.

**Hospital** means an institution which:

- a) operates pursuant to law;
- b) primarily and continuously provides medical care and treatment of sick and injured persons on an Inpatient basis;
- c) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified physicians; and
- d) provides 24 hour a day nursing service by or under the supervision of registered graduate nurses.

Hospital does not mean any institution or part thereof which is used primarily as:

- a) a nursing home, convalescent home, or skilled nursing facility;
- b) a place for rest, custodial care, or for the aged;
- c) a clinic;
- d) a place for the treatment of mental illness, alcoholism, or drug addiction.

However, a place for the treatment of Mental, Nervous or Emotional Disorders other than a Residential Treatment Facility will be regarded as a Hospital if:

- a) it is part of an institution that meets the above requirements; and
- b) it is listed in the American Hospital Association Guide as a general hospital.

**Injury** means bodily Injury of a person resulting directly and independently of all other causes from an accident. However, Injury that occurred prior to a Covered Person's effective date of coverage will be subject to the Policy's Pre-existing Condition Limitation.

**Inpatient** means confinement in:

- a) a Hospital, for which a room and board charge is made;
- b) a Skilled Nursing Facility with respect to the Skilled Nursing Facility Benefit, for which a room and board charge is made.

**Medically Necessary** means:

- a) recommended by a legally qualified physician acting within the scope of his or her license;
- b) consistent with currently accepted medical practice; and
- c) generally considered by United States physicians to be appropriate for a given medical condition.

A Hospital Confinement will not be deemed Medically Necessary if we determine that any service, supply or treatment in connection with that confinement is experimental in nature.

A service, supply or treatment will be considered experimental if it:

- a) is in the research or experimental stage;
- b) involves the use of a drug or substance that has not been approved by the United States Food and Drug Administration, by issuance of a New Drug Application or other formal approval;
- c) is not in general use by qualified physicians;
- d) is not of demonstrated value for the diagnosis or treatment of Sickness or Injury.

**Mental and Nervous Disorders** means any neurosis, psychoneurosis, psychopathy, or psychosis, mental or emotional disease or disorder of any kind:

- a) including bodily malfunction caused by underlying organic disease if symptoms result in a dysfunction of the mind; and
- b) including but not limited to schizophrenia, bi-polar personality disorder or autism.

However, with respect to underlying organic disease, the disorder will be regarded as a Mental or Nervous Disorder only to the extent it requires psychiatric or psychological treatment.

**Period of Confinement** means an interval of time during which a Covered Person is Confined as an Inpatient in a Hospital. A Period of Confinement begins on the date the Covered Person is admitted to the Hospital. Successive Confinements:

- a) due to the same or related causes; and
- b) separated by less than 90 days;

are part of the same Period of Confinement.

A new Period of Confinement begins when the Covered Person is readmitted to a Hospital:

- a) for a new Sickness or Injury unrelated to the causes of a prior Confinement; or
- b) after he or she has been free of Hospital Confinement for 90 days or more.

**Policyholder** means **MARANATHA BAPTIST BIBLE COLLEGE**.

**Request** means a written request made on the form we furnish for making the request.

**Sickness** means a person's sickness, disease or Complication of Pregnancy, as defined. However, Sickness first manifested prior to a Covered Person's effective date will be subject to the Policy's Pre-existing Condition Limitation.

**We, us** or **our** means the insurance company named in this certificate.

**You** or **your** means the Member named in the Schedule.

### **INSURED PERSON PERIOD OF COVERAGE**

**Insured Person Effective Date:** An Eligible Member will become covered by the Policy on the Effective Date of the Schedule that first shows coverage for such Eligible Member, subject to payment of the required premium.

If You are hospitalized on the date Your coverage would have become effective, Your Effective Date will be the day after the date of Your discharge from the Hospital. This also applies to retired members.

**Deferred Effective Date:** If on the date You are to become covered under the Policy or covered for increased benefits under the Policy, you are Hospital Confined due to Injury or Sickness, Your coverage will not become effective until 31 days after Your Hospital Confinement has ended.

Coverage is shown in the Schedule by a Daily Benefit amount. Coverage is shown for You by a Daily Benefit amount stated across from "Insured Person" in the Schedule. If "NONE" is shown across from "Insured Person", You are not covered under the Policy.

**Eligible Member** means a person for whom an application has been received and the required premium has been paid.

**Request for Change in Insured Person's Coverage:** If You request to make a change in Your coverage, the change will become effective on the first day of the month after We receive the Request provided:

- a) You are eligible for the change requested; and
- b) the required premium is paid.

