

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY.
THIS IS A HOME HEALTH CARE INDEMNITY POLICY THAT PROVIDES LIMITED BENEFITS.
IT IS GUARANTEED RENEWABLE AS PROVIDED IN THE GUARANTEED RENEWABILITY
PROVISION.**



P.O. Box 510690 • Salt Lake City, UT 84151-0690 • 800-327-0695

*When we use “we”, “us”, “Company”, or “our” we mean Standard Life And Casualty Insurance Company.
When we use “you” or “your” we mean the individual(s) covered by this Policy as named on the Insured
Schedule.*

INSURING AGREEMENT

READ YOUR POLICY CAREFULLY. This Policy is a legal contract between you and Standard Life And Casualty Insurance Company. We agree to pay the indemnity benefits hereinafter provided, subject, however, to all provisions, conditions, exclusions, limits of liability and other terms of this Policy. This Policy is issued in consideration of the payment of the premium in advance and in reliance upon the statements in the application, a copy of which is attached and which forms a part of this Policy. We hereby insure the individual(s) named on the Insured Schedule, commencing at 12:01am, Standard Time, at the place where you reside, on the Effective Date shown on the Insured Schedule. When the initial term shown on the Insured Schedule expires you may continue this Policy in effect, subject to the Guaranteed Renewability provision, by paying in advance, or within the 31-day grace period, the premium in effect at the time of such renewal. This Policy will terminate if the renewal premium in effect is not paid when due or within the 31-day grace period. Each policy term will begin and end at 12:01am.

IMPORTANT NOTICE

Please read the copy of the attached application which forms a part of this Policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company at P.O. Box 510690, Salt Lake City, UT 84151-0690, within 10 days, if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. This Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

NOTICE OF TEN DAY RIGHT TO EXAMINE POLICY

You are granted a period of 10 days from the date of delivery of this Policy to examine it. If you are not satisfied for any reason, this Policy may be returned within said 10-day period to us at our Home Office or to the writing agent. We will then refund the premium paid. Then this Policy shall be void from its beginning, and you and Company shall be in the same position as if it had never been issued.

GUARANTEED RENEWABILITY – PREMIUMS SUBJECT TO CHANGE

This Policy is guaranteed renewable for your lifetime. We cannot cancel, refuse to renew or change this Policy as long as you pay the premiums as they become due or with the grace period. Premiums are based on the attained age of each Covered Person, and each Covered Person’s premium may increase following his/her birthday. Premiums may also increase at any time due to the Company changing its table of rates applicable on a class basis in your state. No change in premium will be effective before the first policy anniversary and not more than once in any six month period following the initial twelve month period. Any change will apply to future premiums for all policies with the same form number issued by us to persons in your state of residence. See the Premium Payments provision for details.

**THIS IS NOT A LONG-TERM POLICY. THIS IS A LIMITED BENEFIT POLICY AND MAY NOT
COVER ALL THE COSTS OF HOME HEALTH CARE.
READ THIS POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE.**

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INSURED SCHEDULE

Insured	[DOE, JOHN Q]	Agent	[JOHN W. AGENT]
Insured Issue Age	[65]		
Policy Number	[HH000001S]	Initial Annual Premium	[\$324.72]
Effective Date	[01/01/2015]		

Summary of Premiums

	<u>Monthly Bank Draft</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
Classic Policy	[\$19.40]	[\$62.08]	[\$122.80]	[\$232.80]
HHC-2015-EBR-LA	[\$7.66]	[\$24.51]	[\$48.48]	[\$91.92]

Policy Benefits

HOME HEALTH CARE BENEFIT

Daily Maximum Aggregate Benefit	[\$150.00]
Maximum Benefit Period	360 Days

HOME HEALTH CARE AIDE BENEFIT

Daily Benefit	[\$40.00]
Maximum Benefit Period	60 Days

PRESCRIPTION DRUG BENEFIT

Maximum Aggregate Benefit per Policy Year	[\$300.00]
Per-Prescription Benefit, Generic Drugs	\$10.00
Pre-Prescription Benefit, Brand-Name Drugs	\$25.00

Optional Rider Benefits

HHC-2015-EBR-LA: Extra Benefit Rider

• **ANNUAL PHYSICAL EXAMINATION BENEFIT**

Policy Year Maximum	\$150.00
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• **ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT**

