



Critical Illness Insurance

LEVEL 1 & 2

It pays to *be prepared.*



*If you're diagnosed with cancer or suffer a heart attack or stroke, the last thing you want to worry about is finances. **Washington National's Critical Illness Insurance** helps you have peace of mind so you can focus on what matters most... your recovery.*

WHAT ARE THE ODDS?

1 in 3 Americans develop cancer in their lifetime.¹

Someone in the U.S. has a heart attack every **40 seconds**.²

More than **795,000 Americans** have a stroke each year.³

FINANCIAL IMPACT

Thanks to medical advances, more people are surviving critical illnesses. However, many patients face unexpected costs not covered by major medical insurance.

- » Recovery from a heart attack takes two weeks to three months, during which you may not be able to work.⁴
- » Cancer patients and caregivers spend up to \$2,600 per month on out-of-pocket costs.⁵
- » 51% of cancer patients and survivors carry medical debt from their cancer-related treatment.⁶

WHY CRITICAL ILLNESS INSURANCE?

- » Critical illnesses such as cancer or a heart attack can happen to anyone at anytime.
- » Even with major medical insurance, most deductibles, and some treatments and procedures are still not covered.
- » You can use your cash benefits for any purpose, such as:
 - Out-of-pocket expenses
 - Deductibles
 - Coinsurance
 - Living expenses
 - Nonmedical costs

Washington National *offers you a number of guarantees.*

- ▶ Your benefits are ***paid directly to you*** or to whomever you choose.
- ▶ Your benefits are ***paid regardless of other insurance*** you have.
- ▶ Your premiums ***do not increase*** due to age.
- ▶ Your policy is ***guaranteed renewable for life***.⁷
- ▶ You ***cannot be singled out for a rate increase***. Your rates may be adjusted only if we change the rates on all policies of this type in your state.
- ▶ ***Your policy is portable***, this means you can keep your coverage even if you change jobs, move to a different state, or retire.

¹American Cancer Society, *Lifetime Risk of Developing or Dying from Cancer*, <https://www.cancer.org/cancer/risk-prevention/understanding-cancer-risk/lifetime-probability-of-developing-or-dying-from-cancer.html>, January 2023.

²Centers for Disease Control and Prevention, *Heart Disease Facts*, <https://www.cdc.gov/heartdisease/facts.htm>, May 2023.

³Centers for Disease Control and Prevention, *Stroke Facts*, <https://www.cdc.gov/stroke/facts.htm>, May 2023.

⁴Cleveland Clinic, *Heart Attack Recovery and Rehabilitation*, <https://my.clevelandclinic.org/health/diseases/17055-heart-attack-recovery--cardiac-rehabilitation>, October 2022.

⁵U.S. National Library of Medicine National Institutes of Health, *The Out-of-Pocket Cost Burden of Cancer Care—A Systematic Literature Review*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8025828/pdf/curroncol-28-00117.pdf>, April 2021, p. 1216.

⁶American Cancer Society Cancer Action Network, *Survivor Views: Cancer & Medical Debt*, <https://www.fightcancer.org/policy-resources/survivor-views-cancer-medical-debt>, March 2022.

⁷As long as your premiums are paid when due.

Choose the plan that's right for you

Critical Illness Insurance helps protect you against the costs your current insurance might not address. And with several coverage options, you choose what's right for you. To select your coverage, ask yourself these three questions:

1. Who needs coverage?

- ▶ Individual ▶ Individual plus child(ren)
- ▶ Individual plus spouse ▶ Family

2. How much coverage?*

- ▶ \$5K ▶ \$10K ▶ \$20K ▶ \$30K ▶ \$40K ▶ \$50K
- ▶ \$60K ▶ \$70K ▶ \$80K ▶ \$90K ▶ \$100K

3. What critical illness coverage do you need?

- ▶ Cancer only ▶ Heart and stroke only
- ▶ Cancer, heart and stroke

CANCER ONLY COVERAGE, IF SELECTED:

Lump Sum Benefit for Cancer	Specified Critical Illness	Percentage of Lump Sum Benefit Amount
	Cancer	100%
	Carcinoma In-Situ	25% limited to one payment
	Subsequent Diagnosis Lump-Sum	0% - 100% depending on the number of months since previous diagnosis. You may receive a lump-sum payment again (does not apply to skin cancer, and carcinoma in-situ)
	Skin Cancer	\$300 one-time payment upon diagnosis of skin cancer (melanoma and non-melanoma). Does not reduce the lump-sum benefit amount.
	Cancer Annual Care	\$75 beginning on the first anniversary after the payment of the lump sum benefit for Cancer and is payable for up to 5 consecutive years

