

CERTIFICATES OF INSURANCE

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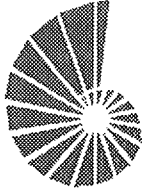


CERTIFICATES OF INSURANCE  
INCLUDED IN THIS PDF

	PAGE #S	GROUP CERTIFICATES OF INSURANCE
	02-11	Group Critical Illness Insurance Certificates of Insurance underwritten by: Windsor Life Insurance Company



READ CAREFULLY FOR ALL LIMITATIONS, EXCLUSIONS, AGE LIMITS, DEFINITIONS AND SCHEDULE OF BENEFITS.  
CALL **866-438-4274** WITH ANY QUESTIONS.



# WINDSOR LIFE

INSURANCE COMPANY

1345 River Bend Dr Dallas, Texas 75247 Toll Free 1-877-368-3927

## *Group Certificate*

This is a health insurance Certificate. It pays a lump sum benefit for a Critical Illness, as defined in the Group Policy and this Certificate. The attached Enrollment Application is part of the Certificate. Please read and check it carefully. This Certificate is issued on the basis that your answers are correct and complete. If it is not complete or has an error, please let us know immediately. An incorrect application may cause your coverage to be voided, or a claim to be reduced or denied.

This Certificate describes the principal provisions of, but does not constitute the contract of insurance. The actual contract, referred to as the Group Policy, is available for inspection at the office of the Group Policyholder during regular business hours. The Group Policy Number and the name and address of the Group Policyholder are shown in the Certificate Schedule.

In this Certificate, Windsor Life Insurance Company is called "the Company", "we", "our", "ours", or "us". The insured persons (Association members and their Spouses) are "you", "your", or "yours". Capitalized terms used in this Certificate that are not proper names or section titles have the express meaning set forth in the Definitions sections of this Certificate.

Please read this Certificate carefully. It contains DEFINITIONS, BENEFITS, EXCLUSIONS, and LIMITATIONS.



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Secretary



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President

# TABLE OF CONTENTS

	<i>Page</i>
CERTIFICATE SIGNATURE PAGE	1
TABLE OF CONTENTS.....	2
SECTION 1 – CERTIFICATE SCHEDULE .....	3
SECTION 2 – DEFINITIONS .....	4-5
SECTION 3 – GENERAL PROVISIONS .....	6
Eligibility for Insurance .....	6
When Coverage Starts .....	6
When Coverage Stops .....	6
Renewable at the Option of the Company .....	6
SECTION 4 – PREMIUM PAYMENT PROVISIONS .....	6
No Premiums Payable by You .....	6
SECTION 5 – BENEFIT PROVISIONS .....	7
Critical Illness Benefit Amount.....	7
Notice of Claim .....	7
Claim Forms.....	7
Proof of Loss.....	7
Examination of Hospital or Physician Records.....	7
Physical Examination and Autopsy.....	7
SECTION 6 – PAYMENT OF BENEFIT.....	7-8
Lump Sum .....	7
Interest on Payment.....	7
Beneficiary .....	8
Change of Beneficiary.....	8
SECTION 7 – CRITICAL ILLNESS: DEFINITION AND REQUIREMENTS OF DIAGNOSIS .....	8-9
Critical Illness: Definition .....	8
Life-Threatening Cancer .....	8
Heart Attack.....	8
Stroke.....	8
Critical Illness: Requirements of Diagnosis .....	9
Life-Threatening Cancer .....	9
Heart Attack.....	9
Stroke.....	9
SECTION 8 – LIMITATIONS AND EXCLUSIONS.....	9
Exclusions .....	9
Limitations .....	9
SECTION 9 – OTHER INFORMATION .....	9-10
Pronouns.....	9
Misstatement of Age .....	9
Incontestability.....	10
Clerical Errors or Omissions .....	10
Alternative Dispute Resolution .....	10
Agency .....	10
Certificates .....	10
Conformity .....	10
Entire Contract .....	10

