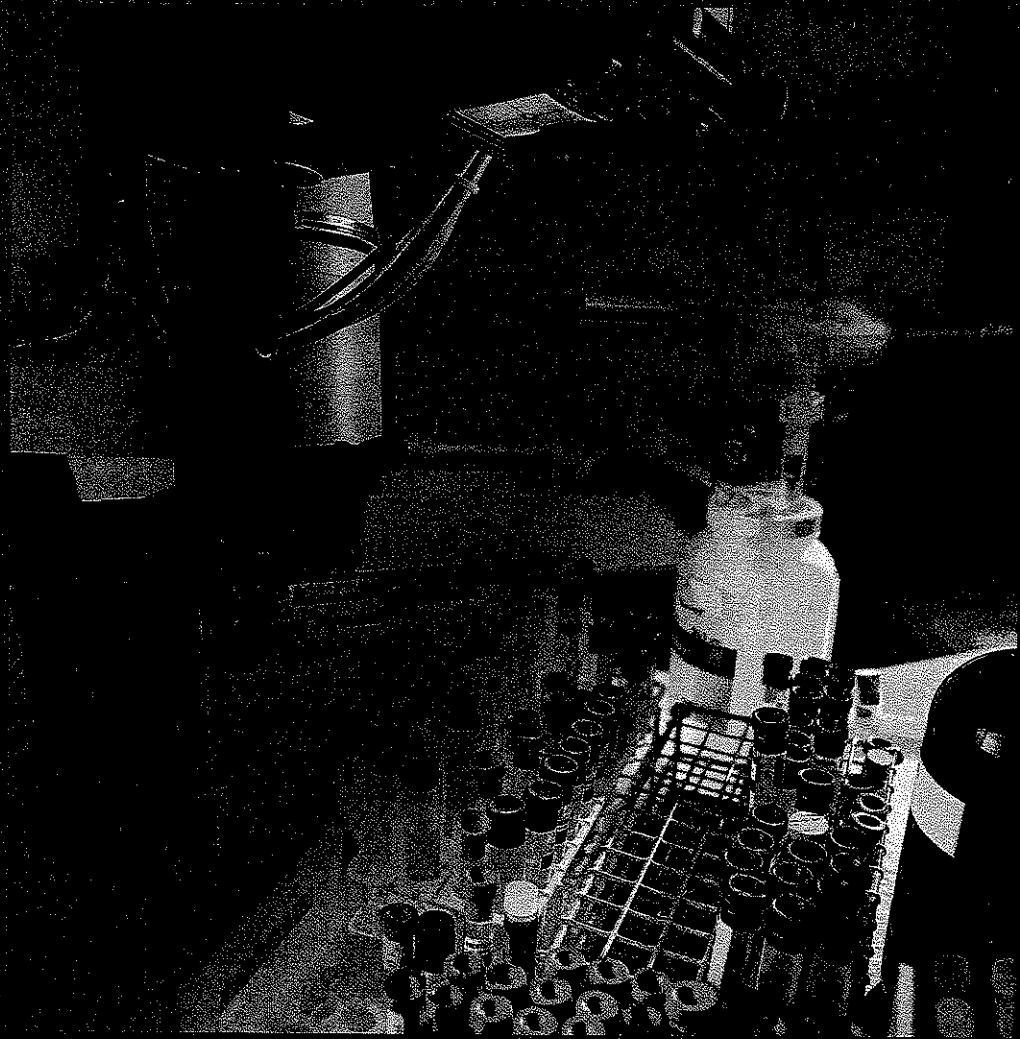


Cancer Protection Plus/Series VII from American Fidelity Assurance Company



Cancer Protection Plus

A Cancer Expense Insurance Policy

WHY DO YOU NEED CANCER INSURANCE?

No one likes to think about the possibility of being a cancer victim. . .but the odds of you or one of your family members getting cancer are enough to make you consider how you would pay for the necessary treatment.

The cost can sometimes run into tens of thousands of dollars. Especially with today's sophisticated medical procedures. Your out-of-pocket expenses alone—deductibles, co-insurance payments and those expenses not covered by insurance—can put a heavy burden on your financial future.

