

Exclusions & Limitations

Unless the Insured's Covered Condition First Occurs or is diagnosed during the coverage period of the Policy, no Benefit Amount will be payable.

- A. The payment of all benefits under the Policy shall not exceed three (3) times the initial Benefit Amount stated in the Policy Schedule.
- B. The payment of benefits under each category shall not exceed 100% of the Initial Benefit Amount for each category.
- C. There shall be only one Benefit Payment for each Covered Condition.
- D. There shall be only one Benefit Payment per 180 day period across the three categories. However, the 180 day period does not apply to Benefit Payments within the same category.
- E. If a First-Ever Diagnosis Occurs within the 180 day period after a Benefit Payment, it is not effectively considered a "First-Ever Diagnosis" under the Policy. Therefore, a Benefit Payment may be paid for a subsequent Occurrence and Diagnosis of that Covered Condition.
- F. If more than one Covered Condition is diagnosed at the same time, the Benefit Payment shall be based on the larger Benefit Amount of those diagnosed. If the Benefit Amounts are the same, there shall be only one Benefit Payment per 180 day period.

We will NOT pay the Benefit Amount for a Covered Condition if such covered Condition is caused by, results from, or occurs during:

- A. intentionally causing self-inflicted injuries;
- B. suicide, or any attempt at suicide, while sane or insane;
- C. alcoholism or drug addiction; or
- D. being intoxicated or under the influence of alcohol, drugs, or any narcotic (including overdose) unless administered on the advice of a physician and taken according to the physician's instructions. The term "intoxicated" refers to that condition as defined by law and decisions of the jurisdiction in which the accident, cause of loss, or loss occurred.

We will NOT pay the Benefit Amount for a Covered Condition if:

- A. Such Covered Condition is not covered under this certificate;
- B. Such Covered Condition First Occurred while the certificate was not in force;
- C. Such Covered Condition was diagnosed by a person who is not a physician;
- D. Such Covered Condition was diagnosed outside the U.S, unless the Diagnosis is confirmed in the U.S.;
- E. Such Covered Condition or surgical procedure was performed outside the U.S., unless on a U.S. military base or facility; or within another U.S. military or government building or facility; or
- F. The Insured's date of birth, Age or sex as misstated on the Application and at the correct date of birth, Age or sex the Policy would not have become effective or would have terminated.

Any Benefit Amount payment under this certificate is subject to the adjustments provided in the Policy provisions; including, but not limited to, the Time Limit for Certain Defenses, Misstatement of Age or Sex, Binding Arbitration and Grace Period provisions.

Benefit Reduction Due To Age

If the Insured is Age 60 or older on the Policy Effective Date, the Initial Benefit Amount will be reduced by 50% on the fifth anniversary of the Certificate Effective Date. In all other cases the Benefit Amount will be reduced by 50% when the Insured reaches Age 65. After this reduction occurs, the Current Benefit Amount for a category is 50% of the benefit remaining in that category on the day prior to the reduction.