Cancer Insurance

Limited Benefit Lump Sum Cancer Insurance (CLS-1000)

Summary of Benefits by Plan*

Benefit Description

Lump Sum Benefit

\$10,000-\$50,000 one time benefit upon first time Positive Diagnosis of Internal Cancer

Policy Benefit Highlights

Pays a one time lump sum benefit the first time an Insured Person has a Positive Diagnosis of Internal Cancer. The Positive Diagnosis of Internal Cancer must be 30 days or more after the effective date of coverage.

Internal Cancer means Cancer that has invaded: an internal bodily organ; or the blood; or the bone. It does not mean cancer of the skin or subcutaneous tissue.

Positive Diagnosis means a diagnosis of Cancer made by a legally licensed doctor of medicine certified by the American Board of Pathology to practice Pathological Anatomy or a certified Osteopathic Pathologist. Diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or post-mortem).

Clinical diagnosis of Internal Cancer will be accepted as evidence that Internal Cancer exists in an Insured Person when a pathological diagnosis is medically inadvisable if: such medical evidence substantially documents the diagnosis of Internal Cancer; and the Insured Person receives treatment for Internal Cancer by a Physician legally licensed for the practice of medicine. When the requisite diagnosis of Internal Cancer can only be made post-mortem, benefits will be paid back to the date of terminal admission to the Hospital.

Limitations and Exclusions

Eligibility

This policy will be issued to only those persons who meet American Public Life Insurance Company's insurability requirements. Persons not meeting APL's insurability requirements will be excluded from coverage by an endorsement attached to the policy. Eligible Family member means who is your legal spouse or your dependent child (by reason of blood or adoption) or stepchild under the age of 26.

Base Policy

No benefits are payable for any disease, sickness or infirmity other than Internal Cancer. No benefits are payable for a loss due to a Pre-Existing Condition unless the loss occurs after premiums have been paid for twenty-four (24) consecutive months on behalf of the Insured Person sustaining the loss. Pre-Existing Condition means: any condition after the effective date, that is diagnosed as Internal Cancer for which medical advice or treatment was recommended during the two year period before the Insured Person became insured hereunder. Except in the case of a foster child, We will not exclude coverage for any Pre-Existing Condition of a child who is an Eligible Family Member under this policy. Loss due to Pre-Existing Conditions specifically named, or described as excluded in any part of the Policy are never covered.

Renewability

This Policy is guaranteed renewable for life and may be renewed by the timely payment of premiums. We have the right to change premium rates by class.

*The premium and amount of benefits may vary dependent upon the Plan selected at time of application.





CLS-1000

Limited Benefit Lump Sum Cancer Insurance

Individual Plan Bi-Weekly Premiums by Plan

Benefit Amount	18-39	40-49	50-59	60-69	70-79
\$10,000	2.31	5.08	8.31	12.23	15.69
\$15,000	3.12	7.27	12.12	18.00	23.19
\$20,000	3.92	9.46	15.92	23.77	30.69
\$25,000	4.73	11.65	19.73	29.54	38.19
\$30,000	5.54	13.85	23.54	35.31	45.69
\$35,000	6.35	16.04	27.35	41.08	53.19
\$40,000	7.15	18.23	31.15	46.85	60.69
\$45,000	7.96	20.42	34.96	52.62	68.19
\$50,000	8.77	22.62	38.77	58.38	75.69

Single Parent Plan Bi-Weekly Premiums by Plan

Benefit Amount	18-39	40-49	50-59	60-69	70-79
\$10,000	2.77	5.54	8.77	12.69	16.15
\$15,000	3.81	7.96	12.81	18.69	23.88
\$20,000	4.85	10.38	16.85	24.69	31.62
\$25,000	5.88	12.81	20.88	30.69	39.35
\$30,000	6.92	15.23	24.92	36.69	47.08
\$35,000	7.96	17.65	28.96	42.69	54.81
\$40,000	9.00	20.08	33.00	48.69	62.54
\$45,000	10.04	22.50	37.04	54.69	70.27
\$50,000	11.08	24.92	41.08	60.69	78.00

Family Plan Bi-Weekly Premiums by Plan**

Benefit Amount	18-39	40-49	50-59	60-69	70-79
\$10,000	3.23	7.38	14.77	22.62	29.54
\$15,000	4.50	10.73	21.81	33.58	43.96
\$20,000	5.77	14.08	28.85	44.54	58.38
\$25,000	7.04	17.42	35.88	55.50	72.81
\$30,000	8.31	20.77	42.92	66.46	87.23
\$35,000	9.58	24.12	49.96	77.42	101.65
\$40,000	10.85	27.46	57.00	88.38	116.08
\$45,000	12.12	30.81	64.04	99.35	130.50
\$50,000	13.38	34.15	71.08	110.31	144.92

^{**}Family plan premium will be based upon the age of the oldest adult Insured Person and such person will be designated the primary Insured shown on the Policy Schedule.



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