ManhattanLife Assurance Company of America
fka Central United Life Insurance Company
Administrative Office: 10777 Northwest Freeway, Suite 600
Houston, Texas 77092

Outline of Coverage
Limited Cancer and Dread Disease Policy CP 4000 CA 4/04

GUARANTEED RENEWABLE FOR LIFE
SUBJECT TO THE COMPANY'S RIGHT TO CHANGE PREMIUMS
Retain this form for your records

THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR HOSPITAL OR MEDICAL EXPENSE INSURANCE, A HEALTH MAINTENANCE ORGANIZATION (HMO) CONTRACT, OR MAJOR MEDICAL EXPENSE INSURANCE

READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief description of some of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Your insurance company. It is therefore, important that You **READ YOUR POLICY CAREFULLY!**

This Limited Cancer and Dread Disease Policy is designed to provide to Covered Persons restricted coverage for certain losses resulting from Limited Cancer and Dread Disease ONLY, subject to any limitations contained in the Policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses due to sickness.

TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUMS REFUNDED. If You are not satisfied with the Policy, You may return it within 10 days of receipt for a full refund of premium by delivering it or mailing it to: (1) the agent who took Your application; or, (2) our Administrative Office at 10777 Northwest Freeway, Suite 600, Houston, Texas 77092. Immediately upon such delivery or mailing, the Policy will be deemed void from the beginning. When returning the Policy under this provision, You should state: "This Policy is returned for cancellation and refund of premium".

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the Company.

SCOPE OF COVERAGE
Subject to the specific provisions for each identified benefit and the exclusions and limitations of the Policy, benefits are payable only if these five conditions are met:

(1) A Positive Diagnosis for Cancer or Dread Disease is made on or after the Effective Date of the Policy and while the Policy is in force as to the Covered Person.

(2) The Covered Person has not been Positively Diagnosed or received treatment for the Cancer or Dread Disease before the Effective Date of the Policy.

(3) Cancer or Dread Disease is the reason for the specified event underlying the benefit.

(4) Any medical service or treatment for which a benefit is sought was provided for a bona fide reason grounded in current, generally accepted medical practices and by a Physician or under the orders or supervision of a Physician.

(5) Treatments or services must be prescribed and received within the United States and/or its territories unless the Covered Person has traveled outside the United States and/or its territories and treatment or services are received due to an Emergency Situation that has arisen while outside the United States or its territories. (These five conditions do not need to be satisfied for the Cancer Screening Test benefit to be payable.)

If Cancer or a Dread Disease is diagnosed while a Covered Person is in the Hospital, benefits will begin on the day of admission provided the Policy is in force as to the Covered Person.

If the Positive Diagnosis of Cancer or a Dread Disease can be confirmed only post-mortem, then We will pay benefits beginning on the first day of Confinement for the terminal admission for up to 45 days.

If a Covered Person has a Positive Diagnosis for Cancer or a Dread Disease during the Waiting Period, coverage for such Cancer or Dread Disease will only apply to loss commencing after two years from the Effective Date of the Policy. Alternatively, at Your option, You may elect to void the Policy from the beginning and receive a full refund of premium.

BENEFITS
Benefits are payable to You, the Named Insured, as follows:

(1) Hospital Confinement
A Daily Hospital Confinement benefit as shown in the Policy Schedule of the Policy will be paid for each of the first 70 days of each Period of Confinement of a Covered Person. This benefit is not payable for Confinement in a government or charity hospital.

(2) Prescribed Drugs and Medicines When Confined In Hospital
If a Covered Person is Confined in a Hospital, a Prescribed Drug and Medicine benefit will be paid for the Actual Charges incurred by a Covered Person up to 20% of the Daily Hospital Confinement Benefit as shown in the Policy Schedule of the Policy for the Hospital Charges for prescribed drugs and medicines taken during Hospital Confinement. This benefit is limited to the first 70 days for each Period of Confinement. This benefit is not payable for Confinement in a government or charity hospital.

