

Group Insurance Plan

Health Alliance of Greater Cincinnati
Supplemental Life Insurance

NOTICE

Benefits paid under the Accelerated Benefits provision will reduce the Death Benefit payable for life insurance.

Benefits payable under the Accelerated Benefits provision may be taxable. If so, the Employee or the Employee's beneficiary may incur a tax obligation. As with all tax matters, an Employee should consult with a personal tax advisor to assess the impact of this benefit. Accelerated Benefits are not payable if life insurance coverage under the Policy is not in force.

TL -004788

FOREWORD

Life insurance provides individuals and their families with financial protection. The Life Insurance Benefit described in this booklet will help secure your family's financial security in the event of your death or the death of a covered family member.

The need for life insurance protection depends on individual circumstances and financial situations. Your Employer is offering you the opportunity to purchase this insurance to make your benefit program more comprehensive and responsive to your needs.

The following pages described the main provisions of the group term life insurance plan available to you.

Any insurance benefit described in the following pages will apply to you only if you have elected that benefit and have authorized payroll deduction for the required premium.

LIFE INSURANCE COMPANY OF NORTH AMERICA
1601 CHESTNUT STREET
PHILADELPHIA, PA 19192-2235
(800) 732-1603 TDD (800) 552-5744
A STOCK INSURANCE COMPANY

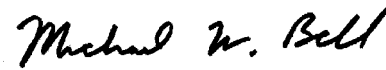
**GROUP INSURANCE
CERTIFICATE**

We, the LIFE INSURANCE COMPANY OF NORTH AMERICA, have issued a Group Life Insurance Policy, FLX-050458, to TRUSTEE OF THE NATIONAL CONSUMER INSURANCE TRUST on behalf of Health Alliance of Greater Cincinnati.

This certificate describes the benefits and basic provisions of your coverage. You should read it with care so you will understand your coverage.

This is not the insurance contract. It does not waive or alter any of the terms of the Policy. If questions arise, the Policy will govern. You may examine the Policy at the office of the Policyholder or the Administrator.

This certificate replaces any and all certificates which may have been issued to you in the past under the Policy.



Michael W. Bell, President

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SCHEDULE OF BENEFITS FOR CLASS 1

Revised Effective Date: January 1, 2003

Class Definition

You are eligible for insurance if you are a member of the class defined below.

Class 1:

All active Full-time Employees of the Employer regularly working a minimum of 32 hours per week.

Your Eligibility Waiting Period

The Eligibility Waiting Period is the period of time you must be in Active Service to be eligible for coverage. It will be extended by the number of days you are not in Active Service.

If you were hired on or before the Policy Effective Date: No Waiting Period.

If you were hired after the Policy Effective Date:

If hired before the 15th of the month: The first of the month following the date of hire.

If hired after the 15th of the month: The first day of the following month.

For Employees who are returning from unpaid leave of absence of up to 12 months or rehired within 6 months of termination: The first day of the month following the day their enrollment form is submitted to HR.

LIFE INSURANCE BENEFITS

If an Insured is eligible under one Class of Eligible Employees and later becomes eligible under a different Class of Eligible Employees, changes in his or her insurance due to the class change will be effective on the first of the month following the change in class.

Employee Benefits

Amount of Insurance	1, 2, 3, 4 or 5 times your Annual Compensation rounded to the nearest \$1,000, if not already a multiple thereof.
Minimum Benefit:	\$5,000
Guaranteed Issue Amount:	3 times Annual Compensation or \$500,000, if less
Maximum Benefit:	\$1,000,000
Terminal Illness Benefit	
Maximum Benefit:	\$50,000

Annual Re-solicitation Period

During an Annual Re-solicitation Period, or within 31 days after a Life Status Change, if you are currently insured under the Voluntary Term Life Insurance portion of this Policy you may increase your Voluntary Term Life Insurance Benefits, and if you were eligible for the Voluntary Term Life Insurance portion of this Policy but did not previously enrolled may become insured under the Policy, by satisfying the Insurability Requirement. Your insurance will be effective on the date we agree in writing to insure you.

You may reduce Insurance Benefits at any time. A request for a Benefit reduction received during an Annual Re-solicitation Period will become effective on the Policy Anniversary following the Re-solicitation Period. Any other Benefit reduction will be effective on the first of the month following the date we receive the completed change form.

SCHEDULE OF BENEFITS FOR CLASS 2

Revised Effective Date: January 1, 2003

Class Definition

You are eligible for insurance if you are a member of the class defined below.

All active part-time Employees of the Employer regularly working 20 to 31 hours per week.

Your Eligibility Waiting Period

The Eligibility Waiting Period is the period of time you must be in Active Service to be eligible for coverage. It will be extended by the number of days you are not in Active Service.

If you were hired on or before the Policy Effective Date: No Waiting Period.

If you were hired after the Policy Effective Date:

If hired before the 15th of the month: The first of the month following the date of hire.

If hired after the 15th of the month: The first day of the following month.

For Employees who are returning from unpaid leave of absence of up to 12 months or rehired within 6 months of termination: The first day of the month following the day their enrollment form is submitted to HR.

LIFE INSURANCE BENEFITS

If an Insured is eligible under one Class of Eligible Employees and later becomes eligible under a different Class of Eligible Employees, changes in his or her insurance due to the class change will be effective on the first of the month following the change in class.

Employee Benefits

Amount of Insurance	Units of \$5,000
Minimum Benefit:	\$5,000
Guaranteed Issue Amount:	\$25,000
Maximum Benefit:	\$25,000

Terminal Illness Benefit	
Maximum Benefit:	50% of the Maximum Benefit applicable to your Life Insurance Benefits.

Annual Re-solicitation Period

During an Annual Re-solicitation Period, or within 31 days after a Life Status Change, if you are currently insured under the Voluntary Term Life Insurance portion of this Policy you may increase your Voluntary Term Life Insurance Benefits, and if you were eligible for the Voluntary Term Life Insurance portion of this Policy but did not previously enrolled may become insured under the Policy, by satisfying the Insurability Requirement. Your insurance will be effective on the date we agree in writing to insure you.

You may reduce Insurance Benefits at any time. A request for a Benefit reduction received during an Annual Re-solicitation Period will become effective on the Policy Anniversary following the Re-solicitation Period. Any other Benefit reduction will be effective on the first of the month following the date we receive the completed change form.

Spouse/Domestic Partner Benefits

Amount of Insurance

Option 1	\$5,000
Option 2	\$10,000
Guaranteed Issue Amount:	\$10,000

Terminal Illness Benefit

Maximum Benefit:	50% of the Maximum Benefit applicable to your Life Insurance Benefits.
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Dependent Child Benefits

Amount of Insurance

Option 1	\$2,000
Option 2	\$5,000
Option 3	\$10,000

The Maximum Benefit for a Dependent Child who is less than 6 months old is \$500.

Former Employee Benefits

Amount of Life Insurance

An amount equal to the Life Insurance Benefit in force on the date you no longer qualify as an Employee, less any amount of conversion insurance issued under the Conversion Privilege for Life Insurance.

Terminal Illness Benefit

Maximum Benefit:	\$50,000
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Spouse/Domestic Partner of Former Employee Benefits

Amount of Life Insurance

An amount elected subject to the Maximum Benefit amount for Life Insurance Benefits available to a Spouse/Domestic Partner.

Any amount elected in excess of the Life Insurance Benefits in effect on the date the Employee's employment with his or her Employer ends will be effective on the date we agree in writing to insure you.

Terminal Illness Benefit
Maximum Benefit:

50% of the Maximum Benefit applicable to your Life Insurance Benefits.