HEART AND STROKE COVERAGE, IF SELECTED:

Lump Sum Benefit for Heart and Stroke	Specified Critical Illness	Percentage of Lump Sum Benefit Amount
	Heart Attack	100%
	Stroke	100%
	Coronary Artery Bypass Surgery	50%*
	Angioplasty	25%*
	Stent(s)	25%*
	Transient Ischemic Attack (TIA)	25%*
	Subsequent Diagnosis Lump-Sum	0% - 100% depending on the number of months since previous diagnosis. You may receive a lump-sum payment again (does not apply to Coronary Artery Bypass, Angioplasty, Stent or TIA)
	Heart/Stroke Annual Care	\$75 beginning on the first anniversary after the payment of the lump sum benefit for a Heart Attack or Stroke and is payable for up to 5 consecutive years



A combination of cancer, heart and stroke coverage may also be available to you. If purchased, benefits will include the Cancer benefits and the Heart and Stroke benefits described above. The same limits and exclusions will apply.

If purchasing multiple policies billing may be separate.


**Limited to one payment.*
The total benefit amount payable under the policy lump sum benefit will not exceed the coverage amount selected, per covered person. In circumstances where a portion of the lump-sum benefit (based on coverage selected) is paid for conditions such as Carcinoma In-Situ, Coronary Artery Bypass Surgery, Angioplasty, Stent(s), or Transient Ischemic Attack (TIA), the total lump-sum benefit is reduced by the amount paid.

Understanding the Subsequent Diagnosis Lump Sum Benefit

If your cancer comes back, or you experience a heart attack or stroke after your first diagnosis; you can receive a subsequent diagnosis lump-sum benefit.

How it works: One year after you have not received or needed treatment for a specified critical illness diagnosis, this benefit begins to grow in 20% increments each year after the first year— up to a maximum of 100% after five years. Depending on the number of months immediately preceding the subsequent diagnosis you will receive a percentage of the lump sum benefit amount.

FOR EXAMPLE when purchasing Cancer or Heart and Stroke coverage, the benefit percentages and applicable time periods are as follows:

	Specified Critical Illness	Number of Months After the Immediately Preceding Diagnosis	Percentage of the Lump Sum Benefit Amount
	Cancer/Heart and Stroke benefits	13 – 24	20%
		25 – 36	40%
		37 - 48	60%
		49 – 60	80%
		61 or more	100%

The above chart also applies to the combination of specified critical illness coverage if purchased. To receive this benefit, the initial and subsequent diagnosis of a covered critical illness must occur while the policy is in force.

About **1 in 6 people** diagnosed with cancer have had a different type of cancer in the past.¹

1 in 4 stroke survivors will have another stroke.²

1 in 5 people who have had a heart attack will be readmitted to the hospital for a second one within five years.³

¹Cancer.Net, What is Second Cancer?, <https://www.cancer.net/survivorship/what-second-cancer>, July 2021.

²American Stroke Association, Preventing Another Stroke, <https://www.stroke.org/en/life-after-stroke/preventing-another-stroke>, 2023.

³Hackensack Meridian Health, What Are Your Chances of Having a Second Heart Attack?, hackensackmeridianhealth.org/en/healthu/2020/11/11/what-are-your-chances-of-having-a-second-heart-attack, November 2020.

Optional riders that may be available for you

Wellness Screening Rider: This optional rider pays a benefit of **\$50** for one of 22 covered screening tests or procedures administered by a medical professional after the rider's waiting period. This benefit is limited to **one per calendar year per** covered person. It is payable for specified tests, including Mammogram, Colonoscopy, and Chest X-ray—see list below of all covered screenings.

