

Group Cancer Indemnity Insurance Certificate Endorsement

Securian Life Insurance Company

400 Robert Street North • St. Paul, Minnesota 55101-2098

This Certificate Endorsement is a part of the certificate of insurance describing the benefits available to you under Group Policy No. 9200, issued by Securian Life Insurance Company to Legionnaire Insurance Trust. This endorsement is subject to every term, condition, exclusion and provision of the certificate unless otherwise expressly provided for herein.

The following applies to any Covered Person who was a **Virginia** resident at the time his coverage became effective under this Certificate:

1. The definition entitled **DEPENDENT** within the **DEFINITIONS** section of the Certificate is amended in its entirety and replaced with the following:

DEPENDENT means your spouse, unless you are legally separated, registered domestic partner.

A spouse who is insured under the Policy as a Member will not be eligible as a Dependent.

2. The **PRE-EXISTING CONDITION LIMITATION** section of the Certificate is amended in its entirety and replaced with the following:

PRE-EXISTING CONDITION LIMITATION

No benefits will be payable for the Covered Person's Pre-Existing Conditions. A Pre-Existing Condition is defined as any condition (except Skin Cancer) that was Positively Diagnosed or for which medical treatment, consultation, advice, care or services was received within 12 months prior to the Covered Person's Effective Date of Coverage.

Loss resulting from a Pre-existing Condition will not be covered until:

- (1) twelve consecutive months have elapsed during which no medical treatment or advice is given by a Physician for such condition; or
- (2) the Covered Person has been insured under the Policy for twenty-four consecutive months, whichever occurs first.

The Company has a right to rescind or void a Covered Person's insurance coverage if the Company finds that the Covered Person had a Pre-existing Condition. Any premiums paid for that Covered Person will be refunded.

3. The provision entitled **GRACE PERIOD** within the **PREMIUMS** section of the Certificate is amended in its entirety and replaced with the following:

GRACE PERIOD This Certificate has a 31 day Grace Period for the payment of each premium due after the first premium. Coverage will continue in force during the Grace Period unless you have given us written notice of termination in accordance with the terms of this Certificate and in advance of the date of termination. It will terminate at the end of the Grace Period if all premiums which are due are not paid. We will require payment of all premiums for the period this coverage continues in force including the premiums for the Grace Period.

4. The provision entitled **INCONTESTABILITY** within the **GENERAL PROVISIONS** section of the Certificate is amended in its entirety and replaced with the following:

INCONTESTABILITY After your coverage under the Policy has been in force for two years, it can only be contested for non-payment of premiums. All statements made by you shall be deemed representations and not warranties. No statement you make can be used in a contest after your insurance has been in force for two years during your lifetime. No statement you make can be used in a contest unless it is in writing and signed by you, and a copy is provided to you, your beneficiary or your personal representative.

5. The provision entitled **CLAIM FORMS** within the **CLAIM PROVISIONS** section of the Policy is amended in its entirety and replaced with the following:

CLAIM FORMS When we receive notice of claim, the Covered Person will be furnished forms to file proof of loss. If the forms are not furnished within 15 days after we receive notice, then the Covered Person will meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss. This must be sent to us within the time limit stated in the Proof of Loss provision

6. The provision entitled **PROOF OF LOSS** within the **CLAIM PROVISIONS** section of the Certificate is amended in its entirety and replaced with the following:

PROOF OF LOSS Written proof must be sent to us within 90 days after the date the loss occurs. If it was not reasonably possible to give us written proof within 90 days, we will not reduce or deny a claim for this reason if it was shown that written proof of loss was given 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.

7. The provision entitled **PAYMENT OF CLAIMS** within the **CLAIM PROVISIONS** section of the Certificate is amended in its entirety and replaced with the following:

PAYMENT OF CLAIMS Claims for benefits provided by the Policy will be paid within 60 days after written proof is received.

All benefits are paid directly to you, unless you direct us otherwise. Any accrued benefits unpaid at your death will be paid in one lump sum to the first surviving class of the following classes of beneficiaries:

- a) lawful spouse;
- b) child(ren), in equal shares;

- c) parents, in equal shares;
- d) siblings, in equal shares.

If there is no surviving member of any of the above classes, the benefits will be paid to your estate.

Any payment we make in good faith will fully discharge us to the extent of the payment.