TL-004774

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout this document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

Accident

The term Accident means a sudden, unforeseeable external event that causes you bodily Injury and occurs while your coverage is in force under the Policy.

Active Service

If you are an Employee, you are in Active Service on a day which is one of your Employer's scheduled work days if either of the following conditions are met.

1. You are actively at work. This means you are performing your regular occupation for the Employer on a Full-time basis, either at one of the Employer's usual places of business or at some location to which the Employer's business requires you to travel.
2. The day is a scheduled holiday, vacation day or period of Employer approved paid leave of absence.

You are in Active Service on a day which is not one of the Employer's scheduled work days only if you were in Active Service on the preceding scheduled work day.

A person other than an Employee is considered in Active Service if he or she is able to perform all the activities another person of the same age and sex could normally perform and is not:

1. a patient in a hospital or hospice, or receiving outpatient care for chemotherapy or radiation therapy;
2. confined at home under the care of a Physician for sickness or injury;
3. unable to perform any of the activities of daily living expected of a person of the same age (i.e., mobility, transferring, feeding, dressing or toileting) without human supervision or assistance;
4. receiving disability benefits from any source due to his or her sickness or injury.

Annual Compensation

For all other Employees:

An Employee's annual wage or salary as reported by the Employer for work performed for the Employer as of the beginning of the plan year. It does not include amounts received as bonuses, commissions, overtime pay or other extra compensation.

For Physicians:

An Employee's annual wage or salary as figured from the prior year's W-2 form (from the box that reflects wages, tips and other compensation excluding bonus for federal income tax purposes) received from the Employer as of the date the covered loss occurs. If no W-2 was received, it means an Employee's average monthly earnings from the Employer for the months employed.

Dependent Child

Your unmarried child if he or she meets the following requirements:

1. A child 14 days of age up to the end of the calendar year he or she turns 19 years old;
2. A child who is 19 or more years old up to the end of the month he or she turns 25 years old, enrolled in a school as a full-time student and primarily supported by you;
3. A child who is 19 or more years old, primarily supported by you and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to us within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. During the next two years, we may, from time to time, require proof of the continuation of such condition and dependence. After that, we may require proof no more than once a year.

The term "child" means a child born to or legally adopted by you. It includes a child during any waiting period prior to the finalization of the child's adoption. It also means a stepchild living with you.

Employee

For eligibility purposes, you are an Employee if you work for the Employer and are in one of the "Classes of Eligible Employees." Otherwise, you are an Employee if you are an employee of the Employer who is insured under the Policy.

Employer

The Subscriber and any affiliates or subsidiaries covered under the Policy. The Employer is acting as your agent for transactions relating to this insurance. You shall not consider any actions of the Employer as actions of the Insurance Company.

Full-time

Full-time means the number of hours set by the Employer as a regular work week for Employees in your eligibility class.

Insurability Requirement

An eligible person satisfies the Insurability Requirement for an amount of coverage on the day we agree in writing to accept you as insured for that amount. To determine a person's acceptability for coverage, we will require you to provide evidence of good health and may require it be provided at your expense if you apply after your initial eligibility.

Insurance Company

The Insurance Company underwriting the Policy is named on your certificate cover page. References to the Insurance Company have been changed to "we", "our", "ours", and "us" throughout the certificate.

Insured

You are an Insured if you are eligible for insurance under the Policy, insurance is elected for you, the required premium is paid and your coverage is in force under the Policy.

Life Status Change

A Life Status Change is an event recognized by the Employer's Flexible Benefits Plan as qualifying you to make changes in benefit selections at a time other than an Annual Enrollment Period.

If the Employer does not sponsor a Flexible Benefits Plan or if it is no longer in effect, the following events are Life Status Changes.

1. Marriage
2. Divorce, annulment or legal separation
3. Birth or adoption of a child
4. Death of your spouse
5. Termination of your spouse's employment
6. A change in the benefit plan available to your spouse
7. A change in employment status for you or your spouse that affects your eligibility for benefits

Physician

Physician means a licensed doctor practicing within the scope of his or her license and rendering care and treatment to an Insured that is appropriate for the condition and locality. The term does not include you, your spouse, your immediate family (including parents, children, siblings, or spouses of any of the foregoing, whether the relationship derives from blood or marriage), or a person living in your household.

Policy Anniversary Date

The Policy Anniversary Date is January 1 unless it is changed. This date will be the same date each year for as long as the Policy is in effect.

Policy Effective Date

This term refers to the date the group policy under which you are covered became effective. This date is January 1, 1997.

Prior Plan

The Prior Plan refers to the plan of insurance providing similar benefits to you, sponsored by the Employer and in effect directly prior to the Policy Effective Date.

Spouse

Your lawful spouse under age 70.

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WHO IS ELIGIBLE**Classes of Eligible Persons**

A person may be insured only once under the Policy, even though he or she may be eligible under more than one class.

EMPLOYEE

If you qualify under the Class Definition shown in the Schedule of Benefits, you are eligible to be insured under the Policy on the Policy Effective Date, or the day after you complete the applicable Eligibility Waiting Period, if later.

If you have previously converted your insurance under the Policy, you will not become eligible until your converted policy is surrendered. This does not apply to any amount of insurance that was previously converted under the Policy due to a reduction in your Life Insurance Benefits based on age or a change in class unless those conditions no longer affect the amount of insurance available to you.

Except as noted in the Reinstatement Provision, if you terminate coverage and later wish to reapply, or if you are a former Employee who is rehired more than 6 months, a new Eligibility Waiting Period must be satisfied. You are not required to satisfy a new Eligibility Waiting Period, if insurance ends because you are no longer in a Class of Eligible Employees, but continue to be employed by the Employer, and within one year you become a member of an eligible class.

SPOUSE

Your Spouse is eligible to be insured on the date you are eligible or the date he or she becomes your Spouse, if later. You must be insured in order to elect spouse coverage.

For eligibility purposes, your Spouse must be a lawful Spouse and not legally separated from, divorced from, or widowed by you. He or she must be under age 70 to be eligible.

DEPENDENT CHILD

Your Dependent Child is eligible to be insured on the date you are eligible or the date the child becomes a Dependent Child, if later.

In no event will a Dependent Child be eligible to be insured more than once under the Policy.

TL-004710

WHEN COVERAGE BEGINS

If you are required to contribute to the cost of this insurance, you may elect insurance for yourself, your Spouse and Dependent Children only by authorizing payroll deduction in a form approved by the Employer and us. The effective date of this insurance depends on the date and amount of insurance elected.

If you elect coverage within 31 days after you, your Spouse or Dependent Children are eligible, any amount that does not exceed the Guaranteed Issue Amount is effective on the latest of the following dates.

1. The Policy Effective Date.
2. The date payroll deduction is authorized for this insurance.
3. The date the completed enrollment form is received by the Employer or us.

If you elect insurance in an amount that exceeds the Guaranteed Issue Amount or if your enrollment form is received more than 31 days after you become eligible to elect coverage, this insurance is effective on the date we agree in writing to provide this coverage. We will require an eligible person to satisfy the Insurability Requirement before we agree to insure him or her.

If coverage for a Dependent Child is in force and you acquire another Dependent Child, coverage for that child is effective on the date he or she qualifies as a Dependent Child.

If you, your Spouse or Dependent Children are not in Active Service on the date insurance would otherwise go into effect, it will be effective on the date you, your Spouse or Dependent Children return to Active Service.

TL-004712

WHEN COVERAGE ENDS

Coverage will end on the earliest of the following dates.