Accidental Death.....	\$10,000.00
Maximum Dismemberment Benefit, for losses shown below:	
Sight, both eyes	\$5,000.00
Sight, one eye	\$2,500.00
Hand, arm, foot or leg (multiple)	\$5,000.00
Hand, arm, foot or leg (single)	\$2,500.00
Finger or toe (multiple)	\$500.00
Finger or toe (single)	\$250.00

• **HOME MEDICAL EQUIPMENT BENEFIT**

Benefits paid in the amount shown in the 2014 Medicare Durable Medical Equipment Fee Schedule, multiplied by a factor of 0.8, to a Limit per Maximum Benefit Period of....	\$500.00
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DEFINITIONS

The following terms in this Policy are defined as follows:

ACTIVITIES OF DAILY LIVING: “Activities of Daily Living” means bathing (getting in and out of the bath tub or shower, utilizing normal bathroom facilities that have been equipped with railings and steps); dressing (tying shoes, buttoning buttons or clasps); eating (consuming food or drink, or utilizing utensils, appropriate for the person’s physical condition and which are placed within reach); toileting (maintaining adequate bathroom hygiene and toilet habits); and transferring to or from bed or chair (getting from a bed to a chair or a chair to a bed).

APPROVED HOME HEALTH CARE PRACTITIONER: “Approved Home Health Care Practitioner” means a licensed graduate nurse (RN), licensed practical nurse (LPN), licensed vocational nurse (LVN), licensed visiting nurse, physical therapist, speech pathologist, occupational therapist, chemotherapy specialist, enterostomal therapist, respiratory therapist or medical social worker. All such practitioners must be licensed or certified by the appropriate regulatory authority and may not be a member of a Covered Person’s Immediate Family. You shall be free to select the Approved Home Health Care Practitioner of your choice, provided he/she meets the foregoing definition.

BRAND NAME DRUGS: “Brand Name Drugs” means a Prescription Drug for which a pharmaceutical company has received a patent or trade name, and is under patent protection.

COGNITIVE IMPAIRMENT: “Cognitive Impairment” means a deficiency in the ability to think, perceive, reason and/or remember, which results in the inability to take care of oneself without the ongoing assistance of another person. Cognitive Impairment is evaluated and measured through clinical evidence and standardized tests. Cognitive Impairment is indicated by measurable deficits in memory, orientation or reasoning, such as those caused by Alzheimer’s disease or similar forms of senility or irreversible dementia.

COVERED PERSON: “Covered Person” means the Insured named on the Insured Schedule or Covered Spouse, if one is named on the Insured Schedule.

COVERED SPOUSE: “Covered Spouse” means the Insured’s spouse for whom application is made and premium paid. A Covered Spouse must be approved by the Company and named on the Insured Schedule to be covered by this Policy.

GENERIC DRUGS: “Generic Drugs” means a Prescription Drug that has the same active ingredients as an equivalent Brand Name Drug, does not carry any drug manufacturer’s brand name on the label, and is not protected by a patent. It must be listed as a generic drug by the United States national drug data bank.

HOME HEALTH CARE: “Home Health Care” means professional nursing and therapy services which are provided by an Approved Home Health Care Practitioner in Your Home. Home Health Care does not include services provided by a Home Health Care Aide.

HOME HEALTH CARE AIDE: “Home Health Care Aide” means any individual, other than a member of a Covered Person’s Immediate Family, working under the supervision of a licensed graduate nurse who is qualified, by training and experience, to provide assistance with Activities of Daily Living and has been certified as a Home Health Care Aide by the appropriate regulatory authority. You shall be free to select the Home Health Care Aide of your choice, provided he/she meets the foregoing definition.

HOSPITAL: “Hospital” means only a legally constituted institution which operates pursuant to law and is primarily engaged in providing or operating (either on its premises or in facilities available to the hospital on a prearranged contractual basis) facilities for the care and treatment of sick and injured persons on a resident or inpatient basis, for which charge is made, including facilities for diagnosis and surgery under the supervision of a staff of one or more licensed physicians and which provides 24-hour nursing service by or under the supervision of registered nurses on duty. “Hospital” does not mean convalescent, nursing, rest, or extended care facilities, or facilities operated exclusively for treatment of the aged, or drug or alcohol abuse, whether such facilities are operated as a separate institution or as a section of an institution operated as a Hospital.

