



Workplace Division

## AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:  
1776 AMERICAN HERITAGE LIFE DRIVE  
JACKSONVILLE, FLORIDA 32224-6687  
(904) 992-1776

A Stock Company

### RATES ARE SUBJECT TO CHANGE

We agree to pay the benefits set out in this policy subject to its provisions, exclusions and limitations. This policy is a legal contract between you and us, American Heritage Life Insurance Company.

### READ YOUR POLICY CAREFULLY!

#### CONSIDERATION

Your policy is issued to you in consideration of your application and the payment of the first premium. Your policy is effective from 12:01 a.m. Standard Time on the Policy Date where you live. It expires at 12:01 a.m. on the last day of the grace period unless you pay the next renewal premium.

### YOUR POLICY MAY NOT BE IN FORCE WHEN YOU HAVE A CLAIM! PLEASE READ!

Your policy was issued based on the information entered in your application, a copy of which is attached to the policy. If, to the best of your knowledge and belief, there is any misstatement in your application or if any information concerning the medical information of any insured person has been omitted, you should advise the company immediately regarding the incorrect or omitted information; otherwise your policy may not be a valid contract.

#### NOTICE OF 20 DAY RIGHT TO EXAMINE POLICY

You may, within 20 days after receipt of this policy, return it to us or to our agent. Upon such return of the policy, it will be void as of the policy date; any premium paid will be refunded.

#### RENEWABILITY

Your policy will remain in effect when renewal premiums are paid as they are due or during the grace period. Renewal premiums will be at the premium rates in effect on the renewal date.

We can change the premium rates on premiums becoming due after the first premium. However, we can only change the rate on this policy by making the rate change for all such policies in a class. Once the policy has been issued, we cannot place any restrictive riders on it or cancel or refuse to renew your policy if you maintain it continuously in force. If we do change rates on all like policies in your class, we will mail you a notice of this change. Notice will be mailed at least 60 days prior to such change. It will be mailed to your address as shown on our records. No change in premiums is effective unless this notice is mailed. Rates are guaranteed for 12 months after a premium revision.

Signed for AMERICAN HERITAGE LIFE INSURANCE COMPANY at its Home Office on the Policy Date.

Secretary

President

### HEART ATTACK, HEART DISEASE AND STROKE SUPPLEMENTAL INDEMNITY BENEFITS POLICY

THIS IS A LIMITED BENEFIT POLICY WHICH ONLY PROVIDES STATED BENEFITS FOR  
HEART ATTACK, HEART DISEASE AND STROKE.

THIS POLICY DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION.

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE, SUBJECT TO OUR RIGHT  
TO CHANGE PREMIUMS BY CLASS AT THE RENEWAL DATE.

#### NON-PARTICIPATING

### NO RECOVERY FOR PRE-EXISTING CONDITIONS - READ CAREFULLY

No Benefits Will Be Provided During The First Year of This Policy For Any Disease or Physical Condition Which Existed Prior To The Effective Date of Coverage Under Your Policy.

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A copy of your application, added benefits listed on pages 3 and 3A, if any, and any added provisions, follow page 10.

## DEFINITIONS

The following terms are defined as used in this policy:

**Age.** Age means age attained at last birthday.

**Ambulatory Surgical Center.** A licensed surgical center consisting of: an operating room; facilities for the administration of general anesthesia; and a post-surgery recovery room to which the patient is admitted and discharged from within a period of less than 24 hours.

**Class.** Any group of persons insured individually under this policy who have a common characteristic, such as age, sex, occupation or geographical area.

**Continuous Hospital Confinement.** One continuous confinement, or two or more hospital confinements not separated by more than 30 days. If there are more than 30 days between confinements, they are considered separate confinements.

**Covered Person.** Any of the following:

1. any eligible family member named in the application (including the insured) and acceptable for coverage by us; or
2. any eligible family member added to this policy by endorsement after the effective date; or
3. a newborn child or a foster child (see Eligibility).

