

Cancer Insurance Policy
And 20 Other Specified Diseases
Policy Form #HI-185



*One out of every two men
and one out of every three women
will be diagnosed with cancer.**

Offered by:



In addition to cancer coverage, this insurance pays you benefits for 20 other specified diseases:
Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Typhoid
Fever, Bubonic Plague, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Epidemic
Cerebrospinal Meningitis, Undulant Fever, Sickle Cell Anemia, Rocky Mountain Spotted Fever,
Smallpox, Addison's Disease, Hansen Disease, Tularemia.

Underwritten by National Security Insurance Company

*Cancer statistic is from the American Cancer Society, Cancer Facts & Figures, 2015.

Millions of individuals and families battle cancer every day. Treatment options are improving constantly, with new pharmaceuticals and advancements in surgical procedures. As with all improvements, cost increases always follow. National Security Insurance Company is committed to helping individuals and families. We've been doing just that for over sixty years with easy to understand, easy to obtain insurance. And our cancer policy is no different. Different plan levels of coverage make our cancer policy affordable for practically anyone.

POLICY BENEFITS

| | PLAN A | PLAN B | PLAN C |
|--|-----------------------|-----------------------|-----------------------|
| Special Benefits | | | |
| <p>First Occurrence Benefit Pays a one-time benefit of amount shown for each covered person, when a covered person is diagnosed for the first time ever as having cancer (other than skin cancer) as defined in this policy. The first diagnosis must occur after the waiting period and is payable only once for each covered person.</p> | \$2,000 | \$2,000 | \$2,000 |
| <p>Wellness Benefit Pays benefit of amount shown each year for each covered person for one of the following cancer screening tests: Bone Marrow Testing; CA15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (blood test for colon cancer); chest x-ray; colonoscopy; flexible sigmoidoscopy; hemocult stool analysis; mammography, including breast ultrasound; Pap smear, including ThinPrep Pap Test; PSA (blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); or biopsy for skin cancer. This benefit is payable only once for each covered person each calendar year. This benefit is paid regardless of the result of the test(s).</p> | \$75/year | \$100/year | \$100/year |
| <p>Waiver of Premium Pays premiums that become due after insured is disabled for 90 days for as long as the insured remains disabled. Disability must be a direct result of cancer first diagnosed after the 30 day waiting period.</p> | Premium | Premium | Premium |
| Hospitalization And Related Benefits | | | |
| <p>Hospital Confinement Amount shown per day for each day up to a maximum of 70 days a covered person is confined as an inpatient in a hospital.</p> | \$100/day | \$200/day | \$400/day |
| <p>Inpatient Drugs and Medicines In-hospital charges up to the amount shown for each day of continuous hospital confinement.</p> | \$10/day | \$10/day | \$10/day |
| <p>Physician's Attendance Charges up to the amount shown each day for a visit by a physician during a covered hospital confinement. Limited to one visit per day by one physician.</p> | \$20/day | \$30/day | \$30/day |
| <p>Ambulance Charges up to the amount shown for each continuous hospital confinement for transportation by a licensed ambulance service or a hospital owned ambulance for transporting a covered person.</p> | \$100 per confinement | \$200 per confinement | \$200 per confinement |
| <p>Private Duty Nursing Services Charges up to the amount shown each day while hospital confined. Must be required and authorized by the attending physician. Nursing services in a facility other than a hospital are not covered.</p> | \$100/day | \$100/day | \$100/day |
| <p>Government or Charity Hospital Amount shown each day in lieu of all other benefits in the policy when confined to a hospital operated by or for the U.S. Government (including the Veteran's Administration) or a hospital that does not charge for the services it provides (charity).</p> | \$100/day | \$100/day | \$300/day |
| Extended Care Benefits | | | |
| <p>Hospice Care Center Charges up to the amount shown each day for confinement in a licensed freestanding hospice care center. Benefits payable for hospice care centers that are designated areas of hospitals will be paid the same as inpatient hospital confinement. Payable only if admission occurs within 14 days after a period of inpatient hospital confinement.</p> | \$100/day | \$100/day | \$100/day |