IMMEDIATE FAMILY: “Immediate Family” means a Covered Person, his or her spouse and their respective parents, children, grandchildren and siblings.

INJURY: “Injury” means accidental bodily injury resulting directly and independently of all other causes from an accident which occurs while the Covered Person whose injuries are the basis of a claim is covered under this Policy, and which causes loss while this Policy is in force. Injury shall be deemed to include all injuries resulting from any one accident.

INSURED: “Insured” means only the Insured named on the Insured Schedule. Upon the Insured’s death, his/her Covered Spouse, if any, shall become the Insured.

LOSS: "Loss" means the event of a Covered Person's receipt of covered services for which a fixed indemnity benefit is payable under this Policy. As used in this Policy, "Loss" does not relate to any economic Loss suffered by a Covered Person.

PHYSICIAN: "Physician" means any person (other than a relative of a Covered Person) who is a legally qualified and licensed practitioner, practicing within the scope of his or her authority and license. You shall be free to select the Physician of your choice, provided he/she meets the foregoing definition.

POLICY YEAR: "Policy Year" means each successive 12-month period extending from the Effective Date of this Policy so that each successive 12-month period will constitute a single Policy Year.

PRE-EXISTING CONDITION: The term "Pre-Existing Condition" as used in this Policy means a condition: (a) for which medical advice or treatment was recommended by or received from a Physician within the six-month period prior to the Effective Date of this Policy; or (b) which has manifested itself to a Covered Person within the six-month period prior to the Effective Date of this Policy, whether the specific condition has been diagnosed or not, and causes loss within the six-month period following the Effective Date of this Policy.

PRESCRIPTION DRUGS: "Prescription Drugs" means drugs which: (a) require a prescription written by a Physician; and (b) are dispensed by a licensed pharmacist.

SICKNESS: "Sickness" means sickness or disease sustained by a Covered Person which first manifests itself after the Effective Date of this Policy, and which causes loss while this Policy is in force. "Sickness" shall also be deemed to include all sicknesses or diseases suffered concurrently.

YOUR HOME: "Your Home" means the place where a Covered Person maintains independent residence. It does not mean a nursing facility, hospital or other institutional setting.

BENEFITS

HOME HEALTH CARE BENEFIT

If, while this Policy is in force, a Covered Person requires Home Health Care provided by an Approved Home Health Care Practitioner as a result of any one Injury or Sickness, subject to the eligibility conditions below, we will pay a daily benefit for each day such care is provided. The amount of the daily benefit for all Home Health Care services for any one day will be the lesser of: (a) the Daily Maximum Aggregate Benefit shown on the Insured Schedule; or (b) the amount set forth opposite the Home Health Care Services listed below:

Home Health Care Services	Daily Benefit
Skilled Nursing Care – provided by a licensed graduate nurse (RN)	[\$75.00]
General Nursing Care – provided by a licensed practical nurse (LPN), licensed vocational nurse (LVN) or licensed visiting nurse	[\$60.00]
Physical Therapy	[\$75.00]
Speech Pathology	[\$75.00]
Occupational Therapy	[\$75.00]
Chemotherapy Specialist Services	[\$60.00]
Enterostomal Therapy	[\$50.00]
Respiration Therapy	[\$50.00]
Medical Social Services	[\$100.00]

The number of days the Home Health Care Benefit is payable will not exceed the Maximum Benefit Period shown on the Insured Schedule.

HOME HEALTH CARE AIDE BENEFIT

If, while this Policy is in force, a Covered Person, immediately following a Hospital confinement of not less than three days, requires the services of a Home Health Care Aide, subject to the eligibility conditions below, we will pay a daily benefit in the amount shown on the Insured Schedule for each day such services are provided in Your Home. The number of days the Home Health Care Aide Benefit is payable will not exceed the Maximum Benefit Period shown on the Insured Schedule.

PRESCRIPTION DRUG BENEFIT

If, while this Policy is in force, an Insured/Covered Person incurs expenses for Prescription Drugs for the treatment of an Injury or Sickness, we will pay \$10.00 per Generic Drug prescription, or \$25.00 per Brand Name Drug prescription, limited to a maximum benefit of \$[300.00] per Policy Year. The maximum benefit shall apply to each Insured/Covered Person separately per Policy Year. The Pre-Existing Conditions Limitation does not apply to the Prescription Drug Benefit.

