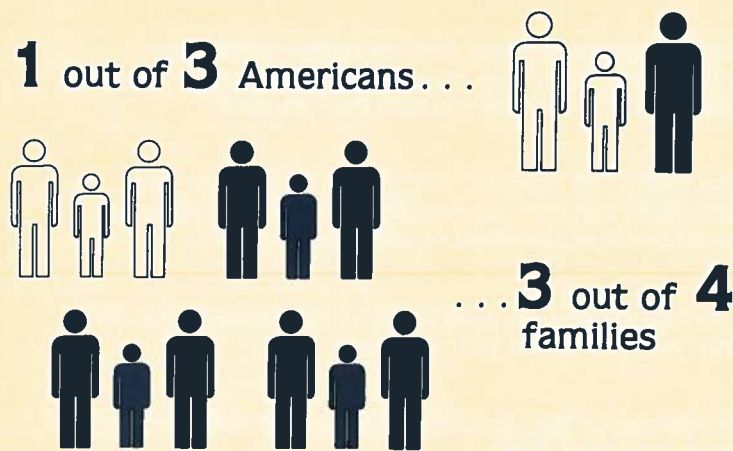


**F**act: Cancer will strike . . .



Source: American Cancer Society  
(does not imply endorsement)

**F**act: Cancer can affect anyone:

- Leading killing disease of school age children.
- Over 142,000 new cases of breast cancer in women this year.
- Second leading cause of death in men.

Source: American Cancer Society  
(does not imply endorsement)

**F**act: Cancer is an **EXPENSIVE** disease . . .

The overall medical costs for cancer exceed

**\$70,000,000,000**  
(billion)  
annually

Source: National Center for Health Statistics  
(does not imply endorsement)

# FAMILY HERITAGE

Life Insurance Company Of America

A Southwestern/Great American Company

- ★ Part of the Southwestern/Great American Group of Companies — serving American families since 1868
- ★ Family plans cover you, your spouse, dependent unmarried children to age 21 or, if a full time student, to age 25, and newborns from birth
- ★ Covers cancer which is first diagnosed 30 days following the effective date of your coverage
- ★ Covers all types of cancer — two health questions determine your eligibility

#### Limitations and Exclusions

- Persons with a history of cancer prior to the coverage effective date or within 30 days thereafter will not be covered.
- Persons with a history of internal non-melanoma cancer who have not been treated in the last 10 years are eligible for coverage.
- Persons with a history of non-melanoma skin cancer are covered for all types of cancer but excluded from coverage for skin cancer.
- Breast prosthesis must be received within two years of surgery. (Within three years for Arizona policyholders)

#### FAMILY HERITAGE

Effective October 3, 1994 our new Headquarters will be:

3 Summit Park Drive Suite 400  
Cleveland, Ohio 44131  
(216) 520 - 2800

# THE Heritage

S E R I E S

An insurance program from

**Family Heritage  
Life Insurance Company  
of America**

- ✓ Part of the Southwestern/Great American Group of Companies - serving American families since 1868
- ✓ Benefits paid directly to you
- ✓ Paid in addition to any other insurance you own
- ✓ Coverage for you or your entire family

# FAMILY HERITAGE

Life Insurance Company Of America

A Southwestern/Great American Company



## Express Cash

Paid one time, upon confirmed diagnosis of internal cancer (this benefit is not payable for skin cancer).  
Your check will be sent by express delivery

Standard	Preferred
\$500	\$1,000

## Hospital Benefits

For each day of Hospital Confinement for the first 69 days

Standard	Preferred
\$100	\$200

Each day for Drugs and Testing

up to 10	up to 20
----------	----------

Each day you are visited by your personal Physician

12. <sup>50</sup>	25
-------------------	----

Each day you are provided specialized Nursing service

50	100
----	-----

## Extended Benefit

For each day of Hospital Confinement beginning with the 70th consecutive day

300	600
-----	-----

A monthly benefit of up to 9,000 up to 18,000

(Paid in lieu of all other benefits for as long as you are hospital confined)

**No Lifetime Limits**

## Surgical Benefits

For each Operation based on the schedule in your plan  
(Unlimited number of operations)

Standard	Preferred
up to \$3,000	up to \$6,000

For Anesthesia based on the schedule in your plan

up to 600	up to 1,200
-----------	-------------

Breast Prosthesis

up to 250	up to 500
-----------	-----------

Blood and Plasma

Actual Charges	Actual Charges
----------------	----------------

**No Lifetime Limits**

## Cancer Treatment

For each calendar year, we will pay actual charges for Inpatient or Outpatient treatment

Standard	Preferred
up to \$3,500	up to \$7,000

■ X-ray/Radiation

■ Chemotherapy

■ Cobalt

■ Radium and Cesium Implants

■ Hormone Therapy

**No Lifetime Limits**

## Specified Services

For each trip in an Ambulance up to two trips per confinement (includes air ambulance)

Standard	Preferred
up to \$75	up to \$150

For each day of confinement in a Skilled Nursing Facility, equal to the number of days in the hospital, up to one full year per confinement

60	120
----	-----

For each day of Hospice service (first 90 days)

50	100
----	-----

For each day thereafter

25	50
----	----

## Government Hospital

For each day, for the first 30 days, of Government Hospital Confinement

100	200
-----	-----

For each day thereafter

75	150
----	-----

This benefit is paid in lieu of all other benefits except the Express Cash benefit.

