



Accident & Sickness Protector

Combined Insurance's Accident & Sickness Protector—a good decision.



This accident and sickness policy provides cash benefits to help you and your loved ones when needed most.

Protection that works for you

The Accident & Sickness Protector covers you on or off the job, 24 hours a day, 365 days a year. You are the owner of this policy – even if you change employers you can keep your coverage without interruption.

Claims are payable to you and are paid in addition to any other insurance you might have.

Specified Indemnity Benefits Payable for a Covered Accident or Sickness include:

	Insured Choice Plan (Plan II)	Spouse/Child Choice Plan (Plan II)
Hospital confinement (per day)	\$165	\$165 / \$82.50

Optional Riders Available		
Outpatient surgery Major Minor	\$1,000 \$100	\$1,000 / \$500 \$100 / \$50
Intensive Care (per day)	\$1,250	\$1,250 / \$625
Emergency Room (per visit; max. 4 visits/year)	\$200	\$200 / \$100

Just consider that annually 1 out of 7 people seek medical attention for injuries.¹

1. National Safety Council, InjuryFacts.nsc.org, 2021





Accident & Sickness Protector Limitations and Exclusions

Accident and Sickness Coverage Exclusions

Benefits will not be payable if loss is directly caused by or results from any of the following:

1. Intentionally self-inflicted injuries;
2. Normal pregnancy or childbirth, except for Complications of Pregnancy; or
3. Cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.

Preexisting Condition Limitation

Loss covered by a preexisting condition is not covered unless such loss is incurred after 12 months from the issue date of the policy.

Preexisting condition means a sickness or disease which:

1. Required medical advice or treatment in the 12 months preceding the issue date of the policy; or
2. Symptoms within the 12 months preceding the issue date for which a reasonably prudent person would have sought medical advice or treatment.

Optional Riders

The outpatient surgery (Form Series 42906), intensive care (Form Series 42905) and emergency room (Form Series 42907) riders are available for an additional premium.

Spouse (Rider Form No. 42908-NY) and Child (Rider Form No. 42909-210) coverage are also available for an additional premium.

THIS IS VERY IMPORTANT: IF A COVERED INDIVIDUAL IS A MEDICAID RECIPIENT, POLICY BENEFITS MAY BE ASSIGNED AND PAYABLE TO YOUR STATE MEDICAID AGENCY. ALSO, BENEFIT PAYMENTS YOU RECEIVE MAY COUNT AS INCOME FOR MEDICAID ELIGIBILITY PURPOSES.

IMPORTANT NOTICE:

This is a supplement to health insurance and is not a substitute for Major Medical, or other minimal essential, coverage.

Notice of Claim / Proof of Loss

Written proof of loss must be given to Combined within 90 days after such loss. If it was not reasonably possible to give written proof within 90 days, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

This document contains a brief description of Accident & Sickness Hospital Indemnity Policy (**Form Series 42904**), Intensive Care Rider (**Form Series 42905**), Outpatient Surgery Rider (**Form Series 42906**) and Emergency Room Rider (**Form Series 42907**). See the policy and riders for complete details of benefits, exclusions and limitations.

Combined Life Insurance Company of New York, Latham, NY

Home Office: 13 Cornell Road, 1st Floor, Airport Park, Latham, NY 12110
Administrative Office: 111 E. Wacker, Suite 700, Chicago, IL 60601
Toll-free: 800-951-6206 www.combinedinsurance.com



Accident Protector benefits visual

Determining the right solutions for you and your family

All benefits shown are "per accident" unless otherwise noted.

Available benefits include:

Accident Hospital Benefits

Hospital Confinement (within 90 days of injury)
Intensive Care Confinement

Ambulance (within 72 hours of injury)
Ground Ambulance
Air Ambulance

**INSURED
CHOICE PLAN
(Plan II)**

**SPOUSE/CHILD
CHOICE PLAN
(Plan II)**

\$ 150/day
\$5,000
per accident

\$ 150/day
\$5,000
per accident

\$ 100
\$ 500

\$ 100
\$ 500

Accident Outpatient Benefits

Appliance(s) (crutches, walkers, etc.)
Concussion
Emergency Room (within 72 hours of injury)
Emergency Follow-up Treatment
(Maximum 4 visits per accident)
Urgent Care visit (within 30 days of injury)

Fractures

Major Fracture
Minor Fracture

Outpatient Surgery

Major Surgery
Minor Surgery

Physical Therapy

(Maximum 10 sessions per accident)