1. The date you are eligible for coverage under a plan intended to replace this coverage.
2. The date we terminate the Policy.
3. The date you, your Spouse or Dependent Children are no longer eligible.
4. The day after the end of the period for which required premiums are paid.
5. If you are an Employee, the date you are no longer in Active Service.
6. If you are an Employee, Spouse or Dependent Child, the date the Employer cancels participation under the Policy.

In addition, coverage for your Spouse or Dependent Child, if any, will end on the date your insurance ends.

TL-004714

WHEN COVERAGE CONTINUES

Continuation for Leave of Absence or Family Medical Leave

If you are an Employee and your Active Service ends due to an Employer approved unpaid leave of absence or family medical leave, your insurance will continue if the required premium is paid.

In these circumstances, your insurance may continue as follows.

1. For an Employer approved unpaid leave of absence, up to 12 months.
2. For an Employer approved family medical leave, up to 12 weeks.

Portability Options

For Employees

If we cancel your coverage or if your employment ends prior to age 70, you may continue Life Insurance Benefits. Benefits will continue in an amount elected, subject to the Maximum Benefit allowable for Life Insurance Benefits in effect on the date you no longer qualify as an Employee. Any amount elected in excess of the Life Insurance Benefits in effect on the date you no longer qualify as an Employee will be effective on the date we agree in writing to insure you. To continue coverage, you must submit an application to us and pay the required premium. If you continue coverage, you may also continue coverage for your Spouse or Dependent Child in the amount in force on the date coverage would otherwise end. If you do not elect to continue insurance within 31 days after your employment ends, you may not elect this coverage at a later date.

If you continue coverage in this manner you will become a Former Employee. A Spouse whose coverage is continued will become a Spouse of a Former Employee. Coverage will be effective on the first of the month following the date your coverage as an Employee ends, provided we receive your completed application and the required premium is paid.

If, as a Former Employee, you later acquire a Spouse or Dependent Child, you may elect coverage for them by submitting an application to us and paying the required premium. Coverage for your Spouse or Dependent Child will be effective on the date we agree in writing to insure them, if it is not in effect on the date your coverage as an Employee ends. We may require your Spouse or Dependent Child to satisfy the Insurability Requirement before we agree to insure him or her.

Coverage continued in this manner will end on the earliest of the following dates.

1. The date we cancel coverage for all members of your class.
2. The day after the end of the period for which required premiums are paid.
3. The date the Insured is age 70.

Also, coverage for any Dependent Child will end on any of the dates listed above or when he or she no longer qualifies as a Dependent Child, if earlier.

For Spouses

If a Spouse is legally separated or divorced from, or widowed by, an insured Employee or Former Employee prior to age 70, he or she may continue Life Insurance Benefits. Benefits will continue in an amount elected, subject to the Maximum Benefit allowable for Life Insurance Benefits. Any amount elected in excess of the Life Insurance Benefits in effect on the date he or she no longer qualifies as a Spouse will be effective on the date we agree in writing to insure him or her. To continue coverage, the Spouse must submit an application to us and pay the required premium.

If a Spouse continues coverage, he or she may also continue coverage for a Dependent Child covered under the Policy on the date coverage would otherwise end. If a Spouse does not elect to continue insurance within 31 days after coverage ends, he or she may not elect this coverage at a later date.

A Spouse who continues coverage in this manner will become a Former Spouse and will be issued a separate certificate of insurance. Coverage will be effective on the first of the month following the date his or her coverage as a Spouse ends, provided we receive the completed application and the required premium is paid.

Coverage continued in this manner will end on the earliest of the following dates.

1. The date we cancel coverage for all members of the Insured's class.
2. The day after the end of the period for which premiums are paid.
3. The date the Insured is age 70.

In addition, coverage for a Dependent Child will end on any of the dates listed above or when he or she no longer qualifies as a Dependent Child, if earlier.

For Dependent Children

If a Dependent Child is insured under the Policy and is at least 19 years of age, he or she may continue Life Insurance Benefits by electing an amount of insurance in units of \$25,000 up to a maximum benefit of \$50,000. To continue coverage, the Dependent Child must submit an application to us and pay the required premium.

If a Dependent Child does not elect to continue insurance within 31 days after reaching age 19 or the date he or she no longer qualifies as a Dependent Child, if later, he or she may not elect to be insured under this option at a later date.

A Dependent Child who continues coverage in this manner will become a Former Dependent Child and will be issued a separate certificate of insurance. Coverage will be effective on the following dates.

1. For any Guaranteed Issue Amount, the first of the month following the date the Dependent Child's coverage ends, provided we receive the completed application and required premium.
2. For any amount of insurance that exceeds the Guaranteed Issue Amount, the date we agree in writing to insure him or her. We will require the Former Dependent Child to satisfy the Insurability Requirement before we agree to insure him or her.

Coverage continued in this manner will end on the earliest of the following dates.

1. The date we cancel coverage for all members of the Insured's class.
2. The day after the end of the period for which premiums are paid.
3. The date the Insured is age 70.

TL- 004716

WHAT IS COVERED

LIFE INSURANCE BENEFITS

Death Benefit

If an Insured dies, we will pay the Life Insurance Benefit in force for that Insured on the date of his or her death.

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Domestic Partner Benefit

We will pay a Domestic Partner Benefit if your Domestic Partner suffers a covered loss and the following conditions are met.

1. You have not been married to any person within the past 12 months.
2. Your Domestic Partner is the only person meeting the Policy's definition of "Domestic Partner" with respect you.
3. You and your Domestic Partner furnish a notarized affidavit or signed statement reflecting these requirements, and an agreement to notify us, if the requirements cease to be met, on a form acceptable to us.

The amount of insurance that applies to a Domestic Partner is shown in the Schedule of Benefits.

Death benefits with respect to any Domestic Partner will be payable to you or to the beneficiary chosen by the Domestic Partner. If no beneficiary is named, benefits are payable to you.

"Domestic Partner" means a person of the same or opposite sex, who meets all of the following criteria.

1. He or she shares your permanent residence.
2. He or she has resided with you for at least one year and is expected to continue to reside with you indefinitely.
3. He or she is financially interdependent with you in the following ways.
 - a. You hold one or more credit or bank accounts, including a checking account, as joint owners.
 - b. You own or lease your permanent residence as joint tenants.
 - c. The Domestic Partner has named or is named by you as a beneficiary of life insurance or under a will.
 - d. You have each agreed in writing to assume financial responsibility for the welfare of the other.
4. You have signed a domestic partner declaration if you reside in a jurisdiction that provides for domestic partner declarations.
5. Neither of you have signed a domestic partner declaration with any other person within the last 12 months.
6. Neither of you is less than 18 years of age nor more than 70 years of age.
7. Neither of you is currently legally married to any other person.
8. Neither of you is a blood relative any closer than would prohibit legal marriage.

To obtain insurance for a Domestic Partner, you must request coverage in writing and agree to make any required premium contributions.

Wherever referenced the term "Spouse" also includes a Domestic Partner as defined in this benefit.

Seatbelt Benefit

We will pay 10% of your Life Insurance Benefits in force on the date of an Accident or \$10,000, if less, if you die as a result of an Accident and the following conditions are met.

1. The Accident occurs while you are covered as an Employee under the Policy.
2. You are driving or riding as a passenger in a Private Passenger Car, the car is equipped with seatbelts and the seatbelt was in actual use and properly fastened at the time of the Accident. The use and position of the seatbelt must be certified in the official report of the Accident. However, if an official report is not available or it is unclear if you were properly wearing a seatbelt, we will pay \$1,000. If such report indicates that a seatbelt was not in use, we will not pay any benefits under this provision.