- » Mammogram
- » Breast Ultrasound
- » Pap Smear (lab and procedure)
- » Thin Prep
- » Cancer Antigen 125 (CA-125)
- » Flexible Sigmoidoscopy
- » Chest X-ray
- » Thermography
- » Stress Test on a bicycle or treadmill
- » Electrocardiogram
- » Echocardiogram
- » Carotid Doppler
- » Fasting Blood Glucose Test
- » Blood Test for Triglycerides
- » Serum Cholesterol Test
- » Lipid Panel
- » Colonoscopy
- » Virtual Colonoscopy
- » Hemoccult stool specimen
- » Carcino-Embryonic Antigen (CEA)
- » Prostate-Specific Antigen (PSA)
- » Biopsy



Cancer Benefit Rider: This optional rider will provide additional benefits after a cancer diagnosis (excluding skin cancer), where the specific services are for cancer treatment. Two levels of coverage may be available to you.

Benefit	Level 1	Level 2	Information
Hospital Confinement/ Observation Unit	\$150 per day	\$250 per day	Pays a per-day benefit when a covered person is either 1) admitted into an Observation Unit or 2) confined as an Inpatient in a hospital, due to cancer. Limited to 365 days per period of confinement.
Intensive Care Unit Confinement	\$150 per day	\$250 per day	Pays for up to 365 days per confinement and is in addition to the Hospital Confinement/Observation Room Benefit.
Hospital Drugs Benefit ¹	\$20 per day	\$30 per day	Pays a benefit for each day drugs are administered when a covered person is either 1) admitted into an Observation Unit or 2) confined as an Inpatient in a hospital, due to cancer. Chemotherapy, Immunotherapy, Hormonal Therapy, or Targeted Therapy drugs are not payable under this benefit.
Hospital Attending Physician Benefit ¹	\$20 per day	\$30 per day	Pays a benefit for each day of services of an attending physician when a covered person is either 1) admitted into an Observation Unit or 2) confined as an Inpatient in a hospital, due to cancer.
Surgery	\$2,500 Max	\$5,000 Max	Amount payable varies by procedure according to the benefit schedule for an unlimited number of separate operations performed for the treatment of cancer. If more than one surgical procedure is performed at the same time through the same incision, the procedure with the largest benefit amount will be paid.
Anesthesia	25% of the amount paid for surgery	25% of the amount paid for surgery	Amount payable is equal to 25% of the surgical procedure benefit, depending on the type of cancer surgery. If more than one surgical procedure is performed at the same time, the procedure with the largest benefit amount will be paid.
Surgery - 2nd & 3rd Opinion	\$175 per opinion	\$250 per opinion	Payable for a second opinion from another physician before the covered person decides to have surgery. If the second opinion fails to confirm the need for the recommended surgery, this benefit is payable for a third physician's opinion. The physicians cannot be affiliated with each other and benefits are not payable for skin cancer.
Blood and Plasma	\$40 per day	\$60 per day	Payable one time per day for whole blood, plasma, red cells, packed cells or platelets due to cancer.
Medical Facility Administered Cancer Treatment	\$100 per day (Limited to a calendar year maximum of \$5,000)	\$200 per day (Limited to a calendar year maximum of \$10,000)	Payable for one administered treatment per day when a physician prescribes radiation or chemotherapy as part of definitive cancer treatment. The treatment must be administered by a medical professional in a medical facility. Immunotherapy, hormonal therapy, or targeted therapy drugs are not payable under this benefit.
Immunotherapy, Hormone Therapy and Targeted Therapy	\$100 per month (Pays up to lifetime maximum of 36 calendar months)	\$200 per month (Pays up to lifetime maximum of 36 calendar months)	Payable per month when a physician prescribes Immunotherapy, hormonal therapy or targeted therapy due to a diagnosis of cancer and the covered person incurs a charge. Chemotherapy drugs are not payable under this benefit.
Nonmedical Facility Cancer Treatment	\$100 per month (Pays up to lifetime maximum of 36 calendar months)	\$200 per month (Pays up to lifetime maximum of 36 calendar months)	Payable per month when a physician prescribes chemotherapy as part of definitive cancer treatment, and a charge is incurred that month. The treatment must be administered in a place other than a medical facility. Immunotherapy, hormonal therapy, or targeted therapy drugs are not payable under this benefit.
Outpatient Comfort Medication(s)	\$50 per day (Pays up to lifetime maximum of 36 calendar months)	\$75 per day (Pays up to lifetime maximum of 36 calendar months)	Payable per month when a physician prescribes anti-nausea medication or pain medication while the covered person is receiving radiation therapy or chemotherapy for treatment of cancer.
Wig/Hairpieces	\$150	\$250	Payable for a wig or hairpiece when needed due to cancer treatment. Payable once per covered person.