\$ 100
\$ 100
\$ 100
\$ 25 per visit

\$ 100
\$ 100
\$ 100/\$50
\$ 25 per visit

\$ 100

\$ 100/\$50

\$ 1,000
\$ 250

\$ 1,000/\$500
\$ 250/\$125

\$ 1,000
\$ 250

\$ 1,000/\$500
\$ 250/\$125

\$ 25 per session

\$ 25 per session

Additional Benefits

Blood and Blood Plasma
Family Lodging
(Lifetime Maximum 30 days)
Health Screening (payable once per policy year,
per covered person)

Transportation (maximum 3 trips per accident)
(For travel of 100 miles+ for necessary treatment)

\$ 150
\$ 100/day

\$ 150
\$ 100/day

\$ 50
\$ 300/trip

\$ 50
\$ 300/trip

Accident Recovery Benefit

Recovery Following Hospital Confinement
(For Total Disability - up to the number of days hospitalized)

\$ 100/day

\$ 100/day

Accidental Death and Dismemberment

Accidental Death - Common Carrier
Accidental Death and Dismemberment - Any Accident
Loss of Life or Multiple Limbs or Sight in Both Eyes
Loss of One Limb or Sight in One Eye

\$ 100,000

\$ 100,000/\$50,000

\$ 25,000
\$ 10,000

\$ 10,000/\$5,000
\$ 5,000/\$2,500



IMPORTANT: This worksheet is for illustration purposes only; it is not part of the policy (Form No. 44028-315). Please see the policy for any information concerning the policy benefits you selected (if any) as well as policy exclusions and limitations.

Important Policy Information

Accident Policy Coverage Exclusions

Benefits (including AD&D) will not be payable if a loss is directly caused by or results from any sickness or disease, or a covered person's:

1. Suicide, attempted suicide or intentionally self-inflicted injury;
2. Committing or attempting to commit a felony;
3. Being intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
4. War or any act of war, declared or undeclared, or serving in any armed forces or units auxiliary thereto; or
5. Aviation other than as a fare paying passenger or charter flight operated by a scheduled airline.

Accidental Death & Dismemberment Benefit* (AD&D)

This benefit is payable if a covered person sustains an injury, which within 180 days from the date of the accident that caused the injury, is the cause of loss of life, sight or limbs. The "Common Carrier" benefit is only payable if a covered person sustains an injury, which within 180 days from the date of the accident that caused the injury, is the sole cause of death and which occurs while riding as a fare paying passenger on a common carrier. Common Carrier means: commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not common carriers.

*Only one benefit amount will be paid for multiple losses resulting from the same accident.

THIS IS VERY IMPORTANT: If a covered individual is a Medicaid recipient, policy benefits may be assigned and payable to your state Medicaid agency. Also, benefit payments you receive may count as income for Medicaid eligibility purposes.

This is an Accident Only policy and does not pay benefits for loss from sickness.

NOTE: This is Accident Only policy Form No. 44028 and Urgent Care rider Form No. 40100.

This worksheet contains a brief description of policy benefits. See the policy for complete details of policy benefits and exclusions/limitations.

This is supplemental insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance.

The expected benefit ratio for this policy is 50%. This ratio is the portion of future premiums which Combined Insurance expects to return as benefits, when averaged over all people with this policy.

Notice of Claim / Proof of Loss

Written proof of loss must be given to Combined within 90 days after such loss. If it was not reasonably possible to give written proof within 90 days, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

Very Important: This is a supplement to health insurance and is not a substitute for Major Medical or other minimum essential coverage. You are not required to purchase this coverage in order to purchase Major Medical coverage.



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Let's make this easy.



Income Protector

Combined Insurance's Income Protector—a good decision.



This policy provides cash benefits to help replace your lost income if you are totally disabled and unable to work due to illness or injury.

The Income Protector benefits are payable directly to you (or someone you designate) when you have a covered total disability. These cash benefits can be used any way you choose and are portable, which means if you change employers you can keep your coverage without interruption.

Below is a summary of the benefits provided by the Income Protector.

How the Combined Insurance Income Protector can help you!

Income Protector pays cash directly to you for covered total disability due to an accident or sickness for up to 5 years*, depending on the plan selected. You are protected 24 hours a day, 365 days a year.

"Totally disabled" or "total disability" means the inability to perform the substantial and material duties of the Insured's occupation. After the Insured has been totally disabled 24 months, "totally disabled" or "total disability" means the inability to perform any job for which the Insured is qualified by reason of training, education or experience. Total disability must begin while the policy is in force. If the disability is due to a covered accident which occurs while the policy is in force but after the Insured's 65th birthday, the policy need not be in force if the total disability begins within 30 days after the date of the accident.