(3) Surgical
A Surgical benefit will be paid if a Covered Person has a surgical operation in or out of the Hospital. The Surgical benefit will be based on the % of Max. shown in the Schedule of Surgical Operations times the Surgical Benefit Table Maximum as shown in the Policy Schedule of the Policy. If a Covered Person undergoes a procedure not listed, a benefit will be paid for the procedure identified in the Schedule that is the most similar (in terms of technique and location on the body) to the procedure undergone by the Covered Person. Surgical procedures performed through the same incision or in the same body opening will be considered one operation.

(4) Anesthesia

An Anesthesia benefit will be paid for the administration of an anesthetic to a Covered Person. The benefit paid is 25% of the amount payable under the Surgical benefit for the procedure in which anesthesia is used. For skin Cancer operations, We will pay only $50 for the administration of anesthesia for each skin Cancer operation.

(5) Additional Surgical Opinions

We will pay $200 if a Covered Person obtains a second surgical opinion. Second surgical opinion means an evaluation of the need for surgery by a second Physician. If the second surgical opinion differs from the first, We will pay $200 for a third surgical opinion. Third surgical opinion means the evaluation by a third Physician if the opinions of the first two Physicians are in conflict.

(6) Artificial Limb and Prosthesis

When an amputation is performed on a Covered Person, an Artificial Limb and Prosthesis benefit will be paid for each:

1. artificial limb or prosthesis; and
2. reconstructive procedure to affix or implant it.

This benefit is limited to the Actual Charges up to $1,500 per prosthetic device or artificial limb. Benefits will be paid for only two of the same type of prosthetic device or artificial limb. If a Breast Reconstruction and Breast Prosthesis benefit is payable, the Artificial Limb and Prosthesis benefit is not payable.

(7) Physician's Attendance

If a Covered Person is Confined in a Hospital, We will pay a Physician's Attendance benefit of $50 per day if the regular Physician of the Covered Person makes a visit to the Covered Person in the Hospital.

(8) Private Duty Nursing Service

A Private Duty Nursing Service benefit of $150 per day will be paid for each day in which the Covered Person is Confined in a Hospital and retains a Private Duty Nursing Service. For purposes of this benefit, a day is a 24-hour period beginning at twelve noon.

(9) Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drug, Anti-Nausea and Immunotherapy

A Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drug, Anti-Nausea and Immunotherapy benefit will be paid up to the Monthly Maximum as shown in the Policy Schedule of the Policy for the Actual Charges for the following specified treatments or procedures provided to a Covered Person.

a. Teleradiotherapy – A benefit will be paid for the Actual Charges for Teleradiotherapy.
b. Radio-Active Isotopes Therapy – A benefit will be paid for the Actual Charges for Radio-Active Isotopes Therapy.
c. Chemotherapy – A benefit will be paid for the Actual Charges for Chemotherapy and the Actual Charges for the Physician or Nurse's insertion of the Chemotherapy by intravenous or injection method.
d. Chemotherapy Enhancer Drug – A benefit will be paid for the Actual Charges for a Chemotherapy Enhancer Drug.

e. Anti-Nausea – A benefit will be paid for the Actual Charges for an anti-nausea medication prescribed to treat nausea directly caused by Teleradiotherapy, Radio-Active Isotopes Therapy, or Chemotherapy.
f. Immunotherapy – A benefit will be paid for the Actual Charges for Immunotherapy when used for treatment of Cancer or Dread Disease.

For each Calendar Month, all Actual Charges for Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drug, Anti-Nausea, and Immunotherapy will be aggregated. The date a treatment or service was provided determines which Calendar Month it falls within for purposes of aggregation. The maximum dollar amount identified in the Policy Schedule for the Monthly Maximum will limit the amount payable for all Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drug, Anti-Nausea, and Immunotherapy benefits during a Calendar Month. In no event will the aggregate benefit for Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drug, Anti-Nausea, and Immunotherapy exceed the Monthly Maximum for each Calendar Month. If the Covered Person receives Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drug, Anti-Nausea, and Immunotherapy treatment in a government or charity hospital, the benefit payable is determined by the Government or Charity Hospital benefit.

