



WASHINGTON NATIONAL

critical solutionsSM

CRITICAL ILLNESS
SUPPLEMENTAL
HEALTH INSURANCE

*Protecting your family,
finances and future.*





Day-to-day life is complicated enough all on its own. So when you're facing the extra stress of a critical illness, you're better off when you can keep your financial worries to a minimum.

A supplemental health insurance policy can help you protect your family, finances and future in your time of need. Washington National **Critical Solutions**SM offers benefits you can use to pay for the expenses associated with a critical illness diagnosis and treatment.

Select the right critical illness coverage in two easy steps:

STEP 1: Choose from three coverage types.

1. **Critical illness cancer only** provides payment when cancer is diagnosed.
2. **Critical illness without cancer** provides payment when a heart attack, stroke or end-stage renal failure is diagnosed.
3. **Critical illness with cancer** provides payment when cancer, heart attack, stroke or end-stage renal failure is diagnosed.

STEP 2: Choose from two benefit options.

1. **Option A** offers you a lump-sum benefit payment of \$10,000 to \$70,000.
2. **Option B** offers you a lump-sum payment of \$10,000 to \$70,000—plus additional indemnity benefits that provide extra protection against covered critical illnesses.

PLUS, YOU CAN CHOOSE A **RETURN OF PREMIUM RIDER**, AN OPTIONAL BENEFIT THAT CAN RETURN SOME OR ALL OF YOUR PAID PREMIUMS.

How would you pay for the out-of-pocket expenses of a critical illness?

If you're like many Americans, you have just a few options:

- Spend your savings.
- Sell your assets.
- **Buy supplemental insurance to protect your family, finances and future.**

Benefits	Option A	Option B
Lump-sum benefit	■	■
Wellness benefit		■
Hospital confinement		■
Consultation benefit		■
Radiation and chemotherapy*		■
Return of Premium rider (optional)	■	■

Premium amounts vary based on the coverage, option and lump-sum benefit amount you select.

*This benefit does not apply to the critical illness without cancer coverage.

Your supplemental coverage comes with these important assurances:

- Your benefits are **paid directly to you** or to whomever you choose, unless otherwise required.
- Your benefits are **paid regardless** of any other insurance you carry.
- Your rates **cannot be increased** unless all rates of that kind are raised in your state.
- Your policy is **guaranteed renewable for life** as long as premiums are paid on time.
- Only you can cancel your coverage.

DID YOU KNOW?

THE RISKS

- Men have nearly a **1-in-2 lifetime risk** of developing cancer. Women have a **1-in-3 lifetime risk**.¹
- This year, **8.5 million Americans** will suffer a heart attack.²
- **Every 40 seconds** on average, someone in the U.S. has a stroke.³

THE COSTS

- The total overall cost of cancer in 2010 was estimated at **\$263.8 billion**.⁴
- The estimated total cost of coronary heart disease was **\$177.1 billion** in 2010.⁵
- The estimated total cost of stroke for 2010 was **\$73.7 billion**.⁶

¹American Cancer Society, *Cancer Facts & Figures 2010*, 2010, p. 1; ²American Heart Association/American Stroke Association, *Heart Disease and Stroke Statistics—2010 Update At-A-Glance*, 2010, p. 6; ³Ibid., p. 14; ⁴American Cancer Society, *Cancer Facts & Figures 2010*, 2010, p. 3; ⁵American Heart Association/American Stroke Association, *Heart Disease and Stroke Statistics—2010 Update At-A-Glance*, p. 13; ⁶Ibid., p. 16.

The above facts represent the U.S. population, are provided for information only and do not imply coverage under the policy or endorsement of the company or policy by the people and organizations listed above.

Benefit descriptions

LUMP-SUM BENEFIT

- **\$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$60,000 or \$70,000**

This benefit is paid when you are first diagnosed¹ with cancer (except skin cancer), heart attack, stroke or end-stage renal failure—based on the coverage you’ve selected—with acceptable proof of diagnosis. This benefit is payable once for each insured, and premiums are based on the benefit level you select. Coverage for child(ren) is available at \$10,000.

