

UNITED TEACHER ASSOCIATES  
INSURANCE COMPANY  
*An Old Line Legal Reserve Company*  
P.O. Box 26580  
Austin, Texas 78755-0580  
(512) 451-2224

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

According to your application and information you have furnished, you intend to lapse or otherwise terminate existing accident and sickness insurance and replace it with a policy to be issued by United Teacher Associates Insurance Company. Your new policy provides 10 days in which you may decide, without cost, whether or not you decide to keep this policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

- (1) Health conditions which you may presently have may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
- (2) You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
- (3) If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical/health history. Failure to include all material medical information on any application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

The above "Notice to Applicant" was delivered to me on:

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(Date)

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(Applicant's Signature)

**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**

### **HEART DISEASE, HEART ATTACK AND STROKE HOSPITAL INCOME POLICY**

#### **SPECIFIED DISEASE COVERAGE**

**Form Number HT-960601-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 Heart Disease, Heart Attack and Stroke Hospital Income 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.

#### **SCHEDULE OF BENEFITS:**

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This policy will pay for loss resulting from medical and Hospital expense associated with the definitive treatment of Heart Disease, Heart Attack or Stroke.

Plan Selected:                    \_\_\_\_\_ Plan A                    \_\_\_\_\_ Plan B

- 1. Hospital Confinement**                    The Daily Hospital Confinement Benefit amount as shown in the Benefit Schedule for the plan selected.
- 2. Surgery**                                    Actual charges not to exceed the amount shown in the Surgical Schedule, and not to exceed the Surgical Maximum per surgical procedure as shown in the Benefit Schedule (inpatient or outpatient) for the plan selected.
- 3. Anesthesia**                                Actual charges not to exceed twenty-five percent (25%) of the surgical fee.
- 4. Government Hospital**                    The Government Hospital benefit amount shown in the Benefit Schedule for the plan selected in lieu of all other benefits.
- 5. Ambulance**                                Actual charges, not to exceed the amount shown on the Benefit Schedule for the plan selected, of a licensed or professional ambulance company for ground or air transportation.

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| <b>6. Insured Transportation And Lodging</b> | Actual charges, not to exceed the amount shown on the Benefit Schedule for the plan selected, for transportation by common carrier to the nearest Hospital for specially prescribed treatment not available locally. The lodging benefit will not exceed the amount shown on the Benefit Schedule and will not exceed thirty (30) days per Calendar Year.                     |
| <b>7. Family Transportation and Lodging</b>  | Actual charges for a family member to accompany the Insured, not to exceed the amount shown on the Benefit Schedule for the plan selected. The lodging benefit will not exceed the amount shown on the Benefit Schedule and will not exceed thirty (30) days per Calendar Year.   |
| <b>8. Second and Third Opinions</b>          | Actual charges, not to exceed the amount shown on the Benefit Schedule for the plan selected, for a second surgical opinion. If the second opinion contradicts the first Physician's opinion, We will pay actual charges, not to exceed the amount shown on the Benefit Schedule, for a third surgical opinion.   |
| <b>9. Blood, Plasma and Platelets</b>        | Actual charges, not to exceed the amount shown on the Benefit Schedule for the plan selected, for crossmatching, transfusions, processing and procurement and administration of treatment.  |
| <b>10. Drugs and Medicine</b>                | Actual charges for drugs and medicines while Hospital confined, not to exceed the amount shown on the Benefit Schedule for the plan selected.   |
| <b>11. Nursing Services</b>                  | Actual charges for the services of a private-duty Nurse, not to exceed the amount shown on the Benefit Schedule for the plan selected. Benefit is limited to a number of days equal to the number of days of Hospital confinement.  |
| <b>12. Attending Physician</b>               | Actual charges for inpatient visits, not to exceed the amount shown on the Benefit Schedule for the plan selected. The number of visits will not exceed the number of days of Hospital confinement.   |
| <b>13. Physiotherapy</b>                     | Actual charges not to exceed the amount shown on the Benefit Schedule for the plan selected.  |
| <b>14. Heart Transplant</b>                  | Actual charges for implantation of a natural or artificial heart, will include and be limited to the replacement heart, surgeon's fees, fees of all assistants and technicians, operating and recovery room charges, anesthesia services and supplies and all special equipment and surgical supplies. The benefit is limited to a lifetime maximum of \$100,000 per Insured. |
| <b>15. Electrocardiogram</b>                 | Actual charges for electrocardiogram while Hospital confined, not to exceed the amount shown on the Benefit Schedule for the plan selected.   |
| <b>16. Oxygen</b>                            | Actual charges for oxygen and related equipment while Hospital confined, not to exceed the amount shown on the Benefit Schedule for the plan selected.  |
| <b>17. At-Home Nursing</b>                   | Actual charges for each day of at-home nursing for a number of days equal to the number of days of Hospital confinement, not to exceed the amount shown on the Benefit Schedule for the plan selected.  |
| <b>18. Diagnostic Tests</b>                  | Actual charges, not to exceed the maximum amount shown on the Benefit Schedule for the plan selected.   |
| <b>19. Ambulatory Surgical Center</b>        | All of the above benefits, if applicable, also qualify for payment if services are rendered in an Ambulatory Surgical Center.   |
| <b>20. HMO Benefit</b>                       | If You are covered under an HMO, We will pay the daily benefit shown on the Benefit Schedule for the plan selected, in lieu of all other benefits while You are Hospital confined.  |
| <b>21. Durable Medical Equipment</b>         | Actual charges for the rental of Durable Medical Equipment, not to exceed the amount shown on the Benefit Schedule for the plan selected.   |
| <b>22. Hospice</b>                           | Actual charges, not to exceed the amount shown on the Benefit Schedule for the plan selected, while confined in a Hospice or at home and receiving Hospice care. The Hospice benefit is payable for a number of days equal to the number of days of Hospital confinement.   |

