



General Guidelines

Practices & Products

This handbook is only a point of reference of our guidelines, procedures and practices, to help simplify business process with our company. Our insurance plans are included under individual's appendix, in which each product characteristic is indicated.

This handbook does not intent to cover all aspects of the business. Any questions must be submitted to the attention of the Underwriting Department.

This handbook distribution is for RICL Authorized Representative only.

BLACKPOINT UNDERWRITERS, LLC

355 Alhambra Circle, Suite 1150

Coral Gables, FL 33134 U.S.A.

www.bp-ric.com

Tel. 305. 961.1673 / Fax 305. 232.8881



INTRODUCTION

Rev. 9/1/2013

Redbridge Insurance Company, LTD (hereinafter named RICL) was formed in cooperation with Redbridge Group of Florida, a corporation based in Coral Gables, Florida, U.S.A. providing insurance and reinsurance services in the international markets. Redbridge Insurance Company, LTD is member of Redbridge Group; an organization conformed of independent entities cooperating with each other.

From its beginning, RICL is focused in creating new insurance concepts (niches) and simple underwriting products, sales and administration. RICL provides an array of Individual Life products, Group, Accidental and Health insurance programs, among others, with the best possible solutions available within the International Market.

As a vanguard in the appreciation of new opportunities, RICL offers services for Product Development and Actuarial Support.

Additionally, RIC acts as retrocessionaire in all reinsurance coverage generated and administered by Redbridge Reinsurance Managers (RRM), subsidiary of Redbridge Group, through its participation in reinsurance agreements.

We are a proactive team of professionals, dedicated to provide service and support to our clients, and we are fully satisfy with our trusting business relationship with all of producers, beneficial to both parts, relying in their performance and offering a professional and technical support which allows them to develop new business opportunities.

Our web-page offers the producer access to all necessary information, anywhere in the world, to support new business and policies [www.bp-ric.com]. This site allows access and reproduction of all insurance applications, and any other form required by the Company during the underwriting process and maintenance of its book of business.

"A Respectful Service for Everyone"

PRACTICES AND PRODUCTS

In this handbook, the producer will find information related to our products, underwriting criteria, laws, practices and guidelines needed to accomplish an optimized business deal.

The insurance market is highly competitive, in terms of distinctive products and price structures. Occasionally, aggressive competition may become unfair and may bring deceptive, dishonest, immoral or illegal activities.

To that effect, as follows we are highlighting the laws demanding special attention, in which Redbridge Insurance Company has adopted to observe.

DESCRIPTIONS - LAWS & CLAUSES

ANTI-FRAUD NOTICE

Any individual soliciting insurance coverage and any of its optional benefits with Redbridge Insurance Company, LTD., understand that the answers to the questions about its health and medical history serve as the basis for the decision to issue (or to decline to issue) the insurance policy, any modification thereto and, the premium amount or rate charged.

“Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.”

MONEY LAUNDERING - INTERNATIONAL

RICL is committed to “Money Laundering, Prevention and Detection” policy, by joining efforts with other international entities aiming to hinder and detect money laundering activities and to prevent the Company from being used to cover up and facilitate such activities.

To observe this policy, RICL engaged in a series of internal and external controls to prevent, minimize and detect any money laundering activities, among others annual audits to validate and strengthen internal controls. Any encounter situation that is and/or appears to be money laundering is duly investigated and notified to legal authorities.

ILLEGAL APPROPRIATION OF FUNDS

“Any individual withholding money related with a payment of premium of an insured or proposed insured, received or returned during a business transaction, as well as any payment of benefits as result of a claim and/or benefits, will be properly sanction with legal consequences and RIC will take the necessary actions in convent with its implemented policy”.

COMMERCIAL INTERNATIONAL ARBITRATION

This clause is a vital part of all insurance applications and polices of Redbridge Insurance Company, LTD.

“The proposed insured (applicant), policy owner (if different), beneficiaries, assignees and any other interested or affected party acknowledges that arbitration is the only forum for the resolution of any dispute or claim that is directly or indirectly related to or arises from this application, shall be an essential part of the arbitration. Any arbitration shall take place in Miami-Dade County, Florida, U.S.A. (United States of America), applying the rules for international arbitration of the “International Center for Dispute Resolutions” (ICDR) of the American Arbitration Association (AAA).”

“The arbitration panel shall consist of one (1) arbitrator chosen by the ICDR. The arbitrator, must have at least five (5) years of experience in international life and health insurance, and be fluent in English. The language of the arbitration proceeding shall be English and it shall be subject to the Convention of the Recognition and Enforcement of Foreign Arbitral Awards, and not the Interamerican Convention on International Commercial Arbitration”.

“Apart from claims filed, by the beneficiaries(s), assignee(s) and or family members of the named insured and/or policy owner, or any other interested or affected party, there shall be no accumulation or consolidation or arbitration proceedings. The scope of this clause requires it to be interpreted as broadly as permissible, covering causes of action of any kind, including causes of action based on constitution, laws, regulations and equity. The validity of this clause shall be indefinite and shall survive the termination of any legal relationship between the parties”. (As referred under the International Commercial Arbitration Clause).

TERRITORIAL SCOPE

Our insurance products can not be promoted nor sold in the United States of America, Puerto Rico, U.S. Virgin Islands, Canada, and any other country subject to restrictions and sanctions, economical or political, or embargos imposed by the government of the United States of America (USA); except in America Samoa, Samoa and Western Samoa.

RESERVED AREA

LAWS AND CLAUSES EXPLANATION

I. APPLICATION

The insurance application is a vital part of the policy contract. It is extremely important that every question is asked and answered exactly as declared by the applicant.

The client's identity verification is of the utmost importance. The authorized producer shall request the client for an identification card or passport, to confirm its identity and signature. Copy of the document must be sent along with the application.

