Companion Life Insurance Company
PO Box 100102
Columbia, South Carolina 29202-3102

Policyholder: Alliance for Affordable Services

Policy Number: AAS100

Date of Issue: January 1, 2012

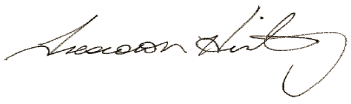
Administrator: TCC of South Carolina, Post Office Box 22557, Charleston, SC 29413

Companion Life Insurance Company (herein called the Company) agrees with the Policyholder to insure such persons who are identified by this group Policy as eligible members of the Association and who elect to become insured and their eligible Dependents, subject to all the provisions, definition, exclusions, limitations and conditions of this group Policy. This group Policy is issued in consideration of the application made by the Policyholder and the payment of the required premiums when they are due.

This group Policy takes effect on the Date of Issue shown above at 12:01 A.M., local time at the Policyholder's address and may be continued in force in accordance with the terms of the group Policy. Policy years and Policy anniversaries will be determined from the Date of Issue.

This group Policy is governed by the laws of the State of Texas and all provisions and terms of this group Policy shall be in accordance with the laws of that State.

IN WITNESS WHEREOF Companion Life Insurance Company caused this group Policy to be executed on the Date of Issue.



President

For service or complaints about this Policy, please address
any inquiries to the Administrator's address shown above or call 1-800-851-6268.

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Schedule of Benefits

	CONSUMER FREEDOM	CONSUMER VALUE–FAMILY	CONSUMER VALUE-SINGLE
Daily In-Hospital Indemnity Benefit:	$500	$400	$400
Maximum Number of Days of Confinement per Year	10	10	10
Intensive Care Unit Indemnity Benefit:	$500	0	0
Maximum Number of Days of Confinement per Year	10	0	0

	CONSUMER ADVANTAGE	BUSINESS VALUE	BUSINESS EDGE
Daily In-Hospital Indemnity Benefit:	$300	$400	$300
Maximum Number of Days of Confinement per Year	10	10	10
Intensive Care Unit Indemnity Benefit:	0	0	0
Maximum Number of Days of Confinement per Year	0	0	0

	PROTECTION	KEY
Daily In-Hospital Indemnity Benefit:	$200	$200
Maximum Number of Days of Confinement per Year	10	10
Intensive Care Unit Indemnity Benefit:	0	0
Maximum Number of Days of Confinement per Year	0	0

Pre-Existing Conditions: No benefits will be payable for expenses incurred as a result of a Pre-Existing Condition until the earlier of: (a) the end of a continuous period of 12 months commencing on or after the Covered Person's effective date of coverage under the Policy during all of which the Covered Person has received no medical advice or treatment in connection with such Pre-Existing Condition; or (b) coverage has been in effect under the Policy for 12 consecutive months.

SECTION 1
DEFINITIONS

1.01 "Accident" means sudden, unexpected and unintended injury which is independent of any Sickness and which takes place while the Covered Person's coverage is in force.

1.02 **"**Calendar Year" means the period from January 1 through December 31 of the same year.

1.03 "Certificate" means the individual Certificate issued to the Insured. It describes the coverage under this Policy.

1.04 "Company" means Companion Life Insurance Company, located in Columbia, South Carolina.

1.05 "Complication of Pregnancy" means:

(a) conditions requiring Hospital Confinement whose diagnoses are distinct from pregnancy, but are adversely affected by pregnancy when the pregnancy is not terminated, including but not limited to: acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity; and

(b) non-elective cesarean section, termination of ectopic pregnancy, and spontaneous termination of pregnancy occurring during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy do not include false labor, occasional spotting, Physician prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, pre-eclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication. Deliver by cesarean section is considered a Complication of Pregnancy if the cesarean section is involuntary.

1.06 "Confinement (or Confined)" means that period of time during any Hospital stay that the Covered Person is actually admitted on an inpatient basis. Two or more Confinements for the same or related causes that are separated by less than 90 days will be considered the same Confinement. "Confinement" does not include that period of time during which a Covered Person is in a Hospital emergency room, an observation room, a free-standing surgical facility, or outpatient facility.