**Emergency Room.** The emergency room of:

1. a hospital;
2. an ambulatory surgical center; or
3. a satellite emergency center of a hospital.

**Family Coverage.** Coverage that includes the insured as defined, the insured's spouse and/or eligible children.

**Heart Attack.** A myocardial infarction, coronary thrombosis or coronary occlusion which is first manifested on or after the policy date. The attack must be positively diagnosed by a physician based upon generally accepted diagnostic criteria.

**Heart Disease.** A heart attack or other disease of the heart or coronary arteries which is first manifested on or after the policy date. The disease must be positively diagnosed by a physician based upon generally accepted diagnostic criteria. **Heart disease does not mean abnormal blood pressure or any disease, injury or disorder of any blood vessel other than the coronary arteries.**

**Hospital.** A legally operated institution with established facilities (either on its premises or available to the hospital on a contractual, pre-arranged basis and under the supervision of a staff of one or more duly licensed physicians), for the care and treatment of sick and injured persons for diagnosis, surgery and 24 hour nursing services. Hospital does not include:

1. any institution which is mainly a rest home, nursing home, convalescent home, or home for the aged; or
2. any institution which mainly provides rehabilitative care; or

3. any institution which is mainly for the care and treatment of alcoholics or drug addicts, or mental or nervous disorders.

**Hospital Confined or Confinement.** Confinement as an inpatient in a hospital.

**Individual Coverage.** Coverage that includes only the insured as defined.

**Inpatient.** A covered person who is a resident patient using the room and board facilities of a hospital.

**Insured.** The person accepted for coverage by us who has completed and signed the application and whose name appears on the Policy Specifications (page 3).

**Non-Local.** More than a 100 mile radius from the home of the covered person.

**Nurse.** Any one of the following who is not a member of your immediate family:

1. a licensed practical nurse (L.P.N.); or
2. a licensed vocational nurse (L.V.N.); or
3. a graduate registered nurse (R.N.).

**Physician.** A duly licensed physician other than the insured or a member of the insured's family, practicing within the scope of his or her license.

**Policy Date.** The day coverage begins (or is in effect) as shown on page 3 of this policy.

Unless otherwise provided in the receipt bearing the same date as the application, coverage begins when:

1. our Home Office approves the application; and
2. the policy is delivered and it is accepted; and
3. the first premium is paid.

**Pre-existing Condition.** A condition not revealed in the application for which:

1. symptoms existed within a 1 year period before the effective date of coverage; and
2. medical advice or treatment was recommended by or received from a physician within the 1 year period before the effective date of coverage.

**Renewal Date.** The date premiums are paid and the day the next premium is due (renewal premium).

**Stroke.** Apoplexy (due to rupture or acute occlusion of a cerebral artery) which is first manifested on or after the policy date. The stroke must be positively diagnosed by a physician based upon generally accepted diagnostic criteria. **Stroke does not mean head injury, transient ischemic attack or chronic cerebrovascular insufficiency.**

**Surgery.** Manual procedures involving cutting of body tissue, debridement or permanent joining of body tissue for repair of wounds, treatment of fractured bones or dislocated joints, endoscopic procedures, and other manual procedures, when used in lieu of cutting for purposes of removal, destruction or repair of body tissue.

## DEFINITIONS (con't)

**We, Our, Us or Company.** American Heritage Life Insurance Company.

**You or Your.** The insured or any other covered person.

## BENEFITS

We pay the following benefits for service and treatment administered to or received by a covered person for Heart Attack, Heart Disease or Stroke. Such treatment or service must be: a) incurred by a covered person while coverage under this policy is in force on that person; b) necessary for the care and treatment of Heart Attack, Heart Disease or Stroke; and c) recommended by a physician.