If the Request increases Your coverage, the amount of the increase will be subject to the "Pre-existing Condition Limitation" provision.

**Insured Person Termination:** Your coverage under the Policy will cease on the first to occur of:

- a) the date the Policy is cancelled; or
- b) the Premium Due Date that the required premium for Your coverage is not paid, subject to the Grace Period provision.

**Individual Grace Period:** No Grace Period is allowed for the first premium which is due on the original certificate Effective Date. A Grace Period of 31 days is allowed for payment of each premium due after the first premium. We will continue the insurance during the Grace Period. If a Covered Person incurs a covered loss during the Grace Period, You will be liable to us for payment of any premium accruing during the period we continued the coverage in force under this provision.

The Grace Period will not continue coverage beyond a date stated in a Termination Provision.

## COVERED DEPENDENT PERIOD OF COVERAGE

You must apply for coverage for yourself in order to apply for Dependents coverage. If You and Your Spouse are both eligible persons, only one of you may apply for coverage as a member of the Policyholder with the other covered as a Spouse.

**Eligible Dependents:** Eligible Dependents are defined as follows:

**Spouse** means Your Spouse, who is under age 80, provided You and Your Spouse are not legally separated or divorced.

**Child** means your unmarried child, stepchild, legally adopted child, child placed for the purpose of adoption, or any other child related to You by blood or marriage who is:

- a) not yet age 18; or
- b) not yet age 21 if a full time student as determined by an accredited school and continuously enrolled as a full-time student;

provided the child resides with You in a regular parent-child relationship and primarily depends on You or Your Spouse for financial support.

In the case of a child related to You by blood or marriage, a regular parent-child relationship does not exist if either of the child's parents also reside with You.

**Dependent Effective Date:** Your Eligible Dependent will become covered by the Policy on:

- a) the Policy Effective Date if We receive Your request for Dependent's Coverage on or prior to the Policy Effective Date; or
- b) the date We receive Your request for Dependent's Coverage if it is received at any other time, provided the required premium is paid.

With respect to Extension of Benefits, Totally Disabled means:

- a) with respect to You if You are retired or if You are a member of the American Medical Association Alliance and Your dependents, the inability due to Injury or Sickness to engage in substantially all of the normal activities of a person in good health of like age and sex;
- b) with respect to You, if not as described above, the inability to perform Your regular or customary occupational duties due to Injury or Sickness.

However, in no event will Your Dependent become covered under the Policy

- a) before the date he or she qualifies as an Eligible Dependent; or
- b) before Your Effective Date of coverage.

If Your Eligible Dependent is to become covered under the Policy and he or she is hospitalized on the date, coverage will take effect on the day after the date of discharge from the Hospital.

Dependents Coverage is the same amount as elected by You, shown in the Schedule by a Daily Benefit amount.

**Request for Change in Dependent's Coverage:** If You request to make a change in Your coverage, the change will become effective on the first day of the month after We receive the Request provided:

- a) the dependent is eligible for the change requested; and
- b) the required premium is paid.

If the Request increases coverage, the amount of the increase will be subject to the Pre-existing Condition Limitation provision.

**Newborn Child:** If a child is born to you or your Covered Spouse, the child will become covered by the Policy from the moment of birth. The child will be covered for Injury or Sickness (including congenital defects and birth abnormalities).

The Child will be covered for a Basic Hospital Confinement Daily Benefit amount equal to:

- a) the same amount that applies to your other children, if you have other children covered under the Policy; or if not
- b) your Basic Hospital Confinement Daily Benefit amount if you are covered under the Policy; or if not
- c) your Covered Spouse's Basic Hospital Confinement Daily Benefit amount.

The child's coverage will cease on the later of:

- a) the premium due date; or
  - b) the 31st day;
- next following the child's birth.

However, the child's coverage will not cease on that date if:

- a) we have received a Request and required premium to continue coverage for the child before that date; or
- b) your other child(ren) are covered by the Policy on that date.

**Dependent Termination:** Your dependent's coverage under the Policy will cease on the first to occur of:

- a) the date the Policy is cancelled;
- b) the Premium Due Date that the required premium for the dependent's coverage is not paid, subject to the Grace Period provision;
- c) in the case of a Covered Spouse, the date the Spouse is legally separated or divorced from You
- d) in the case of a Covered Child, the date the child no longer qualifies as an Eligible Child unless continued under the Incapacitated Child Continuation provision;
- e) in the case of a Child, where adoption proceedings are discontinued, coverage ends on that date if such proceedings do not result in finalization of the adoption and the Child is no longer in Your custody.
- f) The date We or the Policyholder cancel coverage for a class of persons to which he or she belongs;
- g) The Premium Due Date on or next following the date he or she attains the Policy Age Limit;
- h) The date You are no longer covered by the Policy.