¹ Payable for the same number of days as the Hospital Confinement/Observation Room benefit.

There is an additional cost for optional riders. Premiums are based on the amount of coverage selected.

CANCER BENEFIT RIDER CONTINUED:

Benefit	Level 1	Level 2	Information
Transportation	.40 cents per mile up to a maximum of \$1,000 per round trip	.40 cents per mile up to a maximum of \$1,250 per round trip	Payable for an unlimited number of round trips if a covered person travels more than 75 miles one way from the covered person's primary residence to receive covered inpatient or outpatient treatments. Travel must occur within the continental U.S.
Family Member Transportation	.40 cents per mile up to a maximum of \$1,000 per round trip	.40 cents per mile up to a maximum of \$1,250 per round trip	Payable for one family member to travel an unlimited number of round trips by plane, train or bus to and from the city where the covered person is receiving covered inpatient or outpatient treatments within the continental U.S. The hospital must be more than 75 miles one way from the family member's primary residence. Family members covered include spouse, parent, brother, sister or child of the covered person.
Family Member Lodging	\$40 per day	\$60 per day	Payable per day for one family member when the covered person is either admitted into an observation unit or confined as an inpatient in a hospital and is receiving covered treatments within the continental U.S. The hospital must be more than 75 miles one way from the family member's and the covered person's homes. For each period of confinement, benefits are paid for one room for up to 60 days while the hospital confinement/observation room benefit is payable. Family members covered include spouse, parent, brother, sister or child of the covered person receiving treatment.
Skilled Nursing Facility	\$50 per day	\$75 per day	Payable if a covered person is confined by a physician's order to a skilled nursing or extended care facility within 14 days after a covered hospital confinement. This benefit is payable for up to the number of days a covered person received the hospital confinement/observation room benefit.
Ambulance	\$150/One-way trip	\$200/One-way trip	Payable per trip to or from a hospital where you are confined as an inpatient due to cancer. For each period of confinement, the benefit is limited to two one-way trips. The benefit is payable for ground or air ambulance.
Prosthesis	\$1,000/Device	\$1,000/Device	Payable for a surgically implanted prosthetic device due to cancer, for which surgery benefits are received, per covered person. Payable once per covered person for surgically implanted devices.
Non-surgical prosthesis	\$100/lifetime max	\$200/lifetime max	Payable for non-surgically implanted prosthetic device due to cancer, for which surgery benefits are received, per covered person. Non-surgically implanted devices include voice boxes, removable breast prosthesis and ostomy pouches. Payable once per covered person for non-surgically implanted device.
Hospice	\$50 per day (Lifetime maximum per covered person of \$10,000.)	\$60 per day (Lifetime maximum per covered person of \$10,000.)	Payable for care provided by or through a licensed hospice facility as the direct result of cancer when a covered person is diagnosed as terminally ill, no longer receiving treatment and expected to live six months or less. Benefits are payable for in-home, outpatient or confined hospice care.
Bone Marrow Transplant	\$2,500	\$5,000	Payable once per covered person for a human bone marrow transplant due to cancer.
Stem Cell Transplant	\$1,000	\$1,500	Payable once per covered person for a human stem cell transplant due to cancer.
Medical Imaging	\$200	\$200	Payable for one diagnostic test, scan, or medical imaging exam ordered by a physician due to cancer per covered person per calendar year. Benefits for the same test, scan or exam will not be payable under more than one provision of the policy or any rider.

There is an additional cost for optional riders. Premiums are based on the amount of coverage selected.

Heart/Stroke Rider: This optional rider will provide additional benefits after a heart attack, stroke, or heart disease diagnosis, where the specific services are for treatment of those conditions. Two levels of coverage may be available to you.