## Sample Certificate Schedule

### Critical Illness Benefit Plan

INSUREDS:	PLAN SPECIFICATIONS:
<p>PRIMARY INSURED: <b>MARY J. DOE</b></p> <p>DATE OF BIRTH: <b>October 18, 1978</b></p> <p>EFFECTIVE DATE OF COVERAGE: <b>September 1, 2016</b></p>	<ul style="list-style-type: none"><li>• Critical Illness Benefit: maximum of \$2,500 per Covered Insured at issue</li> <li>• Benefit may increase, subject to the conditions contained in the "Benefit Provisions" section of this Certificate.</li> <li>• At no time will the Critical Illness Benefit exceed \$25,000 per Covered Insured</li></ul>
<p>SPOUSE: <b>JOHN H. DOE</b></p> <p>DATE OF BIRTH: <b>May 2, 1974</b></p> <p>EFFECTIVE DATE OF COVERAGE: <b>September 1, 2016</b></p>	
<p>CERTIFICATE NUMBER: <b>012345</b></p> <p>GROUP POLICYHOLDER: <b>UNITED BUSINESS ASSOCIATION</b></p> <p>GROUP POLICY NUMBER: <b>WL-BLCI-001006</b></p> <p>GROUP POLICYHOLDER'S ADDRESS: <b>409 West Vickery, Fort Worth, Texas 76104</b></p>	
<p>BENEFICIARY FOR PRIMARY INSURED: <b>SELF</b></p> <p>BENEFICIARY FOR SPOUSE: <b>SELF</b></p>	

**SECTION 2 – DEFINITIONS**

<b>In this Certificate:</b>	
<b>Age</b>	means, on the Effective Date of Coverage, your age on your last birthday. Your Age increases one year on each Coverage Anniversary. For purposes of this Certificate, this age increase always occurs on the Coverage Anniversary even if your actual birthday occurs (as in most cases) during the Coverage Year prior to the Coverage Anniversary.
<b>Association</b>	means the same as the Group Policyholder. This is the entity to which you applied and became a member and through which you are eligible for this coverage.
<b>Beneficiary</b>	means the person or entity who receives the benefit if we receive notice that you are not living on the date we pay the benefit. (Otherwise, the benefit is paid to directly to you.) This is explained in the "Payment of Benefit" section below.
<b>Certificate</b>	means the written description of coverage provided to you that explains your coverage under the Group Policy.
<b>Coverage Anniversary</b>	means any anniversary of your Effective Date of Coverage.
<b>Coverage Year</b>	means the 12 month period ending on any Coverage Anniversary.
<b>Covered Insured</b>	means the Primary Insured or Spouse insured under the Group Policy. In this Certificate, "Covered Insured" has the same meaning as "you".
<b>Critical Illness</b>	means one of the diseases or conditions in the section "Critical Illness: Definition and Diagnosis" for which positive diagnosis is made by a Physician, subject to the Requirements of Diagnosis set out in the section "Critical Illness: Definition and Diagnosis".
<b>Effective Date of Coverage</b>	means the date your coverage becomes effective, as shown in the Certificate Schedule or any attached endorsements. It is possible for a Spouse to have an Effective Date of Coverage later than the Primary Insured (if, for example, the Primary Insured marries after the date his own coverage took effect).
<b>Enrollment Application</b>	means the application which you completed to become a member in the Association. The Enrollment Application is attached to and made a part of this contract.
<b>First Occurs or First Occurrence</b>	means the date you were positively diagnosed by a Physician as having a Critical Illness for the first time.
<b>Group Policy</b>	means the contract issued to the Group Policyholder providing the benefits described.
<b>Group Policyholder</b>	means the entity in whose name the group insurance contract ("Group Policy") is issued.
<b>Immediate Family Member</b>	means your spouse, parent, son, daughter, brother, sister, grandchild, or any family member related to you by marriage.
<b>Physician</b>	means a licensed physician or other practitioner of the healing arts who is practicing within the scope of his license. An Immediate Family Member is not considered a Physician.
<b>Primary Insured</b>	means the active member of the Association to whom the Certificate is issued.