Secretary



President

Certificate of Insurance

Securian Life Insurance Company • A Stock Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

We certify that, subject to the terms of the Policy, the Member named in the Schedule (referred to as you, your, and yours) is insured for the benefits described in this Certificate. Your eligible Dependent, if any, for whom premiums have been paid is also insured for the benefits described in this Certificate. You and your Dependent are referred to as the Covered Person.

EFFECTIVE DATE OF INSURANCE

The insurance takes effect at 12:01A.M. Standard Time on the Effective Date shown on the Schedule.

In this Certificate, Securian Life Insurance Company will be called we, our, or us. This Certificate summarizes certain provisions of the Policy. All coverage and provisions are subject to those in the Policy issued to the Policyholder.

THIRTY DAY RIGHT TO EXAMINE CERTIFICATE

If you are not satisfied for any reason, you may return your Certificate within 30 days after receipt. When so returned your premium will be refunded and the Certificate is void from the beginning. Return the Certificate to us at our Home Office or to our authorized Agent.

This Certificate is executed on the Effective Date, at Saint Paul, Minnesota.

THIS CERTIFICATE IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT. THIS CERTIFICATE DOES NOT SATISFY THE FEDERAL REQUIREMENT THAT AN INDIVIDUAL HAVE HEALTH INSURANCE COVERAGE, WHICH BECAME EFFECTIVE JANUARY 1, 2014.

THIS IS A LIMITED BENEFIT CERTIFICATE: This certificate provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Read your certificate carefully.

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT. If you are eligible for Medicare, review the Guide to Health Insurance for people with Medicare available from us.

CONTRIBUTORY GROUP CERTIFICATE OF INSURANCE CANCER INDEMNITY INSURANCE NON-PARTICIPATING


Secretary


President

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SCHEDULE OF BENEFITS

Policyholder: Legionnaire Insurance Trust
Group Policy Number: 9200
Original Certificate Effective Date: October 1, 2021

Insured Person(s): Effective Date:
Member: Legionnaire October 1, 2021

BENEFITS PROVISION

AMOUNTS AND LIMITS

Hospital Confinement Daily Benefit

Daily Benefit per Illness Period:
1st through 10th day of Confinement

11th through 90th day of Confinement

\$60.00 per day

200% of the Hospital
Confinement Daily Benefit

ADDITIONAL BENEFITS**AMOUNTS & LIMITS****Ambulance Benefit**

Benefit per one way trip: \$100.00
Maximum Benefit per Illness Period: \$1,000

Attending Physician Benefit

Daily Benefit: \$25.00 per day
Maximum Benefit per Illness Period: \$1,000

Blood and Plasma Benefit

Daily Benefit: \$100.00
Maximum Benefit per Illness Period: \$500
Lifetime maximum amount for this Benefit \$1,000

Extended Hospital Expenses Benefit

Days 91 - 730 \$240.00 per day

Outpatient Prescription Drug Benefit

Benefit Per Refill \$10.00
Maximum Per Calendar Year \$100
Lifetime Maximum \$1,000

Private Duty Nurse Benefit

Daily Benefit: \$25.00 per day
Maximum Benefit per Illness Period: \$2,250

Radiation Therapy And Chemotherapy**Benefit Radiation Therapy**

Benefit Amount \$100.00
Lifetime maximum amount for this Benefit: \$2,000

Chemotherapy

Benefit Amount \$100.00
Lifetime maximum amount for this Benefit: \$2,000

Overall Lifetime Maximum Amount

for all of the Above Benefits: \$300,000

DEFINITIONS

When used in this Certificate, the following words and phrases have the meaning given. The use of any personal pronoun includes both genders.

CANCER means a disease manifested by the presence of a malignant neoplastic disorder characterized by: (1) the uncontrolled growth and spread of malignant cells; (2) the invasion of tissue; (3) leukemia; or (4) Hodgkin's disease.

Cancer must be Positively Diagnosed by a Physician certified by the American Board of Pathology to practice Pathologic Anatomy, or by an Osteopathic Pathologist. The diagnosis must be on the basis of:

- (1) a microscopic examination of fixed tissues; or
- (2) preparations from the hemic system.

Such diagnosis must be made while the Covered Person is alive or during post-mortem examination. The pathologist's judgment must be based solely on the criteria of malignancy accepted either by the:

- (1) American Board of Pathology; or
- (2) Osteopathic Board of Pathology.

