

Standard Life and Casualty Insurance Company

Home Office: Salt Lake City, UT
Administrative Office: [P.O. Box 510690,
Salt Lake City, UT 84151-0690] [(800)327-0695]

SHORT-TERM FACILITY CARE WITH SIMPLE INFLATION INSURANCE POLICY LIMITED BENEFITS

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

PLEASE READ YOUR POLICY CAREFULLY AND BECOME FAMILIAR WITH ITS TERMS, LIMITS, EXCLUSIONS, AND BENEFIT PROVISIONS.

THIS POLICY DOES NOT PROVIDE LONG-TERM CARE INSURANCE COVERAGE, AS IT IS NOT A LONG-TERM CARE INSURANCE POLICY.

NOTICE: This is not a major medical insurance policy. This Policy provides limited fixed indemnity benefits for short-term care. Fixed indemnity benefits are paid in the amount stated on the Policy Schedule without regards to the cost of services rendered. This Policy does not provide expense reimbursement for charges based on the health care provider's statement.

THIS IS A LIMITED POLICY – PLEASE READ IT CAREFULLY! This is a legal contract between You and Standard Life and Casualty Insurance Company. Standard Life and Casualty Insurance Company agrees to pay the benefits to You while this Policy is in effect, and the Policy's provisions are met.

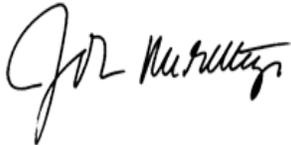
EFFECTIVE DATE: The date that coverage under this Policy begins for You, as shown on the Policy Schedule. Your coverage begins at 12:00 a.m. local time at Your residence. The Effective Date of the Policy will be the date recorded by Us at Our Administrative Office. It is not the date the application is signed. The Policy will become effective when all underwriting requirements have been satisfied, and the required premium is paid.

GUARANTEED RENEWABLE: You have the right to renew this Policy if You pay the correct premium when due or within the Grace Period.

WE RETAIN THE RIGHT TO CHANGE THE PREMIUM ON THIS POLICY: If We do change the premium, We will do so only if: (1) We change the premiums for all policies of this same form and rate class in Your state of issue; (2) such change is in accordance with the laws and regulations of Your state of issue; and (3) We give You advance written notice, as required by Your state, prior to any premium change.

NOTICE OF INSURED'S RIGHT TO EXAMINE POLICY FOR THIRTY DAYS

Please read Your Policy. If You are not satisfied for any reason, return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.



[John McGettigan,
Secretary]



[Todd R. Tippetts,
President]

Executed by Standard Life and Casualty Insurance Company on the Effective Date.

IMPORTANT NOTICE

PLEASE READ THE COPY OF THE APPLICATION ATTACHED TO THIS POLICY. IF ANY INFORMATION ON THE APPLICATION IS NOT TRUE AND COMPLETE, WRITE TO US AT OUR ADMINISTRATIVE OFFICE WITHIN 30 DAYS. THE APPLICATION IS A PART OF THIS POLICY, WHICH WAS ISSUED ON THE BASIS THAT THE ANSWERS TO ALL QUESTIONS AND THE INFORMATION SHOWN ON THE APPLICATION ARE CORRECT AND COMPLETE.

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DEFINITIONS

Activities of Daily Living (ADL): Means bathing, continence, dressing, eating, toileting or transferring:

1. bathing is washing oneself by sponge-bath, or in either a tub or shower, including the task of getting into or out of the tub or shower;
2. continence is the ability to maintain control of bowel and bladder function, or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag);
3. dressing is putting on and taking off all items of clothing, including items such as any necessary braces, fasteners, or artificial limbs;
4. eating is feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously;
5. toileting is getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene; and
6. transferring is moving into or out of a bed, chair, or wheelchair.

Assisted Living Facility: A facility which is either separate from or a distinct part of a health care facility that:

1. is licensed, certified, or accredited by the appropriate state agency and operates pursuant to law;
2. provides assistance with ADLs to ambulatory residents who require protected living arrangements, or coordinated supportive personal and health care services to semi-independent residents;
3. provides at least one (1) trained staff member who is actively on duty 24-hours-a-day to provide care and services;
4. provides three (3) meals per day and accommodates special dietary needs;
5. has formal arrangements for the services of a Physician or registered nurse to furnish emergency medical care; and
6. has appropriate methods and procedures for handling and administering drugs and biologicals.

