



Critical Illness - Term Life

A plan that helps you reduce the financial impact of a critical illness on your family and your future

National General Accident and Health markets products underwritten by National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation.

NGAH-NHICITLBRO

National General 
Accident & Health


Have a plan for the unthinkable

Reduce the financial impact of a critical illness for both you and the people you love

When you choose Critical Illness - Term Life coverage, you reduce the potential financial impact of critical illnesses on your family and your future.

This plan pays cash right to you. And you can use the cash any way you need, helping you replace lost income and pay expenses other plans don't pay.

Choose Critical Illness - Term Life coverage to get:

- 
- Lump-sum cash benefits upon first diagnosis or treatment — over and above any benefits you receive from any other plan
 - Freedom to visit any doctor or hospital you want and use the cash any way you need
 - Benefits paid with no deductibles, coinsurance, copays or preauthorization required for this plan



THIS PLAN PROVIDES LIMITED BENEFITS.



What conditions does this plan cover?

Get coverage from the high out-of-pocket costs of a critical illness diagnosis and much more

The costs of fighting and surviving a critical illness could go far beyond what you can imagine. And far beyond what other plans cover.

Our Critical Illness coverage and Term Life insurance is designed to cover two types of events:

1. Upon a first diagnosis of a qualifying illness, you receive a critical illness benefit
2. Upon your death, your family receives a term life benefit

Multiple payouts

After a partial (25%) benefit is paid, 75% of the critical illness benefit remains. This means it's possible to receive multiple payouts.

Example:

Kent purchased \$50,000 of Critical Illness coverage. Three years later, he was diagnosed with early-stage prostate cancer and received \$12,500. Five years after that diagnosis, he had a heart attack and received the remaining \$37,500 of his critical illness benefit.*

* Fictional case used for illustration only

1 90 day waiting period for first diagnosis of Cancer Type A or Cancer Type B 30 day waiting period for first diagnosis of all other covered critical illnesses — waiting periods may vary by state.

Covered conditions¹

The full critical illness benefit is paid in the event of:

- Invasive cancer
- Heart attack
- Stroke
- Kidney failure
- Coma
- Blindness
- Deafness
- Major organ transplant
- Paralysis
- Loss of limb
- Major burns

Partial (25%) critical illness benefits are paid in the event of:

- Coronary artery bypass graft
- Noninvasive cancer
- Advanced Alzheimer's disease
- Heart valve surgery

How this plan works and available coverage options



Critical Illness and Term Life coverage in one plan — with a wide choice of benefit levels and costs

We provide more options to help you find the plan fitting your needs and budget the best.

How the benefits work

When a full or partial critical illness benefit is paid, the critical illness benefit and the term life benefit are reduced accordingly. If the policy remains in force with reduced benefits, the monthly premium is also reduced. The policy will continue to pay critical illness and/or life benefits until the policy term ends or remaining benefits are paid.

Coverage options

CRITICAL ILLNESS BENEFIT

- \$25,000
- \$30,000
- \$50,000
- \$75,000
- \$100,000

TERM LIFE BENEFIT

Equal to the critical illness benefit.
Payable up to age 85.

ISSUE AGES

18 to 60 at purchase for you and/or your spouse

Plan provisions

Critical Illness

Exclusions & Limitations

In addition to the Limitations and Exclusions of the Policy to which this rider is attached, We will not pay benefits under this rider for:

1. Any Critical Condition if the Covered Person was previously Diagnosed with or underwent the procedure qualifying that Critical Condition anytime prior to his or her Effective Date under this Policy.
2. Cancer Type A or Cancer Type B first Diagnosed within the 90 day Waiting Period immediately following the rider Effective date; or any other Critical Condition due to Sickness first occurring within the 30 day Waiting Period immediately following the rider Effective Date. In such event, We will terminate this rider and refund the portion of the premium paid for this rider.
3. Any Critical Condition that is related to or caused by a Pre-Existing Condition until the Covered Person has been continuously covered under this rider for 12 months. A condition that has been specifically excluded from coverage will continue to be excluded after 12 months of continuous coverage.
4. Any loss for which Our liability cannot be determined because a Covered Person, Health Care Practitioner, facility, or other individual or entity within 30 calendar days of Our request, failed to:
 - a. Authorize the release of all medical records to Us and other information We requested.
 - b. Provide Us with information We requested about pending claims or other insurance coverage.
 - c. Provide Us with information as required by any contract with Us.
 - d. Provide Us with information that is accurate and complete.
 - e. Have any examination completed as We requested.
 - f. Provide reasonable cooperation to any requests made by Us.

Upon receipt of information allowing the determination of Our liability, We will reopen any claim for benefits. No claim for benefits can be reopened after 365 calendar days.

5. Conditions or procedures related to or a complication of a Pre-Existing Condition.
6. Conditions or procedures caused by or contributed to by:
 - a. War or any act of war, whether declared or undeclared.
 - b. Participation in the military service of any country or international organization, including non-military units supporting such forces.
 - c. Foreign or domestic acts of terrorism that result in a nationwide

epidemic.

7. Conditions or procedures caused by or related to: mental illness; anxiety or nervous disorders; substance abuse, including alcohol abuse and use of depressants, narcotics, hallucinogens, excitants, or other chemical substances, except when taken under the medical advice of a Health Care Practitioner; behavior modification or behavioral (conduct) problems; or learning disabilities. Mental illness and anxiety or nervous disorders include all disorders listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.
8. Conditions or procedures caused by or related to an Injury sustained in operating a motor vehicle while the Covered Person's blood alcohol level, as defined by law, was over the legal limit. This exclusion applies whether or not the Covered Person is charged with any violation in connection with the accident.
9. Conditions or procedures related to or caused by the Covered Person's voluntary attempt to commit, participation in or commission of a felony, misdemeanor, or illegal act.
10. Conditions or procedures related to or caused or aggravated by suicide, attempted suicide or self-inflicted Sickness or Injury, including voluntary ingestion, inhalation or injection of poisons, toxins or gaseous substances, even if the Covered Person did not intend to cause the harm which resulted from the action. This exclusion applies regardless of whether the Covered Person was sane or insane at the time the event occurred.
11. Conditions or procedures due to an Injury received while engaging in any hazardous occupation or other activity including the following: Participating, instructing, demonstrating, guiding or accompanying others in professional or semi-professional sports, extreme sports, parachute jumping, hot-air ballooning, hang-gliding, bungee jumping, scuba diving, sail gliding, parasailing, parakiting, mountain climbing, parkour, free running, racing including stunt show or speed test of any motorized or non-motorized vehicle, rodeo activities, or similar hazardous activities. Also excluded is any condition or procedure due to Injury received while practicing, exercising, undergoing conditioning or physical preparation for any such activity.
12. Conditions or procedures due to an Injury received while engaging in any hazardous occupation or other activity for which compensation is received including the following: Participating, instructing, demonstrating, guiding or accompanying others in professional or semi-professional sports, extreme sports, parachute

jumping, hot-air ballooning, hang-gliding, bungee jumping, scuba diving, sail gliding, parasailing, parakiting, mountain climbing, parkour, free running, racing including stunt show or speed test of any motorized or non-motorized vehicle, skiing, horse riding, hunting or rodeo activities, or similar hazardous activities. Also excluded is condition or procedure due to Injury received while practicing, exercising, undergoing conditioning or physical preparation for any such compensated activity.

13. Any condition, treatment, body part, or system specifically excluded by a Special Exception Rider.
14. Conditions or procedures that are caused by, or complications of Cosmetic Services.
15. Conditions or procedures caused by or related to a complication of a Sickness, Injury, or medical treatment or services that are not covered under this rider.
16. Procedures performed outside of the United States or its territories.