Protecting your financial peace of mind

Family budgets are often figured "to the penny," and many have little cash to fall back on. Income Protector can help bring balance to your financial obligations when the loss of your paycheck due to disability threatens to take away your peace of mind.

70% of Americans would find it difficult to meet their current financial obligations if their next paycheck was delayed for a week.¹

1. National Payroll Association. Getting Paid in America Survey, 2018



*You can choose a Maximum Benefit Period of one, two, or five years.



Income Protector Exclusions and Limitations

Exclusions

Benefits will not be paid for total disability resulting from:

1. Intentionally self-inflicted injury;
2. Normal pregnancy;
3. Cosmetic surgery which does not include reconstructive surgery when such service is incidental to or follows surgery related from trauma, infection, or other diseases of the involved part; or
4. Mental or emotional disorders.

Preexisting Conditions

A **Preexisting Condition** is a medical condition not disclosed on the application for which:

1. Medical advice or treatment was recommended by, or received from, a physician within the 12 month period before the issue date; or
2. Symptoms existed within the 12 month period before the issue date which would cause an ordinarily prudent person to seek diagnosis, care or treatment.

A preexisting condition is not covered unless the total disability caused by the condition begins more than two years after the issue date.

Elimination Period

"Elimination period" means the number of consecutive days the insured must be totally disabled before benefits begin.

No disability benefits are payable during the elimination period.

This document contains a brief description of policy **Form No. 49819-315**. See the policy for complete details of policy benefits, exclusions and limitations. Products may vary by State subject to availability and qualifications.

Products underwritten by Combined Insurance Company of America (Chicago, IL), in all states except for New York. In New York, products underwritten by Combined Life Insurance Company of New York (Latham, NY). Combined Insurance Company of America is not licensed and does not solicit business in New York.

Combined Life Insurance Company of New York
Home Office: 13 Cornell Road, 1st Floor, Airport Park, Latham, NY 12110
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Recurrent Disability

Successive periods of total disability will be considered one period of total disability unless such periods are separated by at least 180 consecutive days or the disabilities resulted from different or unrelated injuries or sicknesses.

Relation of Earnings to Insurance

Benefits will be payable on a reduced basis when the Insured has too much "loss of time or disability coverage" for what he or she earns. The Insured will be deemed to have too much coverage when the total amount of monthly benefits under all loss of time or disability coverages is:

- (a) more than the monthly earnings the Insured had when the total disability started; or
- (b) more than his or her average monthly earnings for the 2 years just before the disability started, whichever is greater.

In no event will the total monthly disability benefits payable under all such coverages be reduced below \$200.

* The term "loss of time or disability coverages" includes loss of time and disability coverages with Combined, with other companies, and Social Security.

Workers' Compensation

No benefits are payable while you are receiving any benefits under Workers' Compensation or occupational disease law.

Renewability

The policy is guaranteed renewable until the first premium due date after the Insured's 65th birthday. Thereafter the Insured may renew the policy on each anniversary until the first premium due date after the Insured's 70th birthday or until receipt of retirement benefits under the Social Security Act of the U.S. (or any replacement act), whichever is earlier.

Partial Recovery Benefit

If within 30 days following a period of total disability for which benefits are payable, the Insured returns to work and is earning less than 75% of his or her pre-disability income, Combined will pay half the monthly benefit otherwise payable for each month in which these conditions are met, for up to 3 months or for the remainder of the period for which total disability benefits would have been payable, whichever is less.

**THIS IS VERY IMPORTANT:
IF A COVERED INDIVIDUAL IS A
MEDICAID RECIPIENT, POLICY
BENEFITS MAY BE ASSIGNED
AND PAYABLE TO YOUR STATE
MEDICAID AGENCY. ALSO, BENEFIT
PAYMENTS YOU RECEIVE MAY
COUNT AS INCOME FOR MEDICAID
ELIGIBILITY PURPOSES.**

IMPORTANT NOTICE:

This is a supplement to health insurance and is not a substitute for Major Medical, or other minimal essential, coverage.

Notice of Claim / Proof of Loss

Written proof of loss must be given to Combined within 90 days after such loss. If it was not reasonably possible to give written proof within 90 days, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.



SickPay Plus[®]

Combined Insurance's SickPay Plus—a good decision.



Most people insure their homes and cars, but not many people consider what would happen if they could not work due to an accident or sickness. SickPay Plus is an insurance policy that **pays cash directly to you** when injury or sickness keeps you from working.