POLICY BENEFITS CONTINUED

PLAN A

PLAN B

PLAN C

| Extended Care Benefits Continued | | | |
|--|----------------------------|----------------------------|----------------------------|
| <p>Hospice Care Team Charges up to the amount shown for each visit, limited to one visit a day, for home care services by a hospice care team. Home care services are hospice services provided in the patient's home. Food services or meals other than dietary counseling, services related to well-baby care, services provided by volunteers or support for the family after death of the covered person are not covered.</p> | \$100/day | \$100/day | \$100/day |
| <p>Extended Care facility Charges up to the amount shown each day for each day a covered person is confined in an extended care facility. Confinement period is limited to the number of days of previous continuous hospital confinement. Confinement must begin within 14 days after hospital confinement and must be at the direction of the attending physician.</p> | \$100/day | \$100/day | \$100/day |
| <p>Extended Benefits (after 70 days of hospital confinement) If continuous hospital confinement for the treatment of cancer or a specified disease lasts more than 70 days, the policy pays the hospital charges up to amount shown for each day. Begins on the 71st day until discharge. Paid in addition to any other benefits paid prior to the 71st day, and paid in lieu of all other benefits after the 70th day.</p> | \$100/day | \$200/day | \$200/day |
| <p>Home Nursing Charges up to the amount shown each day for private nursing care and attendance by a nurse at home. Must be required and authorized by the attending physician and must begin within 14 days after confinement as an inpatient in a hospital. Limited to the number of days of the previous continuous hospital confinement.</p> | \$100/day | \$100/day | \$100/day |
| Surgery Benefits | | | |
| <p>Inpatient Surgery Surgeon's fee not to exceed the amount shown in the schedule in the policy.</p> | \$1,500 schedule | \$3,000 schedule | \$3,000 schedule |
| <p>Outpatient Surgery Surgeon's fee not to exceed the percentage shown of the scheduled benefit.</p> | 150% of inpatient | 150% of inpatient | 150% of inpatient |
| <p>Second Surgical Opinion Charges up to the amount shown. Must be incurred after diagnosis and before surgery.</p> | \$200 | \$200 | \$200 |
| <p>Anesthesia Charges of an anesthetist not to exceed 25% of the surgical benefit.</p> | 25% of surgical benefit | 25% of surgical benefit | 25% of surgical benefit |
| <p>Ambulatory Surgical Center Charges up to the amount shown each day when surgery is performed at an ambulatory surgical center.</p> | \$250/day | \$250/day | \$600/day |
| Cancer Treatment Benefits | | | |
| <p>Radiation and Chemotherapy Charges up to the maximum shown each 12 month period beginning with the first day of benefit under this provision for covered treatment techniques used for modification or destruction of cancerous tissue.</p> | \$5,000 per 12 months | \$10,000 per 12 months | \$20,000 per 12 months |
| <p>Blood, Plasma, and Platelets Charges up to the maximum shown each 12 month period beginning with the first day of benefit under this provision for blood, plasma, and platelets (including transfusions and administration charges); processing and procurement costs; and cross matching. Donor replaced blood is not covered.</p> | \$5,000 per 12 months | \$10,000 per 12 months | \$20,000 per 12 months |
| <p>Prosthesis Charges up to the maximum shown for each prosthetic device prescribed as a direct result of surgery for cancer or specified disease treatment and which requires surgical implantation. Limited to \$2,000 for each covered person, for each amputation.</p> | \$2,000 | \$2,000 | \$2,000 |
| <p>Physical or Speech Therapy Charges up to the amount shown each day for restoration of normal body function.</p> | \$25/day | \$25/day | \$25/day |
| <p>New or Experimental Treatment Charges up to maximum shown for each 12 month period beginning with the first day of treatment under this provision when the attending physician judges such treatment necessary and no other generally accepted treatment produces superior results in the opinion of the attending physician.</p> | \$5,000 per 12 months | \$10,000 per 12 months | \$10,000 per 12 months |
| <p>Skin Cancer Diagnosed by a legally qualified pathologist. (For skin cancer diagnosed other than by a legally qualified pathologist, please refer to the policy schedule page.)</p> | Actual charges up to \$150 | Actual charges up to \$300 | Actual charges up to \$300 |

POLICY BENEFITS CONTINUED

| | PLAN A | PLAN B | PLAN C |
|--|------------------------|------------------------|------------------------|
| Lodging And Transportation Benefits | | | |
| <p>Outpatient Lodging Cost, up to maximum shown, of single room in a motel, hotel, or other accommodations acceptable to us. Covered person must be receiving radiation or chemotherapy treatment on an outpatient basis. Limited to maximum shown not to exceed 40 days during each 12 month period beginning with the first day of benefit under this provision. Outpatient treatment must be received at a treatment facility more than 100 miles from the covered person's home. Must be authorized by the attending physician and cannot be obtained locally.</p> | \$50/day | \$100/day | \$100/day |
| <p>Non-Local Transportation Cost of round-trip coach fare by common carrier or amount shown for each mile up to 700 miles for round trip personal vehicle for round trip personal vehicle transportation for treatment at a hospital (inpatient or outpatient), Radiation Therapy Center, Chemotherapy or Oncology Clinic, or any other specialized freestanding treatment center nearest to the covered person's home, provided the same or similar treatment cannot be obtained locally. "Non-local" means a round trip of more than 70 miles from the covered person's home to the nearest treatment facility. Does not cover transportation for anyone other than covered person requiring treatment.</p> | Airfare or \$0.50/mile | Airfare or \$0.50/mile | Airfare or \$0.50/mile |
| <p>Family Member Transportation Pays the following benefits for one adult member of the covered person's family to be near the covered person, when a covered person is confined in a non-local hospital for specialized treatment. Maximum 60 days per confinement</p> | \$50/day | \$100/day | \$100/day |
| <p>Transportation Cost of round trip coach fare on common carrier, or amount shown for each mile up to 700 miles personal vehicle allowance for each continuous hospital confinement. Family Member Transportation benefit will not be paid if the personal vehicle transportation benefit is paid under the Non-Local Transportation benefit, when the family member lives in the same city or town as the covered person.</p> | Airfare or \$0.50/mile | Airfare or \$0.50/mile | Airfare or \$0.50/mile |

