



P. O. Box 3160
Omaha, NE 68103-0160
(402) 496-8000

POLICY OF DENTAL INSURANCE

In consideration of the application for this Policy, copy of which is attached, and the payment of all premiums when due, We agree to pay the benefit described in this Policy in accordance with and subject to the terms and provisions of this Policy.

The benefits described in this certificate will be applicable to Your Dependents, only if Dependent benefits are provided and only if You enroll Your Dependents, as required.

GENERAL INFORMATION

This Policy explains the plan of insurance underwritten by World Life Insurance Company. Read it closely to become familiar with Your coverage. In this Policy the masculine pronouns include both masculine and feminine gender unless the context indicates otherwise.

Right to Cancel: You may cancel this policy by delivering written notice to World Life Insurance

This Policy is subject to the laws of the State of Georgia

Company and by returning the Policy before midnight of the tenth (10th) day after the date you receive the policy. Notice given by mail and return of the Policy by mail are effective on being postmarked, properly addressed, and postage paid. The Insurer must then refund all payment made for this Policy and both parties will be in the same position as if no policy had been issued.

Important Notice - Unless otherwise stated, benefits are payable only for expenses incurred while Your coverage is in force.

No agent has the right to change the Policy or to waive any part of it. The Policy is not assignable, except with Our prior written consent.

The insurance under the Policy does not take the place of nor does it affect any requirements for coverage by Worker's Compensation or a similar type of insurance.

This Policy is subject to renewal at the option of the Insurer.

Signed for World Life Insurance Company.

A handwritten signature in cursive script that reads "Michael E. Abbott".

President

INDIVIDUAL DENTAL INSURANCE

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DEFINITIONS

ADA CODE - means the American Dental Association Code assigned to a particular dental procedure.

COURSE OF TREATMENT- means all treatment and procedures performed in the oral cavity under a plan of treatment during one or more sessions that are the result of the same initial diagnosis. It also includes any complications during such treatment.

DENTAL HYGIENIST - means a person who works under the supervision of a Dentist/Physician and who is currently licensed to practice dental hygiene.

DENTIST/PHYSICIAN- means a person who is licensed to practice and who is operating within the scope of his license. It does not mean a member of an Insured's immediate family. This exclusion does not apply in those areas in which the immediate family member is the only Dentist/Physician in the area and acting within the scope of their normal employment.

DEPENDENT - means any of the following persons:

1. Your spouse;
2. Each unmarried child, from birth to age 19 who is primarily dependent on You for support and maintenance and each unmarried child 19 years of age to age 26 who is primarily dependent on You for support and maintenance, if a full-time student. A full-time student is enrolled for five calendar months or more in a postsecondary institution of higher learning or, if not so enrolled, would have been eligible to be so enrolled and was prevented from being so enrolled due to illness or injury; or
3. Each unmarried child at least 19 years of age:
 - a. who is dependent upon You for support because he is incapable of self-sustaining employment by reason of mental retardation or physical handicap;
 - b. who was incapacitated and insured under the Policy on his 19th birthday; and
 - c. who continues to be incapacitated beyond his 19th birthday.

ELIGIBLE EXPENSES - means covered dental services and procedures described in this Policy.

INSURED - means You and Your Dependents covered under this Policy and for whom a premium is paid.

POLICY - means the Policy issued to the Insured.

REASONABLE AND CUSTOMARY - means the usual, customary and regular charges for the area where such expenses are incurred.

WE, OUR, US - means World Life Insurance Company.

YOU, YOUR, YOURS - means the Insured.

Whenever a personal pronoun in the masculine gender is used herein, it shall be deemed to include the feminine also, unless the context clearly indicates the contrary.

CONDITIONS FOR INSURANCE

NEWBORN INFANT COVERAGE - Your newborn child is covered from the moment of birth. If any additional premium is required, a notice of birth together with the premium must be submitted to Us. This must be done within 45 days after the date of birth to continue coverage beyond the first 45-day period.

ADOPTED CHILDREN COVERAGE - A child placed with You for adoption is covered from the date of such placement. Such coverage will continue, unless the placement is disrupted prior to legal adoption and the child is removed from placement. If any premium is required, a notice of placement for adoption together with the premium must be submitted to us. This must be done within 45 days after the date of such placement to continue coverage beyond the first 45-day period.