Such diagnosis must be made after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. We will accept clinical evidence if it substantially documents the diagnosis of Cancer, provided a pathological confirmation of the diagnosis cannot otherwise be made because it is not medically appropriate or would be life threatening.

CONFINED OR CONFINEMENT means that the Covered Person is a registered bed patient in a Hospital and is charged room and board by the facility. He must be in the facility on the advice of a Physician and under the regular care and treatment of a Physician.

Confined or Confinement shall also include a stay in any Hospital owned or operated by the Federal Government, regardless of whether room and board are charged.

Confined or Confinement shall also include a stay of no less than 24 continuous hours in an observation area within a hospital. Observation area shall not include treatment in an emergency room.

Confinement does not include treatment received in the Outpatient department of the facility. Outpatient treatment means service rendered for a period of less than 24 hours.

COVERED PERSON means the insured Member and his insured Dependents, if any.

DEPENDENT means your spouse, unless you are legally separated, civil union partner or registered domestic partner.

A spouse who is insured under the Policy as a Member will not be eligible as a Dependent.

HOSPITAL means an institution which meets all of the following requirements:

- (1) it must be operated according to law;
- (2) it must give 24 hour medical care, diagnosis and treatment to the sick or injured on an in-patient basis for which a charge is made;
- (3) it must provide diagnostic and surgical facilities supervised by Physicians;
- (4) Registered Nurses must be on 24 hour call or duty;
- (5) the care must be given either on the Hospital's premises or in facilities available to the Hospital on a pre-arranged basis.

A Hospital is not a rest, convalescent, extended care, rehabilitation or skilled nursing facility. It is not a place which primarily treats mental illness, alcoholism or drug addiction; nor does it include any ward, wing or other section of the Hospital that is used for such purposes. It is not a facility where, in the absence of insurance, there is no legal obligation to pay.

Hospital includes a Hospital owned or operated by the Federal Government, regardless of whether room and board are charged.

ILLNESS PERIOD means the period beginning when the Covered Person first incurs covered expenses while the Policy is in force. If no additional covered expenses are incurred by the Covered Person for 90 consecutive days, a new Illness Period will begin if such expenses are incurred after the expiration of those 90 consecutive days

INJURY means bodily Injury caused by an accident. The accident must be unintended, unexpected and unforeseen and occur while the Covered Person's insurance is in force under this Policy. The Injury must be the direct cause of loss and must be independent of all other causes. The Injury must not be caused by or contributed to by Sickness.

INPATIENT means Medically Necessary treatment, services, and supplies rendered to a Covered Person while Confined in a Hospital.

MEDICALLY NECESSARY means care which a Physician has determined to be certifiably essential for the diagnosis or treatment of a Sickness or Injury. This determination must be based on objective results produced by an examination of the insured's demonstrable symptoms. The Physician's treatment plan may be reviewed by an impartial third party whose determination will be binding on us and the insured.

MEMBER means a member of the Policyholder who has been accepted by us and has paid any required premium. The terms "you", "your" and "yours" mean the Member.

NURSE means Registered Graduate Nurse (R.N.), Licensed Practical Nurse (L.P.N.), or Licensed Vocation Nurse (L.V.N.).

A Covered Person and his immediate family will not be considered a Nurse.

OUTPATIENT means Medically Necessary treatment, services, and supplies rendered to a Covered Person while not an Inpatient in a Hospital.

PHYSICIAN means a person licensed by the state in which he is resident to practice the healing arts. He must be practicing within the scope of his license for the service or treatment given.

A Covered Person and his immediate family will not be considered a Physician.

POLICY means the group policy issued to the Policyholder providing the benefits described.

POLICYHOLDER means the legal entity in whose name the Policy is issued, as shown on the Schedule.

POLICY MONTH means the period of time starting on the first day of the month; it ends on the last day of the same month.

POSITIVELY DIAGNOSED or POSITIVE DIAGNOSIS means microscopic examination of fixed tissue or preparations from the hemic system (either during life or post-mortem). The pathologist establishing the diagnosis shall base his or her judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. Clinical diagnosis of cancer will be accepted as evidence that cancer exists when a pathological diagnosis cannot be made, provided such medical evidence substantially documents the diagnosis of Cancer and the Covered Person receives treatment for Cancer.

SCHEDULE means the Schedule of Benefits.

SICKNESS means an illness or disease of the mind or body.

SKIN CANCER means a malignant neoplasm originating in the skin.

ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE

ELIGIBILITY

All Members and their Dependents are eligible to apply for insurance as Covered Persons.

With respect to new Members and Dependents, persons who have not been medically treated for or advised of Cancer within the 5 years prior to the Effective Date of Coverage are eligible for this Cancer insurance.

EFFECTIVE DATE OF INSURANCE

Issuance of a certificate is not a waiver of any of the following conditions.

MEMBERS and DEPENDENTS You and your Dependent will become insured under the Policy at the beginning of the Policy Month following acceptance by us of your application and the first premium.

EFFECTIVE DATE The Effective Date of Coverage will be shown on the certificate.

DEFERRED EFFECTIVE DATE If a Covered Person is Confined for any condition in a Hospital or an institution which provides medical care and treatment on the date his insurance would otherwise become effective, he will be insured the day following formal discharge from the Hospital or institution.

CHANGES IN COVERAGE

If after your Effective Date of Insurance, you add an eligible Dependent or request a change in the benefits for a Covered Person, the Effective Date of Insurance for the new coverage will be the beginning of the Policy Month following our acceptance of the application or change request, subject to the payment of any additional required premium.

If a new eligible Dependent is added or if the change request increases the amount of coverage or adds new benefits, then:

- (1) The Effective Date of Insurance will be deferred if the Covered Person is Confined in a Hospital or an institution which provides medical care and treatment on the date the insurance would otherwise become effective. The change will be effective the day following formal discharge from the Hospital or institution.
- (2) The Pre-Existing Condition Limitation and Benefit Waiting Period will apply to the new Covered Person or increase in benefits from the Effective Date of the change in insurance, but will not apply to coverage already in force.

CANCER INSURANCE BENEFIT

Except as provided under Exclusions, we will pay benefits according to the Schedule for Cancer that manifests itself while the Covered Person is insured under the Policy and any attached Riders. These benefit payments will begin for covered expenses incurred up to 90 days before the date the first pathological diagnosis is made.

If the Covered Person receives treatment for Cancer but Positive Diagnosis is not made during his lifetime, we will make payment if Positive Diagnosis is made after death. This payment will begin for covered expenses incurred up to 90 days before the date of diagnosis by a Certified Pathologist.

HOSPITAL CONFINEMENT DAILY BENEFIT

Upon receipt of due proof that a Covered Person is Hospital Confined for the treatment of Cancer, we will pay the benefit shown on the Schedule for each day of Confinement. The benefit is subject to the Overall Lifetime Maximum Benefit Amount.

EXCLUSIONS

Benefits will not be paid under the Policy or any attached Rider for any loss caused by, resulting from or contributed by:

- (1) Injury or Sickness other than Cancer;
- (2) treatment or services performed outside of the United States.

PRE-EXISTING CONDITION LIMITATION

No benefits will be payable for the Covered Person's Pre-Existing Conditions. A Pre-Existing Condition is defined as any condition (except Skin Cancer) that was Positively Diagnosed or for which medical treatment, consultation, advice, care or services was sought within 5 Years prior to the Covered Person's Effective Date of Coverage.

The Company has a right to rescind or void a Covered Person's insurance coverage if the Company finds that the Covered Person had a Pre-existing Condition. Any premiums paid for that Covered Person will be refunded.

BENEFIT WAITING PERIOD

Benefits are not payable for Cancer diagnosed and treated within the first 30 days the Covered Person has been insured. However, benefits for treatment or services related to such Cancer are payable after coverage has been in force for twelve consecutive months from the Effective Date.

INDIVIDUAL TERMINATION OF INSURANCE

Your insurance automatically ends on the first of the following dates:

- (1) The date the Policy is terminated;
- (2) The premium due date you fail to pay the required premium, except as provided in the Grace Period;
- (3) The premium due date after you are no longer a member of the Policyholder;

The insured Dependent's insurance automatically ends on the first of the following dates:

- (1) The date your coverage terminates;
- (2) The premium due date after the Covered Person ceases to be an eligible Dependent.

If you die while insured under the Policy, your spouse may continue coverage if insured. Your spouse's premium will be based on his attained age.

EXTENSION OF BENEFITS

If the Covered Person's coverage terminates for any reason, except non-payment of premium and prior to termination the Covered Person received treatment for Cancer for which benefits are payable under the Policy, the Covered Person will receive payments for the duration of any Hospital Confinement just as if coverage had not ended, provided, any Confinement starts within 90 days after the termination date, and Confinement is due to the same Cancer for which a Covered Person received treatment before this termination date.