**Effect of Simultaneous Surgical or Invasive Procedures.** Two or more surgical or invasive procedures done at the same time and through a common incision or entry point are considered one operation. If benefits would otherwise be payable by this policy for two or more surgical or invasive procedures which are considered one operation, benefits for that operation are only payable for the one surgical or invasive procedure with the largest total benefits.

**A. Hospital Confinement.** We pay the amount shown on page 3A of this policy for each day a covered person is admitted to and confined as an inpatient in a hospital due to Heart Attack, Heart Disease or Stroke.

**B. Physician's Attendance.** We pay the amount shown on page 3A of this policy for each day a covered person requires the services of a physician while hospital confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only for the number of days the hospital confinement benefit in this policy is payable.

**C. Inpatient Drugs and Medicine.** We pay the amount shown on page 3A of this policy, per day, for drugs or medicine required while hospital confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only for the number of days the hospital confinement benefit in this policy is payable.

**D. Private Duty Nursing.** We pay the amount shown on page 3A of this policy, per day, for private nursing care and attendance by a nurse while hospital confined due to Heart Attack, Heart Disease or Stroke. Nursing services must be required and authorized by the attending physician. The maximum number of days this benefit is payable is 60 days for each period of continuous hospital confinement.

**E. Physiotherapy.** We pay the amount shown on page 3A of this policy, per day, for physiotherapy performed by a licensed physical therapist, as required while hospital confined due to Heart Attack, Heart Disease or Stroke. The maximum number of days this benefit is payable is 60 days for each period of continuous hospital confinement.

**F. Oxygen.** We pay the amount shown on page 3A of this policy for the use of oxygen equipment while hospital confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once for each period of continuous hospital confinement.

**G. Cardiograms.** We pay the amount shown on page 3A of this policy for an electrocardiogram, echocardiogram, phonocardiogram, or vectorcardiogram required while hospital confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once for each period of continuous hospital confinement.

**H. Cerebral or Carotid Angiogram.** We pay the amount shown on page 3A of this policy for a cerebral or carotid angiogram required while hospital confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once for each period of continuous hospital confinement.

**I. Blood, Plasma and Platelets.** We pay the amount shown on page 3A of this policy for the administration of blood, plasma or platelets while hospital confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once for each period of continuous hospital confinement.

**J. Cardiac Catheterization.** We pay the amount shown on page 3A of this policy for a cardiac catheterization procedure required for the treatment of Heart Attack, Heart Disease or Stroke.

**K. Coronary Angioplasty.** We pay the amount shown on page 3A of this policy for a coronary angioplasty procedure required for the treatment of Heart Attack, Heart Disease or Stroke. Only the amount shown on page 3A is payable regardless of the number of blood vessels repaired during the procedure.

**L. Pacemaker Insertion.** We pay the amount shown on page 3A of this policy for the initial insertion of a permanent pacemaker required for the treatment of Heart Attack, Heart Disease or Stroke.

**M. Coronary Artery Bypass Graft Operation.** We pay the amount shown on page 3A of this policy for a coronary artery bypass graft operation required for the treatment of Heart Attack, Heart Disease or Stroke. Only the amount shown on page 3A of this policy is payable regardless of the number of grafts performed during the operation.

**N. Thromboendarterectomy.** We pay the amount shown on page 3A of this policy for a thromboendarterectomy operation required for the treatment of Heart Attack, Heart Disease or Stroke.

## BENEFITS (con't)

**O. Heart Transplant.** We pay the amount shown on page 3A of this policy for the implantation of a natural human heart required for the treatment of Heart Attack, Heart Disease or Stroke. **This benefit is payable only once per covered person.**

**P. Surgery and Anesthesia.** We pay the following benefits for surgery performed in a hospital or an ambulatory surgical center, provided that the surgery is required for the treatment of Heart Attack, Heart Disease or Stroke:

1. **Surgery** - The amount shown in the Surgical Schedule, per unit of coverage, as shown on page 3A of this policy.