The producer is **not authorized** to witness or sign an application, unless:

- 1) is present while the client answers all questions in the insurance application; and/or
- 2) the application is fully completed by the producer; and/or
- 3) has properly identify the client with the appropriate documentation; and/or
- 4) has properly notified the Company of any unfavorable health appearance of the client (when applicable).

The application **will not** be processed, if:

- a) first payment of premium in accordance to mode of payment selected is not included; and/or
- b) two (2) or more letter types and/or inks are used; and/or
- c) is scratch, erased, altered, or cross-out and not properly initialed by the applicant in such area; and/or
- d) signed by another person on behalf of the primary applicant; **except** when requesting coverage for minors, in which one of the parents or a legal guardian are required to sign; and/or
- e) valid telephone numbers (home and work) where to reach the client; and/or
- f) no valid residential address is provided; and/or
- g) copy of the identification card or passport is not included with the application; and/or
- h) the proposed insured (client) legible finger print is not included; and/or
- i) business transaction was conducted in a country or territory excluded, as per this handbook.

REPRESENTATION AND CONTESTABILITY

All declarations (answers) made by the client in the insurance application and/or on its behalf by the authorized representative (producer), are considered affirmations and no conditions or warranties; except in case of fraud, and/or if a pre-existing condition is present. If there is no fraud or pre-existing condition present, the contract shall be incontestable, after being in force for a period of two (2) years.

NEW BUSINESS CALL – PDF IMAGE OF NEW BUSINESS APPLICATION

This practice speeds-up the underwriting process. This means, every new business application must be **first** reported according to the instructions provided below. Once the PDF application is received in the Company, we will proceed to assign a "preliminary policy number" and notify the producer accordingly. Meanwhile, the application will be placed in "hold" until the required modal premium payment is received. The representative/producer has five (5) days, from the date in which a preliminary number was given, to send the first modal payment of premium, as required.

The producer is **responsible** for:

- Verify the application is duly completed and signed.
- Scan the application and convert to **PDF**, in order to be uploaded as indicated below:
 - ✳ Enter in: www.bp-ric.com and login as a **RICL's PRODUCER**
 - ✳ Go to: section: "**DOCUMENTS UPLOAD**" and follow the instructions.
- Maintain the original application on its records.

HOURS OF OPERATIONS
(Monday thru Friday)

DIRECT LINE IN **ENGLISH**: (786) 345.1877
DIRECT LINE IN **SPANISH**: (786) 693.6614

GENERAL RULES

- A. The application is only valid for two (2) months (60 days) from the date signed by the applicant, which should be the same date in which the primary applicant answered the questions of the application. Any application not received within the aforementioned period is automatically considered null and void.
- B. All applications must be submitted along with the first premium payment, in accordance to the mode of premium selection. Applications without the required payment of premium will not be processed.
- C. The application must be received in the company's Administrative International Office in a reasonable period of time, no later than ten (10) working days (total 14 days), from the date signed by the primary applicant. Any application exceeding this period, will require an "Amendment or Statement of Good Health and Insurability" which will be issued with the policy, and must be signed by the proposed insured.
- C. Incomplete applications will not be processed, and will be returned to the authorized representative (producer). All answers must be accurate, legible and complete.
- D. When completing an application, please indicate accurately place of employment, specific details on the occupation, and the telephone number where the client may be reached (See C and E).
- E. We will not accept applications without valid home and/or work telephone numbers. If the client (primary applicant) does not have a home telephone number, then it must provide an alternative telephone number attempting a family member (parents, brothers, sisters, adult children, etc) in which it might be contacted. If working, it is vital to provide employment contact information as well. (See D)
- F. When requesting coverage for minors, one of the parents or legal guardian must sign the application. For minors twelve (12) years of age or less, and Attending Physician Statement (also known as APS) is required, detailed in regards to vaccinations, sickness, etc. If the adult has few children or grandchildren, the adult must apply for the same coverage, for all children at the same time, and the adult must have a policy in-effect with our company.
- G. Any material information omitted by the client (proposed insured) in the application related to the risk thereto, shall be cause for new business cancellation, or thereafter the policy cancellation.

- H. Any omission by the authorized representative of material information regarding the risk shall be the cause for cancellation of the company's appointment contract.
 - I. When designating several beneficiaries and such information does not fit under the provided section of the application, you must write "**SEE ENCLOSED DESIGNATION**", and include a separate sheet of paper including the full name of all beneficiaries, date of birth, relationship and designated percentage, properly signed and dated by the client (proposed insured) on the same date the application for insurance was signed.
 - J. Housewives are not eligible, unless her husband is insured or requesting an insurance policy with our company.
 - K. The proposed insured must have a steady income to pay the premium, in conformity with the amount of insurance requested.
 - L. All applications must have the client's (primary proposed insured) legible finger print in the provided section. **No exception.**
-

CONDITIONAL RECEIPT

The Conditional Receipt (included in the application) shall only be given to the proposed insured (or the owner, if different), if payment of first premium is made, in accordance to the form of payment selected in the application, and only in those products or insurance plans applicable. The Company will only provide provisional insurance up to the maximum limit indicated in the receipt, and for a maximum term of thirty (30) days from the date the application was signed, and as long as the payment remittance funds are available. Any declined or rejected transaction of funds sent by the proposed insured, automatically voids and nulls the receipt. The Conditional Receipt must be kept as part (do not detach) of the application, if the first premium payment was not made by the proposed insured (or the owner; if different).

In the event any proposed insured included in the application, has a medical history (condition), the producer must first contact the Underwriting Department for consideration and approval, prior to accepting the first premium payment.

In the event, the application is not approved by the Company, the first payment received will be returned by a company check, and the Conditional Receipt becomes automatically **VOID** and **NULL**, releasing the Company of any responsibility.