However, if dependent's coverage would terminate because of the above, except for items a), b), e), and f), coverage may be continued if We are provided a written request and the initial premium is paid within **31** days after ceasing to be covered under the Policy.

**Continuation:**

If you die while your Spouse is covered under the Policy, Your Spouse may continue:

- a) his or her coverage; and
- b) coverage of any children who are dependents who were covered by the Policy on the date of your death.

We must receive your Spouse's Request and required premium to continue the coverage within 31 days of the premium due date next following your death.

Solely for the purpose of continuing the coverage, your Spouse will be considered an Insured Person. However, this will not continue your Spouse's coverage beyond a date the coverage would normally cease under the Dependent Termination provision.

If You die while Your Dependent Children are covered under the Policy and there is no Spouse, We will continue coverage on Dependent Children covered at the time of Your death. However, this will not continue the Dependent's coverage beyond a date the coverage would normally cease under the Dependent Termination provision. During such period of continued coverage, payment of premiums will be waived.

If Your spouse's coverage ends due to divorce or annulment of marriage, he or she may continue coverage under the Policy. Upon receipt of notice that coverage may be continued, the former spouse must make the election to continue coverage and return the forms within 31 days. The total premium must be paid by the former spouse when due. However, this will not continue the former spouse's coverage beyond a date the coverage would normally cease under the Dependent Termination provision. The coverage will terminate on the Premium Due Date on or next following the date the Spouse remarries.



## HOSPITAL INDEMNITY BENEFIT

**Basic Hospital Confinement:** We will pay the Daily Benefit amount for each Day of Confinement of a Covered Person's Period of Injury or Sickness in a Hospital. The Period of Injury or Sickness must:

- a) be due to Injury or Sickness; and
- b) begin while the person is covered under the Policy.

The Daily Benefit amount is shown on the Schedule.

**Covered Outpatient Surgery** means an operative procedure which involves the puncture or incision of the skin or the insertion of an instrument or foreign material into the body to diagnose Sickness, to repair damage or to restore health. Covered Outpatient Surgery does not include cosmetic surgery, surgery in connection with the fitting or wearing of dentures; or any operation on the teeth or the supporting tissues of the teeth (impacted or otherwise) except for:

- a) removal of tumors; or
- b) surgeries to treat an injury to sound natural teeth, other than by eating or chewing, due to an accident which occurs while this Policy is in force.

However, not more than 1 times the Daily Benefit amount will be paid for all procedures performed on a Covered Person in any one calendar year, nor more than one Daily Benefit amount will be paid on any one day.

### **Accident Confinement:**

- a) **Basic Hospital Confinement for Accident** – Benefit will be payable for Hospital Confinement provided the Confinement is required as the result of covered accidents sustained while driving or riding in a car, taxi, bus, camper, motor home, non motorized bicycle, or adult tricycle, or a motorized golf cart;
- b) **Specified Vehicle/Travel Accident:** Benefit will be payable from the first day of Hospital Confinement provided the Confinement is required as the result of covered accidents sustained while traveling as a fare paying or pass-holding passenger on an airplane; and an elevated railway, an electric inter-urban railway, a subway or steamship.

## EMERGENCY ROOM, OUTPATIENT SERVICES BENEFIT

We will pay an amount, as shown on the Schedule of Benefits, for a Covered Person's outpatient medical treatment if required because of an Injury, as defined.

The medical treatment must be:

- a) received in a Hospital on an outpatient basis;
- b) received within 24 hours of an accident causing Injury which requires treatment on an emergency basis; and
- c) received prior to the date the Covered Person attains age 65.

The total amount that We will pay under this benefit for all treatment resulting from any one accident will not exceed an amount equal to one day's Basic Hospital Confinement Daily Benefit amount.

Outpatient medical treatment includes the following outpatient services: Outpatient Surgical Procedures, an Outpatient Surgical Facility, outpatient diagnostic X-rays and laboratory tests, Emergency physician visits, Emergency Room, Emergency Ambulance services and physical therapy services.

**Emergency** means the sudden onset of an Injury or Sickness that, without immediate medical or surgical care, would significantly worsen or become more severe or would result in death.