If any surgical procedure for the treatment of Heart Attack, Heart Disease or Stroke other than those listed in the Surgical Schedule is performed, we pay the unit value for the surgical procedure as set forth in the 1964 California Relative Value Schedule (C.R.V.S.) multiplied by \$17 per unit of coverage, up to a maximum of \$5,000 per unit of coverage. If the surgical procedure has no unit value or is not shown in the 1964 C.R.V.S., we pay an amount we reasonably determine based upon relative difficulty and payment amounts for other procedures, up to a maximum of \$5,000 per unit of coverage.

2. **Anesthesia** - We pay an additional percentage (as shown on page 3A of this policy) of the amount paid for benefit P.1. Surgery for anesthesia received by a covered person during the course of covered surgery.
3. **Ambulatory Surgical Center** - We pay an additional amount as shown on page 3A of this policy when benefit P.1. Surgery is paid for an operation performed at an ambulatory surgical center.

**This benefit does not pay for surgeries covered by other benefits in this policy.**

**Q. Second Surgical Opinion.** We pay the amount shown on page 3A of this policy for a second opinion obtained after a positive diagnosis that results in a physician recommending surgery for the treatment of Heart Attack, Heart Disease or Stroke.

**R. Ambulance.** We pay the amount shown on page 3A of this policy (2 times the amount shown for air ambulance) for transfer by a licensed ambulance service or a hospital owned ambulance to a hospital or emergency room for the treatment of Heart Attack, Heart Disease or Stroke.

**S. Non-Local Transportation.** We pay the amount shown on page 3A of this policy when a covered person requires hospital confinement for the treatment of Heart Attack, Heart Disease or Stroke prescribed by your local attending physician that cannot be obtained locally. This benefit is payable only once per continuous hospital confinement.

**T. Family Member Lodging and Transportation.** We pay the following benefits for a member of the covered person's family to be near the covered person when a covered person is confined in a non-local hospital for the treatment of Heart Attack, Heart Disease or Stroke:

1. **Lodging** - The amount shown on page 3A of this policy, per day, for a motel, hotel, or other accommodations acceptable to us. This benefit is limited to 60 days for each period of continuous hospital confinement.
2. **Transportation** - The amount shown on page 3A of this policy for each period of continuous hospital confinement when the non-local transportation benefit is paid and a family member travels more than 100 miles from their home to be near the covered person for a portion of their continuous hospital confinement.

## SURGICAL SCHEDULE

The Surgical Benefit amounts shown below are for one unit of coverage.

See page 3A of this policy for the number of units of coverage you have in force.

SURGICAL PROCEDURE	PROCEDURE CODE	BENEFIT AMOUNT
<b>CARDIAC VALVE PROCEDURES</b>		
Valvuloplasty, with bypass		
Aortic Valve .....	33406.....	\$3,400
Mitral Valve.....	33425.....	\$3,400
Tricuspid Valve.....	33460.....	\$3,400
Commissurotomy, with bypass		
Aortic Valve .....	33403.....	\$3,060
Mitral Valve, open.....	33422.....	\$3,230
Tricuspid Valve, open.....	33452.....	\$3,230
Pulmonary Valve, open .....	33474.....	\$3,400
Multiple Valve Procedures		
Single valve replacement, with commissurotomy or valvuloplasty of another valve.....	33481.....	\$3,825
Single valve replacement, with commissurotomy or valvuloplasty of two valves.....	33482.....	\$4,080
Double valve replacement.....	33483.....	\$4,505
Double valve replacement, with commissurotomy or valvuloplasty to one valve .....	33485.....	\$4,930
Triple valve replacement .....	33492.....	\$5,000
<b>PERICARDIUM PROCEDURES</b>		
Pericardiotomy for removal of clot or foreign body (primary procedure).....	33020.....	\$1,700
Partial resection for chronic constrictive pericarditis, without bypass .....	33030.....	\$2,550
Complete ventricular decortication, with bypass .....	33035.....	\$3,400
<b>POST INFARCTION MYOCARDIAL PROCEDURES</b>		
Myocardial resection .....	33542.....	\$3,400
Repair of post infarction ventricular septal defect, with or without myocardial resection .....	33545.....	\$3,910
<b>CRANIECTOMY OR CRANIOTOMY PROCEDURES</b>		
Exploratory, supratentorial .....	61304.....	\$2,125
Exploratory, infratentorial .....	61305.....	\$2,550
Evacuation of hematoma: extradural, subdural, or intracerebral, supratentorial .....	61310.....	\$1,700