WELLNESS BENEFIT

- **\$50 per year for critical illness cancer only coverage**
- **\$50 per year for critical illness without cancer coverage**
- **\$100 per year for critical illness with cancer coverage**

After a 30-day waiting period², this benefit pays for covered screenings. Covered screenings vary based on the selected coverage; please refer to your policy for a complete list of covered screenings. This preventive benefit is limited to one test per person per calendar year. This benefit is paid whether or not you are diagnosed with cancer, heart attack, stroke or end-stage renal failure.

HOSPITAL CONFINEMENT Including U.S. Government Hospitals³

- **\$200 per day, 1–30 days**
- **\$400 per day, 31+ days**

Benefits are paid each day you are confined to a hospital when you are diagnosed with cancer, heart attack, stroke or end-stage renal failure, based on the coverage you selected.

CONSULTATION BENEFIT

- **\$250 per specified critical illness diagnosis**

This benefit is paid when you are diagnosed with cancer, heart attack, stroke or end-stage renal failure and consult a physician or alternative care provider for a treatment plan. The benefit is paid one time according to the coverage you selected.

RADIATION AND CHEMOTHERAPY

- **\$200 per day or \$200 per drug**

This benefit is payable when a physician prescribes radiation or chemotherapy as part of a cancer treatment plan. Treatment may be performed on an inpatient or outpatient basis. At the time of administration, the treatment must be fully or investigationally approved by the U.S. Food and Drug Administration for cancer treatment.

- **Radiation: \$200 per day**
- **Chemotherapy, injected by medical personnel: \$200 per day**
Injections must be made by medical personnel in a physician’s office, clinic or hospital.
- **Chemotherapy, self-administered: \$200 per drug**
This benefit is limited to \$1,600 per month.

¹In Indiana, “first” is not applicable.

²In Oklahoma, the “30-day waiting period” is not applicable.

³A hospital is not a bed, unit or facility that functions as a skilled nursing facility, nursing home, extended care facility, convalescent home, rest home, home for the aged, sanatorium, rehabilitation center, place that primarily provides care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or mental disorders.

RETURN OF PREMIUM RIDERS

This rider can return your premiums to you. The only requirement to receive the rider’s benefits is to keep your policy and the rider in force until the policy matures.¹ When your money is returned, you can continue your protection and collect again.

100% Return of Premium rider

Form R1022ROP

With the 100% Return of Premium rider, you can receive a check for all of your paid premiums, minus claims incurred, every 20 years or on the rider anniversary date after your 75th birthday, if that comes sooner.

If you are 66 or older when you begin a Return of Premium period and you’ve kept your policy and rider in force, you receive one-half of premiums paid, minus any claims incurred, every 10 years.

50% Return of Premium rider

Form R1041ROP

With the 50% Return of Premium rider, you can receive a check for one-half of your paid premiums, minus claims incurred, every 20 years or on the rider anniversary date after your 75th birthday, if that comes sooner.

If you are 66 or older when you begin a Return of Premium period and you’ve kept your policy and rider in force, you receive one-quarter of premiums paid, minus any claims incurred, every 10 years.

These optional riders have an additional cost. The riders may be purchased through age 74, based on your age at issue. State abbreviations may apply to the rider form number when used. These riders are not available with policies that are purchased as part of a Section 125 plan.

¹In Arkansas, maturity is “benefit eligibility.”



Limitations and exclusions

Benefits will not be paid for loss contributed to, caused by or resulting from any insured having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition is caused, complicated or aggravated by the specified critical illness^{1,2}; being diagnosed with a specified critical illness during the waiting period, which is the first 30 days after the coverage effective date^{3,4}; participating or attempting to participate in an illegal act^{5,6}; working at an illegal job^{5,6}; being legally intoxicated or so intoxicated that mental or physical abilities are seriously impaired^{3,7}; being under the influence of any illegal drugs⁷; being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a physician⁷; injuring or attempting to injure oneself intentionally, regardless of mental capacity; committing or attempting to commit suicide, regardless of mental capacity; participating in any sporting event for pay or prize money⁷; being exposed to war or any act of war, declared or not; participating in or contracting with the armed forces, including Coast Guard, of any country or international authority^{8,9}; and alcoholism, drug abuse or chemical dependency.^{10,11}