No additional premium is needed for the extended benefit payments after termination of coverage.

PREMIUMS

We provide insurance coverage in return for premium payment. Premiums are payable by you. Your first premium is due on the Effective Date shown on the Schedule. Premiums are paid to us on or before the due date.

PREMIUM CHANGES We have the right to change the premium rates on any premium due date. We will provide written notice at least 31 days before the date of change. The premium rates may also be changed at any time the terms of the Policy are changed.

Premiums may be paid monthly, quarterly, semi-annually, or annually. The premium mode may be changed upon request. Upon our approval, the change will be made.

GRACE PERIOD This Certificate has a 31 day Grace Period for the payment of each premium due after the first premium. Coverage will continue in force during the Grace Period. It will terminate at the end of the Grace Period if all premiums which are due are not paid. We will require payment of all premiums for the period this coverage continues in force including the premiums for the Grace Period.

REINSTATEMENT OF INSURANCE If we terminate insurance for nonpayment of premium, you may reinstate coverage within 90 days following the last unpaid premium due date. You must pay all overdue premium. The reinstated Policy will not cover a loss which occurred during the lapsed period.

UNPAID PREMIUM When a claim is paid for expenses incurred during the Grace Period, any premium due and unpaid may be deducted from the claim payment.

GENERAL PROVISIONS

CONFORMITY TO LAW Any provision of this Certificate which is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

INCONTESTABILITY After your coverage under the Policy has been in force for two years, it can only be contested for non-payment of premiums. No statement you make can be used in a contest after your insurance has been in force for two years during your lifetime. No statement you make can be used in a contest unless it is in writing and signed by you.

MISSTATEMENT OF AGE If the age of a Covered Person has been misstated in the application for insurance under the Policy, the benefits payable will be those which the premiums paid would have purchased based upon his correct age, otherwise there will be an equitable adjustment of premiums.

NONPARTICIPATING The Policy is a nonparticipating Policy; it does not share in our surplus.

POLICY CHANGES The Policy may be changed at any time by written agreement between us. No change or waiver of any of the provisions of the Policy will be valid unless made in writing by us and signed by our president, vice president, secretary or assistant secretary. No agent or other person has the authority to change or waive any provisions of the Policy.

WORKER'S COMPENSATION The Policy is not a Worker's Compensation Policy. It does not satisfy any requirement for coverage by Worker's Compensation Insurance.

CLAIM PROVISIONS

NOTICE OF CLAIM We must be given written notice of claim within 20 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible.

The notice must contain the Covered Person's name and enough information to identify him. Notice may be mailed to our Home Office or to our agent.

CLAIM FORMS When we receive notice of claim, you will be sent forms to file proof of loss. If the forms are not sent within 15 days after we receive notice, then you will meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss. This must be sent to us within the time limit stated in the Proof of Loss provision.

PROOF OF LOSS Written proof must be sent to us within 90 days after the date the loss occurs. If it was not reasonably possible to give us written proof within 90 days, we will not reduce or deny a claim for this reason if it was shown that written proof of loss was given as soon as reasonably possible.

PAYMENT OF CLAIMS Claims for benefits provided by the Policy will be paid as soon as written proof is received.

All benefits are paid directly to you, unless you direct us otherwise. Any accrued benefits unpaid at your death will be paid in one lump sum to the first surviving class of the following classes of beneficiaries:

- a) lawful spouse;
- b) child(ren), in equal shares;
- c) parents, in equal shares;
- d) siblings, in equal shares.

If there is no surviving member of any of the above classes, the benefits will be paid to your estate.

Any payment we make in good faith will fully discharge us to the extent of the payment.

RIGHT TO RECOVERY If payments for claims exceed the maximum amount payable under any benefit provisions or riders of the Policy, we have the right to recover the excess of such payments.

PHYSICAL EXAMINATION AND AUTOPSY At our expense, we have the right to have the Covered Person examined as often as necessary while a claim is pending. At our expense, we may require an autopsy unless the law forbids it.

LEGAL ACTIONS No legal action may be brought to recover against the Policy within 60 days after written proof of loss has been given. No such action will be brought after three years from the time written proof of loss is required to be given.