### **PRE-EXISTING CONDITION LIMITATION**

If a covered person has a pre-existing condition as defined, we do not pay benefits for such conditions under this policy or any riders attached to this policy during the

12 month period beginning on the date that person became a covered person.

### **EXCLUSIONS AND OTHER LIMITATIONS**

This policy provides benefits only for Heart Attack, Heart Disease or Stroke. This policy does not cover any other disease or sickness or incapacity other than Heart Attack, Heart Disease or Stroke even though such disease, sickness or incapacity may be caused, complicated or otherwise affected by Heart Attack, Heart Disease or Stroke.

If a covered confinement is due to more than one covered condition, benefits will be payable as though the confinement were due to one condition. If a confinement due to a covered disease is also due to a condition that is not covered, benefits will be payable only for the part of confinement attributable to the covered condition.

### **ELIGIBILITY**

Family members eligible to be "Covered Persons" are:

1. you;
2. your spouse on the policy date;
3. unmarried children of you or your spouse, including adopted children, children during pendency of adoption procedures, foster children and stepchildren who are:
  - a. under 21 years old and living with you; or
  - b. under 25 years old and full-time students at an educational institution of higher learning beyond high school.

A child born to you or your spouse while this policy is in force as family coverage, is a covered person with no additional premium due.

Coverage for newborn children begins from the moment of birth of such child for benefits otherwise payable to a covered person under this policy. Any person who becomes a covered person after the policy date (except newborns) must be added by endorsement.

Adopted children are covered the same as newborn infants beginning with placement in the adoptive home, regardless of whether a final decree of adoption has been entered; provided that a petition for adoption has been duly filed and is pursued to a final decree of adoption.

Foster children are covered the same as newborn infants and are eligible for coverage on the same basis upon placement in the foster home.

### **TERMINATION OF INSURANCE**

If the insured's spouse is a covered person, the spouse's coverage ends upon valid decree of divorce.

If your child is a covered person, the child's coverage ends on the policy anniversary next following the date the child is no longer eligible, which is either when the child marries or reaches age 21 (25 if a full-time student at an educational institution of higher learning beyond high school).

Coverage does not terminate on an unmarried child who:

1. is incapable of self-sustaining employment by reason of mental retardation or physical handi-cap; and
2. is chiefly dependent upon you for support and maintenance.

Dependent coverage continues as long as this policy remains in force and the dependent child remains in such condition.

Proof of the incapacity and dependency of the child must be furnished within 31 days of the child's attainment of the limiting age for eligibility. Thereafter, such proof must be furnished as frequently as may be required, but no more frequently than annually after the child's attainment of the limiting age for eligibility.

If we accept a premium for coverage extending beyond the date, age or event specified for termination as to a covered person, then coverage continues during the period for which such premium was accepted. This does not apply where such acceptance was based on a misstatement of age.

Termination of the policy by us is without prejudice to any continuous loss which commenced while the policy was in force. This does not apply if termination is due to non-payment of premiums. Your spouse, if a covered person, becomes the insured upon your death.