Benefit	Level 1	Level 2	Information
Hospital Confinement/ Observation Unit	\$150 per day	\$250 per day	Pays a per-day benefit when a covered person is either 1) admitted into an Observation Unit or 2) confined as an Inpatient in a hospital, due to a heart attack, stroke or heart disease. Limited to 365 days per period of confinement.
Intensive Care Unit Confinement	\$150 per day	\$250 per day	Pays for up to 365 days per confinement while receiving treatment due to a heart attack, stroke, or heart disease and is in addition to the Hospital Confinement/ Observation Room Benefit.
Hospital Drugs Benefit ¹	\$20 per day	\$30 per day	Pays a benefit for each day drugs are administered when a covered person is either 1) admitted into an Observation Unit or 2) confined as an Inpatient in a hospital, due to a heart attack, stroke or heart disease.
Hospital Attending Physician Benefit ¹	\$20 per day	\$30 per day	Pays a benefit for each day of services of an attending physician when a covered person is either 1) admitted into an Observation Unit or 2) confined as an Inpatient in a hospital, due to a heart attack, stroke or heart disease.
Oxygen	\$100 per confinement	\$150 per confinement	Pays once per period of confinement when oxygen is prescribed by a physician while a covered person is either 1) admitted into an Observation Unit or 2) confined as an inpatient in a hospital, due to a heart attack, stroke or heart disease.
Surgery	\$2,500 Max	\$5,000 Max	Amount payable varies by procedure according to the benefit schedule for an unlimited number of separate operations performed for the treatment of heart attack, stroke, or heart disease. If more than one surgical procedure is performed at the same time through the same incision, the procedure with the largest benefit amount will be paid.
Anesthesia	25% of the amount paid for surgery	25% of the amount paid for surgery	Amount payable is equal to 25% of the surgical procedure benefit, depending on the type of heart attack, stroke or heart disease surgery. If more than one surgical procedure is performed at the same time, the procedure with the largest benefit amount will be paid.
Surgery - 2nd & 3rd Opinion	\$175 per opinion	\$250 per opinion	Payable for a second opinion from another physician before the covered person decides to have surgery. If the second opinion fails to confirm the need for the recommended surgery, this benefit is payable for a third physician's opinion. The physicians cannot be affiliated with each other.
Blood and Plasma	\$40 per day	\$60 per day	Payable one time per day for whole blood, plasma, red cells, packed cells or platelets due a heart attack, stroke or heart disease.
Transportation	.40 cents per mile up to a maximum of \$1,000 per round trip	.40 cents per mile up to a maximum of \$1,250 per round trip	Payable for an unlimited number of round trips if a covered person travels more than 75 miles one way from the covered person's primary residence to receive covered inpatient or outpatient treatments. Travel must occur within the continental U.S.
Family Member Transportation	.40 cents per mile up to a maximum of \$1,000 per round trip	.40 cents per mile up to a maximum of \$1,250 per round trip	Payable for one family member to travel an unlimited number of round trips by plane, train or bus to and from the city where the covered person is receiving covered inpatient or outpatient treatments within the continental U.S. The hospital must be more than 75 miles one way from the family member's primary residence. Family members covered include spouse, parent, brother, sister or child of the covered person.

¹Payable for the same number of days as the Hospital Confinement/Observation Room benefit.

There is an additional cost for optional riders. Premiums are based on the amount of coverage selected.

HEART/STROKE RIDER CONTINUED:

Benefit	Level 1	Level 2	Information
Family Member Lodging	\$40 per day	\$60 per day	Payable per day for one family member when the covered person is either admitted into an observation unit or confined as an inpatient in a hospital and is receiving covered treatments within the continental U.S. The hospital must be more than 75 miles one way from the family member's and the covered person's homes. For each period of confinement, benefits are paid for one room for up to 60 days while the hospital confinement/observation room benefit is payable. Family members covered include spouse, parent, brother, sister or child of the covered person receiving treatment.
Skilled Nursing Facility	\$50 per day	\$75 per day	Payable if you are confined by a physician's order to a skilled nursing or extended care facility within 14 days after a covered hospital confinement. This benefit is payable for up to the number of days you received the hospital confinement/observation room benefit.
Ambulance	\$150/One-way trip	\$200/One-way trip	Payable per trip to or from a hospital where you are confined as an inpatient due to a heart attack, stroke or heart disease. For each period of confinement, the benefit is limited to two one-way trips. The benefit is payable for ground or air ambulance.
Medical Imaging	\$200	\$200	Payable for one diagnostic test, scan, or medical imaging exam ordered by a physician due to a heart attack, stroke or heart disease per covered person per calendar year. Benefits for the same test, scan or exam will not be payable under more than one provision of the policy or any rider.
Heart Transplant	\$50,000	\$75,000	Pays once per covered person when due to heart disease or heart attack a covered person receives a human heart.