ELECTRONIC DELIVERY OF POLICY DOCUMENTS

Once the policy is issued it might be sent by electronic means, reducing delivery delays, allowing immediate access to the most up-to-date documents, and keeping them safe against any unexpected event.

The Company offers electronic delivery of policy documents and therefore; all RIC's insurance applications includes a "**CONSENT TO ELECTRONIC DELIVERY OF POLICY DOCUMENTS**" which must be carefully read in order to recognize the system transmission requirements described in the form, and if accessible, must be signed by the client (primary proposed insured). If the client is not certain of having the system transmission requirements shall not signed the consent form, and only when available may request in writing to the Company this service, which in turn will proceed accordingly.

II. PRODUCTS

Insurance plan(s) eligibility and detailed characteristics may be found later on this handbook, under an individual **APPENDIX** assigned for each plan.

- **POLICY FEE.** No commission applies.
-

III. EVALUATION

Insurability requirements are based on the total amount of insurance the client (proposed insured) has in effect, and on the basis of the answers given in the insurance application. RICL, its underwriters, and/or reinsurers reserve the right to request any other evidence of insurability material to the risk, regardless the type of insurance plan.

All approved cases will be issued with STANDARD (normal) rates. Applications with adverse risks will be declined by the underwriter in a writing form. The Underwriting Department reserves the right to evaluate and approve cases with “extra premium” or “surcharge”, temporary or permanent.

In the event, additional insurability evidence is required in agreement with the insurance plan; the underwriter might request an Attending Physician Statement (also known as APS).

Requirements such as laboratories, medical evaluation, x-ray, ekg, etc., will only apply in those insurance plans in which are identified.

All insurance application will be verified with the Medical Information Bureau (MIB) and the Office for Foreign Active Control (OFAC).

<u>CLASS</u>	Standard - No Smoker	No use of tobacco in any of its form, during the past twelve (12) months prior to the date the application was signed.
	Standard - Smoker	Uses tobacco in any of its form.

AMOUNT OF INSURANCE

Ages 20-45: The maximum amount of insurance in effect shall not exceed twelve (12) times the proposed insured annual income.

Ages 46-55: The maximum amount of insurance in effect shall not exceed ten (10) times the proposed insured annual income.

RISK DEFINITION

Moral Risk. Any individual requesting insurance coverage in the life of another person with the intention to commit fraud afterwards, or when an individual has a criminal history. (Si el evaluador detecta un riesgo moral en la solicitud, la misma será declinada).

Occupational Risk. When an individual travels to other country (ies) frequently, its life expectancy could be affected by social-economic conditions, disperse diseases, health standards, civil public health, and by the possibility of no medical facilities. Among others, the individual might be an Archeologist, Correspondent and/or Photographers (Journalist), Miners, and/or Disaster or Crisis Personnel traveling o living in rural/remote areas in few countries. (These risks could be accepted with an extra premium or surcharge, and subject to insurability requirements deem necessary by the underwriter).

ASSIGNMENT

All life insurance policies could be assigned or ceded as collateral for a financial loan or a specific entity.

Our final expenses policy "INFINITY PLUS", could be assigned (ceded) to a funeral entity responsible for the arrangement of funeral, burial or cremation, as designated by the client (proposed insured) in the application.

Whenever a final expense policy is assigned, the Company will pay the total amount of incurred expenses to the assignee, and any remaining balance (if any) will be paid to designated beneficiaries named in the application, and only up to the limit indicated in the Table of Benefits of the policy.

IV. MODAL PAYMENTS

I.	Monthly	<u>Only</u> thru Bank Debit (Check-O-Matic)
II.	Quarterly	Payment required every three (3) months
III.	Semiannual	Payment required every six (6) months
IV.	Annual	Payment required every twelve (12) months

GRACE PERIOD

The Grace Period consist of thirty-one (31) days; meaning all premium payments must be received prior, or on the due day ending the period, to avoid the policy to lapsed. Any payment received after Grace Period is over, the Company will notify in writing the client and its representative that the policy is lapsed, and if interested, they may proceed to fulfill the policy reinstatement requirements (if applicable).

PAYMENT SERVICES

To avail our services alternatives, the client must comply with established requirements listed on each option below. Authorization forms are available in our web site www.bp-ric.com.

- **DIRECT PAYMENT.** Premium payments paid by a check in favor of "**REDBRIDGE INSURANCE COMPANY**", indicating "Policy Number" and the "Insured Full Name".
- **AUTOMATIC DEBIT.** Individuals having a valid U.S. Bank account may avail this service, to automatic debit of the policy premium payment on the due date. The client must complete and sign an "**AUTOMATIC DEBIT AUTHORIZATION FORM**" and submit to our attention, along with a voided check as evidence. After verification and activation of this service, all future premium payments will be automatically deducted from your bank. The authorization will remain valid until cancel or withdraw in writing by the client.
- **CREDIT CARD.** Individuals having a valid U.S. Credit Card such as American Express, Visa, Master or Diners may register for automatic debit of the policy premium payment on the due date. The client must complete and sign a "**CREDIT CARD AUTHORIZATION FORM**" and submit to our attention, along with copy of the credit card. After verification and activation of this service, all future premiums will be automatically deducted from your credit card account. The authorization will remain valid until cancel or withdraw in writing by the client.
- **PAYROLL DEDUCTION.** Individuals may authorize their employers to deduct and specific amount of their salary (weekly, bi-weekly, monthly, etc) to pay premiums due in policies with Redbridge Insurance Company. The client must complete and sign a "**PAYROLL DEDUCTION AUTHORIZATION FORM**" and submit to our attention. After verification and activation of this service, all future premium payments will be automatically deducted from your salary. The authorization will remain valid until cancel or withdraw in writing by the client.
- **WIRE TRANSFER.** When using this service, the customer must include its full name and policy number with the transfer.