## CONVERSION PRIVILEGE

Coverage of a covered person under this policy may terminate for reasons other than failure to pay premiums. If it does, such covered person can obtain a policy of insurance (called the converted policy) without evidence of insurability. Obtaining that policy is subject to the following conditions:

1. Except in the case of divorce, application for the converted policy must be made to us within 31 days after the coverage terminates. The policy date of the converted policy is the date on which coverage under this policy terminates.
2. The converted policy premium is at the rate for the class of risk at the applicant's age for insurance provided as of the date of the conversion.
3. Any conditions excluded in this policy are excluded in the converted policy. No other pre-existing conditions are excluded. Benefits payable to the applicant under the converted policy are reduced by benefits payable under this policy.

If you and your spouse are divorced while your spouse is a covered person under this policy, we will issue a similar policy or a policy providing lesser benefits to your divorced spouse if such policy is applied for within 30 days of the final decree of divorce.

Other covered persons under this policy may be covered under such new policy or under this policy as you and your spouse may elect. They may not be covered under both policies.

If either this policy or a new policy is in force on you or your divorced spouse, and either of you remarry, such new spouse may be covered under the appropriate policy. We must be advised of the remarriage by the completion of a new application for such new spouse. This new application is subject to our approval.

You or your spouse must pay the premiums appropriate to such new policy in order to have it issued and maintained in force.

## GENERAL PROVISIONS

**Entire Contract; Changes.** This policy, with the application and attached papers, if any, is the entire contract between you and us. No change in this policy is effective until approved by an officer of ours. This approval must be attached to this policy. No agent may change this policy or waive any of its provisions.

**Incontestability.** After this policy is in force for a period of 2 years during the lifetime of the insured, it becomes incontestable as to the statements contained in the application.

No claim for loss incurred, commencing after 1 year from the policy date, is reduced or denied on the grounds that a disease or physical condition not excluded from coverage by name or specific description, effective on the date of loss, existed prior to the policy date.

**Time Limit on Certain Defenses.** After two years from the date of issue or reinstatement of this policy no misstatements made by the applicant in the application for such policy shall be used to void the policy or deny a claim for loss incurred or disability (as defined in the policy) commencing after the expiration of such two-year period.

**Grace Period.** We grant a grace period of 31 days for the payment of each premium falling due after the first premium. During the grace period, the policy continues in force.

**Reinstatement.** If the renewal premium is not paid before the grace period ends, the policy lapses. Later

acceptance of the premium by us or by an agent authorized by us to accept payment, without requiring an application for reinstatement, reinstates the policy.

If we or our agent requires an application for reinstatement and issues a conditional receipt for the premium tendered, the policy is reinstated upon approval of the application by us or, lacking approval, upon the 45th day following the date of the conditional receipt unless we have previously notified you in writing of our disapproval of the application.

The reinstated policy covers only loss due to Heart Attack, Heart Disease or Stroke incurred after the date of reinstatement. In all other respects, you and we have the same rights as were under the policy immediately before the due date of the premium, subject to any provisions endorsed on or attached to in connection with the reinstatement.

Any premium accepted in connection with a reinstatement is applied to a period for which premiums have not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

**Notice of Claim.** Written notice of claim must be given to us within 20 days after the occurrence or commencement of any loss covered by this policy, or as soon as is reasonably possible. Notice given by or on behalf of you or the beneficiary to us at 1776 American Heritage Life Drive, Jacksonville, Florida 32224 or to any authorized agent of ours, with the insured's name and policy number, is notice to us.



## GENERAL PROVISIONS (con't)

**Claim Forms.** When we receive notice of claim, we will send you forms for filing proof of loss. If these forms are not sent to you within 15 days, you will meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss provision.

**Proofs of Loss.** Written proof of loss must be furnished to us within 90 days after each loss. If it is not possible to give us written proof in the time required, we will not reduce or deny any claim for this reason, as long as the proof is filed as soon as is reasonably possible. In any event, the proof required must be given to us no later than 1 year from the time specified unless you are legally incapacitated.

**Time of Payment of Claims.** After receiving written proof of loss, we pay all benefits then due for this policy. Benefits for any other loss covered by this policy are paid as soon as we receive proper written proof.