1.07 "Covered Benefits" means those services or supplies that:

(a) are for necessary treatment and recommended by a Physician;

(b) are received while the Covered Person is insured under this Policy, subject to any Extension of Benefits; and

(c) are not excluded under Section 4.

1.08 "Covered Person(s)" means the Insured and his or her Dependents insured under this Policy.

1.09 "Dependent" means an Insured's:

(a) married spouse who lives with the Insured and is under age 70; or

(b) unmarried child (natural, step or adopted) who:

(1) is less than 25 years old; or

(2) becomes incapable of self-support because of mental retardation or physical handicap while insured under the Policy and prior to reaching the limiting age for Dependent children. The child must be dependent on the Insured for support and maintenance.

The Company must receive proof of incapacity within 31 days after coverage would otherwise terminate. Then, coverage will continue for as long as the Insured's insurance stays in force and the child remains incapacitated.
Additional proof may be required from time to time but not more often than once a year after the child attains age 25.

An adopted child includes a child for whom the Insured is a party in a suit in which the adoption of the child is sought.

1.10 "Effective Date" means the date, starting at 12:01 A.M. at the Insured's residence, that coverage for a Covered Person takes effect under the Certificate. The "Certificate Effective Date" means the date, starting at 12:01 A.M., that coverage under the Certificate takes effect for a Covered Person.

1.11 "Hospital" means a licensed institution that has on its premises:
(a) permanent and full-time facilities for the care of overnight resident bed patients under the supervision of a licensed Physician;
(b) 24-hour-a-day nursing service by graduate registered nurses; and
(c) the patient's written history and medical records.

It shall also have (or have available on a pre-arranged basis) laboratory, x-ray equipment and operating rooms where major surgical operations may be performed by licensed Physicians, or be accredited by the Joint Commission on Accreditation of Hospitals.

"Hospital" shall not include any institution or portion thereof used as a place for rehabilitation, rest, the aged, education or training; or a nursing or convalescent home or an extended care facility for the care of convalescent patients.

1.12 "Immediate Family" means the parents, spouse, children, or siblings of a Covered Person, or any person residing with a Covered Person.

1.13 "Insured" means the person shown on the Schedule of Benefits as the Certificateholder of the Certificate issued to the Insured under this Policy.

1.14 "Physician" means a practitioner of the healing arts who:
(a) is practicing within the scope of his or her license in the state where so licensed; and
(b) is not a member of the Covered Person's Immediate Family.

1.15 "Policy" means the group Policy issued to the Policyholder.

1.16 "Policyholder" means the Alliance for Affordable Services that holds the Master Policy.

1.17 "Pre-Existing Condition" means a disease, Accident, Sickness or physical condition for which a Covered Person:
(a) had treatment;
(b) incurred expense;
(c) took medication; or
(d) received a diagnosis or advice from a Physician;

during the 12-month period immediately before the Effective Date of his or her coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Accident, Sickness or physical condition.

1.18 "Schedule of Benefits (or Schedule)" means the benefit schedule set forth in this Policy or the Certificate.

1.19 "Sickness" means illness or disease which begins while the Covered Person's coverage is in force and is the direct cause of the loss.

1.20 "Total Disability or (Totally Disabled)" means the Insured is disabled and prevented from performing the material and substantial duties of his or her occupation. For Dependents, "Totally Disabled" means the inability to perform a majority of the normal activities of a person of like age in good health.

SECTION 2
ELIGIBILITY AND EFFECTIVE DATES

2.01 All persons who:

(a) are members in good standing of the Association to which this Policy is issued; and

(b) are under age 70;

are eligible to be insured under this Policy. Evidence of insurability acceptable to the Company may be required.

2.02 The insurance on eligible persons will take effect at 12:01 A.M., local time at the Insured's address on the Certificate Effective Date shown in the Certificate Schedule if:

(a) an application/enrollment form is completed and received by the Company on or before said Certificate Effective Date;

(b) the underwriting rules of the Company are met; and

(c) the first premium is received by the Company on or before said Certificate Effective Date.