And then there is the loss of time and wages. Cancer treatments can extend over many months, sometimes even years. If you can't work, how will you get paid? Government support programs and Disability Income Insurance will never pay you the full amount you made while working.

As you can see, even with adequate health insurance protection, the treatment of cancer could leave you and/or your family in debt for many years to come.

HOW DOES THE PROGRAM WORK?

American Fidelity will pay the actual charges incurred by a Covered Person for treatment of Cancer, Leukemia or Hodgkins Disease, subject to certain maximum amounts.

GUARANTEED RENEWABLE FOR LIFE!

Your coverage cannot be cancelled. You may renew the policy for as long as you live. When you change jobs or retire, you can maintain your coverage at the same rate and benefits. We will simply bill you at home. Your premium cannot be raised unless it is raised for all insureds in your state who are in your insuring class.

ELIGIBILITY

This policy will be issued only to persons who have not previously been diagnosed as having Cancer.

INDIVIDUAL PLAN. The Insured, age 18 through 64 at the date of policy issue, is the only Covered Person.

SINGLE PARENT/FAMILY. Covered Persons are the Insured, age 18 through 64 at the date of policy issue, and unmarried Dependent Children under the age of 21 (25 if attending school).

FAMILY PLAN. Covered Persons are the Insured and Spouse, ages 18 through 64 at the date of policy issue, and unmarried Dependent Children under the age of 21 (25 if attending school).

PHYSICAL EXAMINATION

American Fidelity has the right, at its own expense, to have a Covered Person examined as often as reasonably necessary while a claim is pending.

BENEFITS

HOSPITAL CONFINEMENT

No Lifetime Maximum

We will pay actual charges up to \$300.00 per day for the first 65 days of a Hospital stay. Beginning on the 66th day, actual charges up to \$600.00 per day are paid.

The Hospital may not be (other than in a minor way) a place for: rest or the aged; treatment of alcoholics or drug addicts; custodial, educational, rehabilitory or nursing care; or an outpatient clinic. Please refer to the definition of Hospital in the policy for complete details.

DRUGS AND MEDICINE—INPATIENT OR OUTPATIENT

No Lifetime Maximum

We will pay actual charges for drugs and medicines given to a Covered Person for treatment of Cancer, up to \$250.00 per confinement when hospitalized, and actual charges up to \$500.00 per calendar year on an outpatient basis.

SURGICAL—INPATIENT OR OUTPATIENT

No Lifetime Maximum

This benefit pays actual charges incurred for surgical procedures, as shown in the Schedule of Operations in the policy, up to \$3,000.00 per operation.

SKIN CANCER SURGICAL BENEFIT

No Lifetime Maximum

This benefit pays actual charges incurred for surgical procedures, as shown in the Schedule of Operations, up to \$240.00 per operation. Benefits for Skin Cancer are ONLY provided under this provision of the policy.

ANESTHESIA—INPATIENT OR OUTPATIENT

No Lifetime Maximum

We will pay actual charges for the services of an anesthesiologist, up to 25% of the amount listed in the Schedule of Operations in the policy.

DONOR

No Lifetime Maximum

Pays expenses incurred by a donor on behalf of a Covered Person for a covered surgery. Pays actual charges for up to \$1,000.00 in medical expenses. If the surgery is performed more than 50 miles from the donor's place of residence, pays up to 21 days lodging at \$40.00 per day for a period of time beginning 24 hours before and ending 24 hours after the donor's presence is required; and for round trip coach fare for travel by scheduled bus, plane or train or by car. Travel by car will be paid at \$.40 per mile for up to 700 miles round trip.

ATTENDING PHYSICIAN

No Lifetime Maximum

While hospitalized, the Company will pay actual charges for doctor's visits up to \$45.00 per day for the first five days and \$40.00 per day thereafter. The Physician may not be a member of your immediate family; and must be qualified to treat the Specified Disease.

SPECIAL NURSING SERVICES

No Lifetime Maximum

INPATIENT

While hospitalized, we will pay actual charges for private duty nursing, up to \$75.00 per day.