AMBULANCE BENEFIT RIDER

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

Limited Benefit, Please Read Carefully


This Ambulance Benefit Rider is a part of the Policy or 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 Covered Person was transported by a licensed, professional ambulance company to or from a Hospital, we will pay the Ambulance Benefit shown on the Schedule. Benefits are payable for each one way trip, if the trip is caused by or is a result of Cancer, not to exceed the Maximum Benefit per Illness Period.

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

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

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


Secretary


President

ATTENDING PHYSICIAN BENEFIT RIDER

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

Limited Benefit, Please Read Carefully


This Attending Physician Benefit Rider is a part of the Policy or 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 the Covered Person received the services of a Physician while Hospital Confined, other than the Physician who performs a surgical procedure, we will pay the Attending Physician Benefit shown on the Schedule. The Covered Person must be eligible to receive benefits under the Hospital Confinement Daily Benefit provision. Benefits are payable for each day attending Physician services are provided, not to exceed the Maximum Benefit per Illness Period.

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

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

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BLOOD AND PLASMA BENEFIT RIDER

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

Limited Benefit, Please Read Carefully

This Blood and Plasma Benefit Rider is a part of the Policy or 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 the Covered Person received blood or blood plasma, including transfusion services, we will pay the Blood and Plasma Benefit shown on the Schedule. The receipt of blood or blood plasma while Hospital Confined, as an Outpatient or in a free standing facility is eligible for this benefit. The Benefit is payable once per day, not to exceed the Maximum Benefit per Illness Period or Lifetime maximum amount for this benefit shown on the Schedule.

If the receipt of blood or plasma is due to leukemia, there is no Illness Period maximum.

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

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

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



Secretary



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EXTENDED HOSPITAL EXPENSES BENEFIT RIDER

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

Limited Benefit, Please Read Carefully


This Extended Hospital Expenses Benefit Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of the application and the continued payment of the required premium.

Provided the Covered Person is receiving benefits under the Hospital Confinement Daily Benefit provision, we will pay the Extended Hospital Expenses Benefit amount shown on the Schedule for each day the Covered Person is Confined in the Hospital. This begins with the 91st day of Hospital Confinement during any one Illness Period.

This benefit will be paid in lieu of other benefits payable under the Policy or Certificate.

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

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


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OUTPATIENT PRESCRIPTION DRUG BENEFIT RIDER

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

Limited Benefit, Please Read Carefully

This Outpatient Prescription Drug Benefit Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of the application and the continued payment of the required premium.


The Covered Person will receive a benefit when we receive proof that he was prescribed Outpatient drugs for the treatment of Cancer. Prescription drugs must be prescribed by the Covered Person's Physician.

Benefits payable will be limited to the amount shown per refill, up to the Maximum Benefit Amount as shown on the Schedule.

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

Benefits are payable in accordance with the Schedule. This Rider does not waive, alter or extend any provisions or limitations of the Policy or Certificate except to the extent shown above.

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


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PRIVATE DUTY NURSE BENEFIT RIDER

Securian Life Insurance Company
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Limited Benefit, Please Read Carefully


This Private Duty Nurse Benefit Rider is a part of the Policy or 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, while Hospital Confined, a Covered Person received Private Duty Nurse services for the treatment of Cancer, we will pay the benefit as shown on the Schedule. A Private Duty Nurse is a Nurse whose services are contracted, but is not employed by the Hospital if a Covered Person is Confined. The services of the Private Duty Nurse must be recommended by a Physician. The benefit is payable for each day of Private Duty Nurse services up to the Maximum Benefit per Illness Period shown on the Schedule.

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

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

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


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RADIATION THERAPY AND CHEMOTHERAPY BENEFIT RIDER

Securian Life Insurance Company

400 Robert Street North • St. Paul, Minnesota 55101-2098

Limited Benefit, Please Read Carefully

This Radiation and Chemotherapy Benefit Rider is a part of the Policy or 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 the Covered Person received radiation therapy or chemotherapy treatments, we will pay the Radiation and Chemotherapy Benefits shown on the Schedule.

Radiation Therapy Benefits are payable daily at the Benefit Amount shown on the Schedule, not to exceed the Lifetime Maximum.

Injected chemotherapy, except when administered by pump, is payable daily at the Benefit Amount shown on the Schedule.

Injected chemotherapy administered by pump is payable per treatment at the Benefit Amount shown on the Schedule.

For purposes of the injected chemotherapy (pump) benefit, treatment means the date the pump is started and on the date of each refill.