<b>Spouse</b>	means a Primary Insured’s lawful spouse. The term “Spouse” shall include only the person to whom the Primary Insured is married, and whose marriage has been licensed, solemnized and registered in accordance with the statutory law of the jurisdiction in which the marriage occurred. In the case of a common law spouse, the Company requires a “Declaration and Registration of Informal Marriage” issued by a county clerk in the resident county, and signed by the eligible Primary Insured and the spouse attesting to the fact that a common law marriage relationship exists.
<b>The Company, We, Our, Ours, or Us</b>	refers to <b>WINDSOR LIFE INSURANCE COMPANY</b> .
<b>You, Your or Yours</b>	refers to the person or persons who are covered under this Certificate. “You”, “your” and “yours” apply to all Covered Insureds equally. When this Certificate wishes to refer specifically to <i>only</i> the Primary Insured or <i>only</i> the Spouse, it uses the terms “Primary Insured” or “Spouse”.

**SECTION 3 – GENERAL PROVISIONS**

<p><b>Eligibility for Insurance</b></p>	<p>All active members of the Association and their Spouses, as set forth in the Group Policy, are eligible for coverage, subject to the following age restriction: coverage is only available to individuals between the ages of 18 and 64, inclusive.</p>
<p><b>When Coverage Starts</b></p>	<p>Your coverage starts at 12:01 a.m., Standard Time, at your home on your Effective Date of Coverage. Your Effective Date of Coverage can be found in the Certificate Schedule.</p> <p>If a Primary Insured marries while an active member of the Association, coverage for the Spouse begins on the 1<sup>st</sup> of the month following the date the Spouse is recognized as such by the Association, subject to the Association’s guidelines.</p> <p>Each Covered Insured should be listed in the Certificate Schedule, along with the appropriate Effective Date of Coverage. <b>It is your responsibility to provide the Association with information on any changes in marital status that would affect your insurance coverage.</b> It is the Association’s responsibility to provide to you updated Certificate Schedules or endorsements reflecting any changes in coverage.</p>
<p><b>When Coverage Stops</b></p> <p><i>All periods of coverage under your Certificate begin and end at 12:01 a.m., Standard Time, at your home.</i></p>	<p>The insurance provided under your Certificate will terminate with regard to a specific Covered Insured (coverage for other Covered Insureds, if any, will remain in force) on the earliest of the following dates:</p> <ul style="list-style-type: none"> <li>• the date the Covered Insured reaches Age 65;</li> <li>• the date a Benefit is paid to that Covered Insured;</li> <li>• the date the Covered Insured dies;</li> </ul> <p>and, in addition:</p> <ul style="list-style-type: none"> <li>• with respect to Spouses, the date the Spouse is no longer considered the spouse of an active member of the Association, subject to the Association’s guidelines.</li> </ul> <p>The insurance provided under your Certificate will terminate for all Covered Insureds simultaneously on the earliest of the following dates:</p> <ul style="list-style-type: none"> <li>• the date the Primary Insured is no longer considered an active member of the Association, subject to the Association’s guidelines;</li> <li>• the date the Primary Insured dies;</li> <li>• the date the Group Policy terminates.</li> </ul> <p>A valid claim will still be considered for payment after the date coverage terminates, as long as it First Occurred while your coverage was still in force.</p>
<p><b>Renewable at the Option of the Company</b></p>	<p>We will renew your Certificate as long as: (1) the Group Policy remains in force; and (2) you remain a member of the Association, subject to the Association’s guidelines.</p>