BANK BANK UNITED
1428 Brickell Avenue, 8th Floor
Miami, Florida 33134

NAME BLACKPOINT UNDERWRITERS, LLC
REDBRIDGE INSURANCE COMPANY

[TO OBTAIN BANK ACCOUNT AND ROUTING INFORMATION, ONLY THE AUTHORIZED REPRESENTATIVE MAY CONTACT OUR ACCOUNTING DEPARTMENT, TO BE IDENTIFIED AND GIVEN THE APPROPRIATE INFORMATION].

BANK CHARGES. Any transaction in which the financial institutions(bank) imposes a charge as result of a declined, rejected or non-sufficient payment, the Client (insured) is fully responsible for any/all charges. BLACKPOINT will automatically deduct from the Representative/Producer Commissions Report the related charges, which in turn shall collect from its client (if desired), the appropriate amount as indicated below:

- Automatic Debit [ACH] \$ 3.00 per transaction
- Non-Sufficient Funds [NSF] \$ 10.00 per transaction
- Second Deposit – (re-deposit) \$ 4.00 per transaction

BLACKPOINT/RICL reserves the right to request a new method of payment, when payments have been rejected in two (2) occasions.

FUNDS TRANSMITTAL

Any premium of payment must be made in accordance to the selected mode of payment in the original application, payable to **REDBRIDGE INSURANCE COMPANY, LTD., No Exception**. No person, insurance representative, agent and/or producer are authorized to accept premium payments in cash and/or accept or cash checks payable to, or in any other name (other than the Company's), nor use the company logo, and/or issue payment receipts in our behalf.

Only an employer (duly authorized by the insured-employee) will be able to deduct the premium payment specific amount to pay related policy with RICL, and who in turn, becomes fully responsible to remit the funds directly to Representative/Producer or the Company within ten **(10)** days from payroll deduction date.

V. COMMISSIONS

Accounting Department is responsible to process commission reports and payments. It is important to review the commission report, and if any errors, questions or doubts found, must be referred for immediate result to the accounting personnel.

- No commission payment will be made, if the total amount is less than \$50.00;
- Bank charges previously described will be deducted from commission report;

BLACKPOINT/RICL reserves the right to recover from the Representative/Producer Commissions Reports, any commissions paid, and/or charges imposed to the Company, without any previous notification.

RETURN OF PAID COMMISSIONS

If the insured death occurs during the first two (2) or three (3) years from the policy effective date for a medical condition not declared in the insurance application, the Company will immediately proceed to recover all commissions paid from the Representative/Producer Commissions Reports, without any previous notification, and up to the amount due to the Company.

PERSISTENCY

The renewal of your book of business is of the utmost importance. The authentic persistence is evidence of the producer's experience and ability in selecting clients in harmony with their social-economic conditions and specific

necessities. This practice has an impact in the producer's book of business and commissions, making a solid and permanent income.

VI. REINSTATEMENT

A policy lapses at the end of a Grace Period (previously defined), when the required payment of premium is not received. To reinstate a lapsed policy, the following requirements must be met:

- Evidence of satisfactory insurability;
- Payment of required;
- Reinstatement form duly completed and signed by the client and a witness.

The Company reserves the right to request any requirement and/or an additional medical exam while evaluating the reinstatement. A new "Contestable Period" (as defined) begins from the date the reinstatement was approved and signed by an authorized officer of the Company.

VII. CHANGES

Any request for a change or modification must be submitted in a writing form acceptable by the Company, signed by the owner of the policy (if different than the named insured), and a witness. No changes will be done during the first (1st) policy year, and any change or modification will be effective as of the second (2nd) year anniversary date, in accordance with the modal payment form originally requested.

NO increase or decrease of policy limits is permitted in our existing policy plans, due to their simple evaluation characteristics.

VIII. CLAIMS

All claims must be reported immediately to the International Administrative Office of the Company. The following requirements apply for a **DEATH** claim:

- Claim forms duly completed and signed by the designated beneficiaries.
- Original policy contract.
- Death certificate duly certified.
- Doctor's report attesting the insured's death.
- Autopsy or Necropsy report, including toxicology.
- Copy of Birth Certificate for the deceased and all designated beneficiaries.
- Copy of Identification Card o Passport for the deceased and all designated beneficiaries.
- Marriage Certificate (if married)
- Certification issued and signed by the Funeral home authorized officer.
- Certification issued and signed by the cemetery or crematory authorized officer.
- Official statement from a Clergy, Priest, Minister or Pastor imparting the funeral service.
- Copy of local news paper announcements.

Legal Trust.	The claim must be presented by the executor or administrator, along with evidence of its designation and lawful authority.
Accidental Death.	Must submit a duly <u>notarized</u> report from the police, hospital or clinic and the morgue attesting the body transfer (in conjunction with all previously specified requirements).
Police Pursuit.	Must submit a certified copy of the verdict and the basis for the ruling.

For all claims related with **REIMBURSEMENT OF EXPENSES INCURRED**, the following requirements apply:

- Claim forms duly completed and signed by the insured.
- Doctor's medical report attesting the disease.
- Medical report from the Attending Physician who first (1st) diagnosed the Cancer disease, copy of lab's results, and/or any other test or procedure revealing main indicators for the diagnosis.
- Medical report from the Physician consulted as a Second (2nd) opinion, attesting the diagnosis.
- Medical report from the Oncologist treating the insured, and copy of First (1st) pathology report.
- Medical report from the Attending Physician for any other disease (other than cancer) or treatment specified under the plan.
- Copy of medical Prescriptions and original payment receipts.
- Original invoices from doctor's and hospitals.
- In the event the insured dies, the designated beneficiaries, must also submit all **DEATH** claim requirements previously specified.

