



(herein called Continental American)

**HOSPITAL INTENSIVE CARE RIDER  
TO CERTIFICATE OF INSURANCE FOR CANCER**

This Rider is a part of the Certificate to which it is attached. We have issued this Rider to you because (1) you paid the additional premium for this Rider; and (2) we relied on the application you made. Unless amended by this Rider, Certificate Definitions, other Provisions and terms apply to this Rider.

**Effective Date** - If issued at the same time as the Certificate, this Rider becomes effective when the Certificate becomes effective. If issued after the Certificate becomes effective, this Rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this Rider.

**DEFINITIONS**

**HOSPITAL INTENSIVE CARE UNIT** - The specifically designed facility of the hospital that provides the highest level of medical care which is restricted to those patients who are, physically, critically ill or injured. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement. They must be permanently equipped with special life-saving equipment for the care of the critically ill or injured. They must be under constant and continuous observation by nursing staffs assigned on a full-time basis, exclusively to the Intensive Care Unit.

**BENEFIT**

While an Insured is confined within a Hospital Intensive Care Unit, We will pay:

The Daily benefit amount shown in the Certificate Schedule or Rider Schedule;

Payments will be made for confinement as a result of accidental bodily injury beginning on the first day. Payments will be made for confinement as a result of a covered sickness beginning on the first day being confined as a resident inpatient. Benefits will be limited to the maximum number of days of confinement in an Intensive Care Unit per hospital admission shown in the Rider schedule.

If less than thirty (30) days separate periods of hospital intensive care confinement, then the later confinement shall be considered a continuation of the prior confinement for purposes of calculation of the benefit described above.

We will pay you or the hospital if authorized by you to do so.

## GENERAL PROVISIONS

### TIME LIMIT ON CERTAIN DEFENSES

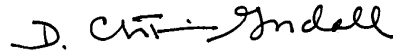
After this Rider has been in force for a period of two years it shall become incontestable as to the statements contained in the application.

### CONTRACT

This Rider and the application for this Rider are part of the Certificate and will terminate when the Certificate terminates, or when premiums are no longer paid for this Rider.

This Rider is subject to all of the terms of the Certificate to which it is attached unless any such terms are inconsistent with the terms of this Rider.

**Signed for the Company at it's Home Office**



President

**HOSPITAL INTENSIVE CARE RIDER SCHEDULE**

**Insured -  
Effective Date -  
Initial Premium -**

**Group Policy Number -  
Rider Number -  
Certificate Number -**

**Plan: One parent family**

INSURED

**Intensive Care Unit Benefit**  
Maximum per confinement

\$600/Day  
30/Days

**ISD Can-ICR TX  
PREMIUM SCHEDULE**

**Monthly**

<b>Individual</b>	<b>\$7.16</b>
<b>Family</b>	<b>\$14.58</b>