

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the Company.

UNITED TEACHER ASSOCIATES INSURANCE COMPANY

P.O. Box 26580 • Austin, Texas 78755-0580

(512) 451-2224

FIRST DIAGNOSIS HEART ATTACK AND FIRST MAJOR HEART SURGERY POLICY

SPECIFIED DISEASE COVERAGE

Form Number HF-960501-UTA

OUTLINE OF COVERAGE

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

READ YOUR POLICY CAREFULLY! This Outline of Coverage provides a very brief description of the important features of Your coverage. This is not the insurance contract and only the actual contract provisions of the policy control the rights and obligations of the parties to it. The policy itself sets forth, in detail, the rights and obligations of both You and *UNITED TEACHER ASSOCIATES INSURANCE COMPANY*. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

SPECIFIED DISEASE COVERAGE: Policies of this category are designed to provide, to You, restricted coverage paying benefits **ONLY** when certain losses occur as a result of specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND THE PREMIUM REFUNDED: Ten (10) Day Free Look. After You receive Your policy, take up to ten (10) days to examine Your policy. If You are not completely satisfied, You may return it to Us within ten (10) days and receive a full refund of the premium You paid.

CAUTION: The issuance of the First Diagnosis Heart Attack and First Major Heart Surgery Policy is based upon Your responses to the questions on Your application. A copy of Your application is attached to Your policy when it is issued. If Your answers are incorrect or untrue, We may deny benefits or rescind Your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at: *UNITED TEACHER ASSOCIATES INSURANCE COMPANY*, P.O. Box 26580, Austin, Texas 78755-0580.

AMOUNT OF BENEFITS:

FIRST DIAGNOSIS HEART ATTACK BENEFIT

If an Insured receives a First Diagnosis of Heart Attack, We will pay the Insured the First Diagnosis Heart Attack Benefit, reduced by the First Major Heart Surgery Benefit if previously paid for that Insured under this policy. The First Diagnosis must be after the Waiting Period and while this policy is in force with respect to the Insured. Each Insured is limited to one (1) First Diagnosis Heart Attack Benefit under the terms of this policy.

FIRST MAJOR HEART SURGERY BENEFIT

If First Major Heart Surgery is performed on an Insured, We will pay the Insured the First Major Heart Surgery Benefit. The First Major Heart Surgery Benefit is equal to twenty percent (20%) of the First Diagnosis Heart Attack Benefit. The First Major Heart Surgery must be performed after the Waiting Period and while this policy is in force with respect to the Insured. Each Insured is limited to one (1) First Major Heart Surgery Benefit under the terms of this policy.

MAXIMUM BENEFIT PER INSURED

The total maximum lifetime benefit for each Insured under this policy is the First Diagnosis Heart Attack Benefit shown on the policy schedule. After payment of the First Diagnosis Heart Attack Benefit for an Insured, no further benefits are payable for that Insured.

EXCEPTIONS AND LIMITATIONS

This policy provides benefits only for First Diagnosis of Heart Attack and for First Major Heart Surgery performed on an Insured, both as defined in the policy. This policy does not cover any other disease or sickness or incapacity; this is so even though such other disease or incapacity may have been complicated, affected (directly or indirectly) or caused by Heart Attack or First Major Heart Surgery. First Major Heart Surgery does not include cardiac catheterization or any type of surgery on the pericardium; no Surgery Benefit is payable for these procedures.

PRE-EXISTING CONDITION LIMITATIONS

No language in this policy shall be construed to cause a First Diagnosis Heart Attack Benefit or First Major Heart Surgery Benefit to be paid for any diagnosis or procedure resulting from a Pre-Existing Condition regardless of when such diagnosis is made. A First Diagnosis Heart Attack Benefit will not be paid for any diagnosis or procedure resulting from a Pre-Existing Condition regardless of when such diagnosis or procedure is made.

TERMS UNDER WHICH THIS POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED:

RENEWAL CONDITIONS

Subject to the payment of the First Diagnosis Heart Attack Benefit, You may renew the policy for life by paying each renewal premium as it becomes due. We do not have the right to cancel the policy except for non-payment of premium, the conditions as stated in the Time Limit on Certain Defenses provision, and/or the payment of the First Diagnosis Heart Attack Benefit.

PREMIUM CHANGES

We reserve the right to change premium rates. A change in the rates will apply to all policies of this form in Your state. The change will be effective on the next premium due date of Your policy. If We change the rates, Your premiums will be determined by your age on the Effective Date of the policy. We will write to You, at the address shown in Our records, at least thirty (30) days before We change Your premium rate.

GRACE PERIOD

The policy has a thirty-one (31) day Grace Period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the Grace Period the policy will stay in force.

OPTIONAL RIDER - *ADDITIONAL PREMIUM REQUIRED*

INTENSIVE CARE UNIT BENEFIT RIDER

(Form Number RD-10204-ICU)

This Rider provides the following benefits:

ICU Confinement Benefit: For each calendar day an Insured is medically necessarily confined to an ICU for treatment of an accidental injury or sickness, We will pay the actual ICU charge, payable from the first day confinement, not to exceed the ICU Benefit shown on the policy schedule. Benefits will not exceed thirty (30) days for each period of continuous Hospital confinement. Coverage provided for each insured Child will be equal to one-half of the listed ICU Benefit amount shown on the policy schedule from birth to the insured Child's first birthday. Upon attainment of age sixty-five (65), coverage for each Insured will reduce to one-half of the listed ICU Benefit amount shown on the policy schedule.

Government Hospital Benefit: If You are required to pay the charge by a Government Hospital for intensive care confinement, We will pay the actual charge for each calendar day made by the Hospital, not to exceed the daily limit set forth above for any given calendar day.

Your Total Premium (At time of application):

First Diagnosis Heart Attack and First Major Heart Surgery Policy	\$ _____					
Intensive Care Unit Benefit Rider	\$ _____					
\$ _____	+	\$ _____	+	\$10.00*	=	\$ _____.
Policy Premium		Rider Premium				Total Amount

*The Enrollment Fee is charged only once