**No Lifetime Limits**

## Transportation Benefit

When you must travel over 100 miles from home for treatment not available locally, we will pay . . .

Standard	Preferred
up to \$750	up to \$1,500

For each trip by plane, train or bus

For each round trip by personal auto

30	60
----	----

## Family Member Transportation

For one adult member of your immediate family when you are hospital confined more than 100 miles from your home, we will pay . . .

up to 750	up to 1,500
-----------	-------------

For each trip by plane, train or bus (one two-way trip per confinement)

For each round trip by personal auto (unless already paid under Transportation Benefit)

30	60
----	----

## Family Member Lodging

For each day an adult member of your immediate family requires lodging when you are hospital confined more than 100 miles from your home (maximum of 60 days per confinement)

up to 20	up to 40
----------	----------

**No Lifetime Limits**

## Our Promise to YOU . . .

- Your benefits are paid directly to YOU** (unless you instruct us otherwise)
- Your Premium does not increase with age**  
Unlike other insurance coverages, your premium does not automatically increase because you get older
- You can't be singled out for a rate increase**  
Your rates can be increased only if they are increased for all plans of this kind in your state
- Your coverage is guaranteed renewable for life**  
Only you can cancel your coverage
- All benefits are paid in addition to ANY other coverage you own**
- Your Benefits are never reduced**

This Program provides benefits for cancer only.

The benefits described in this program are contained in policy series CA-OH.

## Fact: YOU WILL COLLECT!

**You are paid if you get sick or if you stay well.**

**We REFUND your premium every 20 years or age 75, whichever comes first.**

**After age 75 you receive half of your premium back every 10 years.**

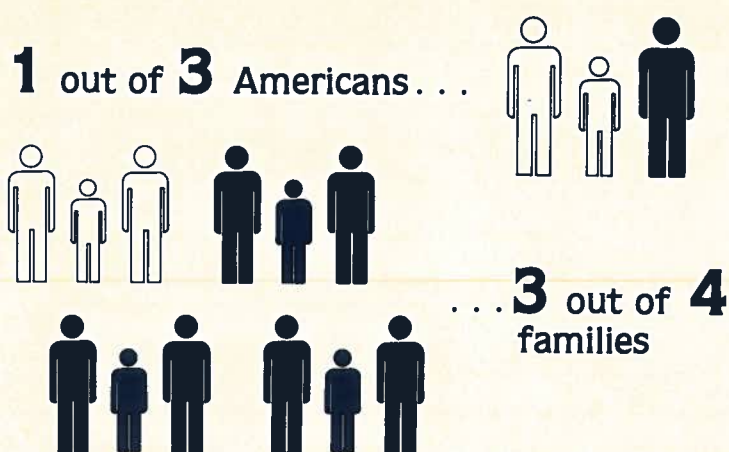
**Our Money Back feature works like this—**

	Large Claim	Small Claim	No Claim
Total Premiums	\$6,000	\$6,000	\$6,000
Claims Paid	-30,000	-1,500	-0
<b>REFUND</b>	<b>-0-</b>	<b>\$4,500</b>	<b>\$6,000</b>

**You will get all your MONEY BACK, less claims paid to you.**



**F**act: Cancer will strike . . .



Source: American Cancer Society  
(does not imply endorsement)

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- Leading killing disease of school age children.
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Three Commerce Park Square  
23200 Chagrin Boulevard  
Cleveland, Ohio 44122  
(216) 831-4545

THE  
**Heritage**  
SERIES

An insurance program from

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Standard	Preferred
up to 10	up to 20

Each day you are visited by your personal Physician

Standard	Preferred
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Each day you are provided specialized Nursing service

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## Extended Benefit

For each day of Hospital Confinement beginning with the 70th consecutive day

Standard	Preferred
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A monthly benefit of up to 9,000 Standard / up to 18,000 Preferred

(Paid in lieu of all other benefits for as long as you are hospital confined)

**No Lifetime Limits**

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For each Operation based on the schedule in your plan (Unlimited number of operations)

Standard	Preferred
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Standard	Preferred
Actual Charges	Actual Charges

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For each day of Hospice service (first 90 days)

Standard	Preferred
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For each day thereafter

Standard	Preferred
25	50

## Government Hospital

For each day, for the first 30 days, of Government Hospital Confinement

Standard	Preferred
100	200

For each day thereafter

Standard	Preferred
75	150

This benefit is paid in lieu of all other benefits except the Express Cash benefit.

**No Lifetime Limits**

## Transportation Benefit

When you must travel over 100 miles from home for treatment not available locally, we will pay . . .