For all claims for accidental **DISMEMBERMENT**, the following requirements apply:

- Claim form duly completed and signed by the insured.
- Medical report from the attending doctor.
- Report from police or any other official entity rendering emergency service.
- Emergency Room report.
- Any other document or information deem necessary.

IMPORTANT. RIC will only pay for the amount of limit established under the coverage in relation with the loss.



DIRECTORY

- 1. Infinity Plus**
- 2. Essential Term**
- 3. OneCare**
- 4. Group**



Plan Characteristics



Final Expenses Plan

INFINITY PLUS

Life Insurance for Final Expenses

PRODUCT. Whole Life Insurance with endowment at one hundred and six (106) years of age of the insured. This product was designed to fulfill the basic and immediate necessities of designated beneficiaries, upon the death of the primary named insured. This is a **NON-PARTICIPANT** product, therefore does not participate in the Company profits, nor distribute dividends.

This product is SIMPLE underwriting, without laboratories, nor medical exam. This product design, allows us to be more flexible, and determine the client's insurability in a short period of time.

I. ELIGIBILITY

- Minimum 20 years (attain age in the effective date of the policy).
- Maximum 85 years (attain age in the effective date of the policy).

NON-ELIGIBLE is any proposed insured:

- does not have a permanent full time job.
- unemployed, and its couple (included in the application) has a permanent full time job and/or enough income to pay the premium, the underwriter might consider the risk. "Subject to consideration only".
- with a terminal illness or disease (definition as follows)
- expecting a baby (pregnant) (may solicit insurance after giving birth)
- Considered a moral or an occupational risk.
- with weight and height not meeting the amount specified in the "**WEIGHT & HEIGHT CHART**".
- citizen or resident of the U.S.A., Canada, U.S. Virgin Islands and Puerto Rico; and/or any citizen or resident of countries subject to restrictions and sanctions, economical or political, or embargoes imposed by the government of the United States of America; except for A. Samoa, Samoa and Western Samoa.

TERMINAL ILLNESS is an advanced disease, progressive and incurable, without any reasonable possibilities of a specific treatment. Terminal phase with a life expectancy of six (6) months or less.

II. BENEFITS.

AVAILABLE LIMITS: \$5,000, - \$10,000, - \$15,000, - \$20,000, - \$25,000

Death benefit is level during the life of the policy, and while is in effect, with the following **EXCEPTIONS**:

When the death of the insured occurs as result of a medical condition; **except** if the death occurs as a result of an accident:

- **Ages 20 – 64.** No benefit will be paid during the first three (3) years of the policy, and the Company's only liability is limited to the refund of all premium paid under the policy (without interest).
- **Ages 65 – 85.** No benefit will be paid during the first two (2) years of the policy, and the Company's liability is limited to the return of all premiums paid under the policy (without interest).

SUICIDE. If the insured commits suicide, being sane or insane, within the first two (2) years following the effective date of the policy, and the Company's only liability is limited to the refund of all premiums paid under the policy.

PAYMENT PERIODS. * FIVE (5) YEARS, * TEN (10) YEARS, * LIFETIME

When the insured selects to pay the premiums during five (5) and ten (10) years period, generates more cash values. This benefits the insured anytime the payment of premium is not met at the end of the Grace Period, the accumulated cash values could be used to keep the policy in force for the next three (3) months, through an

Extended Term insurance. The different payments of premium periods have an effect in the producer's commission's payment.

III. PAYMENTS Refer to Section IV under the General Rules section.

IV. CHART

INFINITY PLUS

**WEIGHT AND HEIGHT CHART
METRIC SYSTEM**

FEMENINE AND MASCULINE

METERS CENTIMETERS	WEIGHT IN KILOGRAMS MAXIMUM ACCORDING TO AGE			
HEIGHT	20 - 34 yrs	35 - 54 yrs	55 - 74 yrs	75 - 85 yrs
142.2	69.4	73.5	79.4	81.2
144.8	72.1	76.2	83.5	85.3
147.3	74.4	78.5	85.3	87.1
149.9	77.1	82.1	88.5	91.2
152.4	79.4	84.4	91.2	93.4
154.9	82.1	87.1	94.3	97.1
157.5	85.3	89.4	97.1	99.3
160.0	88.5	93.4	101.2	103.4
162.6	91.2	96.2	104.3	107.1
165.1	93.4	99.3	107.0	110.2
167.6	97.1	103.4	111.1	114.3
170.2	99.3	105.2	114.3	117.5
172.7	103.4	109.3	118.4	121.1
175.3	105.2	111.1	120.2	124.3
177.8	109.3	115.2	125.2	128.4
180.3	111.1	118.4	127.5	131.1
182.9	115.2	122.5	132.5	135.2
185.4	118.4	124.3	135.2	138.4
188.0	121.1	129.3	139.3	143.3
190.5	125.2	133.4	144.2	147.4
193.0	128.4	135.2	147.4	150.1
195.6	132.5	140.2	151.5	155.1
198.1	135.6	143.3	154.2	158.3
200.7	139.3	147.4	159.2	163.3
203.2	142.4	150.1	162.4	166.5
205.7	146.1	154.2	167.4	171.5
208.3	149.2	157.4	170.1	175.1
210.8	153.3	162.4	175.1	180.1
213.4	156.5	165.1	179.2	183.3