The Seatbelt Benefit will not be paid for an Accident which occurs while you are participating in a race, speed or endurance test.

"Private Passenger Car" means a validly registered four-wheel vehicle limited to private passenger cars, station wagons, jeeps, pick-up trucks and van-type cars.

TL-004734

Accelerated Benefits

Any benefits payable under this Accelerated Benefits provision will reduce the Death Benefit payable for Life Insurance. Any automatic increases in Life Insurance Benefits will end when benefits are payable under this provision.

Terminal Illness Benefit

We will pay a Terminal Illness Benefit if we determine you or your Spouse are Terminally Ill. The amount of this benefit is 50% of the Life Insurance Benefit in effect for you or your Spouse on the date we determine you are Terminally Ill up to the Maximum Benefit Amount shown in your Schedule of Benefits for this option. The Terminal Illness Benefit is payable only once in an Insured's lifetime.

Determination of Terminal Illness

For the purpose of determining the existence of a Terminal Illness, we will require you to submit the following proof.

1. A written diagnosis and prognosis by two Physicians licensed to practice in the United States.
2. Supportive evidence satisfactory to us, including but not limited to radiological, histological or laboratory reports documenting the Terminal Illness.

We may require, at our expense, you to be examined and a review of the documented evidence by a Physician of our choice.

"Terminal Illness" means a person is diagnosed by a Physician to have a prognosis of 12 months or less to live.

TL-004748

Conversion Privilege for Life Insurance

If coverage ends for any reason except non-payment of premium, any Insured may apply for a conversion policy of life insurance.

The conversion insurance may be a type of life insurance currently being offered for conversion by us at your age and in the amount requested. It may not be term insurance and it may not be for an amount greater than the Life Insurance Benefits in force under the Policy. Conversion life insurance will not provide accident, disability or other benefits.

However, if coverage ends because the Policy is terminated or amended to terminate any class of Insureds, or the Employer cancels participation under the Policy, coverage cannot be converted unless you have been insured under the Policy for at least 5 years. In this case, the amount of conversion insurance will be the lesser of Life Insurance Benefit in force under the Policy or \$2,000.

To apply for conversion insurance, you must submit an application to us and pay the required premium within 31 days after coverage under the Policy ends. Evidence of insurability is not required. Premium for the conversion insurance will be based on your age and class of risk and the type and amount of coverage issued.

Conversion insurance will become effective on the 31st day after the date coverage under the Policy ends, if your application is received by us and the required premium is paid on that date.

If you die during the 31 day conversion period, the Death Benefit will be paid under the Policy regardless of whether you applied for conversion insurance. If a conversion policy is issued, it will be in exchange for any benefits payable for that type and amount of insurance under the Policy.

Extension of Conversion Period

If you are eligible for conversion insurance and are not notified of this right at least 15 days prior to the end of the 31 day conversion period, the conversion period will be extended. You will have 15 days from the date notice is given to apply for conversion insurance. In no event will the conversion period be extended beyond 90 days. Notice, for the purpose of this section, means written notice presented to you by your Employer or mailed to your last known address as reported by your Employer.

If you die during the extended conversion period, but more than 31 days after your coverage under the Policy terminates, Life Insurance Benefits will not be paid under the Policy. If your application for conversion insurance is received by us and the required premium is paid, Life Insurance Benefits will be payable under the conversion insurance.

Prior Conversion Limitation

If you are covered under a life insurance conversion policy previously issued by us under the Policy, you will not be eligible to exercise this Conversion Privilege unless the prior coverage has ended. This does not apply to any amount of insurance that was previously converted under the Policy due to a reduction in your Life Insurance Benefits based on age or a change in class unless that condition no longer affects the amount of coverage available to you.

LIFE INSURANCE EXCLUSIONS

If you commit suicide, while sane or insane, within 2 years from the date your insurance under the Policy becomes effective, Life Insurance Benefits will be limited to a refund of the premiums paid on your behalf. The suicide exclusion applies from the effective date of any additional benefits or increases in Life Insurance Benefits.

If a Dependent Child commits suicide and is survived by other Dependent Children covered under your certificate, no refund of premiums will be paid.

TL-004752

CLAIM PROVISIONS

Notice of Claim

Written notice of claim must be given to us within 31 days after a covered loss occurs or begins, or as soon as reasonably possible. If written notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written notice was given as soon as was reasonably possible. Written notice can be given at our home office in Philadelphia, Pennsylvania, or to our agent. Written notice should include the Subscriber's name, the Subscriber Number and the claimant's name and address.

Written notice of a diagnosis of a Terminal Illness on which claim is based must be given to us within 60 days after the diagnosis. If notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written notice was given as soon as reasonably possible.

Claim Forms

When we receive written notice of claim, we will send claim forms for filing proof of loss. If we do not send claim forms within 15 days after notice is received by us, the proof requirements may be met by submitting, within the time required under the "Proof of Loss" section, written proof of the nature and extent of the loss.

Claimant Cooperation Provision

If you fail to cooperate with us in our administration of your claim, we may terminate the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Insurance Data

The Employer is required to cooperate with us in the review of claims and applications for coverage. Any information we provide to the Employer in these areas is confidential and may not be used or released by the Employer if not permitted by applicable laws.

Proof of Loss

Written proof of loss must be given to us within 90 days after the date of the loss for which a claim is made. If written proof of loss is not given in that time, the claim will not be invalidated nor reduced if it is shown that written proof of loss was given as soon as was reasonably possible. In any case, written proof must be given not more than a year after the time it is otherwise required, unless proof is not given solely due to the lack of legal capacity.

Written proof of loss for Accelerated Benefits must be furnished 90 days after the date of diagnosis. This proof must describe the occurrence, character and diagnosis for which claim is made.

In case of claim for any other loss, proof must be furnished within 90 days after the date of such loss.

If it is not reasonably possible to submit proof of loss within these time periods, we will not deny or reduce any claim if proof is furnished as soon as reasonably possible. Proof must, in any case, be furnished not more than a year later, except for lack of legal capacity.

Time of Payment

Benefits due under the Policy for a loss, other than a loss for which the Policy provides installment payments, will be paid immediately upon receipt of due written proof of such loss.

Subject to the receipt of satisfactory written proof of loss, all accrued benefits for loss for which the Policy provides installment payments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof, unless otherwise stated in the Description of Benefits.

To Whom Payable

Death Benefits will be paid to the Insured's named beneficiary, if any, on file at the time of payment or to the certificate owner if alive. If there is no named beneficiary or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives: spouse; child or children; mother or father; brothers or sisters; or to the executors or administrators of the Insured's estate. We may reduce the amount payable by any indebtedness due.

All benefits payable under the Accelerated Benefits section are payable to the Insured, if living. If the Insured dies prior to the payment of an eligible claim for an Accelerated Benefit, benefits will be paid in accordance with the provisions applicable to the payment of Life Insurance proceeds, unless the Insured has directed us otherwise in writing. However, any payment made by us prior to notice of the Insured's death shall discharge us of any benefit that was paid.

All other benefits unless otherwise stated in the Policy, will be payable to the Insured or the certificate owner if other than the Insured.

Any other accrued benefits which are unpaid at your death may, at our option, be paid either to your beneficiary or to the executor or administrator of your estate.

If we pay benefits to the executor or administrator of your estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. This good faith payment satisfies our legal duty to the extent of that payment.

Change of Beneficiary

You may change your beneficiary at any time by giving written notice to the Employer or to us. The beneficiary's consent is not required for this or any other change which you may make unless your designation of beneficiary is irrevocable.