No benefits are payable for a pre-existing condition during the first twelve (12) months¹² after the effective date of coverage. A pre-existing condition is defined as the existence of symptoms that would cause an ordinarily prudent person¹³ to seek diagnosis, care or treatment within the twelve (12)-month period¹⁴ before the insured's coverage effective date, or a condition for which medical advice or treatment was recommended by or received from a physician within the twelve (12)-month period¹⁴ before the coverage effective date. A pre-existing condition can exist even though a diagnosis has not been made.^{15,16}

For *critical illness without cancer* coverage and *critical illness with cancer* coverage: "Heart attack" does not include any other disease or injury involving the cardiovascular system. A cardiac arrest not caused by a myocardial infarction is not a heart attack. Heart attacks or strokes occurring during or as the result of any medical procedures are not covered. Renal failure caused by a traumatic event, including surgical trauma, is not covered.

This brochure is intended to be a brief, general description of coverage. For more complete details of coverage, including benefits, limitations and exclusions specific to your state, please review the policy with your agent.

¹Not applicable in Arkansas, Delaware, Utah and West Virginia.

²In Idaho, "unless the disease or condition was directly aggravated by a specified critical illness."

³Not applicable in Oklahoma.

⁴In Idaho, coverage begins on the 31st day.

⁵In Idaho, "committing or attempting to commit a felony or to which a contributing cause was you being engaged in an illegal occupation."

⁶In Utah, "voluntary participation in an illegal act or working an illegal job."

⁷Not applicable in Idaho and Nevada.

⁸In Oklahoma, "while you are serving in the military or an auxiliary unit attached to the military or working in an area of war, whether voluntarily or as required by an employer, Washington National Insurance Company will return, at your request, your prorated premium paid for any period you are not insured by this policy while you are in such service."

⁹In Idaho and Utah, "being exposed to" is not applicable.

¹⁰Not applicable in Nevada.

¹¹In Idaho and Oklahoma, "chemical dependency" is not applicable.

¹²In Delaware, New Mexico, Nevada, Puerto Rico and Utah, "six (6) months."

¹³In the District of Columbia, "ordinarily prudent" is not applicable.

¹⁴In Delaware, Nevada, Puerto Rico and Utah, "six (6)-month period."

¹⁵In Puerto Rico, a pre-existing condition means "any sickness, injury or condition which was diagnosed by or for which you consulted a physician 6 months prior to the date you became insured under this policy."

¹⁶In Idaho, a pre-existing condition means "a condition for which medical advice, diagnosis, care or treatment was recommended or received from a physician within the six (6)-month period preceding the effective date of coverage of the insured."

Policy form series: CIC1039

Rider form series: R1022ROP and R1041ROP

Form series may vary by state.

WASHINGTON NATIONAL INSURANCE COMPANY

Home Office

11825 N. Pennsylvania Street

Carmel, IN 46032

WashingtonNational.com

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(06/11) 136398

CS-BR-ROP





Application to: Washington National Insurance Company
11825 N. Pennsylvania St., Carmel, Indiana 46032-4555

SECTION I

Is this a reinstatement? Yes No Is this an upgrade of existing coverage? Yes No

Is this a guaranteed conversion? Yes No

If "Yes" to any of the above, provide existing policy number: _____

Requested Effective Date: _____

SECTION II

Please Print Primary Applicant's Name (First, Middle Initial, Last)				Height	Weight
(Applicant) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yy)	Age	Social Security Number	(Area Code) Phone Number	
Spouse's Name(if applying for spouse insurance) (First, Middle Initial, Last)				Height	Weight
(Spouse) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yy)	Age	Social Security Number	If applying for Child(ren) Insurance, complete Section IV.	
Applicant's Street Address					
City		State		Zip Code	
E-mail Address:					

SECTION III If you are applying through a guaranteed conversion, please answer only questions 1 and 2.