**SECTION 4 – PREMIUM PAYMENT PROVISIONS**

<p><b>No Premiums Payable by You</b></p>	<p>It is the responsibility of the Group Policyholder to submit payment for your coverage on your behalf. At no time will you owe any premiums to us for your coverage.</p>
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**SECTION 5 – BENEFIT PROVISIONS**

<p><b>Critical Illness Benefit Amount</b></p>	<p>We pay a benefit if you are diagnosed as having a Critical Illness for the first time. We pay this benefit only if the Critical Illness First Occurs after your Effective Date of Coverage and while your coverage under this Certificate is in force. We pay the Critical Illness Benefit only one time, regardless of the subsequent occurrence of the same or different Critical Illness affecting you. It is a lump sum benefit. Once the benefit is paid, coverage for you alone under the Certificate terminates. (Coverage for your spouse, if any, will remain in force.)</p> <p>The benefit is paid as follows:</p> <p>If you have been insured under this Certificate for <i>less than</i> 12 continuous months following your Effective Date of Coverage and immediately prior to the First Occurrence of a Critical Illness, the Critical Illness Benefit is <b>\$2,500</b>.</p> <p>If you have been insured under this Certificate for <i>at least</i> 12 continuous months following your Effective Date of Coverage and immediately prior to the First Occurrence of a Critical Illness, the Critical Illness Benefit is <b>\$25,000</b>.</p>
<p><b>Notice of Claim</b></p>	<p>You must notify us within 30 days after a covered loss occurs or starts, or as soon as possible. Notice is sent to our home office (for the address, refer to the Certificate Signature Page or any attached endorsements). All notices should always include the Covered and Primary Insured's name(s), current address, and Certificate number.</p>
<p><b>Claim Forms</b></p>	<p>When we receive a notice of claim, we send forms for filing proof of loss. If we do not do so within 15 days, you should submit in writing the nature and extent of the loss. The statement should be sent within the time noted for Proof of Loss. Claim forms may also be requested from <b>Windsor Life Insurance Company</b> at { (877) ENTEXAS }.</p>
<p><b>Proof of Loss</b></p>	<p>Written proof must be given within 90 days after the loss or as soon as possible. In any event, the proof required must be given no later than one year from the time specified unless you were legally unable to do so.</p>
<p><b>Examination of Hospital or Physician Records</b></p>	<p>We may, at our expense, examine your hospital and Physician records as often as reasonably necessary while a claim is pending.</p>
<p><b>Physical Examination and Autopsy</b></p>	<p>When a claim is submitted, we have the right to have you examined as often as reasonably necessary. In case of death, we have the right to have an autopsy performed where it is not forbidden by law. We pay all expenses for these procedures.</p>

**SECTION 6 – PAYMENT OF BENEFIT**

<p><b>Lump Sum</b></p>	<p>We will pay the Critical Illness Benefit in a lump sum, unless otherwise agreed. The benefit is paid directly to you. Any benefit unpaid when you die is paid to your Beneficiary. Your chosen Beneficiary is indicated in the Certificate Schedule.</p>
<p><b>Interest on Payment</b></p>	<p>A lump sum payment is made immediately when we get written proof of loss. We will add interest to our lump sum payment, figured from the date of your loss until the date of our payment. The interest will be calculated at a rate of 3% per year, or if greater, at the interest rate, if any, required by law in the state where the Group Policy was issued.</p>

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**SECTION 6 – PAYMENT OF BENEFIT**

