

UNIFIED LIFE INSURANCE COMPANY

[P.O. Box 25326

Overland Park, KS 66225-5326]

APOLLO MEDEVAC PLAN

INSURING CLAUSE

This is a contract of insurance, whereby we agree to pay directly to the service provider the benefits provided to You as set forth in this Policy for any covered loss in the Area of Service as defined in this Policy. The loss must occur while this Policy is In Force as shown in the Policy Schedule. Benefits are subject to all terms, provisions and exclusions of this Policy. The words "You" "Your" and "Yours" in this Policy refer to the Primary Insured and/or the Insured's Family Members named in the Policy Schedule or added during the term of this Policy. The words, "we", "our", "us" and "the Company" in this Policy refer to Unified Life Insurance Company.

CONSIDERATION CLAUSE

We have issued this Policy to the Primary Insured named in the Policy Schedule in consideration of (a) the Application for the Policy and (b) advance payment of the Initial Premium. A copy of the application is attached. The Initial Premium will maintain this Policy In Force from the Effective Date to the First Renewal Date. All periods of Insurance shall begin and end at 12:01 A.M. Standard Time, at Your residence.

RENEWAL SUBJECT TO COMPANY CONSENT

You may renew this Policy for successive one year terms, with our consent, by payment of each Renewal Premium as required. Premiums are due on the first day of each successive one year Term. Each Renewal Premium is payable in advance or within the grace period for that Term. Each Renewal Premium will be at the rates in effect at the time of renewal.

Our right to refuse to renew this Policy is limited to the renewal date occurring on each anniversary of the Effective Date of the Policy. We will not refuse to renew this Policy due to a deterioration of Your physical or mental health. Our refusal to non-renew this Policy will not affect an existing claim.

YOUR RIGHT TO EXAMINE POLICY FOR 10 DAYS


You should examine this Policy carefully. You may, for any reason, return this Policy to the Company at our Home Office at PO Box 25326, Overland Park, KS 66225-5326 or to the agent through whom it was purchased within 10 days after receiving it. The Policy shall be deemed void as of the date of Issue. We will return any premium paid.

COVERAGE FOR SICKNESS OR INJURY

This Policy provides You with limited coverage for loss, which results from sickness or injury, subject to the limitations contained in this Policy.

IN WITNESS WHEREOF, THE UNIFIED LIFE INSURANCE COMPANY HAS CAUSED THIS POLICY TO BE SIGNED AND DATED BY ITS PRESIDENT AND SECRETARY.


President


Secretary

**EMERGENCY MEDICAL AIR EVACUATION
Renewal Subject To Company Consent. Non-Participating**

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POLICY SCHEDULE

Policy Number	Primary Insured	Date of Birth
Effective Date:	First Renewal Date:	Initial Premium: \$
Insured Family Members		
Name	Relationship	Date of Birth
Maximum Benefit for Emergency Medical Air Evacuation		\$

DEFINITIONS

The definitions of terms used throughout this Policy are listed below. Other terms are defined in the Policy when needed.

“Area of Service” means all locations in the State of Alaska, Yukon Territory, and Northern Prince Rupert, British Columbia.

“Effective Date” means the date coverage under this Policy begins and as stated in the Policy Schedule. All periods of insurance under this Policy shall begin and end at 12:01 A.M. Standard Time, at Your residence.

“Family Members” means the legal spouse of the Primary Insured and all natural born or legally adopted children living at the same residence as the Primary Insured, who have not yet reached their 21st birthday. Any children who are full-time students at an accredited school, college, or university will be covered until they reach their 25th birthday or become married, whichever shall first occur.

“Hospital” means a legally operated institution which (a) is operated pursuant to the law and is licensed or approved as a Hospital by the responsible state agency; (b) is primarily engaged in providing medical care and treatment for sick or injured persons on an inpatient basis, for which a charge is made; (c) provides 24 hour a day nursing service by or under the supervision of registered graduate professional nurses (RNs); (d) is not a convalescent home, a convalescent, rest or nursing facility, a facility primarily for the aged, drug or alcohol rehabilitation, or a facility primarily affording custodial, rehabilitation or educational care.

“Primary Insured” means the person named in the Policy Schedule.

“In Force” means the Policy is still active and has not lapsed or terminated.

“Legally Qualified Physician” means any duly licensed medical practitioner who is (a) acting within the scope of his or her licenses; and (b) other than You or a member of Your immediate family.

“Maximum Benefit For Medical Emergency Air Evacuation” means the maximum amount payable for coverage provided to You as shown in the Policy Schedule.

“Nurse” means graduate Registered Nurse (RN) or Licensed Vocational Nurse (LVN).

“Transportation Expense” means (a) the cost of conveyance of the Insured and, (b) medically necessary services or supplies for and during such conveyance.

“Usual and Customary Charge” means the fee normally charged by providers with like training and experience for the same service in the specific geographic or associated economic area where the service is provided, but not to exceed a negotiated contracted amount, if applicable.

COVERAGE EMERGENCY MEDICAL AIR EVACUATION

When You incur emergency Transportation Expense as a result of a sickness or injury while coverages are In Force, the following benefits are payable directly to the service provider, up to the Maximum Benefit amount.

For Emergency Medical Air Evacuation. If the sending caregiver and the receiving Legally Qualified Physician determines that air transportation to a Hospital or medical facility is safe, appropriate and medically necessary to treat an unforeseen sickness or injury which is acute or life threatening and adequate medical treatment is not available in the immediate area, the transportation expense incurred will be paid for the lesser of the negotiated rate or the Usual and Customary Charges for Your transportation to the closest Hospital or medical facility capable of providing that treatment.