Pre Ex

Pre-Existing Condition

A Sickness or an Injury and related complication:

1. For which medical advice, consultation, diagnosis, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 12-month period immediately prior to the Covered Person's Effective Date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
2. That produced signs or symptoms during the 12-month period immediately prior to the Policyholder's Effective Date. The signs or symptoms were significant enough to establish manifestation or onset by one of the following tests:
 - a. The signs or symptoms reasonably should have allowed or would have allowed one learned in medicine to diagnose the condition; or
 - b. The signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment.

Plan provisions (Cont.)

Life

Exclusions

We will not pay benefits for loss caused by any of the following:

1. As a result of war or an act of war while the Covered Person is serving in any civilian non-combatant unit serving with the U. S. military, provided such death occurs while serving in such units or within six months after termination of service in such units, whichever is earlier.
2. As a result of the special hazards incident to service in any civilian non-combatant unit serving with the U. S. military, if the cause of death occurs while the Covered Person is serving in such units and is outside the home area, provided such death occurs outside the home area or within six months after the Covered Person's return to the home area while serving in such units or within six months after the termination of service in such units, whichever is earlier.
3. As a result of war or an act of war, within two years from the Effective Date of coverage, while the Covered Person is not serving in the U. S. military, if the cause of death occurs while the Covered Person is outside the home area, provided such death occurs outside the home area or within six months after the Covered Person's return to the home area.
4. As a result of air travel, in any sort of vehicle, except as a fare-paying passenger traveling on a regularly scheduled flight by an airline, the death benefit will be limited to the amount of premium paid for the Covered Person and no accidental death benefit will be payable.
5. Suicide within the first two years of a Covered Person's Effective Date under this Policy or the date of reinstatement with respect to a Covered Person.

For the purposes of this section, "home area" means the 50 states of the United States and its territories, the District of Columbia and Canada. "War" includes, but is not limited to, declared war, and armed aggression by one or more countries resisted on orders of any other country, combination of countries or international organization. "Act of war" means any act peculiar to military, naval or air operations in time of war.

In the event of death by any of these excluded acts, benefits will be limited to the premium paid for coverage on the Covered Person.

Term Life coverage is renewable to the earlier of the death of the Policyholder, or the first renewal after your 85th birthday, provided there is compliance with plan provisions, including dependent eligibility requirements. The policy includes an initial five year rate guarantee and National General Accident & Health has the right to change premium rates upon providing appropriate notice.

Critical Illness - Term Life plans are designed to provide extra benefits in the event of a critical illness and do not provide comprehensive health (major medical) insurance or satisfy the government's requirements for minimum essential coverage.

This document provides summary information. For a complete listing of benefits, exclusions and limitations, please refer to the Insurance policy. In the event there are discrepancies with the information in this document, the terms and conditions of the coverage documents will govern.



National General Holdings Corp. (NGHC), headquartered in New York City, is a specialty personal lines insurance holding company. National General traces its roots to 1939, has a financial strength rating of A- (excellent) from A.M. Best, and provides personal and commercial automobile, homeowners, umbrella, recreational vehicle, motorcycle, lender-placed, supplemental health and other niche insurance products.

National General Accident & Health, a division of NGHC, is focused on providing supplemental and short-term coverage options to individuals, associations and groups. Products are underwritten by Time Insurance Company (est. in 1892), National Health Insurance Company (incorporated in 1965), Integon National Insurance Company (incorporated in 1987) and Integon Indemnity Corporation (incorporated in 1946). These four companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia. National Health Insurance Company has been rated as A- (Excellent) by A.M. Best. National Health Insurance Company is financially responsible for its respective products.

Availability varies by state.

For use in: AK, AL, AR, AZ, CO, DC, DE, GA, IA, ID, IN, KY, MD, ME, MI, MO, MS, MT, NC, ND, NE, NM, NV, OK, OR, RI, SC, SD, TN, TX, UT, WI, WV and WY.