Benefits for oral/topical chemotherapy are payable monthly per prescription at the Benefit Amount shown on the Schedule.

The total of all chemotherapy benefits may not exceed the chemotherapy maximum benefit per Illness Period, up to the Lifetime Maximum shown on the Schedule.

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

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

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


Secretary


President

Notice

Securian Life Insurance Company

400 Robert Street North • St. Paul, Minnesota 55101-2098

NOTICE OF PROTECTION PROVIDED BY VIRGINIA LIFE, ACCIDENT AND SICKNESS INSURANCE GUARANTY ASSOCIATION

This Notice provides a **brief summary** of the Virginia Life, Accident and Sickness Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Virginia law, which determines who and what is covered and the amounts of coverage. The Association was established to provide protection in the unlikely event that a life, annuity, or accident and sickness insurance company licensed in the Commonwealth of Virginia (including a health maintenance organization) becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Virginia law, with funding from assessments paid by other life and health insurance companies licensed in the Commonwealth of Virginia.

The basic protections provided by the Association are:

Life Insurance

- \$300,000 in death benefits
- \$100,000 in cash surrender and withdrawal values

Health Insurance

- \$500,000 for health benefit plans
- \$300,000 in disability income insurance benefits
- \$300,000 in long-term care insurance benefits
- \$100,000 in other types of accident and sickness insurance benefits

Annuities

- \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$350,000, except for health benefit plans, for which the limit is increased to \$500,000.

NOTE: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Virginia law.

To learn more about the above protections, please visit the Association's website at www.valifega.org, or contact:

**VIRGINIA LIFE, ACCIDENT AND
SICKNESS INSURANCE GUARANTY
ASSOCIATION**

c/o APM Management Services, Inc.
1503 Santa Rosa Road, Suite 101
Henrico, VA 23229-5105
804-282-2240

STATE CORPORATION COMMISSION

Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218-1157
804-371-9741
Toll Free Virginia only: 1-800-552-7945
<http://scc.virginia.gov/boi/index.aspx>

Insurance companies and agents are not allowed by Virginia law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Virginia law, then Virginia law will control.

Important Notice

Securian Life Insurance Company

400 Robert Street North • St. Paul, Minnesota 55101-2098

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event you need to contact someone about this insurance for any reason, please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions, you may contact the Plan Administrator at the following address and telephone number:

A.G.I.A Affinity
P.O. Box 9159
Phoenix, AZ 85068-9159

Telephone: 1-800-235-6943

If you have been unable to contact or obtain satisfaction from the Plan Administrator, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

Life and Health Division
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218

National toll free: (877) 310-6560
Virginia-only toll free: (800) 552-7945
Local Telephone: (804) 371-9741

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, A.G.I.A Affinity, or the Bureau of Insurance, have your policy number available.

Virginia Beneficiary Designation Notice

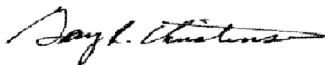
Securian Life Insurance Company

400 Robert Street North, St. Paul, Minnesota 55101-2098

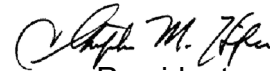
BENEFICIARY DESIGNATION MAY NOT APPLY IN THE EVENT OF ANNULMENT OR DIVORCE

Under Virginia Law (Virginia Code §20-111.1), a revocable beneficiary designation in a policy or contract owned by one spouse that names the other spouse as beneficiary becomes void upon the entry of a decree of annulment or divorce, and the death benefit prevented from passing to a former spouse will be paid as if the former spouse had predeceased the decedent. In the event of annulment or divorce proceedings, and if it is the intent of the parties that the beneficiary designation of the former spouse is to continue, you are advised to make certain that one of the following courses of action is taken prior to the entry of a decree or annulment or divorce; (i) change the beneficiary designation to make it irrevocable; (ii) change the ownership of the policy or contract; (iii) execute a separate written agreement stating the intention of both parties that the beneficiary designation is to remain in effect beyond the date of entry of the decree of annulment or divorce; or (vi) make certain that the decree of annulment or divorce contains a provision stating the beneficiary designation is not to be revoked pursuant to §20-111.1.

If your insurance plan is covered by the Employee Retirement Income Security Act of 1974 (ERISA) this notice may not apply. It is in your best interest to ensure that your beneficiary designation is current at all times.



Secretary



President