No change in beneficiary will take effect until the form is received by the Employer or us. When this form is received, it will take effect as of the date of the form. If you die before the form is received, we will not be liable for any payment that was made before receipt of the form.

Physical Examination and Autopsy

We may, at our expense, exercise the right to examine any person for whom a claim is pending as often as we may reasonably require. Also, we may, at our expense, require an autopsy unless prohibited by law when cause of death is questionable.

Legal Actions

No action at law or in equity may be brought to recover benefits under the Policy less than 60 days after written proof of loss has been furnished as required by the Policy. No such action shall be brought more than 3 years after the time written proof of loss must be furnished.

Time Limitations

If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the state in which you live when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

Physician/Patient Relationship

You have the right to choose any Physician who is practicing legally. We will in no way disturb the Physician/patient relationship.

TL-004724

ADMINISTRATIVE PROVISIONS**Premiums**

The premiums for this Policy will be based on the rates currently in force, the plan and the amount of insurance in effect.

If an Insured's coverage amount is reduced due to his or her attained age or acceleration of a Death Benefit, premium will be based on the amount of coverage in force on the day before the reduction took place.

Your Grace Period

If your required premium is not paid on the Premium Due Date, there is a 31 day grace period after each premium due date after the first. If the required premium is not paid during the grace period, insurance will end on the last day for which premium was paid.

Reinstatement of Insurance

Your coverage may be reinstated without satisfying the Insurability Requirement, if your insurance ends because you are on an unpaid leave of absence and you apply for Reinstatement within 31 days of your return to Active Service.

After your insurance ends, it may be reinstated at any date prior to five years after the date of termination if the following conditions are met.

1. The Policy is still in force.
2. You are eligible under the Policy.
3. You send us a written request for reinstatement and a new enrollment form.
4. The required premium is paid.
5. The Insurability Requirement, if applicable, is satisfied.

TL-004722

GENERAL PROVISIONS

Incontestability

All statements made by the Policyholder or by an Insured are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from an Insured's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested except for fraud or eligibility for insurance.

Misstatement of Age

If an Insured's age has been misstated, we will adjust all benefits to the amounts that would have been purchased for the correct age.

Workers' Compensation Insurance

The Policy is not in lieu of and does not affect any requirements for insurance under any Workers' Compensation Insurance.

Assignment of Benefits

We will not be affected by the assignment of your certificate until the original assignment or a certified copy of the assignment is filed with us. We will not be responsible for the validity or sufficiency of an assignment. An assignment of benefits will operate so long as the assignment remains in force provided insurance under the Policy is in effect. This insurance may not be levied on, attached, garnished, or otherwise taken for a person's debts. This prohibition does not apply where contrary to law.

Conformity with State Statutes

Any provision of the Policy in conflict with the applicable laws of your state on the date your insurance first becomes effective is amended to conform to the minimum requirements of such laws.

Clerical Error

A person's insurance will not be affected by error or delay in keeping records of insurance under the Policy. If such an error is found, the premium will be adjusted fairly.

TL-004728

**SUPPLEMENTAL INFORMATION
for**

Health Alliance of Greater Cincinnati Voluntary Life Plan

**required by the Employee Retirement
Income Security Act of 1974**

As a Plan participant in Health Alliance of Greater Cincinnati's Insurance Plan, you are entitled to certain rights and protection under the Employee Retirement Income Security Act of 1974 (ERISA).

You should refer to the attached Certificate for a description of when you will become eligible under the Plan, the amount and types of benefits available to you, and the circumstances under which benefits are not available to you or may end. The Certificate, along with the following Supplemental Information, makes up the Summary Plan Description as required by ERISA.

IMPORTANT INFORMATION ABOUT THE PLAN

- The Plan is established and maintained by Health Alliance of Greater Cincinnati.
- The Employer Identification Number (EIN) is 311435820.
- The Plan Number is 504.
- The Insurance Plan is administered directly by the Plan Administrator with benefits provided, in accordance with the provisions of the group insurance contract, FLX-050458, issued by LIFE INSURANCE COMPANY OF NORTH AMERICA.
- The Plan Administrator is: Health Alliance of Greater Cincinnati
 3200 Burnet Avenue
 Cincinnati, OH 45229

The Plan Administrator has authority to control and manage the operation and administration of the Plan. The Plan Administrator may terminate, suspend, withdraw or amend the Plan, in whole or in part, at any time, subject to the applicable provisions of the Policy. (Your rights upon termination or amendment of the Plan are set forth in your Certificate.)

- The agent for service of legal process is the Employer.
- The Plan of benefits is financed by the Employee.
- The date of the end of the Plan Year is December 31.

YOUR RIGHTS AS SET FORTH BY ERISA

As a Plan participant, ERISA gives you certain rights and protection. To ensure the protection of these rights, ERISA requires any person or entity who is responsible for the operation of the Plan to administer the Plan in a fiduciary capacity. This means that this person, or entity, must act prudently and with the sole purpose of the Plan participants in mind.

If you request, the Plan Administrator must:

- a. Allow you to examine, without charge, at the Plan Administrator's office, all Plan documents including insurance contracts, collective bargaining agreements and copies of all documents filed by the Plan with the U.S. Department of Labor, such as, annual reports and Plan descriptions.
- b. Provide you with Plan documents and other Plan information. Any request you make for this information must be in writing to the Plan Administrator. There may be a reasonable charge for the copies.
- c. Provide you with a summary of the Plan's annual financial report. (On certain plans, the law requires the Plan Administrator to provide you with this information.)

Unless there are reasons beyond the Plan Administrator's control, materials you request should be received within 30 days. If you do not receive these materials within that time, you may file suit in a federal court. The court may require the Plan Administrator to pay you up to \$110 for each day the material is delayed.

No one, not even your employer, may fire you or discriminate against you in order to prevent you from obtaining a benefit or exercising the rights you have under ERISA.

You may file suit in a federal or state court if any of the following situations arise:

- a. You believe you have been improperly denied a benefit, in whole, or in part.
- b. You believe the Plan fiduciaries are misusing Plan funds.
- c. You believe you have been discriminated against for asserting your rights. (In this case, you may file suit in court or request assistance from the U.S. Department of Labor.)

The court will decide who should pay court costs and legal fees. If you win your case, the court may order the person you have sued to pay the costs and fees. However, if you lose, or if the court finds that your suit is frivolous, you may be required to pay the costs and fees.

WHAT YOU SHOULD DO AND EXPECT IF YOU HAVE A CLAIM

When you are eligible to receive benefits under the Plan, you must request a claim form from the Plan Administrator. All claims you submit must be on the claim form provided by the Insurance Company. You must complete the form according to the directions on the form. If these forms are not available, you must provide a written statement outlining proof and extent of the loss. After you have completed the claim form or written statement, you must submit it to Human Resources.

The Insurance Company has 90 days, from the date it receives your notice of claim, to determine whether or not benefits are payable to you in accordance with the terms and provisions of the Policy. Under special circumstances, the Insurance Company may require more time to review your claim. If this should happen, the Insurance Company must notify you, in writing, that its review period has been extended for an additional 90 days. You should receive this written notification before the end of the initial 90 day review period.

During the review period, the Insurance Company may require a medical examination of the Insured, at its own expense; or additional information regarding the loss. If a medical examination is required, the Insurance Company will notify you of the date and time of the examination and the physician's name and location. (It is important that you keep any appointments made since rescheduling examinations will delay the claim process.) If additional information is required, the Insurance Company must notify you, in writing, specifying the nature of the information needed and an explanation as to why it is needed.