Critical Conditions Rider: The optional rider's lump sum benefit is payable for the first diagnosis under the rider of the specified critical illnesses covered by the rider, which are listed below. The percentage of the lump sum benefit payable upon diagnosis is also shown below. If a lump sum benefit is payable at 100%, no other lump sum benefit will be available under the rider. If a benefit is payable at less than 100%, any future rider benefit for any other listed illness is reduced accordingly.

Lump Sum benefit amounts available are:*

▶\$5K ▶\$10K ▶\$20K ▶\$30K ▶\$40K ▶\$50K ▶\$60K ▶\$70K ▶\$80K ▶\$90K ▶\$100K

Specified Critical Illnesses	% of Lump Sum Benefit
Permanent Blindness	100%
Major Organ Transplant Surgery List of Major Organ Transplant: Kidney, Liver, Lung, Bone Marrow	100%
Coma (after being in a coma for 14 days; does not cover medically induced comas)	100%
Permanent Paralysis (permanent loss of at least two limbs)	100%
End Stage Renal Failure	100%
Alzheimer's	75%
Major Organ Transplant List List of Major Organ Transplant: Kidney, Liver, Lung, Bone Marrow	50%
Diabetic Amputation above the ankle	50%
Permanent Deafness	25%
Multiple Sclerosis	25%
Parkinson's Disease	25%
Amyotrophic Lateral Sclerosis (ALS)	25%
Hospital Confinement/Observation Unit Pays a per day benefit when a covered person is either 1) admitted into an Observation Unit or 2) confined as an Inpatient in a hospital, due to a specified critical illness. Limited to 30 days per period of confinement	\$150 per day

**For children, coverage will be 50% of the amount selected.*
The total benefit amount payable under the rider will not exceed the coverage amount selected and issued, per covered person.
No covered specified critical illness is payable more than once. There is an additional cost for optional riders. Premiums are based on the amount of coverage selected.

Hospital Intensive Care Unit Rider: Two benefit levels are available for you to help with out-of-pocket costs due to hospitalization from a covered accident or covered sickness. All benefits under the rider reduce by 50% for a covered person at age 75.

Benefit	Level 1	Level 2
ICU Confinement* Pays a benefit for each day a covered person is confined to a hospital intensive care unit.		
Policyholder, Spouse	\$500/day	\$750/day
Children 13 months & Older	\$750/day	\$1,125/day
Infant (12 months & Under)	\$150/day	\$225/day
Sub-Acute ICU Confinement* Pays a benefit for each day a covered person is confined to a sub-acute intensive care unit		
Policyholder, Spouse	\$200/day	\$300/day
Children 13 months & Older	\$300/day	\$450/day
Infant (12 months & Under)	\$60/day	\$90/day
Additional Benefits (benefit amounts applicable to all covered persons):		
Ambulance Pays when a covered person is transported to or from a hospital where the covered person is confined in an intensive care unit or sub-acute intensive care unit. Limited to two per period of confinement.	\$150/One-way trip	\$150/One-way trip
Blood & Plasma Pays per day for each day received while a covered person is hospital confined in an intensive care unit or sub-acute intensive care unit.	\$25/day	\$50/day



**Intensive Care Unit and Sub-Acute Intensive Care Unit combined 30 day maximum per period of confinement. There is an additional cost for optional riders. Premiums are based on the amount of coverage selected.*

Benefits when you need them, money back when you don't!

Return of Premium Rider: Choose a benefit that can pay premiums back to you. With the optional Return of Premium rider, you can receive money back for premiums paid—minus claims incurred—every 20 years (or on the rider anniversary date following your 75th birthday, if that comes sooner).

You're only required to keep your policy and this rider in force until maturity. When your money is returned, you can continue your protection...and collect again.

HERE ARE THREE EXAMPLES OF YOUR RETURN-OF-PREMIUM POTENTIAL:¹

	No Claim	Small Claim	Large Claim
Total premiums paid	\$9,600	\$9,600	\$9,600
Claims incurred	– 0	– 2,000	– 20,000
Amount of return	\$9,600	\$7,600	\$0

If you are aged 66 or older when you begin a return-of-premium period, and you have kept your policy and rider in force, you receive one-half of premiums paid, minus any claims incurred, at the end of every 10 years.

¹This is an example solely demonstrating how the optional rider works given continuous coverage to maturity with the stated assumptions. No representation or guarantee of future premiums or premium returned.

There is an additional cost for this optional rider. This rider is available through age 75 and is based on the policy owner's age at issue. This rider is not available with policies purchased as part of your Section 125 plan.