COVERAGE ENDS - Coverage for You and/or Your Dependent will end on the earlier of:

1. the date Your Dependent is no longer a Dependent as defined; or
2. subject to the grace period provision, the end of the period for which a required premium has been paid by You or on Your behalf; or
3. the date this Policy ends.

If Your coverage ends it will not prejudice any existing claim.

If You voluntarily end this Policy and wish to reinstate at a later date, We may require a 1 year waiting period. Your 1 year waiting period will begin on the date Your Policy ended.

ELIGIBLE EXPENSES

We will pay for Eligible Expenses You incur for Yourself or on behalf of Your insured Dependent. Expenses must be incurred while the Policy is in force and the person is covered by the Policy. The description of Eligible Expenses is shown in the Coverage Schedule.

To be an Eligible Expense, the dental service or procedure must be performed by a Dentist; Physician; or Dental Hygienist.

An Eligible Expense is considered incurred on the following dates:

1. For dentures - the date the final impression is taken.
2. For fixed bridges, crowns, inlays and onlays - the date the teeth are first prepared.
3. For root canal therapy - the date the pulp chamber is opened.
4. For periodontal surgery - the date surgery is performed.
5. For all other services - the date the service is performed.

PRETREATMENT REVIEW: If the Course of Treatment will exceed the amount shown in the Coverage Schedule, We will request prior review. We must be given a treatment plan consisting of a description of the planned treatment with estimated charges and diagnostic x-rays. We will determine Eligible Expenses and state how much We will pay for the treatment. Our determination may suggest an alternate less expensive Course of Treatment if it will produce professionally - satisfactory results. If You do not request a pretreatment review We will pay for the least expensive method of treatment regardless of the method actually used.

ALTERNATE BENEFIT: If: 1) We determine that a less expensive alternate procedure, service or Course of Treatment can be performed in place of the proposed treatment to correct a dental condition; and 2) the alternative treatment will produce a professionally satisfactory result; then the maximum We will allow will be the charge for the less expensive treatment.

MAXIMUM CALENDAR YEAR LIMIT: The maximum limit payable for all Eligible Expenses in any calendar year is shown in the Coverage Schedule. The Maximum Calendar Year Limit, if any, will apply to each person covered under this Policy.

DEDUCTIBLE: The lifetime and calendar year Deductible, if any, is shown in the Coverage Schedule. The Deductible is an amount of charges You must incur for Yourself or on behalf of Your insured Dependent before We start paying benefits.

GENERAL PROVISIONS

RIGHT TO CONTEST - All statements made by the Policyholder or by any Insured are deemed representations and not warranties. No such statement will be used in any contest under the Policy unless it is contained in a written instrument and a copy of such instrument is or has been furnished to such person or his beneficiary, if any.

The validity of coverage under this Policy cannot be contested, except for non-payment of premiums, after it has been in force for 2 years from its effective date. No statement, except a fraudulent misstatement, made by any Insured will be used to contest the validity of his coverage after such coverage has been in force for a period of 2 years during such Insured's lifetime, nor unless it is contained in written instrument, signed by him, and a copy of such instrument is or has been furnished to him, his beneficiary or his representative.

CONFORMITY TO LAW - If any provision of the Policy is contrary to any law to which it is subject, the provision is amended to conform to the minimum requirements of such law.

NOTICE OF CLAIM - When applicable, written notice of claim must be given within 30 days of loss. Notice must be given to Us with enough information to identify the Insured. Failure to submit a notice will not invalidate nor reduce any claim if it was not reasonably possible to give notice in time. However, the notice must be given as soon as reasonably possible.

CLAIM FORMS - When We receive written notice of claim, We will send forms for filing proof of loss. If such forms are not sent within 10 days after giving notice, the claimant will be deemed to have complied with the requirements of the Policy as to proof of loss.

PROOF OF LOSS - Written proof of loss must be furnished to Us within 90 days after the date of loss. If it is not possible to give notice within the time required We will not deny the claim for such reason, if proof is given as soon as reasonably possible.

GENERAL PROVISIONS (CONT.)