If your claim is approved, you will receive the appropriate benefit from LIFE INSURANCE COMPANY OF NORTH AMERICA.

If your claim is denied, in whole or in part, you must receive written notice from the Insurance Company within the 90 day review period (or within 180 days if the review period was extended). The Insurance Company's written notice must include the following information:

1. The specific reason(s) the claim was denied.
2. Specific reference to the Policy provision(s) upon which the denial is based.
3. A statement informing you of your right to appeal the decision, and an explanation of the appeal procedure, as outlined in "Appeal Procedure for Denied Claims" below.

Appeal Procedure for Denied Claims

Whenever a claim is denied, you have the right to appeal the decision. You, or your duly authorized representative, must make a written request for appeal to the Plan Administrator within 60 days from the date you receive the denial. If you do not make this request within that time frame, you will have waived your right to appeal.

Once your request has been received by the Insurance Company, a prompt and complete review of your claim must take place. During the review, you, or your duly authorized representative, have the right to review any documents that have a bearing on the claim, including the documents which establish and control the Plan. You may also submit issues and comments that you feel might affect the outcome of the review.

The Insurance Company has 60 days from the date it receives your request to review your claim and notify you of its decision. Under special circumstances, the Insurance Company may require more time to review your claim. If this should happen, the Insurance Company must notify you, in writing, that its review period has been extended for an additional 60 days. You should receive this written notification before the end of the initial 60 day review period. Once its review is complete, the Insurance Company must notify you, in writing, of the results for the review and indicate the Plan provisions upon which it based its decision.

WHO YOU SHOULD CONTACT IF YOU HAVE QUESTIONS ABOUT THE PLAN

If you have any questions about the Plan, contact the Plan Administrator. Any questions you have regarding this Supplemental Information Statement, or your rights under ERISA, should be directed to the nearest area office of the U.S. Labor-Management Service Administration, Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefit Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

While ERISA requirements are established by federal law and regulation, Health Alliance of Greater Cincinnati has always attempted to provide its employees with welfare benefit plans that meet the same high standards imposed by the law. We are pleased that the law will enable better application of these standards.

LM-5B35a

GROUP ACCIDENT INSURANCE CERTIFICATE

NOTICE - RIGHT TO FILE A COMPLAINT

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? - Your satisfaction is very important to us. If you are having problems with your insurance, do not hesitate to contact the insurance company to resolve your problem.

**Insurer name LIFE INSURANCE COMPANY OF NORTH AMERICA
CUSTOMER SERVICE
1600 Chestnut Street
Philadelphia, PA 19192-2235
Telephone: 1-800-547-5515**

You can also contact the Ohio Department of Insurance, a state agency which enforces insurance laws, and file a complaint by writing to:

**Ohio Department of Insurance
Consumer Services Division
2100 Stella Court
Columbus, OH 43266-0566
1-800-686-1526 or 614-644-2673**

**ACCIDENT ONLY
CERTIFICATE OF INSURANCE**

LIFE INSURANCE COMPANY OF NORTH AMERICA
1601 CHESTNUT STREET, PHILADELPHIA, PA. 19192
A STOCK INSURANCE COMPANY

(Please refer to the Policy
Number in any communication
concerning this insurance.)

We, the Life Insurance Company of North America, have issued a group insurance policy to the Organization named on the Certificate Schedule. The Schedule also shows the group policy number.

We certify that we insure all employees (or members) of the Organization who are in an eligible class described in the Schedule. Your coverage begins on the date you become eligible. This does not apply if you are not regularly performing the duties of your occupation on the date your coverage would begin. In that case, your coverage will start on the date you return to those duties.

Your benefits are described in this Certificate. You should read it with care so you will understand your coverage. This is not the insurance contract. The group policy is the only contract under which benefits are paid. You may examine it at the office of the Organization.

This Certificate replaces any certificates which may have been issued to you in the past under this group policy.

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CERTIFICATE SCHEDULE

Policyholder: HEALTH ALLIANCE OF GREATER CINCINNATI

Policy Numbers: OK-820980 Revised Effective: January 1, 2003

Eligible Class(es):

Class 1 - All active, full-time Employees of the Employer working a minimum of 20 hours per week.

If the Employee elects the Family Plan, eligible dependents are: Spouse/Domestic Partner under age 70 and dependent children over 14 days and under 19 or 25 if full-time students at an accredited school or college.

Eligibility Waiting Period

The Eligibility Waiting Period is the period of time you must be in a Covered Class to be eligible for coverage.

If you were hired on or before the Policy Effective Date: No Waiting Period.

If you were hired after the Policy Effective Date:

If hired before the 15th of the month:

The first of the month following the date of hire.

If hired after the 15th of the month:

The first day of the following month.

For Employees who are returning from unpaid leave of absence of up to 12 months or rehired within 6 months of termination:

The first day of the month following the day their enrollment form is submitted to HR.

Benefit Amounts:

Class	Coverage	Principal Sum
1	Employee Only Plan Accidental Death & Dismemberment, Speech and Hearing, Paralysis, Conversion	Employee Only Plan Employee: \$50,000 to \$250,000 maximum
	Family Plan Accidental Death & Dismemberment, Speech and Hearing, Paralysis, Domestic Partner, Conversion	Family Plan Employee: \$50,000 to \$250,000 maximum See Family Plan Rider LM-9L77 Spouse Maximum: \$125,000 Child(ren) Maximum: \$25,000

All reference to employee age limitations in the Eligibility and Termination provisions are deleted. In return for the premium, the following benefit is added. We will pay benefits for loss resulting from a covered accident for an employee age 70 and over as follows:

<i>AGE AT DATE OF LOSS</i>	<i>BENEFIT AMOUNT BASED ON SELECTED PRINCIPAL SUM</i>
70	70%
75	45%
80	30%
85	15%

Eligibility for conversion will continue to end at age 70. If the Family Plan is elected, coverage for a dependent spouse will end at age 70. Accidental Death and Dismemberment benefits for insured dependents will be based on the Employee's Selected Principal Sum. All other plan benefits that are based on the Employee's Principal Sum will be computed according to the schedule above. Premiums are based on the Selected Principal Sum prior to the reduction outlined above.

*Maximum benefit amounts in excess of \$150,000 are subject to 10 times basic annual earnings. Basic Annual Earnings is defined as base annual salary excluding commissions, bonuses and overtime compensation.

TERMINATION

Your coverage will end when any of these things happen:

- 1) On the date that the group policy is terminated.
- 2) On the next premium due date on or after your 70th birthday.
- 3) On the next premium due date, if you enter full time military service for more than 30 days.
- 4) On the next premium due date, if you are no longer in an eligible class.
- 5) At the end of the period for which you have paid your premium, if you do not pay the required premium contribution. This is subject to the 31 day grace period.

FAMILY PLAN COVERAGE

If "Family Plan" is selected, we certify that the family members described below are also covered:

- a) Your spouse, while he or she is under age 70.
- b) Your unmarried children over 14 days and under 19 years of age (under 25 years of age if the child is enrolled full time in an accredited school or college). This includes stepchildren, foster children, legally adopted children, and children of adopting parents pending adoption procedures. To be covered, a child must: (1) have his or her principal residence with you; and (2) chiefly rely on you for support and maintenance.

Termination - If you have family plan coverage, a family member's coverage will end:

- 1) when your coverage ends; or
- 2) on the next premium due date, if the family member is no longer eligible; or
- 3) at the end of the period for which you have paid the family plan premium, if you do not pay the required premium contribution. This is subject to the 31 day grace period.