IV. CHART

INFINITY PLUS

WEIGHT AND HEIGHT CHART U.S. MEASUREMENT SYSTEM

FEMENINE & MASCULINE

FEET INCHES	WEIGHT IN POUNDS MAXIMUM ACCORDING TO AGE			
HEIGHT	20 - 34 yrs	35 - 54 yrs	55 - 74 yrs	75 - 85 yrs
4' 8"	153	162	175	179
4' 9"	159	168	184	188
4' 10"	164	173	188	192
4' 11"	170	181	195	201
5' 0"	175	186	201	206
5' 1"	181	192	208	214
5' 2"	188	197	214	219
5' 3"	195	206	223	228
5' 4"	201	212	230	236
5' 5"	206	219	236	243
5' 6"	214	228	245	252
5' 7"	219	232	252	259
5' 8"	228	241	261	267
5' 9"	232	245	265	274
5' 10"	241	254	276	283
5' 11"	245	261	281	289
6' 0"	254	270	292	298
6' 1"	261	274	298	305
6' 2"	267	285	307	316
6' 3"	276	294	318	325
6' 4"	283	298	325	331
6' 5"	292	309	334	342
6' 6"	299	316	340	349
6' 7"	307	325	351	360
6' 8"	314	331	358	367
6' 9"	322	340	369	378
6' 10"	329	347	375	386
6' 11"	338	358	386	397
7' 0"	345	364	395	404

V. RATES

MULTIPLY [AMOUNT OF INSURANCE X ANNUAL RATE + 24.00 CHARGE = TOTAL PREMIUM]

ANNUAL CHARGE PER POLICY \$24.00 U.S. (ADD TO THE TOTAL ANNUAL PREMIUM)

FINAL EXPENSES MULTIPLY PREMIUM PER \$1,000 INSURANCE AMOUNT						
AGE ATTAINED LAST BIRTHDAY	PAYMENT PERIOD 5 YRS		PAYMENT PERIOD 10 YRS		PAYMENT FOR LIFE	
	Male	Female	Male	Female	Male	Female
20	43.11	35.22	27.10	21.76	14.92	11.54
21	44.16	36.35	27.71	22.43	15.20	11.86
22	45.22	37.53	28.31	23.13	15.48	12.21
23	46.30	38.77	28.92	23.86	15.76	12.57
24	47.38	40.05	29.51	24.63	16.03	12.95
25	48.51	41.39	30.12	25.42	16.29	13.36
26	49.70	42.79	30.78	26.26	16.60	13.78
27	51.03	44.26	31.53	27.13	16.97	14.24
28	52.47	45.78	32.34	28.03	17.39	14.73
29	54.02	47.36	33.24	28.98	17.87	15.24
30	55.71	48.99	34.23	29.95	18.41	15.76
31	57.48	50.70	35.27	30.98	18.99	16.31
32	59.37	52.44	36.38	32.01	19.62	16.88
33	61.35	54.22	37.57	33.06	20.31	17.46
34	63.42	56.06	38.81	34.15	21.03	18.06
35	65.58	57.96	40.10	35.27	21.81	18.69
36	67.83	59.93	41.45	36.44	22.62	19.34
37	70.15	61.99	42.86	37.65	23.47	20.05
38	72.59	64.14	44.32	38.93	24.37	20.80
39	75.24	66.38	45.80	40.26	25.34	21.59
40	77.95	68.69	47.32	41.65	26.32	22.41
41	81.35	71.72	49.36	43.54	27.76	23.67
42	84.88	75.00	51.43	45.50	29.25	25.02
43	88.80	78.46	53.57	47.59	30.83	26.51
44	92.85	82.11	55.79	49.82	32.50	28.10
45	96.96	85.90	58.04	52.08	34.25	29.77
46	101.37	90.14	60.52	54.49	36.22	31.59
47	106.06	94.53	63.18	57.01	38.40	33.51
48	110.85	98.94	65.95	59.55	40.72	35.50
49	115.91	103.52	68.92	62.22	43.26	37.62
50	121.17	108.21	72.06	64.96	46.01	39.85
51	126.55	112.96	75.30	67.75	48.93	42.17
52	132.08	117.83	78.64	70.65	52.02	44.63
53	137.70	122.79	82.17	73.61	55.26	47.21
54	143.40	127.81	85.89	76.62	58.68	49.90
55	149.25	132.94	89.78	79.72	62.32	52.73
56	155.42	138.34	93.87	82.94	65.99	55.44
57	161.60	143.63	98.05	86.27	69.82	58.21
58	167.97	149.07	102.45	89.72	73.92	61.11
59	174.52	154.63	107.03	93.26	78.25	64.20
60	180.98	160.10	111.53	96.78	82.66	67.36
61	187.63	165.86	116.28	100.53	87.28	70.78
62	194.27	171.67	121.16	104.37	92.03	74.38
63	200.79	177.48	126.00	108.27	96.92	78.16
64	207.40	183.47	130.99	112.37	102.07	82.17
65	226.60	199.91	149.65	126.88	120.78	95.42
66	232.17	205.20	154.14	130.80	125.83	99.11
67	237.81	210.54	158.82	134.81	131.14	102.92
68	243.59	215.90	163.74	138.84	136.75	107.07
69	249.39	221.06	168.80	142.78	142.58	111.19
70	255.27	226.14	173.95	146.65	148.54	115.30
71	265.43	234.91	183.95	154.21	160.82	123.91
72	276.03	243.89	194.83	162.17	174.26	133.20
73	287.14	253.13	206.80	170.66	189.09	143.27
74	298.98	262.68	220.19	179.82	205.65	154.27
75	311.92	272.64	235.36	189.77	224.33	166.50
76	326.17	283.04	252.61	200.71	245.52	179.94
77	342.04	294.06	277.79	212.88	269.70	194.89
78	359.90	306.17	306.53	226.70	297.60	211.76
79	380.12	319.56	332.35	242.34	330.19	230.76
80	403.32	334.20	380.16	259.76	369.09	251.89
81	415.42	344.23	391.57	267.55	380.17	259.45
82	427.88	354.55	403.31	275.58	391.57	267.23
83	440.72	365.19	415.41	283.85	403.32	275.25
84	458.35	379.80	432.03	295.20	419.45	286.26
85	481.27	398.79	453.63	309.96	440.42	300.57



Plan Characteristics



Level Term

ESSENTIAL TERM

Level Term

PRODUCT. This plan was intended as SIMPLE underwriting, without laboratories, nor medical exam, to allow a flexible underwriting determination related to the client's insurability, in a short period of time.