Standard	Preferred
up to \$750	up to \$1,500

For each trip by plane, train or bus

For each round trip by personal auto

Standard	Preferred
30	60

## Family Member Transportation

For one adult member of your immediate family when you are hospital confined more than 100 miles from your home, we will pay . . .

Standard	Preferred
up to 750	up to 1,500

For each trip by plane, train or bus (one two-way trip per confinement)

For each round trip by personal auto (unless already paid under Transportation Benefit)

Standard	Preferred
30	60

## Family Member Lodging

For each day an adult member of your immediate family requires lodging when you are hospital confined more than 100 miles from your home (maximum of 60 days per confinement)

Standard	Preferred
up to 20	up to 40

**No Lifetime Limits**

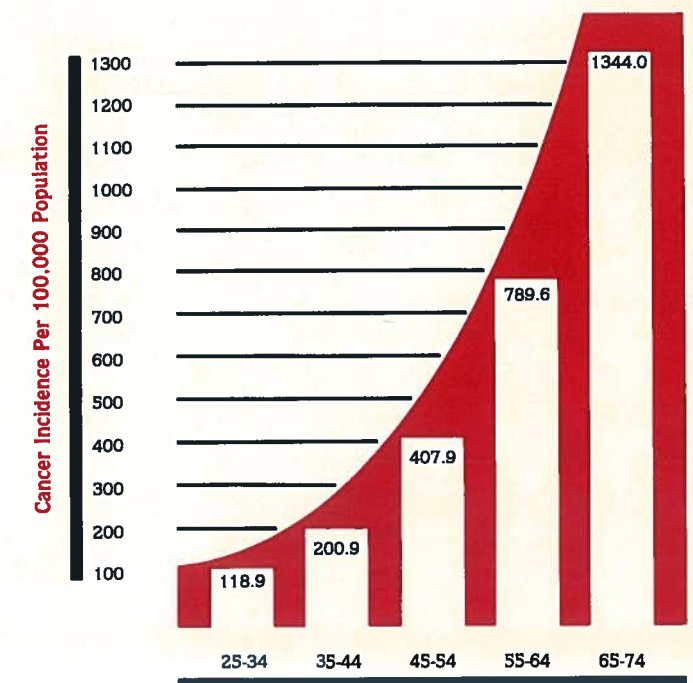
## Our Promise to YOU . . .

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- Your coverage is guaranteed renewable for life** Only you can cancel your coverage
- All benefits are paid in addition to ANY other coverage you own**
- Your Benefits are never reduced**

This Program provides benefits for cancer only.

The benefits described in this program are contained in policy series CA-OH.

## Cancer Incidence Chart . . .



Current Age

Source: American Cancer Society (does not imply endorsement)

# THE Heritage SERIES

## Intensive Care/Coronary Care Plan

- ★ Over 65 million Americans have one or more forms of heart or blood vessel disease; that's 1 in every 4 people.
- ★ Heart attack will affect 1½ million homes annually.
- ★ About 25,000 babies are born each year with heart defects.  
Source: 1989 Heart Facts-American Heart Association (does not imply endorsement)

Should you or any covered family member be confined to an **Intensive Care or Coronary Care Unit** for any reason, we will pay . . .

### Hospital Intensive Care Benefit

	Standard	Preferred
For each day of confinement in an ICU/CCU unit	\$250	\$500
Maximum benefit per confinement	7,500	15,000
For each trip in an Ambulance, up to two trips per confinement	up to 50	up to 100

### Double Benefit

Your confinement benefit doubles if you are confined as the result of an auto, bus, plane or train accident . . .

For each day of confinement in an ICU/CCU unit	500	1,000
Maximum benefit per confinement	15,000	30,000

**No Lifetime Limits**



# G

# uaranteed Renewable for Life!

- ★ Benefits are payable — first day for accidents; second day for sickness.
- ★ Covers up to 30 days per confinement. Readmission 30 days after discharge begins a new confinement period.

## Limitations and Exclusions

- Newborns (12 months and under) receive 50% of the confinement benefit
- At age 75 the confinement benefit is reduced 50%
- Persons with a pre-existing heart condition:
  - will not be covered for a heart related confinement
  - will be covered for 3 days of confinement not related to a heart condition
- This plan does not cover confinements:
  - in facilities other than "Hospital Intensive Care/Coronary Care Units"
  - resulting from a pre-existing condition diagnosed during the past 12 months
  - resulting from self-inflicted injury or suicide attempt
  - resulting from a confinement which began before the effective date of your plan

This coverage is issuable through age 65. Issuable through age 60 in AL, IN, KS, LA, MD, MO, MS, OR, WI.

## Highlights

Your coverage begins immediately on the effective date

Your benefits are paid directly to you, unless you instruct us otherwise

Your benefits are paid in addition to any other coverage

and . . .

As with your Cancer plan, you are paid if you get sick or stay well. You will get all your MONEY BACK, less claims paid to you!