

UNIFIED LIFE INSURANCE COMPANY
[P.O. Box 25326
Overland Park, KS 66225-5326]

APOLLO MT TRAVELERS POLICY

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 Insured named in the Policy Schedule. 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 Insured named in the Policy Schedule in consideration of (a) the Application for the Policy and (b) advance payment of the Single Premium. A copy of the application is attached. The Single Premium will maintain this Policy In Force from the Effective Date to the Expiry Date. All periods of Insurance shall begin and end at 12:01 A.M. Standard Time, at Your location in the Area of Service.

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 WITH GROUND
AMBULANCE SERVICE, MEDICAL REPATRIATION PROTECTION
AND RETURN OF REMAINS
Non-Participating**

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POLICY SCHEDULE

Policy Number	Insured	Date of Birth
Effective Date:	Expiry Date:	Single Premium: \$
Maximum Benefit Per Occurrence for Emergency Medical Air Evacuation		\$
Maximum Benefit Per Occurrence for Ground Ambulance Service		\$
Maximum Benefit Per Occurrence for Medical Repatriation Protection		\$
Maximum Benefit Per Occurrence for Return of Remains		\$

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.

“Clean Claim” means a claim that does not have a defect or impropriety, including a lack of any required substantiating documentation, or a particular circumstance requiring special treatment that prevents timely payment of the claim.

“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 location in the Area of Service and the waters off the coast of Alaska where cruise lines normally operate.

“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.

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

“In Force” means the Policy has not expired.

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

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

“Maximum Benefit For Medical Repatriation” means the maximum amount payable for coverage provided to an Insured as shown in the Policy Schedule.

“Maximum Benefit For Return Of Remains” means the maximum amount payable for coverage provided to an Insured 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 & Customary Charge” means the amount equal to or greater than 80th percentile of charges for comparable services made by other service providers in the same geographic area for the same service.

COVERAGES

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 the benefit shown in the Policy Schedule. Any balance due the service provider will be Your responsibility.

EMERGENCY MEDICAL AIR EVACUATION

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 at the negotiated rate or, in the absence of a negotiated rate, the Usual & Customary Charges for Your transportation to the closest Hospital or medical facility capable of providing that treatment.

GROUND AMBULANCE SERVICE

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 at the negotiated rate or in the absence of a negotiated rate, the Usual & 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.

MEDICAL REPATRIATION PROTECTION

For Medical Repatriation

- a) If the local attending Legally Qualified Physician determines that it is medically necessary for You to return to Your place of permanent residence because of an unforeseen sickness or injury which is acute or life threatening the Transportation Expense incurred will be paid for at the negotiated rate or in the absence of a negotiated rate, the Usual & Customary Charges for Your return to Your permanent residence via:
 - i) one-way economy transportation; or
 - ii) commercial upgrade, based on an Insured's condition as recommended by the local attending Legally Qualified Physician and verified in writing.Transportation must be via the most direct and economical route.

- b) If the local attending Legally Qualified Physician determines that it is medically necessary for You to return to Your place of permanent residence for continued treatment of an unforeseen sickness or injury which is acute or life threatening, the Transportation Expense incurred will be paid for at the negotiated rate or in the absence of a negotiated rate, the Usual & Customary Charges to transport You to the hospital or medical facility closest to Your place of permanent residence capable of providing that treatment. Transportation must be by the most direct and economical route. Covered land or air transportation includes, but is not limited to, commercial stretcher, medical escort, or for air ambulance.

- c) The Transportation Expense incurred will be paid for at the negotiated rate or in the absence of a negotiated rate, the Usual & Customary Charges for (a) and/or (b) above.

RETURN OF REMAINS

For Return of Remains. In the event of Your death, the Transportation Expense incurred will be paid for minimally necessary casket or air tray preparation and transportation of Your remains to Your place of residence or to the place of burial if within the Area of Coverage. The Transportation Expense incurred will be paid for at the negotiated rate or in the absence of a negotiated rate, the Usual & Customary Charges for (a) and/or (b) above.

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. The Company may not request reimbursement after one year of payment of the claim.

PREMIUMS

The single premium is payable at our Home Office and is required to be paid at the time application is completed.

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, except for benefits for Return Of Remains.
- 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 Expiry Date as shown in the Policy Schedule.

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.

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. Benefits for a covered loss will be paid immediately but in no event later than 30 days after the Company receives written Proof of Loss and a Clean Claim. Benefits for a covered loss will be paid within 15 days of the receipt of additional requested information other than a Clean Claim. If claims are not paid within the time limit, interest accrues at an interest rate of 15% per year. 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.