PAYMENT OF CLAIMS: If the Policy provides coverage of a claimant as a dependent of a parent who has legal responsibility for the dependent's medical care, and such parent does not have custody of the dependent, We may, upon request of the custodial parent, make the payments directly to the provider of care. Any payments so made will release Us from all further liability to the Insured to the extent of the payments made. Benefits for other losses are paid to the Insured. However, We have the right to pay all or part of the benefits due to the provider of care. This is true whether or not the Insured is alive

Upon Your death We will pay any benefits due to Your Beneficiary. Benefits will be payable to Your estate if You have no named beneficiary.

TIME PAYMENT OF CLAIMS - Subject to Proof of Loss, We will pay immediately, or within 15 days following receipt of written proof of loss, all benefits due under the Policy. If We fail to pay Your claim within 15 days of Our receipt of due written proof of loss, We will pay interest at a rate of 18% per annum.

LEGAL ACTION - No action at law or in equity shall be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the Policy. No such action will be brought after the expiration of 3 years after written proof of loss is required to be furnished.

REINSTATEMENT - If a renewal premium is not paid on time, at Our option, We may accept the premium without an application, and reinstate the Policy. If We require an application to reinstate, the Policy will be reinstated after We approve the application. Without this approval, the Policy will be reinstated on the 45th day after We receive payment unless We notify in writing of our disapproval of the application. The reinstated Policy will cover only loss from accidental injury suffered after the date of reinstatement and loss due to sickness beginning more than 10 days after that date. Payment received in connection with reinstatement will be applied to your unpaid premium. Payment will not be applied to any time period 60 days prior to reinstatement.

PREMIUMS

PREMIUM PAYMENTS - Premiums are payable based on a mode of payment selected by the Policyholder and agreed to by Us. Premiums must be paid to Us at Our Home Office or to Our authorized representative. The payment of any premium will keep the coverage under the Policy in force to the next premium due date, subject to the Grace Period provision.

GRACE PERIOD - A Grace Period of 31 days will be granted for the payment of premiums after the first premium. The coverage under the Policy will continue in force during such Grace Period, but the Policyholder will be liable for the premium for any period such coverage continues in force, provided written notice of termination has not previously been given Us.

CHANGE IN PREMIUMS - We will give written notice to the Policyholder at least 60 days in advance of any such change.



**COVERAGE SCHEDULE
DENTAL INSURANCE PLAN**

WE WILL PAY THE REASONABLE AND CUSTOMARY CHARGE FOR DENTAL PROCEDURES AND SERVICES AFTER ANY REQUIRED DEDUCTIBLE AMOUNT, AS SHOWN BELOW.

Class A. Preventive Services Include:

1. two routine (including any initial exam) examinations of mouth and teeth per calendar year;
2. two prophylaxis (cleaning, scaling and polishing teeth) per calendar year;
3. one topical fluoride per calendar year, to age 16; and
4. space maintainers to preserve space between teeth for premature loss of a primary baby tooth. This does not include use for orthodontic treatment.

Deductible, each calendar year	\$50*
We pay, after Deductible	100%
Waiting Period - None	

Class B. Basic Services, Include:

1. simple extraction of teeth;
2. one diagnostic x-ray, full or panoramic in any 3-year period;
3. bitewing x-rays, 2 per calendar year;
4. pin retention of fillings;
5. fillings of amalgam, silicate, acrylic, synthetic porcelain and composite filling materials (restorations of mesiolingual, distolingual, mesiobuccal and distobuccal surfaces considered single surface restorations); and
6. antibiotic injections administered by Dentist.

Deductible, each calendar year	\$50*
We pay, after Deductible	80%
Waiting Period - 6 Months	

Class C. Major Services Include:

1. oral surgery , including postoperative care for:
 - a. removal of teeth, including impacted teeth;
 - b. extraction of tooth root,
 - c. alveolectomy, alveoplasty, and frenectomy;
 - d. excision of periocoronal gingiva, exostosis, or hyperplastic tissue, and excision of oral tissue for biopsy;
 - e. reimplantation or transplantation of a natural tooth; and
 - f. excision of a tumor or cyst and incision and drainage of an abscess or cyst.
2. endodontic treatment of disease of the tooth, pulp, root, and related tissue, as follows:
 - a. root canal therapy (not covered, if pulp chamber was opened before covered);
 - b. pulpotomy;
 - c. apicoectomy; and
 - d. retrograde fillings.
3. periodontic services, limited to:
 - a. two prophylaxis following surgery per calendar year;
 - b. root scaling and planing, once per quadrant of mouth in any 6 month period;
 - c. occlusal adjustment, performed with covered surgery;
 - d. gingivectomy, gingival curettage, and mucogingival;
 - e. osseous surgery including flap entry and closure;
 - f. pedical or free soft tissue grafts; and
 - g. one appliance (night guards) in 5-year period.