2.03 If and where Dependent coverage is available under this Policy, each Insured will be eligible for such coverage on the latest of the following dates:

(a) the day the Insured becomes eligible for insurance; or

(b) the day the Insured acquires his or her first Dependent.

2.04 Dependent coverage may be elected by:

(a) completing and signing an application/enrollment form within 31 days of the date the Dependent becomes eligible; and

(b) paying any required premium for such Dependents.

2.05 The Effective Date of coverage for each eligible Dependent will be the first of the month following the date of:

(a) the Company's acceptance of the application/enrollment form; and

(b) receipt of the first premium by the Company.

However, if on such date the coverage for the eligible Insured has not yet taken effect, the Effective Date for Dependent coverage will be the same as the Certificate Effective Date for such Insured.

A newborn child will become insured for Accident or Sickness automatically on the day he or she is born as long as the Insured's coverage was in force on that date. Accident or Sickness includes prematurity, congenital defects and birth abnormalities. The newborn child's coverage will not continue past the 31-day period following birth unless:

(a) the Company is notified by the end of that 31-day period of the addition of such newborn child; and

(b) any applicable additional premium is paid.

An adopted child will become insured for Accident and Sickness automatically as of the date of adoption or placement for adoption. Placement for adoption means the assumption and retention by a person of legal obligation for total or partial support of a child in anticipation of the child's adoption. Coverage for an adopted child will not continue past the 31-day period following birth unless:

(a) the Company is notified by the end of the 31-day period of the addition of such adopted child; and

(b) any applicable additional premium is paid.

In all other instances if a Dependent is Totally Disabled or otherwise does not meet the Company's underwriting requirements on the date coverage (with respect to that particular Dependent) would otherwise take effect, the coverage of the Dependent will be deferred until the date the Company approves coverage under this Policy for such Dependent.

2.06 If a Covered Person is Totally Disabled on the date this Policy replaces another group policy or plan in its entirety, when his or her coverage would otherwise take effect, coverage will take effect on the earlier of the following dates:

(a) with respect to coverage for the disabling condition:
  (i) the day following the expiration of any extension of benefits or continuation of coverage provided under the group policy or plan this Policy replaces; or
  (ii) the day coverage would otherwise take effect if the group policy or plan this Policy replaces does not provide an extension of benefits or continuation of coverage; and

(b) with respect to coverage for conditions other than the disabling condition:
  (i) the day following the expiration of any continuation of coverage provided under the group policy or plan this Policy replaces; or
  (ii) the day coverage would otherwise take effect if the group policy or plan this Policy replaces does not provide for continuation of coverage.

SECTION 3
BENEFIT PROVISIONS

HEALTH INDEMNITY BENEFITS. Subject to the provisions of this Policy, the Company will pay Covered Benefits for one or more of the following:

Daily In-Hospital Indemnity Benefit
If a Covered Person, while insured, is Confined in a Hospital as a result of Accident or Sickness, the Company will pay the Daily In-Hospital Indemnity Benefit amount, as shown in the Schedule, for each day of Confinement, for up to the Maximum Number of Days of Confinement, as shown in the Schedule. No benefit will be paid during any period the Covered Person is not under the regular care and attendance of a Physician.

SECTION 4
EXCLUSIONS AND LIMITATIONS

4.01 With respect to all of the benefits provided under this Policy, no benefits will be payable as the result of:

(a) suicide or any attempt thereat, while sane;

(b) any intentionally self-inflicted injury or Sickness;

(c) rest care or rehabilitative care and treatment;

(d) cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from a covered Accident if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;

(e) immunization shots and routine examinations such as: health exams; periodic check-ups; pre-marital exams; and routine physicals, except for an annual mammography screening for covered females age 35 and over;

(f) routine newborn care, including routine nursery charges;

(g) voluntary abortion, except with respect to the Insured or covered Dependent spouse:
  (1) where such person's life would be endangered if the fetus were carried to term; or
  (2) where medical complications have arisen from an abortion;

(h) normal pregnancy, except for Complications of Pregnancy;

(i) the treatment of:
  (1) mental illness;
  (2) functional or organic nervous disorder, regardless of cause;
  (3) alcohol abuse;
  (4) drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed for more than 10 days in any Calendar Year, with respect to payment of the Daily In-Hospital Indemnity Benefit;