- Premiums are guarantee for a five (5) years period.
(Premiums may perhaps be incremented at the end of each five (5) years period, in covenant to the insurance contract).

I. ELIGIBILITY

- Minimum Age: **20 years** (attained age in the effective date)
- Maximum Age: **55 years** (15 & 20 years plans)
50 years (30 years plan)

- CLASS**
- | | |
|-----------------------------|---|
| Standard – Smoker | Uses tobacco in any of its forms. |
| Standard – No Smoker | No use of tobacco in any of its form, during the past twelve (12) months, prior to the date the application was signed. |
- **Simple Evaluation.** Any affirmative (yes) answer to any of the medical questions might be enough reason to decline the insurance application. In particular cases, in which additional insurability evidence is required, will be limited to an attending physician statement (also known as APS). We will not request laboratories, medical exams, x-rays, or ekg.
 - **Amount of Insurance.** Maximum amount of insurance in effect with RICL, shall not exceed twelve (12) times the proposed insured annual income for age range from **20 to 45**, and ten (10) times the proposed insured annual income for age range from **46 to 55**.
 - All approved cases will be "standard" rates.

NON ELEGIBLE

- Individuals with a pre-existing condition, disorder, illness, sickness or disease manifested and/or diagnosed during the twelve (12) months previous to date the application is signed.
- Individuals exceeding the maximum limits specified in the "Heights and Weight Chart" included on this section.
- Adverse risks or risks with "extra premium" or "special rate", temporary or permanent.

II. BENEFITS

INSURED AMOUNT (Amount of insurance available in units of 25K)

- Minimum: **\$25,000 U.S.**
- Maximum: **\$150,000 U.S.**

DURATION TERM * level fifteen (**15**) years, * level twenty (**20**) years, * level thirty (**30**) years

BENEFIT PAYMENT LIMITATION

The amount of insurance is level during the specified policy term. The benefit payment will not apply:

1. If the death of the insured happens during the first two (2) years of the policy, and while it is in effect. The Company's only responsibility shall be the return of all premiums paid (without interest); except when the death occurs as result of an accident.

SUICIDE. If the insured commits suicide, being sane or insane, within the first two (2) years following the effective date of the policy, the Company's liability is only limited to the refund of all premiums paid under the policy.

III. OPTIONAL BENEFITS (Endorsements)

- **ACCIDENTAL DEATH & DISMEMBERMENT.** The benefit limit maximum amount shall not exceed the policy limits.

DEFINITIONS

ACCIDENTAL DEATH means a violent corporal lesion caused by external and sudden event, no auto-inflicted resulting in the insured's death.

ACCIDENT means any event caused by an external and sudden event, no auto inflicted, resulting in a corporal lesion or the insured's death.

Any future new endorsement or optional benefit will be published in writing for its promotion.

CONDITIONAL RECEIPT. Refer to Section I. Application (after the General Rules of this handbook).

PAYMENTS. Refer to Section IV – General Rules

POLICY FEE. **\$60.00** Annually - No Commissionable

RECOVERING PAID COMMISSIONS & BANK CHARGES. Refer to Section IV and V – General Rules.

IV. CHART

ESSENTIAL TERM

HEIGHT AND WEIGHT CHART - U.S MEASUREMENT SYSTEM FEMENINE & MASCULINE

FEETS INCHES	WEIGHT IN POUNDS MAXIMUM ACCORDING TO AGE			
HEIGHT	20 – 34 Yrs	35 - 54 Yrs	55 - 74 Yrs	75 - 80 Yrs
4' 8"	153	162	175	179
4' 9"	159	168	184	188
4' 10"	164	173	188	192
4' 11"	170	181	195	201
5' 0"	175	186	201	206
5' 1"	181	192	208	214
5' 2"	188	197	214	219
5' 3"	195	206	223	228
5' 4"	201	212	230	236
5' 5"	206	219	236	243
5' 6"	214	228	245	252
5' 7"	219	232	252	259
5' 8"	228	241	261	267
5' 9"	232	245	265	274
5' 10"	241	254	276	283
5' 11"	245	261	281	289
6' 0"	254	270	292	298
6' 1"	261	274	298	305
6' 2"	267	285	307	316
6' 3"	276	294	318	325
6' 4"	283	298	325	331
6' 5"	292	309	334	342
6' 6"	299	316	340	349
6' 7"	307	325	351	360
6' 8"	314	331	358	367
6' 9"	322	340	369	378
6' 10"	329	347	375	386
6' 11"	338	358	386	397
7' 0"	345	364	395	404