## EXCEPTIONS AND LIMITATIONS

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This policy provides benefits only for loss resulting exclusively from Heart Attack, Heart Disease or Stroke, as defined in this policy. It does not cover:

1. any other disease or sickness;
2. injuries;
3. any disease or incapacity that has been caused, complicated, worsened, or affected by Heart Attack, Heart Disease or Stroke or as a result of treatment for Heart Attack, Heart Disease or Stroke;
4. care and treatment received outside the United States;
5. treatment not approved by a Physician as medically necessary;
6. experimental treatment; or
7. Hospital confinement or expenses that are incurred prior to the end of the Waiting Period regardless of the date of positive diagnosis.

## PRE-EXISTING CONDITION LIMITATIONS

No language in this policy shall be construed to cause a benefit to be paid if there was a Pre-Existing Condition regardless of the date of positive diagnosis.

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

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### RENEWAL CONDITIONS

You may renew this 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 and the conditions as stated in the Time Limit on Certain Defenses provision.

### 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 RIDERS - *ADDITIONAL PREMIUM REQUIRED*

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### 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 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 of confinement, not to exceed the ICU Benefit shown on the policy schedule. Benefits are not to 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 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 of 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.

**FIRST DIAGNOSIS CANCER BENEFIT RIDER**

**(Form Number RD-10401-FDC)**

This Rider provides the following benefits:

If an Insured receives a First Diagnosis of internal Cancer or malignant melanoma, We will pay the First Diagnosis Cancer Benefit Rider amount shown on the policy schedule provided the First Diagnosis is made after the Waiting Period and while this Rider is in force with respect to the Insured. No benefit is payable for diagnosis of skin Cancer other than malignant melanoma. Each Insured is limited to one First Diagnosis Cancer Benefit under the terms of this Rider.

**Your Total Premium (At time of application):**

Heart Disease, Heart Attack, and Stroke Hospital Income Policy	\$ _____
Intensive Care Unit Benefit Rider	\$ _____
First Diagnosis Cancer Benefit Rider	\$ _____

$$\begin{array}{rclcl}
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 \text{Policy Premium} & & \text{ICU Rider Premium} & & \text{Cancer Rider} & & \text{Total Amount}
 \end{array}$$