**COVERAGE SCHEDULE
DENTAL INSURANCE PLAN**

Class C. Major Services Include:

4. one study model in 3-year period;
5. crown build-up for non-vital teeth;
6. recementing inlays, onlays and crowns;
7. recementing bridges;
8. one repair of dentures or bridges in any 2-year period, limited to 20% of cost of replacement;
9. general anesthesia and analgesic, including intravenous sedation, for oral surgery;
10. restoration services, limited to:
 - a. gold or porcelain inlays, onlay, and crowns for tooth with extensive caries or fracture that is unable to be restored with an amalgam, silicate, acrylic, synthetic porcelain, or composite filling material.
 - b. replacement of existing inlay, onlay, or crown, after 5 years of the restoration initially placed or last replaced. This limitation will not apply if replacement is necessary due to the extraction of functioning natural teeth while covered.
 - c. stainless steel crowns.
 - d. post and core.
11. prosthetic services, limited to:
 - a. initial placement of dentures or fixed bridgework (including acid etch metal bridges), when denture or bridgework includes replacement of a natural tooth extracted or lost while covered under the Policy. This limitation ends after covered under the Policy for 36 months.
 - b. replacement of dentures or fixed bridgework that cannot be repaired after 5 years from the date of placed or last replaced.
 - c. addition of teeth to existing partial denture, only if to replace natural teeth extracted or lost while covered under the Policy. This limitation will not apply after covered under the Policy for 36 months.
 - d. relining or rebasing of existing removable dentures, only after one year from date the denture was placed and only once in any 2-year period

Deductible, each calendar year	\$50*
We pay, after Deductible	50%
Waiting Period - 18 Months	

Maximum Benefit Amount:	
Combined per calendar year for Classes A, B and C	\$2,000
*Class A, B and C Deductible is combined \$50 each calendar year. A maximum of three (3) individual deductibles per family shall apply.	
If Course of Treatment is to exceed \$300, prior review is requested.	

**COVERAGE SCHEDULE
DENTAL INSURANCE PLAN**

EXPENSES NOT COVERED: No benefits will be paid for expenses incurred:

1. for overdentures and associated procedures.
2. for charges in excess of those considered reasonable and customary.
3. for cosmetic procedures.
4. for the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
5. for implants; and for:
 - a. replacement of lost or stolen appliances;
 - b. replacement of retainers;
 - c. athletic mouthguards;
 - d. precision or semi-precision attachments;
 - e. denture duplication; or
 - f. sealants.
6. for oral hygiene instructions; and for:
 - a. plaque control;
 - b. completion of a claim form;
 - c. acid etch;
 - d. broken appointments;
 - e. prescription or take-home fluoride; or
 - f. diagnostic photographs.
7. for services not completed by the end of the month in which coverage ends, unless continuation of coverage has been requested and accepted by Us.
8. for procedures that are begun, but not completed.
9. for services and treatment provided without charge or for which there would be no charge in the absence of insurance.
10. for services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries.
11. for a condition covered under any Worker's Compensation Act or similar law.
12. that are applied toward satisfaction of a Deductible, if any.
13. that are generally considered by the dental profession as experimental or investigational.
14. for the treatment of cleft palate and anodontia.
15. for services or supplies payable under any medical expense plan.
16. for orthodontia, unless included by rider.
17. prior to the date the Insured is covered under the Policy.
18. for the diagnosis or treatment of TMJ.
19. for hospital services.
20. for any unmarried child age 19 years of age and over unless he is dependent upon You for support, while a full-time student. A full-time student is one who is enrolled for 12 semester hours for credit in an accredited junior college, college or university. Any exception for a full-time student will end at age 23.
21. during any waiting period We require, when You voluntarily end Your insurance and re-enroll at a later date. Your waiting period is 2 years and begins on the date Your coverage first ended.

REASONABLE AND CUSTOMARY - means the usual, customary and regular charges for the area where expenses are incurred.