AT HOME

We will also pay up to \$75.00 per day for care by a Nurse at home, up to the same number of days this benefit was paid while the Covered Person was hospitalized.

MEDICAL EQUIPMENT

No Lifetime Maximum

This benefit pays up to \$250.00 per calendar year for braces, crutches, wheelchairs and the rental of a respirator when prescribed by a physician.

PROSTHESIS

No Lifetime Maximum

We will pay actual charges up to \$2,000.00 per device for surgical implantation when prescribed by a Physician and needed as a direct result of surgery for Cancer.

BLOOD, PLASMA AND PLATELETS

No Lifetime Maximum

Pays actual charges up to \$50.00 per unit for blood, plasma and platelets. Benefits for blood, plasma and platelets are ONLY provided under this provision of the policy.

RADIATION THERAPY AND CHEMOTHERAPY

No Lifetime Maximum

Pays actual charges up to \$300.00 per day for up to \$10,000.00 per calendar year. This benefit provides coverage for the treatments listed in the policy and their professional administration as approved by the American Medical Association or the Federal Drug Administration. The treatments must be used for the purpose of modification or destruction of abnormal tissue and not for diagnosis. Benefits will be reduced by any amount received under the Drugs and Medicine benefit. This benefit does not cover experimental treatments. This benefit is payable on an inpatient or outpatient basis.

EXPERIMENTAL TREATMENT

No Lifetime Maximum

This benefit pays actual charges up to \$5,000.00 per calendar year for experimental therapy not covered under the Radiation Therapy and Chemotherapy benefit but approved by the National Cancer Institute. Benefits will be reduced by any amount received under the Drugs and Medicine benefit. The benefit does not cover any laboratory tests, diagnostic X-rays or pre-planning related to experimental treatments.

AMBULANCE

No Lifetime Maximum

Pays actual charges up to \$150.00 per confinement for transportation of a Covered Person to and from a Hospital by ground ambulance where the Covered Person is admitted as an inpatient. Air ambulance service does not qualify for this benefit. (Benefits for air ambulance are paid as stated in the Transportation Benefit.)

TRANSPORTATION

No Lifetime Maximum

Pays actual charges for round trip coach fare for travel by scheduled bus, plane or train, or \$.40 per mile for up to 700 miles round trip for travel by car or air ambulance for a Covered Person, who has been diagnosed as having Cancer, to receive treatment in a Hospital that is at least 50 miles away using the most direct route. The Hospital must: be prescribed by a Physician; be the nearest Hospital that provides special types of treatment covered under this policy which are not available locally; and be in the United States.

FAMILY MEMBER TRANSPORTATION AND LODGING

No Lifetime Maximum

Pays the following for an adult member of the immediate family to be near the Covered Person: actual charges up to \$40.00 per day for up to 60 days for lodging, and for round trip coach fare or \$.40 per mile for up to 700 miles, limited to one round trip per confinement. The Covered Person must be confined in a specialized Hospital at least 50 miles away, by the most direct route. If family member is also donor, benefits will be reduced by any amount paid under Donor Benefit.

DREAD DISEASE BENEFIT

\$100,000 Lifetime Maximum

We will pay actual charges up to \$200.00 per day for the first 90 days, \$500.00 per day thereafter, up to a maximum of \$100,000 for the lifetime of each Covered Person for each period of Hospital Confinement for treatment of Dread Disease. Dread Disease means one or more of the following diseases: Amyotrophic Lateral Sclerosis (ALS), Cystic Fibrosis, Diphtheria, Encephalitis, Multiple Sclerosis, Muscular Dystrophy, Osteomyelitis, Poliomyelitis, Rabies, Rheumatic Fever, Scarlet Fever, Sickle Cell Anemia, Smallpox, Spinal Meningitis, Systemic Lupus Erythematosus, Tetanus, Tuberculosis, Tularemia or Typhoid Fever. These diseases must be diagnosed by a legally licensed doctor of medicine or osteopathy. Diagnosis must be made by the appropriate evaluation, analysis, and study of tissues, blood, body fluids, cultures, and/or special laboratory tests. This benefit covers charges made by the Hospital for: room and board, services of regular Hospital attendants, including nurses; laboratory tests; and Hospital supplies and equipment used in the treatment of Dread Disease.