**Outpatient** means Medically Necessary treatment, services and supplies administered to a Covered Person for an Outpatient Surgical Procedure in a Surgical Facility.

**Outpatient Surgical Procedure** means a surgical procedure which can be performed on an Outpatient basis.

**Surgical Facility** means a surgical or medical center which:

- a) has permanent facilities for surgery;
- b) operates pursuant to the law; and
- c) operates under the supervision of a staff of legally qualified Physicians and registered graduate nurses (R.N.).

Emergency Physician Visits are payable only for the visit which occurs on the same day that Emergency Ambulance, Diagnostic X-rays, or Diagnostic Laboratory Tests are paid.

**Outpatient** means medically necessary treatment, services and supplies administered to a Covered Person for the following Outpatient Procedures:

**Emergency Room** means a treatment received for a loss caused by Injury where such treatment is received in a Hospital emergency room.

**Ambulance** means transportation in an ambulance from the scene of an accident to the nearest Hospital equipped to furnish the necessary Emergency Room treatment.

## PRE-EXISTING CONDITION LIMITATION

### Pre-Existing Condition Defined:

Pre-Existing Condition, as used in this limitation, means any Injury or sickness, diagnosed or undiagnosed, for which Medical Care is received by a Covered Person:

- a) within the 12 month period prior to the Covered Person's effective date of insurance; or
- b) with respect to the limitation for increase in coverage, within the 12 month period prior to the effective date of the Covered Person's increase in coverage.

For the purposes of this limitation, we will consider:

- a) Medical Care received when:
  - 1) a Physician is consulted or medical advice is given; or
  - 2) Treatment is recommended or prescribed by, or received from a Physician.
- b) Treatment to include, but not be limited to, any:
  - 1) medical examination, test, attendance, or observation;
  - 2) medical services, supplies, or equipment, including their prescription or use; or
  - 3) prescribed drugs or medicines, including their prescription or use.

All manifestations, symptoms, or findings which result:

- a) from the same or related Injury or Sickness; or
- b) from any aggravations of Injury or Sickness;

are considered to be the same Injury or Sickness for the purpose of determining a Pre-Existing Condition.

The Pre-Existing Condition as defined applies to Pregnancy. This provision does not apply to Complications of Pregnancy as defined.

**Conditions Prior to Effective Date:** During the first two years of a Covered Person's insurance, losses incurred for pre-existing conditions are not covered. This will not apply to loss that the Covered Person incurs after being free of Medical Care for the condition for a one year period (ending any time on or after his or her effective date).

**Conditions Prior to Effective Date of Increase in Coverage:** During the first two years following the date a Covered Person makes a change in coverage that increases his or her benefits, the increase will not be paid for pre-existing conditions. This will not apply to loss that the Covered Person incurs after being free of Medical Care for the condition for a one year period (ending any time on or after the effective date of increase).

## EXCLUSIONS

No benefit shall be paid for Injury or Sickness that is caused by, results from or contributed to by:

1. an intentionally self-inflicted Injury, suicide, or any attempt at suicide, while sane or insane (while sane in Missouri and Colorado);
2. any active participation in a riot, insurrection or war, either declared or undeclared;
3. the Covered Person's taking or using any narcotic, barbiturate or any other drug or medication, unless taken or used as prescribed by a Physician;
4. the Covered Person's blood alcohol level being .06 percent weight by volume or higher;
5. the Covered Person operating or riding in any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight;
6. the Covered Person committing or attempting to commit a felony or an assault or being engaged in an illegal activity;
7. Confinement in a Residential Treatment Facility for any reason other than treatment for alcoholism or drug abuse except for Mental or Nervous Disorders covered under the Policy;

8. voluntary gas inhalation or poison voluntarily taken, administered or inhaled;
9. taking alcohol in combination with any drug, medication or sedative;
10. military or combat activities while serving in the armed forces, National Guard or organized reserve corps in any state, country or international authority.
11. Pre-Existing Conditions as defined.
12. a natural disaster such as an earthquake.
13. Confinement in a Veterans Administration or any other National Government owned or operated Hospital for which no charge is made that the Covered Person must pay;
14. Pregnancy or childbirth, except Complications of Pregnancy;
15. Services incurred outside of the United States.

Upon request, we will refund the pro-rata portion of any premium paid for the period a Covered Person is in the armed forces.