No one plans on getting injured and some of us can handle a day or two without pay. But what would you do when an injury keeps you out of work for weeks or even months? How do you keep up with day-to-day expenses like:

- Mortgage or rent, car payments
- Child care, gas and groceries
- Utilities and phone

Everyone can use a little extra help when they need to take sick days. SickPay Plus pays you cash for up to **3 full months** and coverage begins the first day you can't work due to a covered sickness or injury and are under the care of a physician.

SickPay Plus has two parts:

Accident/Injury recovery benefits and **Sickness** recovery benefits pays cash directly to you up to **\$2,000 a month** if you can't work due to sickness or injury.

Four green rounded rectangular buttons containing the following values: \$800, \$1,000, \$1,500, and \$2,000.

Here's how it works:

If you choose a monthly benefit of \$2,000 ...

What's covered? As long as you're under a doctor's care:

Up to
3
MONTHS*

Maximum benefit per occurrence, up to
\$6,000

- Minor injuries such as sprains and strains
- Minor illnesses such as asthma, bronchitis, flu, pneumonia, sinusitis
- Injuries or illness that require hospitalization, in or outpatient surgery, C-section or fractures ...
- Serious conditions such as cancer, heart attack, hip fracture, paralysis, stroke, and more...

*The Maximum Benefit available for a loss will be up to three months. Not all claims will qualify for the Maximum Benefit Period.

In the U.S., 25% of workers in the private sector do not have access to paid sick leave benefits.¹

1. U.S. Bureau of Labor Statistics, National Compensation Survey, March 2020





SickPay Plus Exclusions and Limitations

Exclusions and Limitations

Benefits will not be paid for:

- Attempted suicide or intentionally self-inflicted injury;
- Alcoholism or drug addiction;
- Mental or emotional disorders;
- Normal pregnancy or childbirth;
- Cosmetic Surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part; or
- Any other condition excluded by name or specific description in an Exclusionary Rider attached to this policy.

Policy effective date is generally 15 days from your application date, but may be delayed due to underwriting acceptance. Please check your policy for the effective date.

Preexisting Condition Limitation

Loss caused by a "Preexisting Condition" is not covered unless such loss begins after 24 months from the effective date of the policy.

A "**Preexisting Condition**" means a bodily illness or disease which was diagnosed or treated by a physician within the 24 months preceding the effective date of the policy.

Recovery Period

To be eligible for benefits, a covered person must be unable to perform all the material duties of his or her regular occupation (normal activities, if not employed) as a result of a covered sickness or injury, and must be under the regular care of a Physician due to the covered sickness or injury which resulted in the person being in a Recovery Period.

Recurrent Recovery Periods

Separate Recovery Periods resulting from the same or a related condition and not separated by at least 180 days, are considered a continuation of the prior Recovery Period. Once the Maximum Benefit Period has been paid due to the same or a related condition, the insured will not be eligible for a new Recovery Period for that condition, until 180 days after the insured:

- 1) Has been released by a physician from the prior disability; and
- 2) Is no longer disabled

Maximum Benefit Period

The **Maximum Benefit Period** applicable for a loss will be up to three months. Not all claims will qualify for the Maximum Benefit Period.

Pro-rata Benefits: If a Recovery Period or any portion thereof is less than a full month, Combined Insurance will pay a Pro-rata Benefit based on the number of days the insured is in a Recovery Period.

Notice of Claim / Proof of Loss

Written proof of loss must be given to Combined within 90 days after such loss. If it was not reasonably possible to give written proof within 90 days, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

Guaranteed Renewable to Age 72

Combined Insurance guarantees your right to renew this policy until the first premium due date following your 72nd birthday. It shall continue in force so long as the premium is paid on or before the due date or within the grace period. Combined reserves the right to change the premium on a class basis.

IMPORTANT NOTICE

This is a supplement to health insurance and is not a substitute for Major Medical, or other minimal essential, coverage.

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. The expected benefit ratio for this policy is 50%. This ratio is the portion of future premiums that the company expects to return as benefits, when averaged over all people with this policy.

This document contains a brief description of policy **Form No. 44077-315**. See the policy for complete details of policy benefits, exclusions and limitations. Products may vary by State subject to availability and qualifications.

Combined Life Insurance Company of New York

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Toll-free: 800-951-6206 www.combinedinsurance.com

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Cancer Care Protector

Combined Insurance's Cancer Care Protector—a good decision.