U.S. GOVERNMENT OR CHARITY HOSPITAL BENEFIT

No Lifetime Maximum

Government Hospital or Charity Hospital

If an itemized list of charges is available when a Covered Person is confined in a charity Hospital or a Hospital owned or operated by the United States Government, we will pay benefits under the above provisions the same as if the Covered Person was confined in any other Hospital.

EXTENDED CARE FACILITY

No Lifetime Maximum

The Company will pay \$50.00 per day for confinement in an Extended Care Facility. Confinement must begin within 14 days of a hospital stay, and be at the direction of a Physician. This benefit will be paid for up to the same number of days benefits were received while in the Hospital. The Extended Care Facility may not be (other than in a minor way) a place for: rest or the aged; treatment of alcoholics or drug addicts; or custodial or educational care.

HOSPICE CARE CENTER

No Lifetime Maximum

This benefit pays \$50.00 per day for a Covered Person who is terminally ill and is confined to a Hospice Care Center.

DIAGNOSTIC TESTING BENEFIT

No Lifetime Maximum

Pays up to \$60.00 per calendar year for any Covered Person to have one or more of the following screening tests performed: mammogram; flexible sigmoidoscopy; colonoscopy; pap smear (test only); prostate specific antigen (PSA); chest X-ray; hemocult stool specimen or any generally medically accepted cancer screening test. Benefits will only be paid for tests performed after the 30-day period following the Covered Person's Effective Date of coverage. This benefit is available without a diagnosis of Cancer.

DEATH BENEFIT

If, while this policy is in force, the Insured dies due to Cancer first diagnosed 30 or more days after the Effective Date of the policy, we will pay \$5,000.00. This benefit does not cover Dependents.

WAIVER OF PREMIUM

If, while the policy is in force and prior to age 65, the Insured becomes disabled due to Cancer first diagnosed 30 or more days after the Effective Date and remains so for 90 days, we will pay all premiums due after such 90 days for as long as the Insured remains so disabled. The term "disabled" means that you are: unable to work at any job for which you are qualified by education, training, or experience; not working at any job for pay or benefits; and under the care of a Physician for the treatment of Cancer. This benefit does not apply if a Dependent becomes disabled. This benefit includes the premium for any riders attached to the policy.

LIMITATIONS AND EXCLUSIONS

This policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. This policy also covers other conditions or diseases directly caused, affected or aggravated by Cancer or the treatment of Cancer. All Cancer must be diagnosed by a pathologist. This policy does not cover any loss resulting from any other illness or injury except as specifically provided in the Dread Disease Benefit. Clinical diagnosis will be accepted only if a pathological diagnosis is medically inadvisable.

This policy will be issued only to persons who have not previously been diagnosed as having Cancer. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered. Pre-Existing Condition means any Cancer or Dread Disease, as defined in the policy, that is diagnosed or treated prior to the Covered Person's Effective Date. No benefits will be paid for any loss incurred during the first two years of this policy as the result of a Pre-Existing Cancer. No benefits will be paid for any loss incurred during the first year of this policy as the result of a Pre-Existing Dread Disease. No benefits will be paid for two years for any Cancer diagnosed or treated within the 30-day period following the Covered Person's Effective Date of coverage. No benefits will be paid for one year for any Dread Disease diagnosed or treated within the 30-day period following the Covered Person's Effective Date of coverage.

This product is inappropriate for people who are eligible for Medicaid coverage.

Underwritten by:



A member of the American Fidelity Group.

2000 N. Classen Boulevard
Oklahoma City, Oklahoma 73106

**CANCER PROTECTION PLUS SERIES VII
OPTIONAL BENEFITS**

We offer the following optional benefits which you may add to your policy. We offer Individual, Single Parent/Family and Family coverage.