(10) Experimental Treatment

An Experimental Treatment benefit will be paid for the Actual Charges incurred by a Covered Person up to a lifetime maximum of $10,000 for Experimental Treatment. Experimental Treatment must be received in the United States or its territories. If the Experimental Treatment benefit is payable, no other benefit associated with the treatment, service, or procedure underlying the Experimental Treatment is payable.

(11) Bone Marrow Transplant for Cancer

A Bone Marrow Transplant for Cancer benefit will be paid for the Actual Charges incurred by a Covered Person for bone marrow transplants or other forms of stem cell rescue and all related services and supplies. This benefit is limited to a lifetime maximum of $10,000. If the Bone Marrow Transplant for Cancer benefit is payable, no other benefit associated with the treatment, service, or procedure underlying Bone Marrow Transplant is payable, with the exception of the Transportation and Lodging for Bone Marrow Donors benefit.

(12) Physical, Occupational or Speech Therapy

We will pay $50 for each 60-minute session if a Covered Person has Physical, Occupational or Speech Therapy. This benefit is limited to a lifetime maximum of $1,500. The therapy must be authorized by a Physician and may not be provided by a Relative.

(13) Extended Care Facility

We will pay $100 for each day a Covered Person is Confined in an Extended Care Facility. Such Confinement must:

1. be at the recommendation of the attending Physician; and
2. begin within 14 days of a covered Hospital Confinement.

Extended Care Facility benefits are limited to a maximum of 70 days. All days for which a Hospital Confinement benefit is paid will be included in determining the maximum of 70 days for the Extended Care Facility benefit.

(14) Transportation and Lodging for Bone Marrow Donors

A Transportation and Lodging for Bone Marrow Donors benefit will be paid for the transportation and lodging of a bone marrow donor when the donor is either: (a) a Covered Person; or (b) someone donating to a Covered Person. The benefit will be paid as follows:

1. the Actual Charges up to $2,500 for medical expenses directly relating to the services provided to the donor during the transplant;
2. the Actual Charges for round trip coach fare on a Common Carrier or a personal automobile allowance of 50 cents per mile in excess of 50 miles one-way to the city where the transplant is performed, not to exceed 700 miles round trip; and
3. the Actual Charges up to $75 per day for lodging and meal expenses incurred by a bone marrow donor when staying at a hotel, motel or other accommodations acceptable to Us when the donor is asked by the Physician overseeing the donor procedure to remain near the Hospital.

When a Covered Person is the donor, this benefit is payable in lieu of any other benefit payable under the Policy. We will provide direct reimbursement to the medical transportation provider.

(15) Transportation for Non-Local Treatment Which Requires Hospital Confinement

A Transportation for Non-Local Treatment benefit will be paid if the attending Physician prescribes a treatment for Cancer or Dread Disease for which a benefit is payable under the Policy. The treatment must not be available Locally and must require Hospital Confinement for a Covered Person. The benefit will be paid as follows:

1. the Actual Charges for round trip coach fare on a Common Carrier to the nearest Hospital that provides the prescribed treatment; or
2. 50 cents per mile for personal automobile expenses in excess of 50 miles one way, not to exceed 700 miles round trip. Mileage will be measured from Your residence to the facility where the treatment is administered.

Transportation benefits will not be paid for periodic checkups or when a Covered Person obtains treatments, services, or procedures for which a benefit is not payable under the Policy. Transportation benefits are not payable for undergoing a Cancer Screening Test. We will provide direct reimbursement to the medical transportation provider.

(16) Transportation and Lodging for Non-Local Treatment Which Does Not Require Hospital Confinement

A Transportation and Lodging for Non-Local Treatment benefit will be paid if the attending Physician prescribes a treatment for Cancer or Dread Disease for which a benefit is payable under the Policy. The treatment must not be available Locally and must not require Hospital Confinement for a Covered Person. The benefit will be paid as follows:

1. The Actual Charges for round trip coach fare on a Common Carrier to the facility that provides the prescribed treatment, or 50 cents per mile for personal automobile expense in excess of 50 miles one way, not to exceed 700 miles round trip. The benefit payable for all transportation charges (Common Carrier and personal automobile) are subject to a maximum of $1,500 per Calendar Year. Mileage is measurable from Your residence to the nearest facility where the treatment is administered.
2. The Actual Charges up to $50 per day for lodging and meal expenses incurred by a Covered Person when staying at a hotel, motel or other accommodations acceptable to Us. Benefits will be paid only for the days on which You receive a treatment for Cancer or Dread Disease for which a benefit is payable under the Policy.