An Assisted Living Facility known as a residential care facility, personal care, domiciliary care, or any other name, will be considered eligible for benefits only when the facility meets all items indicated above. An independent living unit, an apartment, retirement community, or congregate housing will not meet these terms. If the facility is licensed or accredited for multiple purposes, only the confinement in the wing, ward, unit, or section as an Assisted Living Facility will be eligible for benefits.

Benefit Period: The maximum amount of days for which benefits will be paid under this Policy during one Period of Care. The Benefit Period is shown on the Policy Schedule corresponding to the applicable benefit provision.

Cognitive Impairment: Deficiency in short-term or long-term memory, orientation as to person, place and time, deductive or abstract reasoning, or judgment as it relates to safety awareness, that requires Substantial Supervision. Such impairment can result from the following covered conditions that is measured and confirmed by clinical and standardized tests that reliably measure such impairment: demonstrable organic brain disease, such as Alzheimer's Disease, Parkinson's Disease, senile dementia or other nervous or mental disorders of organic origin.

Durable Medical Equipment: Equipment, such as a hospital bed, wheelchair, or crutches, which is customarily used to serve a medical purpose and is designed for repeated use and is intended for use by successive patients.

Elimination Period: The specified number of days for which benefits are not payable. The Elimination Period must be satisfied before the benefit is payable, unless it is waived by a Fast-50 benefit. The Elimination Period, if any, is shown on the Policy Schedule corresponding to the applicable benefit provision.

Hospice Facility: A place which operates and is licensed or certified pursuant to law and provides a formal program of care:

1. for Terminally Ill patients;
2. that is provided on an Inpatient basis; and
3. that is directed by a duly licensed Physician.

A Hospice Facility does not include, nor provide, care for patients that are not Terminally Ill.

Hospice Care: A program that:

1. provides support and care for the Terminally Ill;
2. is prescribed by and under the direction of a Physician; and
3. is provided by an organization that meets applicable federal or state requirements for certification or licensing as a hospice care organization and provider.

Hospital: An institution operated pursuant to law that:

1. is accredited by the Joint Commission on Accreditation of Hospitals;
2. is primarily engaged in providing or operating either on its premises or in facilities available to the hospital on a contractual prearranged basis and under the supervision of a staff of one or more duly licensed Physicians, medical, diagnostic, and major surgery facilities for the medical care and treatment of sick or injured persons on an Inpatient basis for which a charge is made; and
3. provides access to laboratory and imaging services at appropriate in-house facilities or offsite facilities on a prearranged contractual basis.

A hospital does not include convalescent homes, or convalescent, rest, or nursing facilities; facilities primarily affording custodial, educational or rehabilitative care; facilities for the aged, drug addicts or alcoholics; or any military or veteran's or soldier's home or any hospital contracted or operated by any national government or agency thereof for the treatment of members or former members of the armed forces, except for services rendered on an emergency basis where a legal liability exists for charges made to the individual for such services.

Immediate Family: A family member who is:

1. Your spouse;
2. Your children, brothers, sisters, and parents;
3. the spouses of Your children, brothers, and sisters; or
4. anyone with whom You have a relationship based on a legal guardianship.

Inpatient: Admitted to a Hospital for a stay of at least 24 hours for Medically Necessary room and board.

Investigational Drug: A drug that has successfully completed Phase 1 of a clinical trial but has not yet been approved for general use by the U.S. Food and Drug Administration (FDA) and remains under investigation in a FDA approved clinical trial.

Lifetime Maximum: The total number of days for which benefits are payable for the life of this Policy is shown on the Policy Schedule corresponding to the applicable benefit provision.

Loss of Functional Capacity: Is when You require care to assist in meeting at least two (2) ADLs.

Medically Necessary: The treatment, services, or supplies necessary and appropriate for the diagnosis or treatment of sickness or injury based upon generally accepted medical practice. The fact that a Physician may prescribe, authorize, or direct a service does not guarantee that it is Medically Necessary.

