

## 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 **Wisconsin** resident at the time his coverage became effective under this Certificate:

1. 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 but no later than one year from the time proof is otherwise required.

2. 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 30 days after written proof is received. If a benefit is not paid within the 30 day period, then we shall pay interest on the benefit from the date of the loss to the date when the benefit is paid at a rate of 12% per annum.

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

## INDEX

<u>Provision</u>	<u>Page Number</u>
Benefit Waiting Period	8
Cancer Insurance Benefit	7
Changes in Coverage	7
Claim Provisions	11
Definitions	3
Eligibility and Effective Date	6
Exclusions	8
Extension of Benefits	9
General Provisions	10
Hospital Confinement Daily Benefit	7
Individual Termination of Insurance	9
Pre-Existing Condition Limitation	8
Premiums	9
Schedule of Benefits	2

**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.

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

  
Secretary

  
President



## 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



President



## 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.

  
Secretary

  
President





## 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.

  
Secretary

  
President



## PRIVATE DUTY NURSE BENEFIT RIDER

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

---

### 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.

  
Secretary

  
President



## **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

## Important Notice

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

---

### **KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS**

**PROBLEMS WITH YOUR INSURANCE?** - If you are having problems with your insurance company or agent, do not hesitate to contact Securian Life Insurance Company's Plan Administrator to resolve your problem.

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

Telephone: 1-800-235-6943

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by writing to:

OFFICE OF THE COMMISSIONER OF INSURANCE  
COMPLAINTS DEPARTMENT  
PO BOX 7873  
MADISON WI 53707-7873

or, you can call 1-800-236-8517 outside of Madison or 266-0103 in Madison, and request a complaint form.