Transportation and lodging benefits will not be paid for periodic checkups or when a Covered Person obtains treatments, services, or procedures for which a benefit is not payable under the Policy. Transportation benefits are not payable for having a Cancer Screening Test. We will provide direct reimbursement to the medical transportation provider.

(17) Adult Companion Transportation and Lodging

An Adult Companion Transportation and Lodging benefit for Actual Charges will be paid for one Adult Companion to be near a Covered Person when such Covered Person has been Confined in a Non-Local Hospital for Cancer or Dread Disease for which a benefit is payable under the Policy. The benefit is subject to a maximum of $2,500 per Confinement. The benefit will be paid as follows:

1. The Actual Charges up to $50 per day for lodging and meal expenses incurred by the Adult Companion when staying at a hotel, motel or other accommodations acceptable to Us. This benefit is limited to the number of days of the Covered Person's covered Hospitalization.
2. The Actual Charges of one round trip coach fare on a Common Carrier, or a personal automobile allowance of 50 cents per mile, measured from the visiting Adult Companion's residence to the nearest Hospital in which the Hospitalized person is Confined and is in excess of 50 miles one way. We will not pay the personal automobile allowance in excess of 700 miles per round trip. This benefit will be payable only for an Adult Companion residing in, and traveling within, the continental United States.

This benefit will not be paid for visits when the Covered Person receives periodic checkups or when a Covered Person obtains treatments, services, or procedures for which a benefit is not payable under the Policy.

(18) Outpatient Positive Diagnosis Test

We will pay $250 if a Covered Person has an outpatient diagnostic test that leads to a Positive Diagnosis within 90 days of such test. This benefit is not payable if the same Cancer or Dread Disease recurs.

(19) Outpatient Surgery Benefit

An Outpatient Surgery benefit will be paid for outpatient surgery on a Covered Person in a Hospital or Ambulatory Surgical Center. The benefit paid will be:

1. 150% of the Maximum Amount for such surgery shown in the Surgical Benefits Schedule of the Policy; and
2. $375 per operation for drugs, medicines and laboratory tests for the Covered Person.

This benefit is not payable for surgery in a Physician's office or clinic, and is not payable for skin Cancer treatment.

(20) Skin Cancer

We will pay $150 for removal of skin Cancer of a Covered Person when the diagnosis is made by a Physician other than a Pathologist up to a maximum of $600 per Calendar Year. If the diagnosis is made by a Pathologist, the Skin Cancer benefit We will pay is the Actual Charges incurred by the Covered Person up to the Maximum Amount for such surgery shown in the Surgical Benefits Schedule maximums described in the Surgical benefit of the Policy.

(21) Ambulance

We will pay an Ambulance benefit of $250 per trip to transfer a Covered Person to or from a Hospital for Confinement as an inpatient, up a maximum of three trips per year.

(22) Hospice Care

We will pay a Hospice Care benefit of $100 per day for care provided by a Hospice if the Covered Person has been diagnosed as terminally ill due to Cancer or Dread Disease. This benefit is payable for confinement in a Hospice care center, including Hospice centers that are in designated areas of a Hospital. The benefit is limited to a lifetime maximum of 180 days. If Hospice services are provided in the Covered Person's home, the benefit is limited to a lifetime maximum of 30 days.

(23) Government or Charity Hospital

We will pay $200 per day of confinement if a Covered Person is necessarily confined in:

1. a hospital operated by or for the United States Government (including the Veteran's Administration); or
2. a hospital that does not charge for the services it provides (charity).