<p>Please answer the questions below for the type of insurance being applied for:</p> <p>For All Insurance Applied For:</p> <p>1. Will this insurance replace any accident and sickness insurance currently in force with us or another company for any person to be insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please complete the "Notice to Applicant" form.</p> <p>2. Have you or anyone to be covered used any tobacco products in the past 10 years? Primary Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. In the past 10 years, have you or anyone proposed for coverage been treated for or diagnosed by a physician as having Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" to question 3, the named individual(s) is not eligible for coverage. Please list individual(s) name: _____ _____</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Primary Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>For Cancer Coverage.</p> <p>4. Has any person proposed for coverage had within the past 5 years: cancer or any malignancy which includes: carcinoma, sarcoma, Hodgkin's disease, leukemia, lymphoma, malignant tumor, cirrhosis, hepatitis B or C, blood disorder, emphysema, or chronic obstructive pulmonary disease (COPD)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Within the last 5 years, has anyone to be covered been treated for or diagnosed as having a pre-leukemic condition, a pre-malignant condition or a condition with malignant potential?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" to question 4 or 5, the named individual(s) is not eligible for coverage. Please list individual(s) name: _____ _____</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

For Heart Attack, Stroke, End-Stage Renal Failure Coverage.

6. Has any person proposed for coverage had within the past 5 years:
heart attack, heart disease, heart surgery, congestive heart failure, angina or prescribed nitroglycerin, any other abnormality of the heart including coronary artery disease, peripheral vascular disease, stroke, transient ischemic attack, or any other cerebrovascular disease, any abnormal kidney function, kidney disease, renal failure or insufficiency, required dialysis, diabetes, spina bifida, lupus, or sickle cell anemia?
7. Has any person proposed for coverage had a blood pressure reading in the last 6 months of greater than 150 systolic or 95 diastolic?
- If "Yes" to question 6 or 7, the named individual(s) is not eligible for coverage. Please list individual(s) name: _____
- _____

Yes No

Yes No

SECTION IV

Dependent Child Coverage (Please Print and fill out completely)
(Each Child to be insured must meet policy eligibility requirements)

Name	Child(ren) Relationship to Primary Applicant	Date of Birth

Check here if additional space is needed and attach separate sheet.

SECTION V

Coverage Selection:

Critical Illness Cancer Only Coverage Critical Illness without Cancer Coverage Critical Illness with Cancer Coverage

Coverage Option: Option A Option B

Coverage Level:

\$10,000 \$20,000 \$30,000 \$40,000 \$50,000 \$60,000 \$70,000

Optional Rider:

Return of Premium *not available with Section 125

100%

50%

Payment Mode:	Premium Total:
<p>Current Direct Bill Options:</p> <p><input type="checkbox"/> Monthly Bank Draft</p> <p><input type="checkbox"/> Semi-Annual</p> <p><input type="checkbox"/> Annual</p> <p>Current Payroll Bill Options:</p> <p><input type="checkbox"/> Payroll deduction</p> <p><input type="checkbox"/> Federal Allotment</p> <p>Payroll Deduction Frequency:</p> <p><input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52</p> <p><input type="checkbox"/> Section 125</p> <p>Monthly Bank Draft is the only mode available on the following:</p> <p><input type="checkbox"/> Credit Union Account Number _____</p> <p><input type="checkbox"/> Employee Non-payroll Account Number _____</p>	<p>Applicant Premium \$ _____</p> <p>Spouse Premium \$ _____</p> <p>Child(ren) Premium \$ _____</p> <p>Optional Rider \$ _____</p> <p>Total \$ _____</p> <p>Amount Collected \$ _____</p> <p><input type="checkbox"/> Draft initial premium payment (an "Authorization to Draft Initial Premium" form must be completed.)</p> <p><input type="checkbox"/> Check remitted with application</p> <p>*All checks should be payable to: Washington National Insurance Company</p>

Special Instructions:

SECTION VI

Applicant's Statement: I have read or have had read to me, the completed application; all representations are true and complete. I understand that: any false statements or misrepresentations in this application may result in loss of insurance if such false statement materially affected either the acceptance of the risk or the hazard assumed by the Company. The agent has no authority to approve the application, change the policy or waive any policy provisions. For ages 65 and above, I have received the booklet containing insurance advice for people eligible for Medicare. Additionally, I acknowledge that I have received an Outline of Coverage. **No coverage will be effective until all eligibility requirements are met and until the later of: (1) the Effective Date as shown on the Policy Schedule, if issued; or (2) the date the first premium is accepted by Washington National Insurance Company.**

WARNING: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Date: _____ Signature of Applicant: _____

Where Signed: _____
(City, State)

This Section to be Completed by Agent: I hereby certify that I have explained to the applicant all exceptions and limitations pertaining to the insurance applied for, including any concerning pre-existing conditions. I hereby certify that I have truthfully and accurately recorded in this application the information supplied by the applicant. I further certify that I am a licensed agent in the state where this application is being solicited by me and signed by the applicant.

Date: _____ Signature of Agent: _____

Agency: _____ Agent Number: _____

Agent's E-mail address: _____

Agent's Phone Number: _____

Mail to Policyholder

Mail to Agent

To be obtained before insurance is issued

Authorization to Obtain Medical Records

Pursuant to the HIPAA Privacy Rule

Important information about this Authorization to Obtain Medical Records

- I understand this authorization is required to determine my eligibility for coverage and benefits under a policy or certificate of insurance.
- Refusing to sign this authorization does not affect my ability to obtain medical treatment, but it may prevent coverage from being issued or being able to determine when benefits are payable under the terms of my coverage.
- I understand that I can revoke this authorization at any time, except to the extent it has been relied upon, by sending a written revocation to:

Washington National Insurance Company
P.O. Box 2024
Carmel, IN 46082-2024

- I understand that if the person or organization I authorize to receive information described in this authorization is not subject to federal health information privacy laws, then such information could be re-disclosed and would no longer be protected by these laws.
- I understand that I have a right to a copy of this authorization.
- I understand that a photocopy or facsimile of this authorization is as valid as the original.

Washington National Insurance Company
11825 N. Pennsylvania Street, Carmel, IN 46032
Phone: (800) 525-7662 Fax: (800) 757-6324

COVERAGE

- Critical Illness cancer only Critical Illness without cancer
 Critical Illness with cancer

RIDER

- Base rates Base rates with 100% ROP
 Base rates with 50% ROP Base rates with CV

NOTES

OPTION A

OPTION A	<input checked="" type="checkbox"/> Primary	Age (____)	
		Tobacco/Nontobacco	
		Annual premium	\$ _____
			+
	<input type="checkbox"/> Spouse	Age (____)	
		Tobacco/Nontobacco	
		Annual premium	\$ _____
			=
		Subtotal	\$ _____
			x
	Lump-sum increments	_____	
	(7 increments for \$70,000)	=	
	Subtotal	\$ _____	
		+	
<input type="checkbox"/> Child(ren)	Annual premium (flat rate)	\$ _____	
		=	
	Option A annual premium	\$ _____	

OPTION B

OPTION B	<input type="checkbox"/> Option B indemnity benefits		
	<input type="checkbox"/> Primary	Age (____)	
		Tobacco/Nontobacco	
		Annual premium	\$ _____
			+
	<input type="checkbox"/> Spouse	Age (____)	
		Tobacco/Nontobacco	
		Annual premium	\$ _____
			+
	<input type="checkbox"/> Child(ren)	Annual premium (flat rate)	\$ _____
		=	
	Option B additional premium (if selected)	\$ _____	
	(\$180.00 minimum) Total annual premium	\$ _____	

PAYMENT MODE

PAYMENT MODE	<input type="checkbox"/> Monthly	0.08333	<input type="checkbox"/> 13-pay	0.07692
	<input type="checkbox"/> Semiannually	0.50000	<input type="checkbox"/> 24-pay	0.04167
	<input type="checkbox"/> 9-pay	0.11111	<input type="checkbox"/> 26-pay	0.03846
	<input type="checkbox"/> 10-pay	0.10000	<input type="checkbox"/> 52-pay	0.01923
	Total annual premium x payment mode = \$ <input type="text"/>			
(round to nearest penny)				

Policy form series: CIC1039

Rider form series: R1022ROP, R1041ROP and R1022CV

Form series may vary by state.