This policy provides cash benefits which can be used to help pay the out-of-pocket costs associated with cancer treatment and recovery.

The Cancer Care Protector benefits are payable directly to you (or someone you designate), regardless of any other insurance coverage you may have. This policy can provide benefits that can be used any way you choose. The coverage is portable, which means if you change employers you can keep your coverage without interruption.

Below is a summary of the benefits provided by the Cancer Care Protector.

Features and Benefits

	Preferred	Choice	Standard
Hospital stays (as an inpatient for covered cancer treatment)	1-60 days, \$600 per day 61-120 days, \$800 per day Over 120 days, \$1,000 per day	1-60 days, \$450 per day 61-120 days, \$600 per day Over 120 days, \$750 per day	1-60 days, \$300 per day 61-120 days, \$400 per day Over 120 days, \$500 per day
Intensive care (maximum of 100 days per confinement)	1-60 days, \$600 per day 61-100 days, \$800 per day	1-60 days, \$450 per day 61-100 days, \$600 per day	1-60 days, \$300 per day 61-100 days, \$400 per day
Surgery and anesthesia ¹ (excluding skin cancer*)	Surgery, up to \$5,000 Anesthesia 20% of surgical benefit	Surgery, up to \$3,750 Anesthesia 20% of surgical benefit	Surgery, up to \$2,500 Anesthesia 20% of surgical benefit
Radiation and chemotherapy ²	\$500 per treatment Additional \$300 per day for outpatient treatment** lifetime maximum \$30,000	\$375 per treatment Additional \$225 per day for outpatient treatment** lifetime maximum \$22,500	\$250 per treatment Additional \$150 per day for outpatient treatment** lifetime maximum \$15,000
Preventative care	\$120 for a cancer screening at the end of every two years the policy is in force	\$90 for a cancer screening at the end of every two years the policy is in force	\$60 for a cancer screening at the end of every two years the policy is in force
Family support- first diagnosis (payable only once per covered person)	\$4,000 for the first covered cancer diagnosis ³	\$3,000 for the first covered cancer diagnosis ³	\$2,000 for the first covered cancer diagnosis ³
Physician's hospital visits ⁴	\$100 per day	\$75 per day	\$50 per day
Inpatient private duty nursing ⁴	\$100 per day	\$75 per day	\$50 per day
Prescription drugs while hospital confined ⁴ (excluding drugs considered chemotherapy)	\$50 per day	\$37.50 per day	\$25 per day
Blood and blood plasma ⁴	\$250 per day	\$187.50 per day	\$125 per day
Ground Ambulance ⁴ (maximum of 2 trips per confinement)	Up to \$250 per trip	Up to \$187.50 per trip	Up to \$125 per trip
Airplane ⁴ (limited to 1 round-trip coach ticket)	Up to \$1,600	Up to \$1,200	Up to \$800

¹ One Surgical Benefit will be paid per operation, except as outlined in the policy. Anesthetic must be administered by an anesthesiologist during a covered cancer operation. For specific benefit amounts by type of surgery, see the Benefits Schedule in the policy.

² For each treatment you receive under the direct supervision of a medical professional at a physician's office, clinic or hospital, up to a maximum lifetime benefit of 365 treatments.

³ If diagnosed with cancer (excluding Skin Cancer, Carcinoma In-Situ or Stage A T1 Prostate Cancer) during the Waiting Period, which is the first 30 days after the policy is issued, and elect to keep the policy in force, the benefit payable will be limited to 20% of the amount listed above for the plan you select and will be payable at the end of the first year of coverage.

⁴ These additional benefits are subject to an aggregate maximum lifetime benefit of \$20,000 on the Preferred Plan, \$15,000 on the Choice Plan and \$10,000 on the Standard Plan. There is no lifetime maximum for blood and blood plasma in the treatment of leukemia.

* For Skin Cancer surgery we will pay \$250 or 50% of the hospital confinement benefit, whichever is greater.

** For each outpatient visit where you receive a prescription for Oral Chemotherapy and/or a Chemotherapy Infusion Pump.



Cancer Care Protector Limitations and Exclusions

This is a cancer-only policy and does not pay benefits for loss from any other sickness or accidents.

This policy pays only for the treatment of covered cancer.

“Covered Cancer” means leukemia, Hodgkin’s Disease, or a malignant tumor characterized by uncontrolled cell growth and which results in a positive diagnosis, based upon a microscopic examination of affected cells.

Hospital

“Hospital” does not include a clinic, nursing home or convalescent care facility including such facility associated with a Hospital.