P.O. Box 3160

Omaha, NE 68103-0160

HIPAA Privacy Overview

While you can search the Internet and obtain more detailed information on privacy, between the law and regulations, you would be reviewing approximately 2,000 pages of information. The following is a HIPAA Privacy Overview.

- * HIPAA Privacy Rule creates national standards to protect individuals and individual's Protected Health Information (PHI).
- * Congress mandated the establishment of Federal standards for the privacy of individually identifiable health information.
- * Most covered entities (including health insurance companies and health insurance plans) must comply by April 14, 2003.
- * Protected Health Information (PHI) may not be used, disclosed or released without specific written authorization from the insured with very limited exceptions.

Who is a covered entity?

- * Health care providers such as doctors and hospitals.
- * Health care clearinghouses.
- * Health plans.
- * Health plan includes World Insurance Company because it is a health insurance issuer licensed to conduct the business of insurance.

What information is protected?

- * All forms, whether oral, written or electronic, of Protected Health Information (PHI) are covered under the rule.
- * Protected Health Information (PHI) includes individually identifiable health information received or created relating to the past, present or future physical or mental health or condition of an insured; providing health care or the past, present or future payment of health care to an insured. The information identifies the insured or provides a reasonable basis to identify the person.
- * PHI includes name, address and other demographic information.

What is World required to do?

1. Designate a Privacy Compliance Officer - Philip Bowen, World's General Counsel.
2. Notify insureds about privacy rights and how their PHI may be used. Attached is a copy of the privacy notice that will be mailed to insureds within the next 30 days.
3. Adopt and implement privacy procedures which require a specific written authorization from the insured for the use or disclosure of PHI.
4. Train work force.
5. Institute contractual safeguards with business associates.
6. Secure records containing PHI so that they are not readily available.

World's Permissible Uses and Disclosures without an Authorization

- * To the insured who is subject of PHI.
- * To the Department of Health & Human Services (HHS).
- * For treatment, payment and health care operations.
- * Incidental disclosures when other permitted disclosure occurs.
- * Person assisting in insured's care (if insured agrees or does not object).
- * Required by law.
- * Public health activities.
- * Reports about victims of abuse, neglect or domestic violence.
- * Health oversight activities.
- * Judicial and administrative proceedings.
- * Research.
- * Law enforcement.
- * Information about decedents.

- * Organ, eye or tissue donation.
- * Avert a serious threat to health or safety.
- * Specialized government functions.
- * Workers compensation.
- * Business Associates with appropriate contractual safeguards in place.
- * **A Business Associate is someone who performs for or on World's behalf a function or activity involving PHI of our insureds.**

Business Associate Agreement

- * In order for us to continue health insurance operations, we are required to enter into a Business Associate Agreement. You must agree that:
 - PHI may be used only for purpose under the Agreement and may **NOT** be reused.
 - Use appropriate safeguards to prevent unauthorized use or disclosure of PHI.
 - Report to World's Privacy Compliance Officer any use or disclosure not authorized by your Agreement or law. (Examples include sharing health information with another broker or someone who doesn't have a need to know.)
 - The US Secretary of Health & Human Services (HHS) and World may request copies of your records and internal practices for compliance purposes.
 - Your relationship with World may be terminated if you violate a material term of your Business Associate Agreement.

Q & A - Producers

Does the Business Associate Agreement change my relationship with World?

- * No. You will still be an independent contractor. You are not an employee or member of World's work force. Your Business Associate Agreement contains safeguards to protect any PHI you may collect or have access to during the application process.

What are my responsibilities under HIPAA?

- * As a Business Associate of World, you are required to comply with your Business Associate Agreement with us.
- * You may not disclose or reuse insured's PHI except for the express purpose of completing an application for insurance from World.
- * You must have safeguards in place to protect PHI in your office.

May I contact existing insureds to market other World products?

- * You may not use existing PHI of insureds to market a non-covered product (including life, dental and long term care) without their specific written authorization.
- * You may use existing PHI of insureds to market a covered product such as medicare supplemental policies to existing health insureds.

May I discuss existing contract benefits with insureds?

- * You should direct all inquires to the Home Office Customer Service Department.

What do I do if I receive inquiries from insureds regarding pending claims?

- * You must forward all questions regarding claims to the Home Office to handle. You will not receive PHI from World regarding these matters without a specific written authorization.

What do I do if an insured wants access to their application and medical records contained at my office or at World?