INTENSIVE CARE

| | PLAN A | PLAN B | PLAN C |
|---|--------|-----------|-----------|
| Benefits | | | |
| <p>Hospital Intensive Care Pays benefit of amount shown for each day of confinement in a hospital intensive care unit. Begins with the first day of admission and pays up to 45 days. For time periods less than a day (24 hours), a pro-rata share of the daily benefit is paid. Benefit reduces to 50% at age 70. The hospital intensive care benefit is not disease specific and pays a benefit for covered confinement in a hospital intensive care unit for any covered illness or accident from the very first day of confinement. No benefits are paid if confinement is due to an attempted suicide or intentional self-inflicted injury; or intoxication or being under the influence of drugs not prescribed or recommended by a physician; or alcoholism or drug addiction. Benefits are not paid under this rider for continuous hospital intensive care unit confinements that occur during hospitalization that begins before the effective date of the policy. Children born within 10 months of the policy effective date are not covered for any continuous hospital intensive care unit confinement benefit that occurs or begins during the first 30 days of such child's life.</p> | NA | \$300/day | \$300/day |



National Security
Insurance Company

Questions? Call us toll-free at 1-800-239-2358. We will be happy to answer any questions you may have about this cancer insurance policy.

ADDITIONAL BENEFITS RIDER

| | | PLAN A | PLAN B | PLAN C |
|---|----------------|--------|--------|--|
| Benefits | | | | |
| <p>Bone Marrow Benefit Pays actual charges up to the indemnity amount shown when a bone marrow transplant or peripheral blood stem cell transplant is performed on a covered person. This benefit will not be paid for the harvest of bone marrow or stem cells from a donor, as those benefits are covered under the Donor Benefit. This benefit is payable in or out of the Hospital.</p> | Autologous | NA | NA | \$1,500 per Calendar Year |
| | Non-Autologous | NA | NA | \$4,500 per Calendar Year |
| <p>Cancer Screening Follow-Up Benefit Pays the indemnity amount shown for one follow-up invasive screening test (a test involving an incision or surgery or the insertion of an instrument into the body) when a covered person receives abnormal results from a Wellness Benefit screening test. For those tests involving an incision or surgery, this benefit will only be paid for a test that results in a negative diagnosis of cancer. Diagnostic surgeries that result in a positive diagnosis of cancer will be paid under the Surgical Benefit. For those invasive tests that do not involve an incision, this benefit will be paid regardless of the diagnosis.</p> | | NA | NA | \$75 per Calendar Year; 1 per Calendar Year |
| <p>Donor Benefit Pays actual charges up to the amount shown if expenses are incurred by a donor on behalf of a covered person for a covered surgery due to an organ transplant, bone marrow transplant, or stem cell transplant. This benefit will be paid regardless of where the surgery is performed. Blood donor expenses are not covered under this benefit.</p> | | NA | NA | \$1,000 per Donation |
| <p>Hair Prosthesis Benefit Pays actual charges up to the amount shown for a covered person's hair prosthesis needed as a direct result of cancer or the treatment of cancer. Benefits for a hair prosthesis will only be paid under this benefit. This benefit is payable once per covered person per lifetime.</p> | | NA | NA | \$200 per Covered Person per Lifetime |
| <p>Hormone Therapy Benefit Pays the indemnity amount shown for hormone therapy treatment prescribed by a physician following a diagnosis of cancer of a covered person. "Hormone therapy" means the use or manipulation of hormones, natural or synthetic, to prevent growth of malignancy. This benefit covers the drugs and medicines only. It does not include associated administrative processes. This benefit does not include any drugs or medicines covered under the Drugs and Medicines Benefit (Inpatient or Outpatient) or the Radiation Therapy/Chemotherapy Benefit.</p> | | NA | NA | \$50 per treatment up to a maximum of 12 per Calendar Year |
| <p>Lab Work/Administrative Benefit Pays actual charges up to amount shown when procedures related to radiation/chemotherapy treatment occur on behalf of a covered person. This benefit is payable once per calendar month for procedures such as treatment planning, treatment management, design and construction of treatment devices, radiation dosimetry calculation, lab tests, ex-rays, scans, medical supplies and equipment used in administration (IV solutions, needles, dressings, pumps, catheters, etc.). This benefit will only be paid if the covered person is also receiving the Radiation/Chemotherapy Benefit during the same calendar month.</p> | | NA | NA | \$100 per Calendar Month |
| <p>Medical Imaging Benefit Pays the indemnity amount shown for a covered person, who has been diagnosed with Cancer, and receives either: 1. a Magnetic Resonance Imaging (MRI); 2. a Computed Tomography (CT) scan; 3. a Computed Axial Tomography (CAT) scan; 4. a Positron Emission Tomography (PET) scan; when performed due to cancer or the treatment of cancer. The MRI, CT scan, CAT scan, or PET scan must be done at the request of a physician.</p> | | NA | NA | \$300 per image up to a maximum of 2 per Calendar Year |
| <p>Outpatient Drugs and Medicine Benefit Pays the indemnity amount shown for anti-nausea and pain medication for treatment of cancer prescribed by a physician and administered to a covered person who is also receiving radiation therapy/chemotherapy, a covered surgery, or a bone marrow/stem cell transplant. This benefit covers drugs and medicines only. It does not include associated administrative processes. This benefit does not include drugs/medicines covered under the Radiation/Chemotherapy Benefit or the Hormone Therapy Benefit.</p> | | NA | NA | \$50 per prescription up to a maximum of \$200 per calendar month per person |