Preexisting Conditions

Loss caused by a preexisting condition is not covered unless such loss begins after 6 months from the policy issue date.

“Preexisting condition” means a condition for which a covered person received medical advice or treatment from a physician within 6 months before the policy issue date.

Waiting Period Conditions

Loss caused by a Waiting Period Condition is not covered for 12 months from the policy issue date. The principal insured may either elect to have any premium paid refunded and the policy will be void from the beginning or delay the coverage for such diagnosed condition for 12 months from the issue date. If the principal insured elects to delay the coverage, we will pay 20% of the Family Support Benefit at the end of the first year of coverage for the covered insured.

“Waiting Period Condition” means a condition for which a covered person received medical advice or treatment from a physician within 30 days after the policy issue date.

Renewability

This policy is guaranteed renewable for the principal insured’s lifetime. As long as your premiums are paid, your right to renew this policy is guaranteed—so you have protection when you need it.

We reserve the right to change your premium. We cannot change your premium unless we change everyone in your class (for example, everyone in your state).

THIS IS VERY IMPORTANT: IF A COVERED INDIVIDUAL IS A MEDICAID RECIPIENT, POLICY BENEFITS MAY BE ASSIGNED AND PAYABLE TO YOUR STATE MEDICAID AGENCY. ALSO, BENEFIT PAYMENTS YOU RECEIVE MAY COUNT AS INCOME FOR MEDICAID ELIGIBILITY PURPOSES.

IMPORTANT NOTICE:

This is a supplement to health insurance and is not a substitute for Major Medical, or other minimal essential, coverage.

Notice of Claim / Proof of Loss

Written proof of loss must be given to Combined within 90 days after such loss. If it was not reasonably possible to give written proof within 90 days, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

This document contains a brief description of policy **Form No. 46078-NY**. See the policy for complete details of policy benefits, exclusions and limitations. Products may vary by State subject to availability and qualifications.

Combined Life Insurance Company of New York
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COMBINED
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Critical Care Protector

Combined Insurance's Critical Care Protector—a good decision.

The Critical Care Protector provides cash benefits which can be used to help pay out-of-pocket costs associated with the major illnesses listed below.

Benefits are payable directly to you (or someone you designate), regardless of any other insurance coverage you may have. This policy can provide benefits that can be used any way you choose. The coverage is portable, which means if you change employers you can keep your coverage without interruption.

Below is a summary of the benefits provided by the Critical Care Protector.

Benefit	Critical Care Protector with Cancer Benefit (Policy No. 46534)	Critical Care Protector (Policy No. 46535)
Section One	<p>We will pay you 100% of the total benefit amount you select, up to \$100,000, upon diagnosis of one of the following conditions:</p> <ul style="list-style-type: none"> • Heart Disease (Heart Attack or Coronary Artery Disease) • Kidney Failure • Multiple Sclerosis • Organ Transplant (heart, kidney, liver, lung, pancreas) • Stroke • Life Threatening Cancer 	<p>We will pay you 100% of the total benefit amount you select, up to \$100,000, upon diagnosis of one of the following conditions:</p> <ul style="list-style-type: none"> • Heart Disease (Heart Attack or Coronary Artery Disease) • Kidney Failure • Multiple Sclerosis • Organ Transplant (heart, kidney, liver, lung, pancreas) • Stroke
Section Two	<p>We will pay a one-time benefit during the lifetime of the policy of \$250 if you are diagnosed with either:</p> <ul style="list-style-type: none"> • Stage A Prostate Cancer • Carcinoma In-Situ • Skin Cancer 	

Section One benefit is payable once during the lifetime of the policy, and you can use the money in any way you choose. This policy terminates upon payment of the Section One benefit.

66.5% of bankruptcies in the United States were due, in part, to medical expenses.¹

1. American Public Health Association. Medical Bankruptcy: Still Common Despite the Affordable Care Act. 2019.



Critical Care Protector Limitations and Exclusions

Exclusions

No benefit is payable for loss due to:

- Intentionally self-inflicted injury.

Renewability

Your right to renew this policy is guaranteed until payment of the Section One benefit, at which time the policy terminates. Benefits for loss under both Section One and Section Two of your policy are payable only once during the lifetime of the policy.

Your policy will remain in force after the payment of the benefit for a Section Two loss. However, your policy will terminate immediately upon payment of the Section One benefit.

We can only change the premium for your policy if we change everyone in your class (for example: everyone in your state).

Preexisting Conditions

Loss caused by a Pre-existing Condition is not covered unless the loss is incurred after 6 months from the issue date of this policy.