This benefit is in lieu of all other benefits provided in the Policy, except for transportation and lodging benefits. Further, in lieu of the Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drug, Anti-Nausea, and Immunotherapy benefit, We will pay a total benefit of $200 per day of treatment if a Covered Person receives outpatient Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drug, Anti-Nausea, and Immunotherapy benefit in:

1. a hospital operated by or for the United States Government (including the Veteran's Administration); or
2. a hospital that does not charge for the services it provides (charity).

(24) Blood and Blood Plasma

A Blood and Blood Plasma benefit will be paid for the Actual Charges incurred by a Covered Person for blood, blood plasma and platelets inserted into a Covered Person, up to a maximum of $5,000 per Calendar Year. We will not pay for blood which is donated or replaced.

(25) Breast Reconstruction/Breast Prosthesis

A Breast Reconstruction and Breast Prosthesis benefit will be paid for the Actual Charges incurred by a Covered Person for:

1. reconstructive surgery and any adjustments made to the non-diseased breast following a mastectomy provided such adjustments are performed within 24 months of reconstruction of the diseased breast; and
2. an external breast prosthesis or an internal breast prosthesis and the surgeon's fee for implantation following a mastectomy.

This benefit is limited to a lifetime maximum of $5,000. This benefit is in lieu of the Surgical benefit of the Policy.

(26) Home Health Care Services

A Home Health Care Services benefit will be paid when a Covered Person is provided services by a licensed Home Health Care Agency. Such care must be prescribed by a Physician and cannot be provided by a Relative. The benefit will be paid as follows:

1. $60 per day for services provided at home not to exceed a maximum of 180 days per Calendar Year;
2. $150 per day for private duty nursing at home not to exceed a maximum of 15 days per Calendar Year; and
3. $50 per day for Physician's visits at home not to exceed 15 days per Calendar Year.

This benefit is in lieu of all other benefits provided in the Policy.

(27) Hairpiece Benefit

We will pay a one-time benefit of $100 for a hairpiece when hair loss is the result of Cancer treatment to a Covered Person.

(28) Rental or Purchase of Durable Medical Equipment

A Rental or Purchase of Durable Medical Equipment benefit will be paid for the Actual Charges incurred by a Covered Person up to a maximum of $1,000 per Calendar Year for the rental or purchase of the following pieces of durable medical equipment:

1. a respirator or similar mechanical device;
2. brace;
3. crutches;
4. Hospital bed; or
5. a wheel chair.

(29) Professional Mental Health Consultation

We will pay $50 per session if a Covered Person has a consultation with a licensed mental health professional when any Covered Person is receiving treatment for Cancer or a Dread Disease for which benefits are payable under the Policy. The licensed mental health professional may not be a Relative of the Covered Person. This benefit is limited to a lifetime maximum benefit of $250.

(30) Tutor

A Tutor benefit of $25 per 60-minute session will be paid for an Insured Child under age 19 for a Tutor, provided that such Insured Child is receiving treatment for a covered Cancer or a Dread Disease for which benefits are payable under the Policy. This benefit is limited to a lifetime maximum of 50 sessions.

(31) Extended Benefits

Extended Benefits will be paid for $1,000 per day, beginning on the 71st day of one Period of Confinement if a Covered Person is continuously Confined in a Hospital for treatment of Cancer or a Dread Disease for more than 70 consecutive days. This benefit is payable in lieu of all other benefits payable under the Policy for the same time period.

(32) Cancer Screening Test

A Cancer Screening Test benefit of $50.00 will be paid if a Covered Person has a Cancer screening test, including but not limited to the following:

1. pap smear (test only);
2. CA125 (blood test for ovarian Cancer);

3. PSA (blood test for prostate Cancer);
4. hemocult stool specimen;
5. flexible sigmoidoscopy;
6. CEA (blood test for colon Cancer);
7. colonoscopy;
8. chest X-ray;
9. thermography;
10. serum protein electrophoresis.

The Cancer Screening Test benefit is not payable if a Covered Person receives a Cancer screening test through any community-sponsored or employer sponsored free-testing program or for any other Cancer screening test for which a charge for such test is not made. Only one Cancer Screening Test benefit is payable per Calendar Year.