<b>Beneficiary</b>	<p>The Critical Illness Benefit provided under the Certificate is payable to you unless otherwise designated by you. Should you die before the settlement of a pending claim under your Certificate, the amount of the claim is payable to the designated Beneficiary of your Certificate. Such designation must be in writing to us and, once we acknowledge receipt of your written notice, will be effective on the date it was signed by you.</p> <p>If you have designated a Beneficiary, his or her name will appear in your Certificate Schedule. If there is no named Beneficiary, the benefit is paid:</p> <ul style="list-style-type: none"><li>(1) to your living lawful spouse; or</li><li>(2) if you do not have one, in equal shares to your living lawful children; or</li><li>(3) if there are none, in equal shares to your living lawful parents; or</li><li>(4) if there are none, in equal shares to your living lawful brothers and sisters; or</li><li>(5) if there are none, to your estate.</li></ul> <p>Spouse means only the one to whom you were lawfully married on the date of your death. (See definition of “Spouse” in the Definitions section for further clarification.) Except in the case of a legal adoption, lawful children, parents, brothers and sisters do not mean “step” children, parents, brothers or sisters.</p>
<b>Change of Beneficiary</b>	<p>Unless you indicate that a Beneficiary cannot be changed, you can change the Beneficiary at any time. The Beneficiary’s consent is not needed. We will make the change only if we first acknowledge receipt of your written request to do so. It will take effect on the date the request was signed by you. The change is subject to: (1) the rights of any assignee; and (2) any payment made or action taken before our acknowledgement.</p>

**SECTION 7 – CRITICAL ILLNESS: Definition and Requirements of Diagnosis**

<b>Critical Illness: Definition</b>	<p>The following Critical Illnesses must also meet the criteria established in the Requirements of Diagnosis section:</p>
<b>Life-Threatening Cancer</b>	<p>Life-Threatening Cancer includes only those types of cancer manifested by the presence of a malignant tumor, characterized by the uncontrolled growth and spread of malignant cells that invade tissue, blood or the lymphatic system. As used herein, Leukemia and Hodgkin's Disease (except Stage I Hodgkin's Disease) shall be considered Life Threatening Cancer.</p> <p>Life Threatening Cancer does not include: 1) premalignant tumors or polyps; 2) cancer in situ; 3) carcinoid of the appendix; 4) Stage 0 transitional carcinoma of urinary bladder; or 5) any skin cancers other than malignant melanomas.</p>
<b>Heart Attack</b>	<p>Heart Attack means an acute myocardial infarction resulting in the death of a portion of the heart muscle (myocardium) due to a blockage of one or more of the coronary arteries and resulting in the loss of normal function of the heart.</p>
<b>Stroke</b>	<p>Stroke means an acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least thirty (30) days. This definition of Stroke shall specifically exclude transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits.</p>

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**SECTION 7 – CRITICAL ILLNESS: Definition and Requirements of Diagnosis**

<b>Critical Illness: Requirements of Diagnosis</b>	We must be furnished in writing a diagnosis of conditions by a Physician. This diagnosis must include documentation supported by clinical, radiological, histological, or laboratory evidence of the condition. We may require at our expense an additional examination by a Physician of our choice.
<b>Life-Threatening Cancer</b>	Life-Threatening Cancer must be positively diagnosed by a Physician certified by the American Board of Pathology to practice Pathologic Anatomy, or a certified Osteopathic Pathologist. Diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or post-mortem). The pathologist establishing the diagnosis shall base his judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. Clinical diagnosis alone will not meet this standard.
<b>Heart Attack</b>	The diagnosis of a Heart Attack must be made by a Physician board-certified in Cardiology and based on both of <ol style="list-style-type: none"><li>(1) New clinical presentation and/or electrocardiographic changes consistent with an evolving heart attack; and</li><li>(2) Serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a diagnosis of heart attack.</li></ol> Established (old) Myocardial Infarction is excluded.
<b>Stroke</b>	The diagnosis of a Stroke must be made by a Physician board-certified in Neurology.