CONDITIONS ON ELIGIBILITY FOR HOME HEALTH CARE BENEFIT AND HOME HEALTH CARE AIDE BENEFIT

Payment of the Home Health Care Benefit and the Home Health Care Aide Benefit is subject to the following:

- (a) The Covered Person's loss must be incurred after this Policy's Effective Date and while this Policy is in force;
- (b) For the Home Health Care Benefit, care must be provided in Your Home by an Approved Home Health Care Practitioner, as defined herein; and for the Home Health Care Aide Benefit, care must be provided in Your Home by a Home Health Care Aide, as defined herein; and
- (c) The Covered Person must be unable to perform, without the assistance of another person, two or more Activities of Daily Living; or the Covered Person must require continuous supervision and assistance due to a Cognitive Impairment. To meet this condition, the Covered Person's Physician must perform such tests as are in accordance with accepted standards of medical practice and, based on such tests, certify in writing that the Covered Person is unable to perform two or more Activities of Daily Living or that the Covered Person has a Cognitive Impairment.

MAXIMUM BENEFIT PERIODS

- (a) The Maximum Benefit Period for the Home Health Care Benefit is set forth on the Insured Schedule. This is the maximum number of days we will pay the Home Health Care Benefit during a Covered Person's lifetime, unless benefits are restored as provided in the Restoration of Benefits provision. The Maximum Benefit Period is calculated in continuous days from the first day for which the Home Health Care Benefit is payable, and each day you receive any services from an Approved Home Health Care Practitioner will count as one full day toward the maximum, without regard to whether or not the Covered Person's Home Health Care is consecutive or non-consecutive days.
- (b) The Maximum Benefit Period for the Home Health Care Aide Benefit is set forth on the Insured Schedule. This is the maximum number of days we will pay the Home Health Care Aide Benefit during a Covered Person's lifetime, unless benefits are restored as provided in the Restoration of Benefits provision. The Maximum Benefit Period is calculated in continuous days from the first day for which the Home Health Care Aide Benefit is payable, and each day you receive any services from a Home Health Care Aide will count as one full day toward the maximum, without regard to whether or not such services are received on consecutive or non-consecutive days.

RESTORATION OF BENEFITS

If a Covered Person has received the Home Health Care Benefit under this Policy and has used up all or a portion of the Maximum Benefit Period, but has recovered sufficiently to no longer require Home Health Care, we will restore that Covered Person's Maximum Benefit Period to its full original maximum each time the following conditions are met: (a) the Covered Person must not have received the services of an Approved Home Health Care Practitioner or a Home Health Care Aide for a period of 180 consecutive days; and (b) the Covered Person's Physician must certify that the Covered Person has sufficiently recovered to no longer require any services of an Approved Home Health Care Practitioner or a Home Health Care Aide and that the Covered Person was not advised to obtain such services. There is no limit to the number of times the Covered Person's Maximum Benefit Period for the Home Health Care Benefit may be restored. If the Maximum Benefit Period for the Home Health Care Benefit is restored, the Maximum Benefit Period for the Home Health Care Aide Benefit will also be restored.

EXCLUSIONS

This Policy does not cover any Loss caused or contributed to by: (a) mental or emotional disorders (Note: This exclusion does not apply to Alzheimer's Disease, senility or other organic brain syndrome. These diseases are covered by this Policy like any other Sickness subject to the Pre-Existing Conditions Limitation); (b) the insured's being intoxicated or under the influence of narcotics unless administered on the advice of a physician; (c) pregnancy, except that complications of pregnancy shall be covered as any other Sickness; (d) war or act of war (whether declared or not); (e) participation in a felony riot or insurrection; (f) service in the armed forces or units auxiliary to it; (g) attempted suicide, while sane, or intentionally self-inflicted Injury; (h) Injury or Sickness to the extent benefits are paid therefor under a state or federal worker's compensation law, employers liability or occupational diseases law, or motor vehicle no-fault law; (i) services performed by a member of a Covered Person's Immediate Family; (j) services for which no charge is normally made in the absence of insurance.; (k) dental care or treatment; (l) rest cures, custodial care or transportation.

PRE-EXISTING CONDITIONS LIMITATION

This Policy is not considered to be in force or effective for any Pre-Existing Condition, as defined herein, until six months after the Effective Date shown on the Insured Schedule.