Handicapped Dependents - Coverage may be kept in force for any child who reaches the age limit, and is both: (1) totally incapable of self-sustaining employment due to a physical or mental handicap; and (2) chiefly dependent on you for support and maintenance. To keep this coverage in force, you must give us proof of the child's incapacity and dependence not more than 31 days after the child reaches the age limit. We may require proof again from time to time, but not more often than once a year after the 2 years that follow the date that the child reaches the age limit.

SCOPE OF COVERAGE

We will pay benefits for loss from bodily injuries:

- a) caused by an accident which happens while a person is covered by the policy; and
- b) which directly, and from no other cause, result in a covered loss (see the Description of Coverage).

We will not pay benefits if the loss was caused by:

- a) sickness, disease or bodily infirmity; or
- b) any of the exclusions listed below.

**YOU ARE COVERED FOR ACCIDENTS ONLY.
THE POLICY DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS.
READ YOUR CERTIFICATE WITH CARE.**

EXCLUSIONS

No benefits will be paid for loss resulting from:

1. intentionally self-inflicted injuries, or any attempt thereat, while sane or insane (in Missouri, while sane).
2. declared or undeclared war or act of war.
3. accident occurring while the Insured is serving on full time active duty for more than 30 days in any armed forces. (Send us proof of service. We will refund any premium paid for this time.)(Reserve or National Guard active duty for training is not excluded.)
4. travel or flight (including getting in or out, on or off) in any aircraft or device which can fly above the earth's surface, if:
 - A. the aircraft or device is being used:
 - (1) for test or experimental purposes; or
 - (2) by or for any military authority (Aircraft flown by the U.S. Military Airlift Command (MAC) or a similar service of another country are not excluded); or
 - (3) for travel, or is designed for travel, beyond the earth's atmosphere; or
 - (4) by or for the named organization or any of its subsidiaries or affiliates (This exclusion applies whether the aircraft or device is owned, leased, operated or controlled, as defined. Chartered aircraft, as defined, are not excluded); or
 - B. the Insured is:
 - (1) serving as pilot or crew member (or student taking a flying lesson) and is not riding as a passenger; or
 - (2) hang gliding; or
 - (3) parachuting, except when the covered person has to make a parachute jump for self-preservation.
5. commission of a felony by the Insured.
6. sickness, disease, or bodily infirmity. (Bacterial infection which results from an accidental cut or wound or accidental ingestion of a poisonous food substance are not excluded.)

DEFINITIONS

"Owned aircraft" means one to which you hold legal or equitable title. You can use, alter or sell its property as you wish.

"Leased aircraft" means one you do not own. You may use the aircraft as you wish for the term of the written lease. The time will be longer than a few days or one or two trips. You cannot alter or sell the aircraft without the consent of the owner.

"Operated or controlled aircraft" means one you do not own. It will be leased, rented or borrowed for more than 10 straight days. You may use it as you wish. You may not alter or sell the aircraft without consent of the owner.

"Chartered aircraft" means one you do not own. It will be hired for one purpose or one trip or for general use. The time you have it may not exceed 10 straight days, nor more than 15 days in any one year. One or more aircraft hired on a regular or frequent basis are not chartered.

PROVISIONS

NOTICE OF CLAIM:

Written notice must be given within 30 days (Kentucky: 60 days) after a covered loss begins, or as soon as reasonably possible. Notice may be given to us, at our home office at Philadelphia, Pennsylvania, or to our agent. This notice should include your name, address, and the policy number.

CLAIM FORMS:

When we receive the notice of claim, we will send forms for filing proof of loss. If claim forms are not sent within 15 days, the proof requirements will be met by submitting, within 90 days, written proof of the nature and extent of the loss.

PROOFS OF LOSS:

Written proof must be given to us within 90 days after the date of loss. If that is not reasonably possible, we will not deny or reduce any claim if proof is furnished as soon as reasonably possible.

TIME OF PAYMENT OF CLAIMS:

Benefits for loss covered by the policy will be paid as soon as we receive proper written proof of such loss.

PAYMENT OF CLAIMS:

Loss of life benefits will be paid to the beneficiary named in our files. The benefits can be paid in one lump sum; or, at your written request, in accordance with one of our available settlement plans. If you have not chosen any such settlement plan, the beneficiary may do so after your death. The beneficiary should request in writing to be paid from an available settlement plan. We must agree to the plan chosen. If there is no surviving beneficiary, your loss of life benefits will be paid in one lump sum to the first surviving class of the following classes of beneficiaries: (a) wife or husband; (b) child or children; (c) mother or father; (d) sisters or brothers. If there is no surviving member of any of the above classes, the benefits will be paid to your estate. All other benefits will be paid to you. If we are to make payments to your estate, or to a family member who is incapable of giving a valid release, we may pay up to \$1000 to a relative by blood or marriage who we believe is equitably entitled to it. This does not apply where the total payment will be over \$1000. This good faith payment satisfies our legal duty to the extent of that payment.

PHYSICAL EXAMINATIONS AND AUTOPSY:

We will pay the cost and have the right to have you examined as often as reasonably necessary while a claim is pending. We may have an autopsy made, at our expense, unless prohibited by law. (Autopsies are not permitted in Massachusetts, Mississippi and South Carolina.)

LEGAL ACTIONS:

No legal action to get policy benefits may be brought less than 60 days nor more than 3 years (Kansas: 5 years; South Carolina: 6 years) after written proof of loss has been furnished as required by the policy.

CHANGE OF BENEFICIARY:

The beneficiary may be changed at any time. The beneficiary's consent is not required. No change is binding until we receive written notice of it.

WORKERS' COMPENSATION INSURANCE:

The policy is not in lieu of and does not affect any requirement for coverage under any Workers' Compensation insurance.

DESCRIPTION OF COVERAGE

Benefits for Accidental Loss of Life, Limb, Sight, Speech, Hearing and Paralysis:

If, within one year from the date of the accident covered by the policy, bodily injuries result in (1) the death of the Insured, or (2) dismemberment or loss of sight, we will pay the benefits provided for such loss; provided, however, that if the Insured sustains more than one such loss as the result of any one accident, we will pay only the one largest amount to which the Insured is entitled. This amount will not exceed the Principal Sum.

Loss of Life	The Principal Sum
Loss of Speech and Hearing	The Principal Sum
Loss of Two or More Members	The Principal Sum
Loss of Speech and Hearing (both ears)	The Principal Sum
Quadriplegia (total paralysis of both upper and lower limbs)	The Principal Sum
Loss of One Member	One-Half the Principal Sum
Loss of Speech or Hearing	One-Half the Principal Sum
Paraplegia (total paralysis of both lower limbs)	One-Half the Principal Sum
Loss of Speech	One-Half the Principal Sum
Loss of Hearing (both ears)	One-Half the Principal Sum
Hemiplegia (total paralysis of upper and lower limbs on one side of body)	One-Half the Principal Sum
Loss of Thumb and Index Finger of the same hand	One-Quarter the Principal Sum

"The Principal Sum" is stated in the policy.

"Member" means hand, foot, and eye.

"Loss" means with regard to hand or foot complete severance through or above the wrist or ankle joint; loss of an arm or leg means complete severance through or above the elbow or knee joint; loss of an eye means total and irrecoverable loss of sight; loss of speech means complete inability to communicate audibly in any degree; loss of hearing means irrecoverable loss of hearing which cannot be corrected by any hearing aid or device; loss of thumb and index finger means severance of each through or above the joint closest to the wrist. (In California, loss of a thumb and index finger means loss by complete severance of at least one whole phalanx of each.) (In South Carolina, the loss of four whole fingers from one hand equals the loss of one hand.) Loss of speech means total and irrecoverable loss of audible communication. Loss of hearing means permanent total deafness in both ears such that it cannot be corrected to any functional degree by any aid or device.