(33) Mammography Screening

We will pay the Actual Charges for a Mammography Screening administered to a Covered Person up to $100.00 according to the following schedule:

- for female Covered Persons age 35 to 39, inclusive, one base-line Mammography Screening;
- for female Covered Persons age 40 to 49, inclusive, one Mammography Screening every two years or more frequently if recommended by her Physician;
- for female Covered Persons age 50 and over, one Mammography Screening each year; and
- for female Covered Persons at risk or with a family history of breast cancer, a Mammography Screening as ordered by a Physician.

(34) Papanicolaou Test

We will pay the Actual Charge for one Papanicolaou Test each year administered to each female Covered Person age 18 or older up to $75.00.

EXCLUSIONS

Subject to the Time Limit on Certain Defenses provision, We will not pay benefits for:

1. anything caused by or resulting from Injury;
2. anything other than Cancer or a Dread Disease;
3. any sickness, illness, bodily infirmity or incapacity that has been caused, complicated, worsened, or affected by Cancer or a Dread Disease or as a result of Cancer or a Dread Disease treatment including side effects from Cancer or a Dread Disease treatment except as specifically covered;
4. anything due to Cancer or a Dread Disease for which a Positive Diagnosis was made, or treatment was received, prior to the Effective Date;
5. anything for which no charge was incurred by the Covered Person (except as expressly provided herein);
6. any treatment, procedure, or service which is not grounded in current, generally accepted medical practices, except as specifically provided in the Experimental Treatment benefit or Bone Marrow Transplant benefit (benefits for Experimental Treatment are limited to a lifetime maximum of $10,000 and benefits for Bone Marrow Transplants are limited to a lifetime maximum of $10,000);

7. any care and/or treatment received outside the U.S. or its territories unless the Covered Person has traveled outside the United States and/or its territories and treatment is received due to an Emergency Situation;
8. any care, confinement and/or treatment in a government or charity hospital except as specifically provided in the Government or Charity Hospital benefit;
9. any Cancer or Dread Disease during the first two years following the Effective Date in connection with a loss that was incurred during the Waiting Period;
10. planning, clinical treatment planning, clinical treatment management, medical radiation physics, dosimetry, blocks, molds, treatment devices, special services, and similar services ancillary or related to Teleradiotherapy or Radio-Active Isotopes Therapy;
11. side-effect medications or treatments, supplies, saline or similar fluids, administration charges, and other services or treatments ancillary or related to Chemotherapy (except as expressly provided in the Chemotherapy Enhancer Drug benefit and Anti-Nausea benefit provisions); or
12. side-effect medications or treatments, supplies, saline or similar fluids, administration charges, and other services or treatments ancillary or related to Chemotherapy Enhancer Drug, Anti-Nausea medication, or Immunotherapy.

WAIVER OF PREMIUM

If the Named Insured becomes Totally Disabled for 60 days as a result of a Positive Diagnosis of Cancer or a Dread Disease while the Policy is in force, We will waive the premiums that fall due while he or she is Totally Disabled. The Total Disability must begin before the policy anniversary following that person's attainment of age 60. To be eligible for this benefit, premiums must continue to be paid for 60 days after the commencement of Total Disability. Upon approval of this benefit, waiver of premiums will begin on the premium due date next following 60 days of continuous Total Disability. This provision does not apply to Total Disability of the Insured Spouse or Insured Child(ren).

GUARANTEED RENEWABLE

Your Policy cannot be canceled regardless of any changes in your health, the number of times you receive benefit payments, or your advancing age. The only way Your Policy can be canceled is for failure to pay your premium. The Policy is guaranteed renewable for life subject to the Company's right to change rates on all policies of this class in your entire state.

Grace Period. After the first premium is paid, each subsequent premium can be paid in the Grace Period. Any Grace Period will last 31 days after the due date. During this time the Policy will remain in full force. If a past due premium is not paid by the end of the Grace Period, the Policy will lapse. The lapse date will be the last day of the renewal period for which a premium payment was made. Any claims incurred after this lapse date will not be covered.

PREMIUM

Amount	Mode of Premium (Please Circle One)				
$	Annual	Semiannual	Quarterly	Monthly	Other