(j) participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority;

(k) committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation;

(l) participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding;

(m) air travel, except:
  (1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
  (2) as a passenger for transportation only and not as a pilot or crew member;

(n) any Accident occurring as a result of the Covered Person being intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Accident took place);

(o) sex changes;

(p) experimental treatments or surgery;

(q) the reversal of tubal ligation and vasectomies;

(r) artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician's services, unless required by law;

(s) treatment of exogenous obesity or weight control;

(t) an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes Accident sustained or Sickness contracted while in the service of any military, naval or air force of any country engaged in war. The Company will refund the pro rata unearned premium for any such period the Covered Person is not covered;

(u) accident or sickness arising out of and in the course of any occupation for compensation, wage or profit. Expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits have been made;

(v) Pre-Existing Conditions, except as described in the Schedule; or

(w) air or ground ambulance service; or

(x) for loss incurred, care or treatment received, or hospital confinement occurring outside of the United States or its possessions..

SECTION 5
TERMINATION OF INSURANCE

5.01 The insurance on an Insured will cease at 12:01 A.M., local time at the Insured's address on the earliest of:

(a) the date the Insured ceases to be a member in good standing of the Association;
(b) the date the Insured notifies the Company, in writing, of cancellation;
(c) the end of the last period for which premium payment has been made to the Company, subject to the grace period;
(d) the date this Policy terminates; or
(e) the last day of the premium payment period during which the Insured attains age 70.

5.02 The insurance on a Dependent will cease at 12:01 A.M., local time at the Insured's address on the earliest of:

(a) the date the Insured's coverage terminates;
(b) the end of the last period for which premium payment has been made to the Company, subject to the grace period; or
(c) the date the Dependent no longer meets the definition of Dependent, as defined in the Certificate.

5.03 The Company shall have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under this Policy.

5.04 This Policy becomes effective at 12:01 A.M., local time at the Policyholder's address on the Date of Issue and will remain in force until it is terminated by either the Policyholder on 60 days prior written notice or by the Company. The Company can only terminate this Policy upon 90 days prior written notice if the Company offers the Policyholder coverage, on a guaranteed issue basis, under any other policy it is currently marketing or upon 180 days prior written notice if the Company terminates all of its policies in the State of delivery of this Policy.

5.05 **EXTENSION OF BENEFITS:** Whenever termination of coverage under this section occurs because of termination of this Policy in its entirety, such termination shall be without prejudice to:

(a) any Hospital Confinement which commenced while this Policy was in force, with respect to In-Hospital Indemnity Benefits; or
(b) any covered treatment or service for which benefits would be provided under this Policy and which commenced while this Policy was in force; provided; however, that the Covered Person is and continues to be Hospital Confined or Totally Disabled. Such Extension of Benefits shall continue for up to 90 days.

SECTION 6
PREMIUMS

6.01 All premiums are payable on or before the date they are due. Premiums are payable by a mode of payment that has been selected by the Insured.

6.02 The premium rates may be changed by the Company. If the rates are changed, the Company will give at least 31 days advance written notice. If an increase takes place on other than a premium due date, they will be due on the date of the increase to the next premium due date. If such premium is not paid when due, the coverage will automatically be discontinued as of the date the pro rata premium was due subject to the grace period. Any partial payment of premium will be refunded.

6.03 If a change in benefits increases the Company's liability, premium rates may be changed on the date that the liability is increased.

6.04 The Company will promptly refund any unearned premium upon notification of the death of any Covered Person under this Policy. The refund of premiums will be made directly to:

(a) the decedent's spouse at the time of the decedent's death;
(b) the Insured, if the decedent was a covered Dependent child; or
(c) the decedent's estate, if neither (a) or (b) applies.

SECTION 7
GENERAL PROVISIONS

7.01 ENTIRE CONTRACT-CHANGES: The entire contract shall include:

(a) this Policy;
(b) the attached application of the Policyholder;
(c) the Insured's application/enrollment form, if any, attached to the Certificate; and
(d) all endorsements and amendments.