"Paralysis" means loss of use, without severance, of a limb. This loss must be determined by a physician to be complete and not reversible.

"Severance" means complete separation and dismemberment of the limb from the body.

LIFE INSURANCE COMPANY OF NORTH AMERICA



Michael W. Bell, President

LIFE INSURANCE COMPANY OF NORTH AMERICA

EXTENDED COVERAGE RIDER

This rider amends the policy or certificate to which it is attached. It is in force only while the policy is in force.

All reference to employee age limitations in the Eligibility and Termination provisions are deleted. In return for the premium, the following benefit is added.

We will pay benefits for loss resulting from a covered accident for an employee age 70 and over as follows:

BENEFIT AMOUNT BASED ON AGE AT DATE OF LOSS	SELECTED PRINCIPAL SUM
70-74	70%
75-79	45%
80-84	30%
85 and over	15%

Eligibility for conversion coverage will continue to end at age 70.

If the Family Plan is elected, coverage for a dependent spouse will end at age 70. Accidental Death and Dismemberment benefits for insured dependents will be based on the Employee's Selected Principal Sum. All other plan benefits that are based on the Employee's Principal Sum will be computed according to the schedule above.

Premiums are based on the Selected Principal Sum prior to the reduction outlined above.

"Selected Principal Sum" means the Principal Sum stated in the Policy Schedule.

Except for the above, this rider does not change the policy in any way.

LIFE INSURANCE COMPANY OF NORTH AMERICA



Michael W. Bell, President

LIFE INSURANCE COMPANY OF NORTH AMERICA

FAMILY PLAN RIDER

This rider amends the policy or certificate to which it is attached. It takes effect and expires at the same time as such policy or certificate.

Eligibility: The "Family Plan" provides coverage for: (a) the Insured employee or member; (2) the Insured's spouse; and (3) the Insured's dependent children (as defined in the policy or certificate).

Benefits: Benefits for all covered persons are based upon the Insured's Principal Sum amount as follows:

- (1) Insured and Spouse/Domestic Partner (children not covered):
 - Insured 100% of the Principal Sum
 - Spouse/ Domestic Partner 50% of the Principal Sum

- (2) Insured, Spouse/Domestic Partner and Children Covered:
 - Insured 100% of the Principal Sum
 - Spouse/Domestic Partner 40% of the Principal Sum
 - Each Child 10% of the Principal Sum

- (3) Insured and Children (Spouse/Domestic Partner not covered):
 - Insured 100% of the Principal Sum
 - Each Child 15% of the Principal Sum

No other policy provision or condition is changed in any way by this rider.

LIFE INSURANCE COMPANY OF NORTH AMERICA

Michael W. Bell
Michael W. Bell, President

LIFE INSURANCE COMPANY OF NORTH AMERICA

AMENDATORY RIDER

This rider amends the policy or certificate to which it is attached and ends at the same time. The following provision is added.

CONVERSION PRIVILEGE

We will issue a converted policy to you (the Insured) if the accidental death insurance under the policy or certificate ends for any of the following reasons:

- a) employment or membership ends; or
- b) eligibility ends (except for age); or
- c) the group or blanket policy or plan ends.

Age: You must be under age 70 to get a converted policy.

Health: We will not ask for your proof of insurability.

Application: To get a converted policy, you must: (1) apply within 31 days after group coverage ends; and (2) pay the first premium. If you have assigned ownership of your group coverage, the owner must apply for you.

Cost: Your premium will be based on: (1) the class of risk to which you belong; (2) your age; and (3) the form and amount of coverage issued.

Effective Date: Your converted policy will take effect on: (1) the date group coverage ends; or, if later, (2) the date you apply for the converted policy.

Benefits: The converted policy will cover accidental death and dismemberment. The amount you apply for must be: (1) in \$1,000 increments; and (2) not less than \$25,000 nor more than the amount of your group insurance if greater than \$25,000; and not more than \$250,000.

Exclusions: The converted policy may exclude the hazards or conditions that apply to your group coverage at the time it ends. We will reduce payment under the converted policy by the amount of any benefits paid under the group policy if both cover the same loss.

Dependents: Dependents may also convert group coverage when they cease to be eligible for any reason except age.

Renewability: The converted policy may provide that it can be renewed on any anniversary with the consent of the Company subject to a maximum age limit.

Prior Converted Policy: If you convert your group coverage and later again be insured under the same group plan, you may not convert a second time unless: (1) you give us, at your expense, proof of your insurability; or (2) the prior converted policy is no longer in force.

State Laws: If the converted policy we provide in the state where the group policy was issued cannot lawfully be provided in the state where you reside at time of conversion, you may choose a form that is available for conversion in your state.

No other policy provision or condition is changed in any way by this rider.

LIFE INSURANCE COMPANY OF NORTH AMERICA

A handwritten signature in black ink that reads "Michael W. Bell". The signature is written in a cursive, slightly slanted style.

Michael W. Bell, President

LIFE INSURANCE COMPANY OF NORTH AMERICA

AMENDATORY RIDER

DOMESTIC PARTNER COVERAGE

Policyholder: Health Alliance of Greater Cincinnati

Policy Number: OK 820980

Effective Date:01/01/1999

This rider amends the Policy and Certificate to which it is attached. It is effective on the date shown above, and expires when the Policy expires.

“Domestic Partner” means a person of the same or opposite sex, who:

1. Shares the Employee’s permanent residence;
2. Has resided with the Employee continuously for at least one year and is expected to continue to reside with the Employee indefinitely;
3. Is financially interdependent with the Employee in each of the following ways:
 - a. By holding one or more credit or bank accounts, including a checking account, as joint owners;
 - b. By owning or leasing their permanent residence as joint tenants;
 - c. By naming, or being named by, the Employee as a beneficiary of life insurance or under a will;
 - d. By each agreeing in writing to assume financial responsibility for the welfare of the other;
4. Has signed a domestic partner declaration with the Employee, if the Employee resides in a jurisdiction which provides for domestic partner declarations;
5. Has not signed a domestic partner declaration with any other person within the last 12 months;
6. Is not currently legally married to any other person; and
7. Is not a blood relative any closer than would prohibit legal marriage.
8. Is no less than 18 years of age nor more than 70 years of age;

An Employee may be insured against a covered loss to a Domestic Partner if all of the following conditions are met:

1. The Employee has not been married to any person within the past 12 months.
2. The Domestic Partner is the only person meeting the Policy’s definition of “Domestic Partner” with respect to the Employee.
3. The Employee and Domestic Partner furnish a [notarized affidavit | signed statement] reflecting these requirements, and an agreement to notify the Company if the requirement cease to be met, on a form acceptable to the Company.

To obtain insurance for a Domestic Partner, the Employee must request coverage in writing and agree to make any required premium contribution. Insurance will be effective on the first day of the month after we receive a signed request and all required information.

The amount of insurance with respect to any Domestic Partner is as shown in the Schedule.

Death benefits with respect to any Domestic Partner will be payable to the Employee.

Except for the above, this rider does not change the Policy or Certificate to which it is attached.

LIFE INSURANCE COMPANY OF NORTH AMERICA

A handwritten signature in black ink that reads "Michael W. Bell". The signature is written in a cursive style with a large initial "M".

Michael W. Bell, President

UNDERWRITTEN BY:
LIFE INSURANCE COMPANY OF NORTH AMERICA
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