PREMIUM PAYMENTS

- (a) All premiums are payable in advance to the Company at its Home Office. The payment of any premium shall not maintain the insurance under any Policy in force beyond the day immediately preceding the due date of the next premium except as provided in the Grace Period provision.
- (b) Premiums are subject to change. Premiums for this Policy are based on the attained age of each Covered Person, and each Covered Person's premium may increase following his/her birthday. Premiums may also increase at any time due to the Company changing its table of rates applicable on a class basis in your state. Classes may be determined according to sex, attained age, smoking status, the Insured's state of residence and/or ZIP code. Any change will apply to future premiums for all policies with the same form number issued by us to individuals in the Insured's state of residence. We will give the Insured 45 days written notice before any premium change. No change in premium will be effective before the first policy anniversary and not more than once in any six month period following the initial twelve month period.

TERMINATION

Subject to the Grace Period provision, coverage will immediately terminate at 12:01am, Standard Time, at the place where the insured resides, on the due date of any premium which is not paid.

UNIFORM PROVISIONS

1. **ENTIRE CONTRACT; CHANGES:** This Policy with any endorsements or attachments is the entire contract of insurance. Only one of our executive officers can approve a change. Such approval must be endorsed on or attached to this Policy. It may not be changed in any way by any agent.
2. **TIME LIMIT ON CERTAIN DEFENSES:**
 - a. After three years from the Effective Date of this Policy, no misstatement of a Covered Person made in the application, shall be used to void this Policy. After three years from the Effective Date of the coverage with respect to any claim which is made, no misstatement of a Covered Person contained in a written instrument signed by a Covered Person, shall be used to deny a claim for loss incurred commencing after expiration of such three years.
 - b. We shall not deny or reduce a claim for loss incurred after six months from the Effective Date of this Policy on the ground that a disease or physical condition on the date of loss had existed before said Effective Date. This does not include those diseases or physical conditions excluded specifically by name or description by an elimination endorsement or in the Exclusions provision of this Policy.
3. **GRACE PERIOD:** There will be a grace period for payment of each renewal premium. It will be 31 days from the date the premium is due. This Policy will stay in force during the grace period. If we have not received the

premium payment 15 days prior to the end of the grace period, we will send the policyholder a notice by first class mail advising that the policy will lapse if premium has not been paid by the end of the grace period. The notice will also state that the policy will be reinstated with no penalties whatsoever if the full premium payment is received within the period allowed for reinstatement.

4. **REINSTATEMENT:** This Policy shall lapse if you do not pay the premium before the end of the grace period. If the Company or any agent authorized by us to accept premium later accepts it and does not require an application for reinstatement, such acceptance shall reinstate this Policy.

If the Company or such agent requires an application for reinstatement and issues a conditional receipt for the premium tendered, this Policy shall be reinstated upon our approval of such application. If we do not approve it, this Policy shall be reinstated on the 45th day of such conditional receipt, unless we give you prior written notice of disapproval. The reinstated Policy shall cover only loss due to an Injury occurring after the date of reinstatement or a Sickness beginning more than 10 days from such date. In all other respects you and the Company shall have the same rights under this Policy as were in effect before it lapsed unless special conditions are added in connection with the reinstatement. Premium accepted in connection with this provision shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days before the date of reinstatement.

5. **NOTICE OF CLAIM:** You must give us written notice of claim. It must be given within 20 days after a covered Loss occurs or starts, or as soon as you reasonably can. You may give the notice or you may have someone do it for you. Such notice should give your name and Policy number. Notice should be mailed to us at our home office at PO Box 510690; Salt Lake City, UT 84151-0690, or to any authorized agent. Failure to give such notice within such time shall not invalidate nor reduce any claim if it was not reasonably possible to give such notice within the time required, provided written notice of claim is given as soon as reasonably possible. If any limitation of this policy with respect to giving notice of claim, furnishing proof of loss, or bringing any action on this policy is less than that permitted by law of the state, district or territory in which the insured resides at the time this policy is issued, such limitation is hereby extended to agree with the minimum period permitted by such law.
6. **CLAIM FORMS:** When we receive your notice, we will send you forms for filing proof of loss. If we do not give or provide them within 15 days, you can meet the proof of loss requirement by giving us a written statement of what happened. This statement should include the type of and extent of the loss you incurred. We must receive this statement within the time given for filing proof of loss.
7. **UNIFORM CLAIM FORMS:** Notwithstanding any other law to the contrary, all claims shall be processed in conformity with the uniform claim form issued by the Department of Insurance.
8. **PROOF OF LOSS:** If the Policy provides for periodic payment for a continuing loss, written proof of loss must be given to us within 90 days after the end of each period for which we are liable. For any other loss, written proof must be given within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, we shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, except in the absence of legal capacity, the proof required must be given no later than one year from the time specified.
9. **TIME OF PAYMENT OF CLAIMS:** We will pay you upon receipt of due written proof of loss for benefits provided under this Policy. However, a benefit that is payable by periodic payments, subject to due written proof of loss, shall be paid monthly. Any balance remaining unpaid upon termination of liability will be paid upon receipt of due written proof.
10. **PAYMENT OF CLAIMS:** Subject to the Direct Payment of Benefits provision, benefits will be paid to you. Loss-of-life benefits, if any, are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to your estate. Any other benefits unpaid at death may be paid, at our option, either to your beneficiary or estate.