Benefits payable under this Policy are secondary to and for the excess over all other insurance or indemnity payments. If You have other insurance, including Workman's Compensation, that may provide benefits for this same loss, the Company reserves the right to reduce the benefits payable hereunder to the extent of such other insurance or indemnification payments.

You are required to:

- a) Notify the Company of any other insurance;
- b) Help the Company exercise the Company's rights in any reasonable way that the Company may request, including the filing and assignment of other insurance benefits or indemnification amounts;
- c) Not do anything after the loss to prejudice the Company's rights; and
- d) Reimburse to the Company, to the extent of any payment the Company has made, for benefits received from such other insurance or indemnification.

PREMIUMS

Each renewal premium is due at the end of the one year term for which the preceding premium was paid. Each renewal premium is payable at our Home Office. Except as provided in the grace period Section, the payment of a premium will not maintain this Policy In Force beyond the term for which such premium is paid. The Company reserves the right to change the premium or terminate this Policy as of any anniversary of the Effective Date, subject to 60 days prior notice.

EXCLUSIONS

Benefits are not payable for sickness, injuries or losses of You or Your covered Family Member for:

1. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane;
2. mental, nervous, or psychological disorders;
3. an act of declared or undeclared war;
4. participating in maneuvers or training exercises of an armed service;
5. a contributing cause was the commission of or attempt to commit a felony or being engaged in an illegal occupation;
6. normal childbirth, normal pregnancy (except complication of pregnancy) or voluntary induced abortion;
7. participation as a professional in athletics;
8. civil disorder;
9. elective treatment and procedures;
10. if the patient is legally pronounced dead before the evacuation service is called.
11. transportation from the member's home to a facility other than a Hospital, skilled nursing facility, rehabilitation facility, or nursing home to the member's home; or

12. transportation provided primarily for the convenience of the patient, patient's family or physician.

GENERAL PROVISIONS

When Coverage Ends. Your coverage stops on the premium due date for which the required premium has not been paid by such date or within the grace period or the date you cease to meet the definition of a Family Member.

Entire Contract, Changes. The entire contract between the parties consists of this Policy, a copy of the application, which is attached, and any attached endorsements or riders. No change in this Policy will be effective until approved by an executive officer of the Company. This approval must be attached to this Policy. No agent, nor anyone other than an officer of the Company, has the power to change this contract or waive any of the Company's rights or requirements.

Time Limit on Certain Defenses. After 2 years from the date You became insured under this Policy, no misstatement, except fraudulent misstatements in the application, may be used to void this Policy or to deny a claim for loss incurred after such 2 year period.

Grace Period. This Policy has a 31 day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. The Policy will remain In Force during the grace period. If the insured incurs loss during the grace period, the Policy proceeds will be reduced for any premium that is due and unpaid. The premium is in default if it is still due and unpaid at the end of the grace period.

Notice of Claim. Written notice of claim must be given to us within 20 days after a covered loss occurs or as soon as reasonably possible. The notice can be given to us at our Home Office.

Claim Forms. When we receive a notice of claim, we will send You forms for filing proofs of loss. If such forms are not sent to You within 15 days, You will meet the proof of loss requirements if You give us a written statement of the nature and extent of the loss within the time limit stated in Proof of Loss.

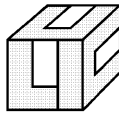
Proof Of Loss. You must supply Us with proof of loss within 90 days after the date of loss or as soon as is reasonably possible, but in no event more than 12 months from the time otherwise required, except in the absence of legal capacity.

Time of Payments of Claims. As soon as written proof of loss is received, we will pay all benefits then due for which we are liable.

Payment of Claims. Benefits will be paid to the provider of services. Our liability will be fully discharged to the extent of any such payments made in good faith.

Legal Proceedings. A claimant or the claimant's authorized representative cannot start any legal action until 60 days after the proof of loss has been given; nor more than 3 years after the date of loss.

Unpaid Premiums. When a claim is paid, any premiums due and unpaid may be deducted from the claim payment.



Unified Life Insurance Company
[P.O. Box 25326, Overland Park, KS 66213-5326]

ENDORSEMENT
Apollo Emergency Medical Services Plan

ENDORSEMENT SCHEDULE

Attached to and made part of Policy Number _____

Primary Insured: _____ Effective Date: _____

Initial Premium: \$_____

Maximum for Ground Ambulance Service: \$_____

This Endorsement is added to and becomes a part of the Policy shown above. It is issued in consideration of the payment of the premium as set forth in the application for the Policy. All of the provisions and conditions of the Policy apply to this Endorsement.

The Definitions of the Policy are endorsed to add the following definitions:

“Ground Ambulance Service” means a licensed service provider of ambulance transportation equipped with appropriate emergency and medical supplies and equipment.

“Maximum Benefit for Ground Ambulance Service” means the maximum amount payable for coverage provided to You as shown in the Policy Schedule.

The Coverage provision of the Policy is endorsed to add the following coverage:

For Ground Ambulance Service When You are for medically necessary reasons transported within a metropolitan area served by a Ground Ambulance Service, to a Hospital or medical facility for an unforeseen sickness or injury that is acute or life threatening, the ground ambulance Transportation Expense incurred will be paid for the lesser of the negotiated rate or the Usual and Customary Charges for Your transportation to the closest Hospital or medical facility capable of providing that treatment. The Ground Ambulance personnel and the receiving Legally Qualified Physician will determine the safety and appropriateness of the transport.

**IN WITNESS WHEREOF, THE UNIFIED LIFE INSURANCE COMPANY HAS CAUSED THIS
ENDORSEMENT TO BE ADDED TO THE POLICY SHOWN ABOVE AND TO BE SIGNED AND DATED
BY ITS PRESIDENT AND SECRETARY.**

John E. Telle
President

Mary M. Rixey
Secretary

GROUND AMBULANCE SERVICE ENDORSEMENT