Washington National Insurance Company
11299 Illinois Street
Carmel, IN 46032

1911

DATE March 2023

PAY TO THE ORDER OF Washington National Policyholders \$ 4,000,000,000
Four billion ⁰⁰/₁₀₀ _____ DOLLARS 

MEMO

premium-return option

Washington National

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SINCE 1911

Ask about the more than
4 BILLION REASONS
why we're called the
money back people.



Many of our policies offer premium-return options so policyholders may get back up to 100% of their premiums after a certain period of time.* Since 1995, Washington National has returned more than **\$4 billion in premiums** to policyholders.

*The return of premium (ROP) or cash value (CV) (in MO, "cash return") benefit is subject to state and product availability. The benefit has an additional charge and may pay minus claims or regardless of claims based on the policy selected. The policy must remain in force until the end of the ROP/CV period for the benefit to be paid. The premium-return amount is based on ROP/CV payments to Washington National policyholders from January 1, 1995, through March 31, 2023.

Products are issued by Washington National Insurance Company (Home Office: Carmel, IN). These products have limitations and exclusions. For costs and complete details of coverage, contact your agent.

[WashingtonNational.com](https://www.WashingtonNational.com)



DEFINITIONS:

Cancer means a disease manifested by the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells that invade any part of the body, and which are not specifically excluded. Cancer is not carcinoma in-situ; basal cell, squamous cell or any non-melanoma skin cancer; melanoma skin cancer; pre-cancerous or pre-malignant conditions; conditions with malignant potential; or, pre-leukemic conditions.

Carcinoma In-Situ means the earliest form of cancer which involves only the tissue where it is found and has not invaded the surrounding tissue or organs in the body.

Melanoma means a type of skin cancer that begins in the melanocyte cells.

Non-Melanoma means a type of skin cancer other than melanoma that usually, but not exclusively, develops in the basal and squamous cells.

Skin Cancer means melanoma and non-melanoma skin cancer.

Heart Attack (Myocardial Infarction) means a myocardial infarction that occurs when the blood supply to the heart is severely reduced, commonly due to blockage in one or more of the coronary arteries, or oxygen imbalance occurs, resulting in damage to the heart muscle (myocardium). Heart Attack is not 1) an established (old) heart attack; 2) angina; 3) atherosclerotic heart disease; 4) cardiac arrest (including arrhythmias); 5) congestive heart failure; 6) coronary artery disease; and, 7) any other disease, injury, or dysfunction of the cardiovascular system that does not meet the definition of Heart Attack.

Stroke means a cerebrovascular accident that causes neurological impairment. A cerebrovascular accident means a sudden, unexpected interference in brain function resulting from an insufficient supply of blood to part of the brain or rupture of a blood vessel in the brain. Stroke is not: 1) head injury, brain injury related to trauma or infection; 2) brain injury associated with hypoxia, anoxia, or hypotension; 3) vascular disease affecting the eye or optic nerve; 4) ischemic disorders of the vestibular system; 5) transient ischemic attack; and, 6) chronic cerebrovascular insufficiency.

Heart disease means a pathological condition of the heart, coronary arteries, or the pericardium. Heart disease does not mean abnormal blood pressure or any disease or disorder of any blood vessel other than the coronary arteries.

A Hospital Is not a bed, unit or facility that functions as a/an: skilled nursing facility, nursing home, extended care facility, convalescent home, rest home or a home for the aged, sanatorium, rehabilitation facility, place primarily providing care for alcoholics or drug addicts or facility for the care and treatment of mental disease or mental disorders.

LIMITATIONS AND EXCLUSIONS COMMON TO POLICY AND RIDERS

LIMITED BENEFIT POLICY. We will not pay benefits for loss contributed to, caused by, or resulting from any of the following: Pre-Existing Condition Limitation: No benefits are payable for a covered person with a pre-existing condition during the first twelve (12) months after the effective date of coverage for that covered person. Pre Existing Condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the effective date of coverage for that covered person or a condition for which medical advice or treatment was recommended by a physician or received from a physician or for which prescription drugs were prescribed within a twelve (12) month period preceding the effective date of coverage for that covered person. A pre-existing condition can exist even though a diagnosis has not yet been made.

Waiting Period Limitation: Benefits are not payable for any specified critical illness that is diagnosed, treated, or produces a clear or obvious symptom during the waiting period for that covered person. Waiting period means the first thirty (30) days following the effective date of a covered person's coverage.