- * You should direct them to contact the Privacy Compliance Officer. Their request will be handled at the Home Office.

What do I do if PHI collected during the application process is accidentally disclosed inappropriately?

- * Report the incident to World's Customer Service Department at 1-800-786-7557 and document your records.
- * Take reasonable steps to lessen the harm after discussing the steps with World's Privacy Compliance Officer.

What do I tell insureds who may have a complaint?

- * The privacy notice World delivered to them informs them of their rights and how to exercise them. They may file a complaint with World's Privacy Compliance Officer at the Home Office address or directly with the Department of Health & Human Services (HHS).

What are reasonable safeguards to protect PHI in my office?

- * Store records in secure locations away from public view.
- * Restrict access to others in your office to such records.
- * Refrain from discussing PHI.
- * Always use a secure screen saver device on your computer.



PRIVACY POLICY NOTICE -- WORLD INSURANCE COMPANY

This notice is being provided to you pursuant to the requirements of federal and state laws or regulations addressing the privacy of nonpublic personal consumer information which includes financial and health information. This notice details the privacy policy of World Insurance Company, as it relates to your nonpublic personal information that we have access to. We reserve the right to change the privacy policy of World Insurance Company and if the policy is changed, you will receive a revised notice and will be provided an opportunity to opt out of our policy and prohibit us from disclosing in the future the information to nonaffiliated third parties. We will also provide an annual notice to our policyowners summarizing our privacy policy. If two or more policyowners are named on one policy, we will send only one notice to the policyowners jointly.

Information Collected -- We may collect nonpublic personal information about you from the following sources:

- * Information we receive from you through our affiliates or subsidiaries, producers or other individuals, on applications, forms, or interviews, such as salary information or health history; and identifying information, such as name, address and social security number;
- * Information about your transactions with us, our affiliates or others, such as information about insurance premium payments, claims history, etc.; and
- * Information received from a consumer reporting agency, such as creditworthiness and credit history, motor vehicle driving record report, or medical providers.

Disclosure Policy

Financial Information - We do not disclose, nor wish to reserve the right to disclose, nonpublic personal financial information about you to nonaffiliated third parties, except as permitted by law. The protection of your personal nonpublic financial information is very important to us and we are committed to protecting such information.

Health Information -- We do not disclose nonpublic personal health information other than as permitted by law unless you specifically authorize us in writing in advance to release such information. The protection of your health information is very important to us.

- * **Former customers** -- We do not disclose, nor wish to reserve the right to disclose, nonpublic personal information about former customers except as permitted by law.
- * **Service Providers/Joint Marketing Agreements** -- We may disclose as permitted by law all or some of the information we collect as described above to companies that perform services on our behalf such as underwriting activities, claims adjudication, preferred provider organizations, pre-certification organizations, or marketing services conducted by third-party administrators or consultants or to other insurance companies with whom we may enter into joint marketing agreements. The agreements prohibit the third party from disclosing or using the information other than to carry out the function on our behalf for which the information was collected by them or disclosed to them.
- * **Fair Credit Reporting Act** - We do not disclose information obtained in a consumer report we may receive from an independent consumer reporting agency with others related to us by common ownership or affiliated with us by corporate control except as permitted by law, pursuant to the federal Fair Credit Reporting Act.
- * **Access to Confidential Information** -- We restrict access to nonpublic personal information about you to those employees who need to know that information for a business purpose to provide products and services to you. We maintain physical, electronic, and procedural safeguards that comply with requirements to guard your nonpublic personal information. We maintain policies about the proper physical security of workplaces and records.

If you have any questions regarding this notice, please contact us at World Insurance Company, Privacy Compliance Officer, (402) 496-8000.

Privacy Policy Notice Summary -Medical Information

THIS SHORT NOTICE SUMMARIZES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED BY US

PLEASE REVIEW IT CAREFULLY

You have a right to know how your medical information is used and shared by us. This SHORT notice lets you know what our practices are. A more detailed notice is also provided giving you information on how you can exercise your rights. PLEASE READ THIS NOTICE. This notice applies to current and former policyowners as well as covered dependents. Whenever we use the word "you" or "your", it applies to everyone covered under your policy.