If benefits are payable to your estate or a beneficiary who cannot execute a valid release, we can pay benefits up to \$1,000.00 to someone related to you or your beneficiary by blood or marriage whom we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

11. **PHYSICAL EXAMINATION:** We, at our expense, may have you examined when and as often as we may reasonably require while a claim is pending.

- 12. **LEGAL ACTIONS:** No legal action at law or in equity may be brought to recover on this Policy within 60 days after written proof of such loss has been given as required by the Policy. No such action may be brought after 3 years have passed from the time written proof of loss is required to be given.
- 13. **CHANGE OF BENEFICIARY:** Unless you make an irrevocable designation of beneficiary, only you shall have the right to change the beneficiary. Consent of the beneficiary shall not be required to make any change in this Policy. Also, no such consent shall be required for surrender or assignment of this Policy.

POLICY PROVISIONS

- 1. **MISSTATEMENT OF AGE:** If the age of a Covered Person has been misstated, all benefits payable to that person shall be in the amount the premium paid would have bought at the correct age. If because of a misstatement of age, this policy was issued at an age or was continued or renewed beyond an age at which it would not have been issued, continued, or renewed under the insurer's underwriting rules in effect at the date of issue, the amount payable, because of the loss occurring after such age, shall be limited to a return of the premiums paid thereafter.
- 2. **UNPAID PREMIUM:** Any due and unpaid premium for this Policy may be deducted from its benefits then payable.
- 3. **ILLEGAL OCCUPATION:** We shall not be liable for any loss to which a contributing cause was your commission or attempt to commit a felony. We shall not be liable for a loss to which a contributing cause was your participation in an illegal job.
- 4. **INTOXICANTS AND NARCOTICS:** We shall not be liable for any loss sustained or contracted in consequence of your being intoxicated or under the influence of any narcotic, unless administered on the advice of a Physician.
- 5. **CONFORMITY WITH STATE STATUTES:** The provisions of this Policy must conform with the laws of the state in which you reside on the Effective Date. If any do not, they are hereby amended to conform.
- 6. **DIRECT PAYMENT OF MEDICAL SERVICES:** Subject to any written direction of the Insured, the indemnities provided hereunder on account of medical services will be paid directly to the Insured.
- 7. **INDEPENDENT, NONCOORDINATED BENEFITS:** All benefits under this Policy (and the benefits under any optional benefit rider(s) that may be included on this Policy) are fixed dollar amounts that are payable regardless of the amount of expenses incurred. All benefits under this Policy are independent of and are not coordinated with the benefits, exclusions or any other provision of any other health insurance coverage or health plan. All benefits under this Policy are payable with respect to an event without regard to whether benefits are provided with respect to the same event under any other health insurance coverage or health plan. Benefits payable under this Policy will not be reduced on account of any other health insurance coverage or health plan.

IN WITNESS WHEREOF, Standard Life And Casualty Insurance Company has caused this Policy to be issued as of the Effective Date, and to be executed by its President and Secretary at its Home Office at 420 East South Temple, Suite 555; Salt Lake City, UT 84111.

SECRETARY

PRESIDENT

**ENDORSEMENTS OR RIDERS, IF ANY, AND PHOTOSTAT OF APPLICATION ATTACHED HERETO
CONSTITUTE PART OF THE CONTRACT.**

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HOME HEALTH CARE INDEMNITY POLICY
Guaranteed Renewable. Premiums may be changed.