



Everyone deserves a better Tomorrow.

CriticalAssistance AdvanceSM is critical illness insurance that pays benefits for specific illnesses.

Understanding CriticalAssistance AdvanceSM

CriticalAssistance Advance is designed to come to the rescue of those budget-conscious families by helping pay the costs associated with the initial occurrence of a heart attack, stroke, or other serious illness as defined in the policy. You choose your benefit amount. Benefits are also available for your spouse and eligible children. Their benefit amount will be 50% of the benefit you elect.

Critical Illness Lump Sum Benefit

Pays you a lump sum benefit equal to the amount you choose multiplied by the applicable percentage shown in the Schedule of Benefits upon the occurrence of a covered critical illness within each category. If the benefit payment is less than 100% of the selected benefit amount, the policy pays another lump sum benefit amount upon the diagnosis of a different type of critical illness within the same category up to the limit per category. There is a lifetime maximum of three times the benefit amount you choose.

Issue Ages

Employee and spouse age 18 and up, eligible children from birth through age 25.

Take our portable policy with you.

Keep your insurance when changing jobs by opting to pay premiums directly to us within 31 days of leaving your current job. Let us know you want to continue your critical illness insurance policy, and we'll bill you directly.

Enjoy our hassle-free claims process.

Our easy-to-navigate website allows you to manage your information, policies and claims from your PC or mobile device.

Product Highlights
Use benefits for medical or non-medical expenses
No waiting period
Benefits paid directly to you
Payroll-deducted premiums
Family options available

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: www.tebcs.com.

This is a brief summary of CriticalAssistance Advance, Critical Illness Insurance. Policy form series CPCIO400 and CCCIO400. Forms and form numbers may vary. Insurance may not be available in all jurisdictions. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.

PRODUCT DETAILS

Category 1	Percentage of Benefit	Plan 1
Heart Attack	100%	Included
Stroke	100%	Included
Heart Transplant Surgery	100%	Included
Coronary Bypass Surgery	25%	Included
Angioplasty/Stent	5%	Included

Category 2	Percentage of Benefit	Plan 1
Major Organ Transplant Surgery (excluding heart)	100%	Included
End-Stage Renal Failure	100%	Included
Burns (3rd degree or 50% coverage)	100%	Included
Coma	100%	Included
Loss of Sight, Speech, and/or Hearing	100%	Included
Miscellaneous Diseases	100%	Included
Paralysis Not due to Stroke - all 4 limbs	100%	Included
Paralysis Not due to Stroke - less than 4 limbs	50%	Included
Alzheimer's Disease	30%	Included

Category 3	Percentage of Benefit	Plan 1
Invasive Cancer	100%	Included
Bone Marrow Transplant	100%	Included
Carcinoma in situ	25%	Included
Prostate Cancer with TNM Classification of T1	25%	Included
Skin Cancer	5%	Included

Optional Riders	Plan 1
Recurrent Critical Illness Benefit Rider Benefit	25%
Wellness Benefit Rider Annual Benefit	\$50

Elected Benefit - Employee may purchase a benefit amount based on the premiums as shown in the following pages. Dependent coverage is available for 50% of the employee's Elected Benefit.

Lifetime Maximum Benefit - Total Critical Illness and Recurrent Benefits are limited to 3 times the Elected Benefit.

Category 1: Heart Attack, Stroke, Heart Transplant, Coronary Bypass Surgery, Angioplasty/Stent

Category 2: Major Organ Transplant, End-Stage Renal Failure, Burns, Coma, Paralysis, Loss of Sight/Speech/Hearing, Alzheimer's Disease and Miscellaneous Diseases

Optional Riders:

Category 3: Cancer Benefit Rider

Wellness Benefit Rider (\$50) and Recurrent Critical Illness Benefit Rider (25%)

SUMMARY OF BENEFITS

Critical Illness Benefit

CriticalAssistance Advance pays a lump sum benefit equal to the Elected Benefit multiplied by the applicable percentage shown above upon the first occurrence of a covered critical illness within each category. First occurrence means a critical illness that is diagnosed on or after the effective date.