**Payment of Claims.** All benefits becoming payable will be paid to you, or to your beneficiary in the event of your death. If no beneficiary is designated, benefits are payable to the insured's spouse, if living, otherwise to the estate of the insured. Any amounts unpaid at the insured's death may, at our option, be paid either to such beneficiary or to such estate. All other amounts are payable to the insured.

If benefits are payable to the insured's estate or a beneficiary who cannot execute a valid release, we can pay benefits up to an amount of \$1,000, to someone related to the insured or 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.

**Assignment.** An assignment of this policy is not binding on us unless:

1. it is a written request; and
2. it is received and recorded by us at our Home Office.

We are not responsible for the validity of any assignment. An assignment is subject to any payment we make or other action we take before we record it. An assignment may not change the owner or beneficiary.

**Non-Participating.** This policy is issued on a non-participating basis and does not share in surplus earnings of ours.

**Physical Examinations and Autopsy.** We, at our own expense, shall have the right and opportunity to examine the person of any covered person as often as it may reasonably require while a claim is pending, and to make an autopsy in case of death where it is not forbidden by law.

**Legal Actions.** No action, at law or in equity, shall be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after 3 years from the time written proof of loss is required to be given.

**Change of Beneficiary.** The consent of the beneficiary or beneficiaries is not required to assign or change beneficiaries, or to make any other changes in this policy.

**Misstatement of Age.** If the age of the insured has been misstated, all amounts payable under this policy are as the premium paid would have purchased at the correct age. For any period that no coverage would have existed at the correct age, we are liable only for the refund of premiums paid for such period.

**Unpaid Premium.** Upon the payment of a claim under this policy, any unpaid premium may be deducted.

**Conformity with State Statutes.** Any provision of this policy which, on its effective date, is in conflict with the statutes of the state in which you reside on such date is hereby amended to conform to the minimum requirements of such statutes.



**Allstate**<sup>®</sup>

Workplace Division

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
Jacksonville, Florida

### **Amendment**

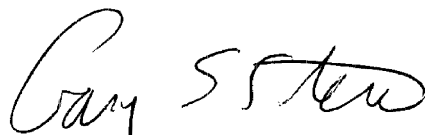
**The Policy and/or Rider that this Amendment is attached to is amended as follows:**

The General Provision “**Proof of Loss**” has been deleted in its entirety and replaced with the following:

**Proof of Loss.** Written proof of loss must be furnished to us within 180 days after each loss. If it is not possible to give us written proof in the time required, we will not reduce or deny any claim for this reason, as long as the proof is filed as soon as reasonably possible. In any event, the proof required must be given to us no later than 1 year from the time specified unless you are legally incapacitated.

This Amendment will not change, alter or amend the policy and/or rider it is attached to except as stated.

This Amendment becomes effective as of the policy and/or rider date.

  
Secretary



Workplace Division

## **AMERICAN HERITAGE LIFE INSURANCE COMPANY**

**HOME OFFICE:**

**1776 AMERICAN HERITAGE LIFE DRIVE**

**JACKSONVILLE, FLORIDA 32224-6687**

**(904) 992-1776**

**A Stock Company**

### **HEART ATTACK, HEART DISEASE AND STROKE SUPPLEMENTAL INDEMNITY BENEFITS POLICY**

**THIS IS A LIMITED BENEFIT POLICY WHICH ONLY PROVIDES STATED BENEFITS FOR  
HEART ATTACK, HEART DISEASE AND STROKE.**

**THIS POLICY DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION.**

**THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE, SUBJECT TO OUR RIGHT  
TO CHANGE PREMIUMS BY CLASS AT THE RENEWAL DATE.**

**NON-PARTICIPATING**

**PRE-EXISTING CONDITIONS NOT PAID DURING  
THE FIRST 12 MONTHS – SUBJECT TO THE  
INCONTESTABILITY PROVISION**