Period of Confinement Limitation: Some benefits are also limited by "period of confinement." Generally, period of confinement means a period which begins on a covered person's first day of hospital confinement or admission into an observation unit and ends on the last day of hospital confinement or discharge from an observation unit, and if a covered person is re-confined or re-admitted, either hospital confined or admitted into an observation unit, within thirty (30) days of the prior confinement or admission then the later confinement or admission will be considered a continuation of the prior confinement or admission. If this occurs, the prior confinement or admission and later confinement or admission fall within the same period of confinement, and a period of confinement limitation on benefits may apply.

The following limitations and exclusions apply to the Critical Conditions Rider: We will not pay benefits for loss contributed to, caused by, or resulting from any of the following: For a coma benefit to be payable a covered person must be in a coma for a period of fourteen (14) consecutive days. No benefit is payable for a coma that is medically induced. No benefit is payable for, renal failure caused by a traumatic event, including surgical traumas. There are no benefits under the rider for a heart transplant. No benefit is payable for, a bone marrow transplant that is not human bone marrow. No benefit is payable for diabetic amputations below the ankle. Amputation of a single toe or toes, or any partial foot amputations are not payable. No benefits are available for an organ donor under the rider. No benefit is payable for, having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified critical illness.

The following limitations and exclusions apply to the Cancer Benefits Rider: We will not pay benefits for loss contributed to, caused by, or resulting from any of the following: Having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified critical illness. Having or being diagnosed with carcinoma in-situ or skin cancer.

The following limitations and exclusions apply to the Heart and Stroke Rider: We will not pay benefits for loss contributed to, caused by, or resulting from any of the following: Having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified critical illness. Heart Attacks or Strokes occurring during or as the result of any medical procedures are not covered.

The following limitations and exclusions apply to the Hospital Intensive Care Unit Rider: We will not pay benefits for loss contributed to, caused by, or resulting from any of the following: Hazardous Activities: Participation in any hazardous activity whether as a vocation, avocation or recreational, including but not limited to: bicycle motocross (BMX), big wave surfing, cliff camping, cave diving, hang gliding, B.A.S.E. jumping, bungee jumping, edge walking, free fall, free soloing, freestyle motocross (FMX), highlining, heli-skiing or heli-snowboarding, hot air ballooning, ice climbing, motor cross, parachuting, sail gliding, parasailing, parakiting, rodeo, rock climbing, rappelling, white water rafting, wingsuit flying, wing walking, scuba diving, mountaineering, or similar activities. Illegal Acts: Participating or attempting to participate in an illegal act or working at an illegal job. Intoxication: Being legally intoxicated, or so intoxicated (in accordance with the laws in the jurisdiction where the accident occurs that govern operating while intoxicated) that mental or physical abilities are seriously impaired. A covered person is conclusively determined to be legally intoxicated if a test, including but not limited to a chemical or breath test, administered in the jurisdiction where the accident occurred is at or above the legal limit set by that jurisdiction. Illegal Drugs: Being under the influence of any illegal drugs. Drugs: Being under the influence of any excitant, depressant, hallucinogen, narcotic, or any other drug unless such drug(s) are taken under the direction of and as directed by a physician. Inhalation: Voluntary inhalation of any poison, gas, or fumes, or chemical substance. Racing: Riding in or driving any motor-driven air, land or water vehicle in a race, stunt show or speed test; or while testing or practicing any vehicle on any racecourse or speedway. Self-Inflicted Injuries: Injuring or attempting to injure yourself intentionally, regardless of mental capacity. Substance Abuse: Alcoholism, drug abuse, or chemical dependency. Suicide: Committing or attempting to commit suicide, regardless of mental capacity. Sports: Participating in any sporting event for pay or prize money as a professional, or semi-professional participant. Periods Of Confinement In Progress Limitation: No benefits are payable for any period of confinement which begins prior to 12:00 noon standard time on a covered person's effective date of coverage under the rider.

The following limitations and exclusions apply to the Wellness Rider: There is a thirty-day waiting period before benefits become available.

*Policy form (may vary by state): WNIC2144CNFOH, WNIC2144HSFOH, WNIC2144CHSFOH
Rider Forms (may vary by state): R2145F, R2146F, R2147F, R2148F, R2153F, R2154F*

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