Preexisting Condition means a condition for which you received medical advice or treatment which was recommended by, or received from, a Physician within 6 months preceding the issue date of the policy.

Waiting Period Conditions

Loss caused by a Waiting Period Condition will not be covered. Any premium paid for the policy will be refunded and the policy will be void from its beginning.

Waiting period condition means a condition for which you received medical advice or treatment from a Physician within 30 days after the issue date.

THIS IS VERY IMPORTANT:
IF A COVERED INDIVIDUAL IS A MEDICAID RECIPIENT, POLICY BENEFITS MAY BE ASSIGNED AND PAYABLE TO YOUR STATE MEDICAID AGENCY. ALSO, BENEFIT PAYMENTS YOU RECEIVE MAY COUNT AS INCOME FOR MEDICAID ELIGIBILITY PURPOSES.

IMPORTANT NOTICE:

This is a supplement to health insurance and is not a substitute for Major Medical, or other minimal essential, coverage.

Notice of Claim / Proof of Loss

Written proof of loss must be given to Combined within 90 days after such loss. If it was not reasonably possible to give written proof within 90 days, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

This document contains a brief description of policy **Form No. 46534 and Form No. 46535**. See the policy for complete details of policy benefits, exclusions and limitations. Products may vary by State subject to availability and qualifications.

Combined Life Insurance Company of New York, Latham, NY

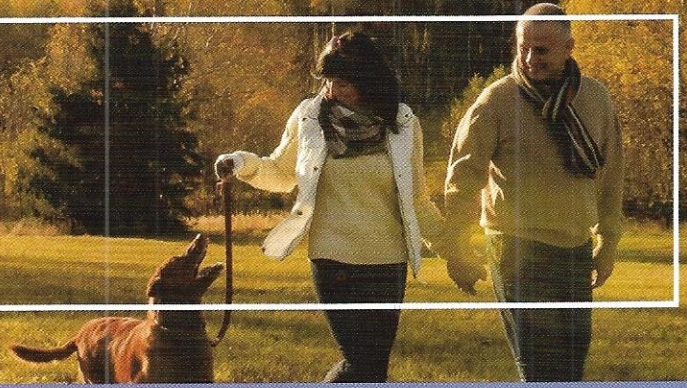
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Life Protector

Combined Insurance's
Life Protector—a good decision.



This Whole Life policy provides cash benefits to help your loved ones when they need it most.

In the event of your death, this guaranteed lifetime protection will pay the beneficiary up to \$100,000, depending on the plan you choose. As long as premiums are paid when due, this policy guarantees coverage will be available to age 100 to provide lifetime protection.

Helping your loved ones carry on

The Life Protector benefits are payable directly to your beneficiary. These cash benefits can be used to help with final expenses, mortgage or rent payments, or replace some lost income.

Living Benefits (Accelerated Death Benefit)

If the insured is diagnosed with a terminal condition which in the opinion of a licensed Physician would generally result in death within twelve months, the policyholder can apply for up to \$75,000 while you are living. You can use the money how and when you need it most, providing a little extra financial security.

Accidental Death Benefit (optional)

If you purchased the optional Accidental Death Benefit, we will double the benefits paid to your beneficiary should you die as the result of an accident.

Term Life Insurance (optional)

If you have children, a mortgage, or just want extra coverage for your family, you can purchase up to \$150,000 in Term Life Insurance. Term Life Insurance offers additional protection for 20 years, or to age 65, depending on the plan you select, and additional Living Benefits.

Available Coverage Options

**Base Whole Life
between \$5,000*
and \$100,000
Benefit**



**Optional
Accidental
Death Benefit:
2x Base Benefit**



**Optional Term
Life Rider:
5x Base Benefit
up to \$150,000**

* \$5,000 benefit amount available for ages 50-85

One third of Americans believe they would feel the financial impact from the loss of the primary wage earner within a month of their passing.¹

1. 2018 Insurance Barometer Study, LIMRA and Life Happens

SUPPLEMENTAL INSURANCE

Health

Accident

Disability

Life



Life Protector

Non-Forfeiture Values

After the first few years your policy is in force, the policy will begin to build cash, loan, and reduced paid-up insurance values. See the table of non-forfeiture values attached to your policy for specific values.