RATES

| Benefit Type | Issue Ages 17 - 64 | | Issue Ages 65 - 74 | |
|---|--------------------|---------|--------------------|---------|
| | Individual | Family | Individual | Family |
| Base Coverage - Plan A | \$13.05 | \$21.95 | \$31.05 | \$52.00 |
| Base Coverage - Plan B | \$21.80 | \$38.20 | \$51.80 | \$90.50 |
| Base Coverage - Plan C with Additional Benefits Rider | \$36.35 | \$65.66 | NA | NA |

Eligibility/Termination

Family Plan coverage may include you, your spouse and dependent children as defined in the policy. Coverage for dependent children terminates on the policy anniversary next following the date the child is no longer eligible, which is either when the child marries or reaches age 21 (25 if a full-time student at an educational institution of higher learning beyond high school). Coverage for the insured's spouse ends upon valid decree of divorce.

Waiting Period, Exceptions and Limitations

The policy contains a 30-day waiting period that begins on the effective date. No benefits are payable for any covered person who has cancer or a specified disease diagnosed before coverage has been in force 30 days from the effective date, except should a covered person have cancer or a specified disease first diagnosed after signing the application and before the end of the waiting period, benefits for treatment of that cancer or specified disease will apply only to loss commencing after 2 years from the effective date of the policy; or, at your option, you may elect to void the policy from the beginning and receive a full refund of premium, in accordance with the Notice of 30 Day Right to Examine Policy Provision. The policy does not pay for any loss except for losses due directly from cancer or specified disease. Diagnosis must be submitted to support each claim. The policy does not pay for any disease or incapacity that has been caused, complicated, worsened or affected by cancer or a specified disease or as a result of cancer or specified disease treatment. Treatment must be received in the United States or its territories. Hospital does not include any institution, or part thereof, that is used primarily as a clinic, convalescent home, rest home, home for the aged, nursing home, or facilities primarily affording custodial, educational, rehabilitative care or care and treatment of alcoholics or drug addicts, or mental or nervous disorders.

Renewability

The policy is guaranteed renewable for life, subject to change in premiums by class. All premiums may change on a class basis. A notice is mailed in advance of any change.

This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. The policy itself sets forth, in detail, the rights and obligations of both the insured and the insurance company.

THIS IS A LIMITED BENEFIT CANCER AND SPECIFIED DISEASE POLICY. THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.

National Security Insurance Company is committed to helping others in times of need, and we've been doing just that for over sixty years by insuring your world. Our policies are easy to understand, easy to obtain and easy to afford. And, we pride ourselves on prompt, convenient and courteous claims service.

With a large independent agency force currently representing us throughout the Southeastern United States, we will continue to earn the trust and confidence of our agents and customers. Talk with us today and discover why National Security believes that insurance should simplify life, not complicate it.



**National Security
Insurance Company**

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