For agent information only. This material should not be distributed to the public or used in any solicitation.

WASHINGTON NATIONAL INSURANCE COMPANY

Home Office: Carmel, IN

WashingtonNational.com



CRITICAL ILLNESS CANCER ONLY - OPTION A ANNUAL PREMIUMS

Base premium rates¹

Policy form CIC1039

FOR EACH \$10,000 LUMP-SUM INCREMENT:

Issue age	Nontobacco	Tobacco
18-39	\$49.20	\$73.20
40-49	\$115.20	\$170.40
50-59	\$198.00	\$292.80
60-64	\$273.60	\$404.40
65-69	\$318.00	\$469.20
70-74	\$351.60	\$519.60
75-79	\$373.20	\$552.00
80-85	\$386.40	\$571.20
CHILD(REN) ²	\$12.00	\$12.00

Premium rates with 100% Return of Premium¹

Policy form CIC1039 (ROP form R1022ROP)

FOR EACH \$10,000 LUMP-SUM INCREMENT:

Issue age	Nontobacco	Tobacco
18-39	\$78.00	\$116.40
40-49	\$186.00	\$274.80
50-59	\$310.80	\$458.40
60-64	\$438.00	\$646.80
65-69	\$508.80	\$750.00
70-74	\$562.80	\$831.60
CHILD(REN) ²	\$19.20	\$19.20

Premium rates with 50% Return of Premium¹

Policy form CIC1039 (ROP form R1041ROP)

FOR EACH \$10,000 LUMP-SUM INCREMENT:

Issue age	Nontobacco	Tobacco
18-39	\$61.20	\$90.00
40-49	\$145.20	\$214.80
50-59	\$242.40	\$357.60
60-64	\$342.00	\$505.20
65-69	\$397.20	\$586.80
70-74	\$440.40	\$649.20
CHILD(REN) ²	\$15.60	\$15.60

CRITICAL ILLNESS CANCER ONLY - OPTION B ANNUAL PREMIUMS

ADD THIS FLAT RATE TO YOUR OPTION A TOTAL FOR EACH INDIVIDUAL

Base premium rates¹

Policy form CIC1039

FOR PLAN B INDEMNITY BENEFITS (LUMP-SUM NOT INCLUDED):

Issue age	Nontobacco	Tobacco
18-39	\$64.80	\$76.80
40-49	\$97.20	\$124.80
50-59	\$130.80	\$174.00
60-64	\$157.20	\$211.20
65-69	\$165.60	\$223.20
70-74	\$180.00	\$243.60
75-79	\$192.00	\$260.40
80-85	\$196.80	\$268.80
CHILD(REN)	\$6.00	\$6.00

Premium rates with 100% Return of Premium¹

Policy form CIC1039 (ROP form R1022ROP)

FOR PLAN B INDEMNITY BENEFITS (LUMP-SUM NOT INCLUDED):

Issue age	Nontobacco	Tobacco
18-39	\$102.00	\$122.40
40-49	\$156.00	\$200.40
50-59	\$207.60	\$274.80
60-64	\$250.80	\$337.20
65-69	\$265.20	\$357.60
70-74	\$288.00	\$390.00
CHILD(REN)	\$9.60	\$9.60

Premium rates with 50% Return of Premium¹

Policy form CIC1039 (ROP form R1041ROP)

FOR PLAN B INDEMNITY BENEFITS (LUMP-SUM NOT INCLUDED):

Issue age	Nontobacco	Tobacco
18-39	\$80.40	\$96.00
40-49	\$122.40	\$156.00
50-59	\$162.00	\$214.80
60-64	\$196.80	\$264.00
65-69	\$207.60	\$279.60
70-74	\$224.40	\$304.80
CHILD(REN)	\$7.20	\$7.20

CRITICAL ILLNESS WITHOUT CANCER - OPTION A ANNUAL PREMIUMS

Base premium rates¹

Policy form CIC1039

FOR EACH \$10,000 LUMP-SUM INCREMENT:

Issue age	Nontobacco	Tobacco
18-39	\$30.00	\$44.40
40-49	\$68.40	\$100.80
50-59	\$111.60	\$164.40
60-64	\$139.20	\$205.20
65-69	\$154.80	\$228.00
70-74	\$180.00	\$266.40
75-79	\$207.60	\$307.20
80-85	\$234.00	\$345.60
CHILD(REN) ²	\$6.00	\$6.00

Premium rates with 100% Return of Premium¹

Policy form CIC1039 (ROP form R1022ROP)

FOR EACH \$10,000 LUMP-SUM INCREMENT:

Issue age	Nontobacco	Tobacco
18-39	\$48.00	\$69.60
40-49	\$109.20	\$160.80
50-59	\$176.40	\$260.40
60-64	\$223.20	\$328.80
65-69	\$247.20	\$364.80
70-74	\$289.20	\$426.00
CHILD(REN) ²	\$9.60	\$9.60

Premium rates with 50% Return of Premium¹

Policy form CIC1039 (ROP form R1041ROP)

FOR EACH \$10,000 LUMP-SUM INCREMENT:

Issue age	Nontobacco	Tobacco
18-39	\$37.20	\$54.00
40-49	\$85.20	\$126.00
50-59	\$138.00	\$204.00
60-64	\$174.00	\$256.80
65-69	\$193.20	\$285.60
70-74	\$225.60	\$332.40
CHILD(REN) ²	\$7.20	\$7.20

CRITICAL ILLNESS WITHOUT CANCER - OPTION B ANNUAL PREMIUMS

ADD THIS FLAT RATE TO YOUR OPTION A TOTAL FOR EACH INDIVIDUAL

Base premium rates¹

Policy form CIC1039

FOR PLAN B INDEMNITY BENEFITS (LUMP-SUM NOT INCLUDED):

Issue age	Nontobacco	Tobacco
18-39	\$46.80	\$50.40
40-49	\$62.40	\$74.40
50-59	\$81.60	\$102.00
60-64	\$99.60	\$128.40
65-69	\$109.20	\$141.60
70-74	\$127.20	\$169.20
75-79	\$145.20	\$194.40
80-85	\$150.00	\$202.80
CHILD(REN)	\$3.60	\$3.60

Premium rates with 100% Return of Premium¹

Policy form CIC1039 (ROP form R1022ROP)

FOR PLAN B INDEMNITY BENEFITS (LUMP-SUM NOT INCLUDED):

Issue age	Nontobacco	Tobacco
18-39	\$73.20	\$80.40
40-49	\$99.60	\$118.80
50-59	\$129.60	\$163.20
60-64	\$159.60	\$205.20
65-69	\$174.00	\$226.80
70-74	\$202.80	\$270.00
CHILD(REN)	\$6.00	\$6.00

Premium rates with 50% Return of Premium¹

Policy form CIC1039 (ROP form R1041ROP)

FOR PLAN B INDEMNITY BENEFITS (LUMP-SUM NOT INCLUDED):

Issue age	Nontobacco	Tobacco
18-39	\$57.60	\$63.60
40-49	\$78.00	\$92.40
50-59	\$102.00	\$127.20
60-64	\$124.80	\$160.80
65-69	\$135.60	\$177.60
70-74	\$158.40	\$211.20
CHILD(REN)	\$4.80	\$4.80

CRITICAL ILLNESS WITH CANCER - OPTION A ANNUAL PREMIUMS

Base premium rates¹

Policy form CIC1039

FOR EACH \$10,000 LUMP-SUM INCREMENT:

Issue age	Nontobacco	Tobacco
18-39	\$76.80	\$112.80
40-49	\$176.40	\$259.20
50-59	\$294.00	\$434.40
60-64	\$392.40	\$579.60
65-69	\$448.80	\$661.20
70-74	\$506.40	\$746.40
75-79	\$554.40	\$817.20
80-85	\$594.00	\$876.00
CHILD(REN) ²	\$18.00	\$18.00

Premium rates with 100% Return of Premium¹

Policy form CIC1039 (ROP form R1022ROP)

FOR EACH \$10,000 LUMP-SUM INCREMENT:

Issue age	Nontobacco	Tobacco
18-39	\$121.20	\$178.80
40-49	\$283.20	\$416.40
50-59	\$463.20	\$684.00
60-64	\$627.60	\$926.40
65-69	\$717.60	\$1,058.40
70-74	\$808.80	\$1,195.20
CHILD(REN) ²	\$28.80	\$28.80

Premium rates with 50% Return of Premium¹

Policy form CIC1039 (ROP form R1041ROP)

FOR EACH \$10,000 LUMP-SUM INCREMENT:

Issue age	Nontobacco	Tobacco
18-39	\$94.80	\$139.20
40-49	\$220.80	\$325.20
50-59	\$362.40	\$534.00
60-64	\$490.80	\$723.60
65-69	\$560.40	\$826.80
70-74	\$632.40	\$933.60
CHILD(REN) ²	\$22.80	\$22.80

CRITICAL ILLNESS WITH CANCER - OPTION B ANNUAL PREMIUMS

ADD THIS FLAT RATE TO YOUR OPTION A TOTAL FOR EACH INDIVIDUAL

Base premium rates¹

Policy form CIC1039

FOR PLAN B INDEMNITY BENEFITS (LUMP-SUM NOT INCLUDED):

Issue age	Nontobacco	Tobacco
18-39	\$109.20	\$127.20
40-49	\$158.40	\$198.00
50-59	\$212.40	\$274.80
60-64	\$255.60	\$338.40
65-69	\$273.60	\$363.60
70-74	\$306.00	\$411.60
75-79	\$334.80	\$453.60
80-85	\$345.60	\$470.40
CHILD(REN)	\$8.40	\$8.40

Premium rates with 100% Return of Premium¹

Policy form CIC1039 (ROP form R1022ROP)

FOR PLAN B INDEMNITY BENEFITS (LUMP-SUM NOT INCLUDED):

Issue age	Nontobacco	Tobacco
18-39	\$174.00	\$201.60
40-49	\$253.20	\$316.80
50-59	\$336.00	\$435.60
60-64	\$409.20	\$541.20
65-69	\$436.80	\$582.00
70-74	\$489.60	\$657.60
CHILD(REN)	\$13.20	\$13.20

Premium rates with 50% Return of Premium¹

Policy form CIC1039 (ROP form R1041ROP)

FOR PLAN B INDEMNITY BENEFITS (LUMP-SUM NOT INCLUDED):

Issue age	Nontobacco	Tobacco
18-39	\$135.60	\$157.20
40-49	\$198.00	\$247.20
50-59	\$261.60	\$339.60
60-64	\$319.20	\$422.40
65-69	\$342.00	\$454.80
70-74	\$381.60	\$513.60
CHILD(REN)	\$10.80	\$10.80

HEIGHT AND WEIGHT CHART

Height	Minimum	Maximum
Up to 4'10	79	199
4'11	81	205
5'0	84	212
5'1	86	220
5'2	90	227
5'3	93	234
5'4	96	242
5'5	98	249
5'6	101	257
5'7	104	265
5'8	107	273
5'9	110	281
5'10	113	289
5'11	116	298
6'0	120	306
6'1	124	315
6'2	127	323
6'3	131	332
6'4	134	341
6'5	137	350
6'6	141	359
6'7	145	368
6'8	148	378
6'9 or taller	152	387

THIS CHART IS NOT A REQUIREMENT FOR CRITICAL ILLNESS CANCER ONLY COVERAGE.

DIRECT:

SEMI-ANNUALLY = 0.5 * ANNUAL | MONTHLY PAC = 0.08333 * ANNUAL

PAYROLL:

09-PAY = 0.11111 * ANNUAL 24-PAY = 0.04167 * ANNUAL
 10-PAY = 0.1 * ANNUAL 26-PAY = 0.03846 * ANNUAL
 13-PAY = 0.07692 * ANNUAL 52-PAY = 0.01923 * ANNUAL

¹Total premium must be greater than or equal to \$180.00/yr.

²Coverage for child(ren) is a \$10,000 lump-sum, regardless of adult lump-sum amount.

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