## CLAIM PROVISIONS

**Notice of Claim:** The person who has the right to claim benefits must give Us written notice of a claim within 20 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible. The notice should include Your name and the Policy number. Send it to Our Administrative Office or give it to Our agent.

**Claim Forms:** When we receive the notice of claim, we will send You forms for giving Us proof of loss. The forms will be sent within 15 days after We receive the notice of claim. If the forms are not received, You will satisfy the proof of loss requirement if written proof of the occurrence, character and extent of the loss are sent to Us.

**Proof of Loss:** Proof of loss must be sent to Us in writing within 90 days after:

- a) the end of each month of Our liability for periodic payment claims; or
- b) the date of the loss for all other claims.

If the claimant is not able to send it within that time, it may be sent as soon as reasonably possible without affecting the claim. The additional time allowed cannot exceed one year unless the claimant is legally incapacitated.

**Time of Claim Payment:** We will pay any daily, weekly or monthly benefit due:

- a) on a monthly basis, after We receive the proof of loss, while the loss and Our liability continue; or
- b) immediately after We receive the proof of loss following the end of Our liability.

We will pay any other benefit due immediately after We receive the proof of loss.

**Payment of Claims:** We will pay any benefits due and not assigned, to You, if living. Otherwise, We will pay:

- a) any benefits due for a loss which occurred prior to Your death to Your estate;
- b) any benefits due to a Covered Person's loss which occurred after Your death to:
  - 1) Your Spouse if the Spouse is covered under the Policy; or, if not
  - 2) the person whose loss is the basis of the claim.

If a benefit due is payable to a minor, it will be paid to his or her guardian. If a benefit due is payable to Your dependent and he or she dies, it will be paid to the dependent's estate. If a benefit due is payable to:

- a) a Covered Person's estate;
- b) to a minor; or
- c) to a person not competent to give valid release for payment;

we may pay up to \$1,000 of the benefit due to some other person.

The other person will be someone related to you by blood or marriage who we believe is entitled to the payment. We will be relieved of further responsibility to the extent of any payment made in good faith.

If you provide Us with a Written Release to do so, We may, at our option, pay benefits directly to the institution or person rendering:

- a) Hospital services; or
- b) nursing, medical, or surgical services;

unless You or the person to whom the benefit is payable requests otherwise in writing no later than the time the proof of loss is filed with Us.

**Written Release** means any written direction from You to pay benefits to the institution or person rendering the service. We will not require that the services be rendered by a particular institution or person.

**Assignment:** You may assign the benefits of the Policy to the institution or person rendering service as allowed in the Payment of Claims Provision. You may not assign the Policy in any other way or to any other person.

**Physical Examinations:** While a claim is pending We have the right at Our expense to have the person who has a loss examined by a physician when and as often as We feel is necessary.

**Legal Actions:** Legal action cannot be taken against Us:

- a) before 60 days following the date proof of loss is sent to Us;
- b) after 2 years following the date proof of loss is due.

**Misstatement of Age:** If the age of the Covered Person has been incorrectly stated, the premium rates will be adjusted to the correct age of the person. If the change in age affects the Covered Person's benefits, the benefits will be corrected accordingly and the premium adjustment will take this correction into account.

**Extension of Benefits:** Termination of a Covered Person's coverage under the Policy will not affect a claim for any Period of Confinement that commenced prior to the termination.

## SURGICAL AND ANESTHESIA BENEFIT RIDER

This Surgical and Anesthesia Rider is a part of the Policy and Certificate to which it is attached. It is issued in consideration of the application and the continued payment of the required premium.

Upon receipt of due proof that a surgical procedure is performed on a Covered Person we will pay Expenses for the procedure. This benefit will pay the amount shown on the schedule for each Operative Session. The benefit is subject to the Lifetime Maximum amount for this benefit.

Upon receipt of due proof that a Covered Person incurred expenses for the services of an Anesthesiologist during an Operative Session, we will pay Expenses for an Anesthesiologist who is not employed by the Hospital. The benefit payable will not exceed the Maximum Benefit shown on the schedule for each Operative Session.

**Anesthesiologist** means a Physician who specializes in anesthesiology.

**Operative Session** means the continuous period of time during which surgical procedures are performed, regardless of the number of procedures or the number of surgical incisions.

This benefit will be paid in addition to but will not duplicate any other benefits payable under the Group Policy.

Benefits are subject to all other terms and conditions of the Group Policy. This Rider does not waive, alter or extend any provisions or limitations of the Group Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Certificate to which it is attached.

### Monumental Life Insurance Company



**Secretary**



**President**