Mental or Nervous Disorders: Neuroses, psychoneurosis, psychopathy, psychosis or mental or emotional disease or disorder of any kind. It does not mean a demonstrable organic brain disease, such as Parkinson's Disease, Alzheimer's Disease, or senile dementia or other nervous or mental disorders of organic origin.

Nursing Home/Facility: A separate facility or distinct part of a health care facility that is:

1. licensed and legally operated to provide nursing care (skilled, intermediate, custodial) for sick and injured persons at their own expense;
2. primarily engaged in providing, in addition to room and board accommodations, nursing care (skilled, intermediate, custodial) by or under the supervision of a licensed Physician;
3. provides continuous 24-hour-a-day nursing services by or under the supervision of a registered professional nurse (RN); and
4. maintains a daily medical record of each patient.

Outpatient: Treatments, services and/or supplies rendered on anything other than an Inpatient basis.

Period of Care: The period that begins on the first day of Assisted Living Facility, Hospice Facility, or Nursing Home/Facility ("Facility Care") confinement. It ends at the end of one hundred eighty (180) consecutive days, thereafter, during which:

1. You were able to perform, without Substantial Assistance, all ADLs; and
2. You did not need Substantial Supervision due to Cognitive Impairment; and
3. You have not been confined to an Assisted Living, Hospice or Nursing Home/Facility.

[Pharmacy: A licensed establishment where Prescription Drugs are dispensed by a licensed pharmacist in accordance with all applicable state and federal laws.]

Physician: A person who is licensed by the state in which he or she practices, who is acting within the scope of his or her license. As used herein, Physician includes a duly licensed health care practitioner, acting within the scope of his or her license. A Physician does not include You or Your Immediate Family.

Plan of Care: A written individualized program of care developed and approved in writing by Your Physician. The Plan of Care must include, but not be limited to:

1. the reason for the need for continued care, including diagnosis and symptoms;
2. schedule of treatment, including level of care and providers of services appropriate to meet Your needs; and
3. functional limitations, including deficiencies in ADLs.

Policy Anniversary: This is the annual date that coincides with the Policy's original Effective Date.

Policy Year: The year beginning on the Effective Date, then on each following annual anniversary of the Effective Date.

Policy Year Maximum: The total days or dollar amounts for which benefits are payable for the Policy Year. Policy Year Maximum amounts are shown on the Policy Schedule corresponding to the applicable benefit provision.

Pre-Existing Conditions: A condition and related complications for which medical advice or treatment was recommended by or received from a provider of health care services within six (6) months preceding Your Effective Date of coverage.

[Prescription Drug: Any medication that:

1. has been fully approved by the FDA for marketing in the United States;
2. can be legally dispensed only with the written Prescription Order in accordance with applicable state and federal laws; and
3. is dispensed by a licensed pharmacist.

For any drug, the FDA must have received final approval to market it for the particular sickness, injury, or demonstrable organic brain disease, such as Alzheimer's Disease, Parkinson's Disease, senile dementia or other nervous or mental disorders of organic origin. Any approval granted as an interim step in the FDA regulatory process, such as an Investigational Drug, is not sufficient.]

[Prescription Order: The request Your duly licensed health care practitioner for:

1. each separate Prescription Drug and each authorized refill;
2. insulin or insulin derivatives only by prescription; and
3. any one of the following supplies used in the self-management of diabetes and purchased during the same transaction only by prescription:
 - a. disposable insulin syringes and needles; or
 - b. disposable blood/urine/glucose/acetone testing agents or lancets.]

Substantial Assistance: means either standby assistance or hands-on assistance:

1. standby assistance is the physical presence of another person within arm's reach that is necessary to prevent injury to You while You are performing an ADL; and
2. hands-on assistance is the physical assistance of another person without which You would be unable to perform an ADL.

Substantial Supervision: Supervision by another person, which may include cueing by verbal prompting, gestures or other demonstrations, which is necessary to protect You from threats to Your health or safety.

