

Critical Illness Cash Plan



A heart attack doesn't have to be financially devastating, if you're prepared.

HUMANA
Guidance when you need it most

Humana Financial Protection Products

Critical Illness Cash Plan



Protect yourself and your family from the costs of critical illness.

Every 34 seconds someone in the United States suffers a heart attack.* Are you financially prepared if it's you? A heart attack, stroke, cancer, or other serious illness often comes without warning. The **Critical Illness Cash Plan** is insurance that helps protect you, your family, and your assets from unexpected expenses.

If you or a member of your family is diagnosed with a covered critical illness, you or your designee will receive a cash payment to use however you want. For instance, use it to help with:

- ✓ An unexpected loss of income
- ✓ Out-of-pocket medical costs and travel for medical care
- ✓ Home healthcare and rehabilitation expenses

Summary of benefits

Vascular

- ✓ Heart attack
- ✓ Heart transplant as a result of heart failure
- ✓ Stroke
- ✓ Coronary artery bypass surgery (25% benefit)

Cancer

- ✓ First diagnosis of invasive cancer or malignant melanoma
- ✓ Carcinoma In-situ (25% benefit)

Other

- ✓ Major organ transplant, other than heart
- ✓ End-stage renal failure
- ✓ Loss of sight
- ✓ Loss of speech
- ✓ Coma (excluding vascular and cancer conditions)
- ✓ Permanent paralysis due to an accident

Example: Critical Illness Cash Plan – \$50,000 benefit level

Diagnosed Covered Condition

[This is one example. See the Summary of Benefits for other covered conditions.]

Cash Payment

You have a heart attack	\$50,000
You're later diagnosed with cancer	\$50,000
You eventually need a transplant	\$50,000
Total Benefit	\$150,000

And you get even more security with the optional Return of Premium and Cash Value Rider.

If you continue to pay your premiums (with no lapse in coverage) and don't file a claim, you'll receive a full refund of all premiums paid on the policy's 20-Year Anniversary.

Cash values begin at the end of the fifth Policy Year. Upon lapse, proof of death or request to surrender the Policy, you will receive the Cash Value Benefit if no claim for Critical Illness Benefit has been paid or incurred.

Critical Illness Cash Plan is Kanawha Insurance Company policy Form 70620 and optional rider policy Form 70623. Limitations and exclusions apply. Benefits may vary by state and may not be approved in all states. Benefits reduce by 50% at age 70. The benefits and riders offered are supplemental and not intended to cover all medical expenses. Covered cancer means first diagnosis and does not include skin cancer other than malignant melanoma. Please see actual policy for complete details. No benefit is payable for a pre-existing condition within the first 12 months of policy issuance. Underwritten by Kanawha Insurance Company – a member of the Humana family of companies. * Source: 2009 Heart Disease & Stroke Statistics, American Heart Association

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BENEFIT SECTION

Plan Type Individual (Adult) Couple [(Individual and spouse/partner)]
 Family (2 parents and all children) Single Parent (Parent and all children)

Base Plan (Select Only One) Vascular, Cancer and Other Illnesses Vascular and Other Illnesses Cancer Only

Primary Insured/Spouse Benefit Amount Child(ren) Benefit Amount Total Modal Premium
 \$ [][][] , [][][] \$ [][][] , [][][] \$ [][][] . [][][]

Optional Benefit: Return of Premium Yes No

Payment Method Bank Draft Credit Card Direct Bill/Check (Annual Billing Only)
 [(Complete Bank Draft or Credit Card Authorization. Annual fee of \$12.00 applies to credit card billing.)]

Payment Mode Monthly Semi-annual Annual

Beneficiary:

100% to my Spouse, as recorded on Page 1 of this Application

Other (List name, relationship and percentage share) _____

APPLICANT'S REPRESENTATION AND AGREEMENT

	Primary Insured	Spouse	Child 1	Child 2	Child 3
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
1. In the last 12 months, has any Person Proposed for Coverage:					
a. Been unable to perform their normal duties at work, home or school on a full-time basis due to an illness or disability?.....	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
b. Missed more than 5 consecutive days of work or school due to an illness or injury?.....	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
2. Has any Person Proposed for Coverage ever been treated for or diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or tested positive for the antigens or antibodies to an AIDS (HIV) virus?.....	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
3. In the 6 months prior to the Application date, has any Person Proposed for Coverage been hospitalized as an inpatient or treated on an outpatient basis, except for minor injuries or normal pregnancy?.....	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
4. Has any Person Proposed for Coverage ever been diagnosed with or treated for drug abuse or alcohol abuse, disease of the liver, kidney or digestive system, disease or disorder of the lung, diseases of the nervous system, including Parkinson's, multiple sclerosis, cerebral palsy, hemiplegia, paraplegia, quadriplegia, or any disease or disorder which has led or may lead to a permanent or progressive loss of vision or speech?.....	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
5. Has any Person Proposed for Coverage ever been diagnosed with or treated for heart disease, including angina, heart attack, congestive heart failure, heart bypass, cerebrovascular disease including Transient Ischemic Attack (TIA), stroke (blockages or hemorrhage), diabetes, or blood pressure readings above the normal range which have not been controlled with medication?.....	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
6. Has any Person Proposed for Coverage ever been diagnosed with or treated for Cancer, including melanoma, leukemia, lymphoma, malignant tumors, or skin cancers?.....	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
7. To the best of your knowledge and belief, have any two of your natural parents or natural siblings (sisters or brothers) been diagnosed with the same disease before age 60 based on the following list:					
a. Vascular: heart attack, heart disease or stroke?.....	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
b. Cancer: cancer?.....	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
c. Other: kidney disease, diabetes?.....	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>

FOR INSURANCE PRODUCER'S USE ONLY

I certify any information recorded by me on this Application is true and accurate to the best of my knowledge and belief.

Will this insurance replace any existing insurance?..... Yes No

Date (MM/DD/YYYY)

		/			/				
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Signature of Licensed Insurance Producer _____

Printed Name of Licensed Insurance Producer _____

Insurance Producer Number	% Credit	Insurance Producer Number	% Credit	Insurance Producer Number	% Credit

MIB Disclosure Notice - Detach and Give to Proposed Insured

Information regarding your insurability will be kept confidential. Kanawha Insurance Company or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life and health insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file. Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, email address www.mib.com and telephone number (781) 751-6000. Kanawha Insurance Company or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

NOTICE TO PROPOSED INSURED

Thank you for giving Kanawha the opportunity to consider your insurance needs. As part of our normal procedure for processing Applications, we may order an investigative consumer report. This includes your prescription drug history and information as to your character, general reputation, personal characteristics, and mode of living. The information obtained in such investigative consumer report will not be used to make a determination of your sexual preference. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. You may request to be interviewed in connection with the preparation of this investigative consumer report and upon request you are entitled to receive a copy of the investigative consumer report. If you question the accuracy of information in the investigative consumer report, you may contact the Consumer Reporting Agency and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. We may telephone you to confirm information given in your Application or to obtain additional information needed to process your Application. All information asked for in your Application, or obtained from other sources, such as your physician, or hospitals where you have been treated, is for the sole purpose of determining your acceptability for the insurance coverage for which you have applied. All information obtained will be kept confidential. Upon your written request, we will furnish you or your physician with the nature or source of the information.