If the total benefit paid in a category is less than 100% of the Elected Benefit, we will pay upon the diagnosis of a different type of critical illness within the same category. The lump sum benefit is equal to the Elected Benefit multiplied by the applicable percentage shown above, not to exceed the remaining Elected Benefit for the category. Cumulative benefits paid within each category will not exceed 100% of the Elected Benefit.

Cancer Benefit Rider (Rider Form Series CRCAN400)

If included in your plan, this rider adds Category 3 to the list of covered Critical Illnesses.

Recurrent Critical Illness Benefit Rider (Rider Form Series CRRCI400)

If included in your plan, we will pay a lump sum Recurrent Benefit equal to the selected percentage multiplied by the Elected Benefit multiplied by the applicable percentage upon the diagnosis of a Recurrent Critical Illness. Recurrent Critical Illness means a covered critical illness that is not eligible for payment under the Critical Illness Benefit as a First Occurrence. Diagnosis must be made after the effective date and while coverage is in force. Total Recurrent Benefits paid within each category will not exceed the selected percentage of the Elected Benefit. Recurrent Benefits are subject to the Lifetime Maximum Benefit.

Wellness Benefit Rider (Rider Form Series CRWEL400)

If included in your plan, we will pay the selected amount per calendar year for each covered person when a charge is incurred for one of the following cancer screening tests: biopsy, blood test for triglycerides, bone marrow testing, breast ultrasound, CA 125 (blood test for ovarian cancer), CA 15-3 (blood test for breast cancer), CEA (blood test for colon cancer), chest x-ray, colonoscopy, fasting blood glucose test, flexible sigmoidoscopy, hemoccult stool specimen, mammogram, Pap test, PSA (prostate-specific antigen tests), serum cholesterol test to determine HDL/LDL level, serum protein electrophoresis (blood test for myeloma), stress test on a bicycle or treadmill, or thermography.

This benefit is limited to one payment per calendar year per covered person (not subject to the Lifetime Maximum Benefit).

LIMITATIONS AND EXCLUSIONS

We do not cover losses caused by, or as a result of, the following:

- Conditions other than those due to a covered Critical Illness.
- The covered person participating or attempting to participate in an illegal activity.
- The covered person intentionally causing self-inflicted injury.
- The covered person committing or attempting to commit suicide, whether sane or insane.
- The covered person's involvement in any period of armed conflict.
- Surgeries performed outside the United States or its Territories.

Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

We may reduce or deny a claim or void coverage for loss incurred by a covered person during the first 2 years from the effective date of such coverage for any misstatements in the application which would have materially affected our acceptance of the risk or at any time for fraudulent misstatements in the application.

Heart Attack - Diagnosis must be supported by 3 or more of the following indicators: typical chest pain suggestive of heart attack; new EKG changes indicative of myocardial infarction; diagnostic increase of specific cardiac markers typical for heart attack; or, confirmatory imaging studies.

Stroke - Diagnosis must be based on documented neurological deficits and confirmatory neuroimaging studies. Stroke does not include cerebral symptoms due to Transient Ischemic Attack (TIA), Reversible neurological deficit, migraine, cerebral injury resulting from trauma or hypoxia, or vascular disease affecting the eye, optic nerve or vestibular functions.

Heart Transplant Surgery - Being placed on the transplant list or undergoing surgery to receive a transplant of a human heart.

Coronary Bypass Surgery - Angiographic evidence to support the necessity for this surgery will be required. This benefit does not include balloon angioplasty, laser embolectomy, atherectomy, stent placement, or other non-surgical procedures.

Angioplasty/Stent - Coronary angioplasty must be performed by a physician who is also a board-certified cardiologist. This benefit is confined to the heart; therefore, angioplasty/stenting of renal arteries or other peripheral arteries are excluded from this benefit.