**SECTION 8 – LIMITATIONS & EXCLUSIONS**

<b>Exclusions</b>	We do not pay any benefits: <ol style="list-style-type: none"><li>(1) for a Critical Illness that First Occurs before your Effective Date of Coverage</li><li>(2) if your coverage is not in force on the date the Critical Illness First Occurs</li><li>(3) if the Certificate is not in force on the date the Critical Illness First Occurs</li><li>(4) for any condition that is not diagnosed as a Critical Illness</li></ol>
<b>Limitations</b>	<ol style="list-style-type: none"><li>(1) Coverage for Critical Illness ceases at Age 65.</li><li>(2) The Lifetime Maximum Certificate Benefit for each Covered Insured is \$25,000</li></ol>

**SECTION 9 – OTHER INFORMATION**

<b>Pronouns</b>	Masculine pronouns also refer to the feminine gender unless stated otherwise.
<b>Misstatement of Age</b>	If your Age is incorrectly stated, then <ol style="list-style-type: none"><li>(1) If your Certificate would not have been issued had you correctly stated your Age, the Certificate is treated as if it never existed. No benefits are paid.</li><li>(2) If your coverage would have stopped if you had correctly stated your Age, no benefits will be paid for a Critical Illness that First Occurred after the date coverage would have stopped.</li></ol>

<b>Incontestability</b>	<p>Certificates issued under this Group Policy are incontestable with respect to a particular Covered Insured after coverage has been in force for two (2) years from the Effective Date of Coverage for that Covered Insured. Only a statement contained in a written instrument signed by the Primary or Covered Insured and attached to this Certificate can be used to contest validity of the Certificate.</p> <p>All of your statements are considered representations and not warranties.</p>
<b>Alternative Dispute Resolution</b>	<p>If you and the Company do not agree on the diagnosis (as defined in the contract), either may request the opinion of a Medical Referee at our expense. Such a request must be submitted in writing and must include a description of the issue disagreed upon. If it is mutually acceptable to pursue the opinion of a Medical Referee, each party shall select a Physician and shall notify the other party of the Physician chosen.</p> <p>Each Physician will examine you and your medical records.</p> <p>If the two Physicians are unable to agree, they will appoint a disinterested third Physician acceptable to both to act as the Medical Referee.</p> <p>Such Medical Referee must be a board-certified specialist in the medical field pertinent to the issue disputed. The Medical Referee shall meet with the other two Physicians, if necessary, at a mutually agreed upon time and place in an attempt to resolve the differences.</p> <p>If the decision of the Medical Referee is in your favor, the Company will accept the decision as binding and pay the cost of your Physician, the Company's Physician and the Medical Referee.</p> <p>If the decision is in favor of the Company, the Company will pay the cost of its Physician and the Medical Referee (but not the cost of your Physician). However, a decision in favor of the Company is not binding on you, and you may appeal further as provided by law.</p>
<b>Agency</b>	<p>For all intents and purposes under this Group Policy, the Group Policyholder acts on its own behalf or as an agent of each Covered Insured. Under no circumstances will the Group Policyholder be deemed an agent of Windsor Life Insurance Company.</p>
<b>Certificates</b>	<p>It is the responsibility of the Group Policyholder to deliver to you this Certificate describing the principal terms of your coverage.</p> <p>Changes to the Covered Insureds (such as addition or deletion of a Spouse) and their Effective Dates of Coverage will be indicated in the Certificate Schedule and updated Schedules or endorsements will be provided to you by the Group Policyholder.</p> <p>The Group Policyholder will attach to this Certificate a copy of your Enrollment Application and any written correspondence signed by you pertaining directly to requests for coverage of a Spouse (such as those including the Spouse's name, age or date of birth).</p>
<b>Conformity</b>	<p>Any provision of the Group Policy or this Certificate which, on your Effective Date of Coverage, is in conflict with the statutes of the state in which you reside on such date is hereby amended to conform to the minimum requirements of such statutes.</p>
<b>Entire Contract</b>	<p>The Group Policy, the Group Policyholder's application, your Certificate, the attached Enrollment Application, and any attached papers or endorsements constitute the entire contract. No change in the Certificate is effective unless approved in writing by one of our officers. The approval must be noted on or attached to the Certificate. No agent may change the Certificate or waive any of its provisions.</p>