Protected Health Information ("PHI") means information that is about you or identifies you. It includes demographic information as well as information about your past, present or future physical or mental health or condition, the provision of your health care or the past, present or future payment of your health care. It does not include employment records or educational records covered by the Family Educational Rights and Privacy Act.

We are legally required to keep your PHI confidential and private. We must also provide you with this notice of our duties and practices and abide by it. We may change our privacy practices in the future which applies to all PHI we maintain. If we make material changes, we will provide you a copy. At least every three years, we will let you how you can access our Privacy Notice. If two or more insureds are named on your insurance contract, we will send only one notice to the insureds jointly.

Confidentiality and Security - We view the security of your confidential and private information as a top priority and we strive to maintain appropriate physical, electronic and procedural safeguards to protect it. Our employees who have to use it in order to perform their jobs can use your information. We train our work force on protecting your PHI.

USES AND DISCLOSURES OF PHI - We do not use or share PHI without your authorization or consent unless a law allows or requires us. We share only PHI necessary to comply. We may share PHI **without** your authorization:

- * To you, the subject of the PHI;
- * To the Department of Health and Human Services;
- * For your treatment, payment or health care operations;
- * Incidental disclosures when other permitted sharing occurs;
- * Persons assisting in your care (you verbally consent or object);
- * Required by law (such as court orders, administrative body demands, subpoenas or specific law);
- * Public health activities;
- * Reports about victims of abuse, neglect or domestic violence;
- * Health oversight activities;
- * Judicial and administrative proceedings;
- * Law enforcement purposes;
- * Information about decedents;
- * Organ, eye or tissue donation;
- * Avert a serious threat to health or safety;
- * Specialized government functions or
- * Workers compensation.

OTHER LAWS - IF THERE IS A LAW APPLICABLE TO YOU THAT PROVIDES GREATER PROTECTION OR GREATER RIGHTS REGARDING YOUR PHI, WE WILL COMPLY WITH THAT LAW.

OTHER DISCLOSURES: We disclose PHI to others as our business associates who help us conduct our business. They may not use or reuse your PHI except for providing the services we have contracted with them to perform on our behalf and maintain appropriate safeguards. We may also communicate directly with you about contract benefits or other covered products to enhance your current benefits.

Other disclosures require your valid authorization or consent so that we can share your PHI, such as for psychotherapy notes and marketing purposes with limited exceptions. You may revoke in writing any authorization you provide to us.

YOUR RIGHTS. You have certain rights relating to the protection of your PHI. You may:

- * Request us to restrict the use and sharing of your PHI to carry out treatment, payment or health care operations (We do not have to agree);
- * Receive confidential communications;
- * Inspect and copy your PHI;
- * Amend your PHI;
- * Receive an accounting of disclosures; and
- * Obtain a paper copy of our Privacy Notice upon request.

Please refer to our detailed Privacy Notice describing your rights and how you may exercise them.

Complaints - You may file a written complaint if you believe your privacy rights have been violated by submitting it to our Privacy Officer, P. O. Box 3160, Omaha, NE 68103-0160 or directly to the Secretary of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. We will not retaliate against you for filing a complaint.

Contact - If you have any questions regarding this notice, please contact us at World Insurance Company, Privacy Compliance Officer, (402) 4968000.

Effective Date: This notice is effective as of April 14, 2003, until amended or revised by us.

M1073(2-03)

Underwritten by:
World Insurance Company
 P.O. Box 3160
 Omaha, Nebraska 68103-0160

Administered by:
Meritain Health - Eligibility Department
 P.O. Box 27810
 Minneapolis, MN 55427-0810
 (800) 765-4224 (Toll-Free)

Individual Dental Change Request Form

Insured Information						
Reason for Change: <input type="checkbox"/> Dependent Addition <input type="checkbox"/> Dependent Termination <input type="checkbox"/> Name/Address Change						
<input type="checkbox"/> Termination – Reason _____						
Date of Birth, Adoption, Marriage, or Other Event: _____						
Last Name	First Name	M.I.	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Birth Date
Home Street Address					Home Phone ()	
City	State	ZIP		Work Phone ()		
Family Information - List only those eligible family members who are enrolling.						
Relationship	Last Name	First Name	M.I.	Birth Date	Sex	Full-Time Student?
					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorization						
I authorize World Insurance Company, or its designee, to make the changes requested above.						
Signature _____				Date _____		

W1232 (3-08) 06 114 2447 0308 US

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