Terminally Ill: A Physician has certified that:

1. there is no reasonable prospect of cure for You; and
2. Your life expectancy is estimated at less than six (6) months.

We, Us, Our, Company, Standard Life: Standard Life and Casualty Insurance Company.

You, Your: The insured named on the Policy Schedule.

PREMIUMS AND REINSTATEMENT

Premium Payments: The first premium is due on the Effective Date. Premiums paid after the first premium are renewal premiums.

The date renewal premiums are due is called the due date. Subject to the Grace Period, Your Policy will end if a renewal premium is not paid by the due date. All premiums are payable to Us.

Grace Period: This Policy has a 31-day Grace Period. This means that if a premium (other than the first) is not paid on or before the date it is due, it may be paid during the next 31 days after it is due. During the Grace Period, the Policy will stay in force. If You do not pay the premium by the end of the Grace Period, Your Policy will lapse (end).

Reinstatement: If any renewal premium is not paid within the time granted by Us for payment, a subsequent acceptance of any premium by Us, without requiring an application for reinstatement, shall reinstate the Policy; provided, however that, if We require an application for reinstatement, and issue a conditional receipt for the premium tendered, the Policy will be reinstated upon approval of such application by Us, or lacking such approval, upon the forty-fifth (45th) day following the date of such conditional receipt unless We have previously notified You in writing of Our disapproval of such application. The reinstated Policy shall cover only loss resulting from injury as may be sustained after the date of reinstatement and loss due to such sickness as may begin more than ten (10) days after that date. In all other respects the Company and You shall have the same rights hereunder as the Company and You had under the Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon and attached hereto in connection with the reinstatement.

Refund of Unearned Premium: Upon Our receipt of proof of Your death, We will promptly refund any unearned premium. The unearned premium will be computed pro rata.

Unpaid Premiums: When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

BENEFIT PROVISIONS

FACILITY CARE BENEFIT

Eligibility for Facility Care Benefits. Before the per day benefit can be paid under this Policy for short-term care in either an Assisted Living Facility, Nursing Home/Facility, or Hospice Facility ("Facility Care"), Your Physician must certify that You:

1. have Loss of Functional Capacity;
2. have Cognitive Impairment; or
3. are Terminally Ill.

Limitations or Conditions on Eligibility for Facility Care Benefits. You must:

1. be eligible for benefits as described in the Eligibility for Facility Care Benefits provision above;
2. have satisfied Your Elimination Period, if any; and
3. have received care while confined in either an Assisted Living Facility, Nursing Home/Facility, or Hospice Facility, and the care received must be prescribed in Your Plan of Care.

We may periodically review the necessity of care and treatment. Our review may include:

1. Your diagnosis, symptoms, complaints, and complications of a condition;
2. the reason for the services being rendered to You;
3. Your Physician's orders;
4. Your schedule of treatment;
5. Your physical limitations and impairments; and
6. the objectives of Your Physician's Plan of Care.

Subject to the Eligibility for Facility Care Benefits, and Limitations or Conditions on Eligibility for Facility Care Benefits provisions above, Benefit Period, and Facility Care Lifetime Maximum, We will pay the per day benefit amount that is shown on the Policy Schedule for Facility Care.

We will pay only one per day benefit without regard to the amount of Facility Care services You receive in any one day. We will consider Facility Care services as received as of the date of the confinement.

Fast-50 Facility Care Benefit (“Fast-50”)

You may elect to receive a Fast-50 Facility Care Benefit in place of the Facility Care Benefit for which You are eligible for under this Policy by notifying Us in writing at Our Administrative Office. If You elect to receive the Fast-50 Facility Care Benefit, We will pay fifty percent (50%) of Your per day Facility Care Benefit amount that is shown on the Policy Schedule.

The Elimination Period for the Facility Care Benefit, if any, is waived if You elect to receive the Fast-50 Facility Care Benefit. If You are eligible for the Facility Care Benefit and elect the Fast-50 Facility Care Benefit, We will pay the Fast-50 Facility Care Benefit amount for each day You meet the coverage requirements. If You switch from the Fast-50 Facility Care Benefit to the Facility Care Benefit, You must still satisfy the Elimination Period, if any.