FIRST OCCURRENCE BENEFIT OPTION

To accompany your Cancer policy, we offer a "companion" First Occurrence Benefit Option that will help provide benefits the first time each Covered Person is diagnosed with an internal Cancer (not skin cancer).

The First Occurrence Benefit is guaranteed renewable for life.

BENEFITS TO YOU:

We will pay an initial diagnosis benefit as follows: for the Insured (as listed in the Policy Schedule), we will pay \$1,250.00; for any other Covered Person we will pay \$625.00.

We will also pay an additional benefit based on the number of months that this rider has been in force on the Covered Person and premiums have been paid. For any persons added to the policy after the Issue Date of this rider, the benefit will begin to accrue on the endorsement date. For newborns it will begin to accrue on the date of birth. The benefit will increase at the end of each policy month at the rate of \$40.00 per month for the Insured, and \$20.00 per month for any other Covered Person. This benefit increases only until the policy month in which a Covered Person reaches age 65. After that, this benefit will no longer increase for that person.

HOSPITAL INTENSIVE CARE OPTION

This option provides benefits for confinement in an Intensive Care Unit (ICU): only that part of the Hospital that provides the highest level of medical care for critically ill or injured patients.

Intensive care confinement is usually unexpected. Because of the critical medical needs involved with intensive care treatment, costs are extremely high. Benefits are paid to you in CASH to be utilized however you see fit.

BENEFITS TO YOU:

Available to everyone under age 65 and Guaranteed Renewable for life. The benefits will decrease by 50% when the Covered Person is age 70 or older. The Intensive Care Option covers sickness and accidents which require intensive care confinement.

The Company will pay \$600.00 per day for up to 30 days for each confinement in an ICU if the Covered Person is under age 70, or \$300.00 per day for up to 30 days if the Covered Person is age 70 or older.

Pays actual charges up to \$100.00 for ambulance service to a Hospital where the Covered Person is admitted to an Intensive Care unit within 24 hours of arrival if the Covered Person is under age 70, or actual charges up to \$50.00 if the Covered Person is age 70 or older.

LIMITATIONS AND EXCLUSIONS

FIRST OCCURRENCE BENEFIT OPTION

No benefits will be provided for one year following the Effective Date of the Policy to which this rider is attached for Cancer diagnosed within 12 months prior to the Effective Date of the Policy. When this rider is replacing previous coverage provided by us, any waiting period will be waived except to the extent it was not met under the previous coverage.

HOSPITAL INTENSIVE CARE OPTION

No benefits will be provided for one year following the Effective Date of the Policy to which this rider is attached for Hospital Intensive Care confinement caused by any heart condition when any heart condition was diagnosed within 12 months prior to the Effective Date of the Policy. (The heart condition causing the confinement need not be the same condition diagnosed.)

No benefits will be provided if the loss results from attempted suicide; intentional self-injury; alcoholism or drug addiction; any act of war; or military service for any country at war.

No benefits will be paid for confinements in units such as: Surgical Recovery Rooms, Progressive Care, Burn Units, Intermediate Care, Private Monitored Rooms, Observation Units, Telemetry Units or Psychiatric Units not involving intensive medical care; or other facilities which do not meet the standards for Intensive Care Unit as defined in the policy.

MONTHLY PREMIUMS

CANCER POLICY	INDIVIDUAL PLAN	SINGLE PARENT/ FAMILY PLAN	FAMILY PLAN
C-7	\$18.50	\$22.50	\$27.50
FIRST OCCURRENCE BENEFIT OPTION	\$ 2.50	\$ 3.00	\$ 4.24
HOSPITAL INTENSIVE CARE OPTION	\$ 6.00	\$ 8.00	\$11.00
(a) C-7 AND FIRST OCCURRENCE BENEFIT OPTION	\$21.00	\$25.50	\$31.74
(b) C-7 AND HOSPITAL INTENSIVE CARE OPTION	\$24.50	\$30.50	\$38.50
(c) C-7 AND FIRST OCCURRENCE AND HOSPITAL INTENSIVE CARE OPTION	\$27.00	\$33.50	\$42.74

This insert must be used in conjunction with brochure SB-3605(CA).
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