Statements made by the Policyholder or the Insured are representations and not warranties, if fraud was not intended. (The words "if fraud was not intended" do not apply in Georgia or North Carolina.) No such statements will be used to avoid the insurance, reduce benefits, or defend a claim under this Policy unless:

(a) the statement is in writing; and
(b) a copy of that statement is given to the Insured or his or her beneficiary.

The terms of this Policy can be changed only by endorsement or amendment signed by the President or Secretary of the Company. No agent may change this Policy or waive its provisions.

7.02 TIME LIMIT ON CERTAIN DEFENSES: The validity of this Policy cannot be contested after two years from its date of issue, except for nonpayment of premiums. After coverage for a Covered Person has been in force for two years, the Company cannot:

(a) void the coverage; or
(b) deny a claim for loss that starts after the two-year period, because of statements in the application/enrollment form unless they were fraudulent misstatements.

7.03 GRACE PERIOD: A grace period of 31 days will be allowed for each premium payment after the first premium. Coverage will stay in force during this time. The coverage under this Policy will terminate at the end of the grace period if the premium has not been paid. The Insured must still pay all unpaid premium due for the grace period.

7.04 NOTICE OF CLAIM: Written notice of claim must be given to the Company at our home office, or to any third party administrator authorized by the Company. Such notice should be made within 30 days after any loss covered by this Policy (60 days in Kentucky, six months in Montana). If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay.

7.05 CLAIM FORMS: Claim forms should be used for filing proof of loss. They will be sent to the claimant within 15 days of receipt of notice of claim. If claim forms are not supplied within 15 days, a claimant can give proof as follows:

(a) in writing;
(b) setting forth the nature and extent of the loss; and
(c) within the time stated in the Proof of Loss provision.

(If the Insured resides in Georgia, the reference to 15 days is changed to 10 working days.)

SECTION 7
GENERAL PROVISIONS (continued)

7.06 PROOF OF LOSS: Proof of loss for which this Policy provides any periodic payment contingent upon continuing loss must be given to the Company within 90 days after termination of the period for which the Company is liable. For any other loss, proof of loss must be given to the Company within 90 days after such loss. Late proof may be accepted if:

(a) it was not reasonably possible to give proof in that time; and
(b) the proof is given within one year from the date proof of loss was otherwise required. This one year limit will not apply in the absence of legal capacity.

7.07 TIME OF PAYMENT OF CLAIMS: All accrued benefits for loss for which this Policy provides periodic payment will be paid each month, subject to written proof of loss. Any balance not paid when liability ends will be paid immediately upon receipt of written proof. Benefits for any other covered loss will be paid as soon as the Company receives written proof of such loss.

7.08 PAYMENT OF BENEFITS: All benefits payable under this Policy will be paid to the Insured. Accrued benefits that are not paid at the Insured's death will be paid to his or her beneficiary or estate. If a benefit is to be paid to the Insured's estate, or to an Insured or beneficiary who is not competent to give a valid release, the Company may pay up to $1,000.00 of such benefit to one of the Insured's relatives who is deemed by the Company to be justly entitled to it. Such payment, made in good faith, fully discharges the Company to the extent of the payment.

7.09 PHYSICAL EXAMINATION: The Company has the right to have a Covered Person examined by a Physician of its choice as often as reasonably necessary while a claim is pending. The Company will pay for such examination. In case of death, the Company may request an autopsy where it is not forbidden by law.

7.10 LEGAL ACTIONS: No legal action may be brought to recover under this Policy:

(a) within 60 days after written proof of loss has been furnished as required; or
(b) more than three years (five years in Kansas, six years in South Carolina and the applicable statute of limitations in Florida) from the time written proof of loss is required to be furnished.

7.11 CONFORMITY WITH STATE LAWS: A provision of this Policy that, on the Certificate Effective Date, conflicts with a law of the state of issue is hereby changed to meet the minimum standards of that law as of the Certificate Effective Date.

7.12 MISSTATEMENT OF AGE: If the age of any Covered Person is incorrectly stated, the amount of benefits payable will be the amount shown on the Schedule. The premium will be adjusted so that the Company will be paid any amount due based on such Covered Person's true age.