The Fast-50 Facility Care Benefit will end on the earliest date that one of the following occurs:

1. You are no longer eligible per the Eligibility for Facility Care Benefits provision above;
2. We receive written notice from You at Our Administrative Office that You elect to discontinue receiving the Fast-50 Facility Care Benefit;
3. We receive written notice from You at Our Administrative Office that You wish to switch to another Policy benefit;
or
4. You have reached Your Facility Care Lifetime Maximum.

Automatic Restoration of Facility Care Benefit. If Your Period of Care ends, and Your Facility Care benefits have not been paid for the entire Facility Care Benefit Period, We will restore Your Benefit Period, as of the date that Your Period of Care ended, subject to any Elimination Period, if any, and the Lifetime Maximum for Facility Care. Once the Lifetime Maximum for Facility Care has been paid, Facility Care benefits are no longer payable under this Policy.

Bed Reservation Benefit

Subject to the Facility Care Elimination Period, if any, Bed Reservation Policy Year Maximum and Bed Reservation Lifetime Maximum, We will pay the per day Facility Care benefit amount to reserve Your bed in a Nursing Home/Facility or Assisted Living Facility while You are an Inpatient in a Hospital if benefits are payable under this Policy for Nursing Home/Facility or Assisted Living Facility. The Bed Reservation Benefit is not payable unless, after discharge from the Hospital, You immediately return to the Nursing Home/Facility or Assisted Living Facility where You were staying immediately prior to the Inpatient Hospital admission.

Short-Term Facility Care Simple Inflation Protection Benefit

Beginning on the sixth (6th) Policy Anniversary, We will increase Your current Short-Term Facility Care Benefit by the percentage shown on Your Policy Schedule for the Facility Care Benefit. On each subsequent Policy Anniversary, We will continue to increase the current per day Facility Care Benefit by the same dollar amount increase as the previous year. These identical dollar amount increases will continue to take place on each Policy Anniversary up to and including the twenty-fifth (25th) Policy Anniversary.

The per day benefit payable will be the daily amount that was in effect on the first day of the Period of Care. The per day benefit payable will not increase during a Period of Care. The simple inflation benefit will continue to accrue and will be available for potential future Periods of Care.

PRESCRIPTION & DRUG BENEFIT

Subject to the per prescription and Policy Year Maximum amounts that are shown on the Policy Schedule and Limitations and Exclusions in this Policy, We will pay this benefit for each Prescription Order filled through a Pharmacy for:

1. Prescription Drugs that are fully approved and prescribed for the specified indications by the FDA for marketing in the United States and can be obtained only with a Prescription Order from Your duly licensed health care practitioner;
2. Prescription Drugs in dosages, dosage forms, dosage regimens, and durations of treatment that are Medically Necessary; and
3. Prescription Drugs that are within the quantity, supply, or other limits that are appropriate for a Prescription Drug.

This benefit is not subject to the Pre-Existing Conditions Limitation. This benefit is not subject to Your eligibility for the Facility Care Benefit.

Prescription Drug Limitations and Exclusions: We will not pay benefits for--

1. drugs or medicines obtained from sources outside of the United States or Canada;
2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner;

3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed health care practitioner:
 - a. herbal or homeopathic medicines or products;
 - b. minerals;
 - c. appetite suppressants;
 - d. dietary or nutritional substances or dietary supplements;
 - e. nutraceuticals; or
 - f. medical foods;
4. drugs or medicines dispensed at or by a Hospital, an emergency room, a free-standing facility, an urgent care facility, a health care practitioner's office, or other Inpatient or Outpatient setting for take home by You;
5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy;
6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state;
7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions;
8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order;
9. Prescription Drug refills more than the number specified on the Prescription Order;
10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or
11. Prescription Drug that is filled on or after the date this insurance coverage terminates.]