Major Organ Transplant - Being placed on the transplant list or undergoing surgery to receive a transplant of a human heart, lung, liver, kidney or pancreas.

End Stage Renal Failure - Chronic irreversible failure of both kidneys that requires treatment by renal dialysis or kidney transplant.

Paralysis - Quadriplegia, paraplegia, or hemiplegia that is expected to last for a continuous 12-month period or longer from the date of diagnosis to determine if paralysis is permanent. A benefit will not be paid for paralysis that results from a stroke or psychiatric related causes.

Burns - A full-thickness or third-degree burn covering at least 50% of the body surface.

Coma - Lasting for 30 consecutive days with no reaction to external stimuli, no reaction to internal needs and the use of life support systems. Diagnosis must indicate that permanent neurological deficit is present.

Loss of Sight, Speech, or Hearing - Total loss of sight in both eyes, total and permanent loss of speech, or total and irreversible loss of hearing in both ears that cannot be corrected by the use of a hearing aid or device.

Miscellaneous Diseases - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Encephalitis/Meningitis, Rocky Mountain Spotted Fever, Typhoid Fever, Anthrax, Cholera, Primary Sclerosing Cholangitis (Walter Payton's Disease), or Tuberculosis.

Alzheimer's Disease - Requires the inability to independently perform 2 or more of the following activities: bathing, dressing, eating, toileting, transferring, or incontinence.

LIMITATIONS AND EXCLUSIONS

Cancer Benefit Rider

We will only pay for loss as a direct result of cancer or bone marrow transplant. We will not pay for any disease or incapacity that has been caused, complicated, worsened, or affected by, or as a result of cancer or its treatment.

Invasive Cancer - Evidenced by a malignant tumor and the invasion of tissue. Invasive cancer does not include pre-malignant conditions or conditions with malignant potential, prostatic cancers which are histologically described as TNM Classification T1 (including T1(a) or T1(b), or of other equivalent or lesser classification), and any malignancy associated with the diagnosis of HIV.

Carcinoma In Situ - Cancer that is in the normal place, confined to the site without having invaded neighboring tissue.

Prostate Cancer with TNM Classification of T1 - Microscopic tumors of the prostate that are neither palpable nor visible on transrectal ultrasonography.

Skin Cancer - Basal cell epithelioma or squamous cell carcinoma. Skin cancer does not include malignant melanoma or mycosis fungoides, which are not considered skin cancers.

Recurrent Critical Illness Benefit Rider

A recurrence of the same type of critical illness is not considered a Recurrent Critical Illness unless the diagnosis for the prior occurrence was at least 12 months from the most recent diagnosis and the person has been Treatment Free for at least 12 months. Treatment Free means the person is no longer receiving care from a physician, nor regular office visits, or being prescribed medication for a critical illness, other than routine checkups or maintenance medication for that critical illness.

Termination of Insurance

Employee insurance will terminate on the earliest of:

- The date of the employee's death;
- The date on which the employee ceases to be eligible for insurance;
- The last date for which premium payment has been made to us;
- The last date on which employment terminates;
- The date the group master policy terminates; or
- The date the employee sends us a written notice to cancel insurance.

Dependent insurance will terminate on the earliest of:

- The date the employee's insurance terminates;
- The last date for which premium payment has been made to us;
- The date the dependent no longer meets the definition of dependent;
- The date the group master policy is modified so as to exclude dependent insurance; or
- The date the employee sends us a written notice to cancel dependent insurance.

We will have the right to terminate the insurance of any covered person who submits a fraudulent claim under the policy.

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue your insurance.

Termination of the Group Master Policy

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and insurance of all remaining insureds will end, subject to the Portability Option.

An individual can only have one critical illness policy or certificate with us. If a person already has critical illness insurance with us, such person is not eligible to apply for this insurance.