What we will not pay

- No benefit is payable for death caused by suicide during the first two policy years.
- If you purchased the Accidental Death Benefit Rider:
No accidental death benefit will be payable if any of the following causes or contributes to death:
 - (1) suicide, attempted suicide or intentionally self-inflicted injury;
 - (2) war or any act of war (whether declared or undeclared) while serving in the Armed Forces or any auxiliary unit attached thereto;
 - (3) service in the military, naval, or air force of any country at war; or
 - (4) being intoxicated or under the influence of alcohol, an illegal substance, any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions. Intoxication is determined by the law of the jurisdiction in which the accident occurred;
 - (5) directly or indirectly from disease or bodily infirmity or from an Insured's commission or attempted commission of a felony;
 - (6) travel or flight in any kind of aircraft except as a fare-paying passenger in an aircraft operated on a regular schedule by Common Carrier for passenger service over an established air route; or
 - (7) being engaged in an illegal occupation.No accidental death benefit will be paid if the policy is being continued as reduced paid up insurance.

Waiver of Premium

After six consecutive months of total disability, Combined Insurance will waive the premium due while the insured remains totally disabled or until age 65, whichever comes first. Waiver of Premium is available for disability which occurs after age 16 but prior to age 60.

Important Notes:

- Benefits under the Accidental Death Benefit Rider are payable if the accident occurs before the policy anniversary following your 65th birthday.
- Under Term Life Insurance Rider, 20 year term issued to ages 18-49. Term to age 65 is issued to ages 18-59. Term Life Rider is limited to the lesser of five (5) times base Family Life Protector policy or \$150,000.
- Living Benefit under the Term Life Insurance Rider; If the Insured is diagnosed with a terminal condition which, in the opinion of a Licensed physician, would generally result in the Insured's death within a period not to exceed 12 months, the Owner and irrevocable beneficiary or assignee, if any, may request a full or partial payment of the rider proceeds up to \$75,000. However, the combined amount to be accelerated from the policy and all riders cannot exceed \$100,000 on any one life and no such request may be made during the last year this rider is in force.
- Receipt of Accelerated Death Benefits may be taxable and may impact eligibility for certain public assistance programs.

This document contains a brief description of policy **Form No. 43055-NY, 46414-315 and 46411-NY**. See the policy for complete details of policy benefits, exclusions and limitations. Products may vary by State subject to availability and qualifications.

For use in: NY

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Family Life Protector For Children

Combined Insurance's Family Life Protector For Children—a good decision.

This Whole Life policy gives your child the gift of lifetime protection to age 100.

Be among the quarter of a million people who purchase life insurance for a child each year.¹ When needed most, this guaranteed lifetime protection, as long as premiums are paid when due, will pay the beneficiary up to \$50,000, depending on the plan you choose.

Helping loved ones carry on

With Family Life Protector coverage, get up to \$50,000 in cash paid directly to the beneficiary you choose.

Immediate security while your child is young

The policy begins covering your child on day one. Benefits can never be reduced or canceled because of future changes in health.

Accidental Death Benefit (optional)

If you selected the optional Accidental Death Benefit, we will double the benefits paid to the beneficiary when death is the result of an accident.

■ - Additional benefit payable with optional Accidental Death Benefit

■ - Standard benefit levels



Non-Forfeiture Values

After the first few years your policy is in force, the policy will begin to build cash, loan, and reduced paid-up insurance values. See the table of non-forfeiture values attached to your policy for specific values.

This is a brief description of Policy Form No. 43055. See the policy for complete information.

¹LIMRA U.S. Individual Life Insurance Sales Trends, 1975-2013 and 2009 Individual Life Buyers in the United States



Family Life Protector For Children

Living Benefits

If the insured is diagnosed with a terminal condition, which in the opinion of a licensed Physician, would generally result in death within twelve months, the policyholder can apply for up to \$50,000 while living. The money can be used how and when it is needed most, providing a little extra financial security.

Receipt of Accelerated Death Benefits may be taxable and may impact eligibility for certain public assistance programs.

What we will not pay

- No benefit is payable for death caused by suicide during the first two policy years.
- If you purchase the Accidental Death Benefit: no accidental death benefit is payable for death caused or contributed to by suicide or attempted suicide, any act of war, military service, or flying in any aircraft other than as a fare paying passenger. Accidental death must be independent of any other cause, occur within 180 days of injury, and is not caused or contributed to by sickness or disease.

Waiver of Premium

After six consecutive months of total disability, Combined Insurance will waive the premium due while the insured remains totally disabled or until age 65, whichever comes first. Waiver of Premium is available for disability which occurs after age 16 but prior to age 60.

Important Notes:

- Benefits under the Accidental Death Benefit are payable if the accident occurs before the policy anniversary following the insured's 65th birthday.