LIMITATIONS AND EXCLUSIONS

We will NOT pay benefits for:

1. illness, treatment, or medical condition arising out of:
 - a. war or act of war (whether declared or undeclared);
 - b. Your participation in a felony, riot, or insurrection; or
 - c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury;
2. confinement due to alcoholism or drug addiction;
3. Durable Medical Equipment;
4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada];
5. loss that is caused by a Mental or Nervous Disorder; or
6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

PRE-EXISTING CONDITIONS LIMITATION

This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

TERMINATION

This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of:

1. when You fail to pay premiums before the end of the Grace Period;
2. the date You die; or
3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

CLAIM PROVISIONS

Notice of Claim: We must receive written notice of claim within twenty (20) days after any covered loss occurs or begins. If notice cannot be given at that time, it must be given as soon as reasonably possible. Notice may be given to Us at Our Administrative Office.

Claim Forms: When We receive the notice of claim, We will furnish You forms for filing proof of loss. If We do not furnish the forms within fifteen (15) working days after receiving written notice of claim, Your written statement will be accepted if We receive written proof of the event and type and extent of the loss within the time stated below in the proof of loss provision.

Proof of Loss: Written proof of loss must be furnished to Us at Our Administrative Office within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. Proof must be sent as soon as reasonably possible, except in the absence of legal capacity, no later than one (1) year from the time proof is otherwise required. We have the right to request records as may reasonably be necessary to determine if benefits are payable under this Policy.

Time of Payment of Claims: Indemnities payable under this Policy for any loss will be paid immediately upon receipt of due written proof of such loss.

Payment of Claims: Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to Your estate. Any other accrued indemnities unpaid at Your death may, at Our option, be paid either to such beneficiary or to such estate. All other indemnities will be payable to You.

If any benefit is payable to Your estate, to a minor or to any person not able to give a valid release, We may pay up to \$1,000.00 to any relative of Yours by blood or connection by marriage, or any beneficiary that We find equitably entitled to the payment. Any payment We make in good faith will fully discharge Us to the extent of the payment.

Claim Denial: If Your claim is denied, We will make available all information directly relating to such denial within sixty (60) days of Your written request to Our Administrative Office.

Appeal Procedure: If We deny a claim for benefits in whole or in part, You will be notified. The notification will explain the reason(s) for denial. If You disagree with Our denial, You may request a formal review of the claim. The request must be in writing and sent to Us at Our Administrative Office within sixty (60) days after the denial. Such request must include the following information:

1. Your name;
2. Your policy number;
3. other identifying information found on the notice from Us, if any;
4. a concise statement of issues; and
5. any information, documents, or comments that You may want to have considered.

The results of this review will be sent to You within sixty (60) days following Our receipt of Your request.

GENERAL PROVISIONS

Entire Contract; Changes: This Policy, including the endorsements, application, any benefit riders, and any attached documents, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by one of Our executive officers and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

Time Limit On Certain Defenses: After two years from the date of issue of this Policy, the Policy shall be incontestable, except for nonpayment of premium or fraudulent misstatements made by You in the application for the Policy.

Physical Examinations and Autopsy: We, at Our own expense, shall have the right and opportunity to examine the person of the insured when, and as often as, it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

Misstatement of Age: If Your age has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age.

Legal Action: No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

Change of Beneficiary: Unless You make an irrevocable designation of beneficiary, the right to change a beneficiary is reserved for You, and the consent of the beneficiary or beneficiaries is not required for the surrender or assignment of this Policy, for any change of beneficiary or beneficiaries, or for any other changes in this Policy.

Other Insurance With Us: You can be insured under only one Policy like this one with Us at any one time. If You are insured under more than one such Policy, You can select the one that is to remain in effect. We will return all premiums paid (less any claims paid) for any Policy that does not remain in effect.

Conformity With State Statutes: Any provision of the Policy which, on its Effective Date, is in conflict with the statutes of the state in which You reside on such date is hereby amended to conform to the minimum requirements of such statutes.

Cancellation By Insured: You may cancel this Policy at any time by written notice delivered or mailed to Us at Our Administrative Office effective upon receipt or on such later date as may be specified in the notice. In the event of cancellation, We will return promptly the unearned portion of any premium paid. The earned premium shall be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

Standard Life and Casualty Insurance Company
Administrative Office: [P.O. Box 510690
Salt Lake City, UT 84151-0690] Customer Service: [(800)327-0695]

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GUARANTEED RENEWABLE