



<b>STANDARD</b>	<b>LEVEL A Maximum</b>	<b>LEVEL B Maximum</b>	<b>LEVEL C Maximum</b>
<p><b>DAILY HOSPITAL CONFINEMENT BENEFIT RIDER (form L-6042)</b></p> <p><b>Confinements of 30 Days or Less</b> We will pay the Daily Hospital Confinement benefit amount shown on the Policy Schedule for each of the first 30 days in each period of hospital confinement during which an Insured Person is confined to a hospital, including a government or charity hospital, for the treatment of Cancer.</p> <p><b>Confinements of 31 Days or More</b> If an Insured Person is continuously confined to a hospital, including a government or charity hospital, for longer than 30 consecutive days for the treatment of Cancer, We will pay two times the Daily Hospital Confinement benefit amount shown on the Policy Schedule. This benefit payment will begin on the 31st continuous day of such confinement and continue for each day of confinement until the Insured Person is discharged from the Hospital.</p> <p><b>Benefits for an Insured Dependent Child under Age 21</b> The amount payable under this benefit will be double the Daily Hospital Confinement benefit shown on the Policy Schedule if the Insured Person so confined is a dependent child under the age of 21.</p>	<p><b>\$200 Per Day</b></p> <p><b>\$400 Per Day</b></p> <p><b>\$400/ \$800 Per Day</b></p>	<p><b>\$300 Per Day</b></p> <p><b>\$600 Per Day</b></p> <p><b>\$600/ \$1,200 Per Day</b></p>	<p><b>\$300 Per Day</b></p> <p><b>\$600 Per Day</b></p> <p><b>\$600/ \$1,200 Per Day</b></p>

**YOU ALSO MAY CHOOSE THE OPTIONAL**

**FIRST OCCURRENCE BUILDING BENEFIT RIDER (form L-6044)**

If this rider is issued and while coverage remains in force, on the day following each Policy Anniversary, **the First Occurrence Benefit** amount shown on the Policy Schedule **will be increased for each Insured Person by \$100 for each unit of coverage** that is purchased. Benefits under this rider will be paid under the same terms and conditions as the First Occurrence Benefit Rider.

**You may select 1 Unit (\$100), 2 Units (\$200), 3 Units (\$300), 4 Units (\$400), 5 Units (\$500), or 6 Units (\$600).**

The First Occurrence Benefit will cease to increase for an Insured Person on the day following the first Policy Anniversary after the Insured Person's 65th birthday or on the date of a positive diagnosis of Internal Cancer, whichever occurs first. However, regardless of the age of the Insured Person on the effective date of this rider, this benefit will accrue for a period of at least five years unless Internal Cancer is diagnosed prior to the fifth year of coverage.

**This page is an Insert to be used ONLY with Brochure Form L-6040-AD (2/07). If you do not have this Brochure, ask that your agent provide one for you. All exclusions, limitations, definitions and terms of renewability of the Limited Benefit Cancer Expense Policy (form L-6040) apply to these riders. THESE ARE CANCER ONLY RIDERS.**