7.13 CERTIFICATES: The Company will supply individual Certificates for each Insured. The Certificate will describe:

(a) the insurance benefits;
(b) to whom benefits will be paid;
(c) any limitations of this Policy; and
(d) all other essential features of this Policy.

If more than one Certificate is issued under this Policy to an Insured, only the last one issued will be in effect.

7.14 30 DAY RIGHT TO RETURN: The Certificateholder has the right to return the Certificate within 30 days following the date it is received. In that event, all premiums will be refunded and coverage under that certificate will be considered to be void from its beginning.

7.15 PAYMENT TO THE TEXAS DEPARTMENT OF HUMAN SERVICES: In the event that the Texas Department of Human Services is paying benefits on behalf of a Covered Person under Chapters 31 or 32 of the Human Resources Code, i.e., financial and medical assistance service program administered pursuant to the Human Resources Code, and the Company is notified through an attachment to the claim when first submitted which states that all benefits payable are to be paid directly to the Department of Human Services, the Company will pay all benefits under the Policy for the Covered Person to the Texas Department of Human Services.

7.16 PAYMENT TO THE TEXAS DEPARTMENT OF HUMAN RESOURCES: In the event that the Texas Department of Human Resources is paying benefits on behalf of a Covered Person, We will pay benefits under the Policy for the Covered Person to the Texas Department of Human Resources.

7.17 PAYMENT TO MANAGING CONSERVATOR OF AN INSURED DEPENDENT CHILD: For a minor child who otherwise qualifies as a dependent of a Covered Person, benefits may be paid on behalf of the covered Dependent child to a person who is not the Insured if an order issued by a court or competent jurisdiction in this or any other state appoints such person the possessory or managing conservator of the child.

To be entitled to receive benefits, a possessory or managing conservator of a covered Dependent child must submit to the Company with the claim application (deleted "written") notice that such person is the possessory or managing conservator of the covered Dependent child on whose behalf the claim is made and submit a certified copy of a court order establishing the person as a possessory or managing conservator or other evidence designated by rule of the Texas State Board of Insurance that the person qualifies to be paid the benefits. Such requirements shall not apply in the case of any unpaid medical bill for which a valid assignment of benefits has been exercised or to claims submitted by the Covered Person where the Covered Person has paid any portion of a medical bill that would be covered under the terms of the Policy.

COMPANION LIFE INSURANCE COMPANY
Columbia, South Carolina 29223

Effective Date: _____
(If different from Certificate)

HOSPITAL INTENSIVE CARE UNIT CONFINEMENT

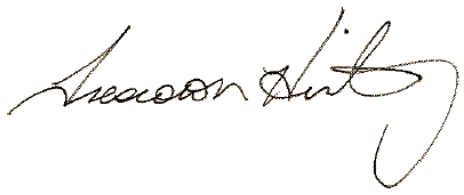
The Policy/Certificate to which this Rider is attached is hereby amended to include a new benefit as follows:

Hospital Intensive Care Unit Confinement
If a Covered Person, while insured, is confined in a Hospital Intensive Care Unit, the Company will pay the Intensive Care benefit amount up to [$400 per day for up to 15 days]. If the covered person is confined in a Hospital Intensive Care Unit and is confined to a hospital intensive care unit again within 90 days for the same or related condition, it will be treated as a continuation of the prior confinement. If more than 90 days have passed between the periods of confinement in a Hospital Intensive Care Unit, it will be treated as a new confinement. The Hospital Intensive Care Unit Confinement and Hospital Confinement benefit will not be paid concurrently.

For purposes of this Rider, Hospital Intensive Care Unit means a place which is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care; is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care; is separate and apart from the surgical recovery and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and is under and has a physician assigned to the Hospital Intensive Care unit on a full time basis.

A Hospital Intensive Care Unit is not any of the following step down units: a progressive care unit; a private monitored room; sub-acute intensive care unit; an observation unit; or any facility not meeting the definition of a Hospital Intensive Care Unit as defined in this policy.

This Rider only applies if it is elected and the required premiums are paid. This Rider is subject to all of the provisions of the Policy/Certificate as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy/Certificate to which it is attached.



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President