IV. CHART

ESSENTIAL TERM
HEIGHT AND WEIGHT CHART – U.S METRIC SYSTEM
FEMENINE & MASCULINE

METERS CENTIMETERS	WEIGHT IN KILOGRAMS MAXIMUM ACCORDING TO AGE			
HEIGHT	20 - 34 Yrs	35 - 54 Yrs	55 - 74 Yrs	75 - 80 Yrs
142.2	69.4	73.5	79.4	81.2
144.8	72.1	76.2	83.5	85.3
147.3	74.4	78.5	85.3	87.1
149.9	77.1	82.1	88.5	91.2
152.4	79.4	84.4	91.2	93.4
154.9	82.1	87.1	94.3	97.1
157.5	85.3	89.4	97.1	99.3
160.0	88.5	93.4	101.2	103.4
162.6	91.2	96.2	104.3	107.1
165.1	93.4	99.3	107.0	110.2
167.6	97.1	103.4	111.1	114.3
170.2	99.3	105.2	114.3	117.5
172.7	103.4	109.3	118.4	121.1
175.3	105.2	111.1	120.2	124.3
177.8	109.3	115.2	125.2	128.4
180.3	111.1	118.4	127.5	131.1
182.9	115.2	122.5	132.5	135.2
185.4	118.4	124.3	135.2	138.4
188.0	121.1	129.3	139.3	143.3
190.5	125.2	133.4	144.2	147.4
193.0	128.4	135.2	147.4	150.1
195.6	132.5	140.2	151.5	155.1
198.1	135.6	143.3	154.2	158.3
200.7	139.3	147.4	159.2	163.3
203.2	142.4	150.1	162.4	166.5
205.7	146.1	154.2	167.4	171.5
208.3	149.2	157.4	170.1	175.1
210.8	153.3	162.4	175.1	180.1
213.4	156.5	165.1	179.2	183.3

V. RATES

Male Non Smoker		Annual Rate per \$1,000		
Age Bands:	15	20	30	
20-29	2.32	2.95	3.77	
30-39	2.80	3.56	6.00	
40-49	5.73	7.83	13.77	
50-59(*)	13.38	18.61	32.46	
60-65	41.75	52.08		
(*) Available up to 55 years for 30-year term				

Male Smoker		Annual Rate per \$1,000		
Age Bands:	15	20	30	
20-29	4.08	5.14	6.80	
30-39	4.97	6.26	9.94	
40-49	11.64	14.91	22.54	
50-59(*)	25.78	34.29	46.08	
60-65	63.15	73.45		
(*) Available up to 55 years for 30-year term				

Female Non Smoker		Annual Rate per \$1,000		
Age Bands:	15	20	30	
20-29	2.03	2.08	3.05	
30-39	2.64	2.88	4.77	
40-49	4.53	6.02	10.13	
50-59(*)	11.32	13.58	23.14	
60-65	26.24	35.25		
(*) Available up to 55 years for 30-year term				

Female Smoker		Annual Rate per \$1,000		
Age Bands:	15	20	30	
20-29	2.83	3.53	5.01	
30-39	4.35	5.32	8.69	
40-49	9.46	12.05	17.32	
50-59(*)	22.03	23.75	36.48	
60-65	48.22	59.18		
(*) Available up to 55 years for 30-year term				

OPTIONAL BENEFITS:

ACCIDENTAL DEATH AND DISMEMBERMENT

- Eligibility: 20-65 yrs
- Termination: Attain Age 70 yrs
- Benefits are reduced by 50% at attain ages 66-69 yrs
- Limits available up to the maximum of the death benefit amount
- **Rate:** \$1.30 per thousand (unisex)

TRAVEL ASSISTANCE

- **Rate:** \$24.00 per year

POLICY FEE - \$60.00 ANNUALLY
NO COMMISSIONABLE
***ADD TO THE TOTAL PREMIUM AMOUNT**

Plan Characteristics



Cancer and others Specifics Diseases Plan

ONECARE

Cancer and other Specific Diseases Insurance Plan

I. PRODUCT. This new insurance program is intended to compensate you for the high cost related to the treatment of Cancer Disease, as well as to other Specified Diseases. This is a new insurance program created to satisfy your financial needs, when a sudden sickness becomes a financial burden in your life, providing compensation for expenses incurred.

OneCare has a series of four (4) different plans:

- Onecare **BASIC**
- Onecare **PLUS**
- Onecare **ADVANTAGE**
- Onecare **ULTRA**

Important Characteristics:

- Provides coverage for almost all forms or type of Cancer, and other Specific diseases.
- Benefits and coverage's based in medical services usage trends.
- New benefits geared to a preventive health care, preceding and during the sickness.
- Improved benefits tailored to the clients' present and future needs.
- Reasonable cost, highly competitive.
- An array of Innovative Optional Benefits, such as Organ Transplant, Cardiovascular Surgery, Peripheral-Vascular and Heart disease, among others.

II. CATEGORIES

- a. **Individual.** The proposed insured under the plan.
- b. **Couple.** The proposed insured and its spouse (as defined)
- c. **Family.** The proposed insured, its spouse (as defined) and any dependent child, who is single and twenty-one (21) years of age or younger, and/or any dependent child, who is single and twenty-three (23) years of age or younger and who is a full-time student at a duly approved academic institution, and is listed in the application.

IMPORTANT. For purposes of this insurance program, the word "**spouse**" shall include the consensual relationship between two single individuals regardless of the gender of the parties involved, who are of age and/or emancipated, who live publicly under the same roof for a minimum period of six (6) consecutive months, where there is legitimate insurable interest, **except** when requesting **optional** "Accidental Death benefit, where the term "spouse" means "legally married".

III. ELIGIBILITY

Individual	18 - 75 years of age
Couple	18 - 75 years of age
Family	18 - 75 years of age (adults)

Children's. Regardless of the number of children's, up to the attained age described under Section II.c

-
- Applicant's with no knowledge, nor have ever being advised, diagnosed or treated for Cancer disease or any other "Specific" disease covered under this program, previous to the date of signing the application.
 - Applicants shall not have more than one (1) Cancer and Specific diseases policy or coverage in-effect with the Company (whether is the principal insured, spouse and/or children).
 - Claim history will be cross-check for each insured covered under the policy. The results thereof, may lead to the exclusion of an optional benefit, or complete rejection.

The company shall pay all applicable benefits included in the basic coverage, when the following conditions are met:

- i. the policy must be paid and in force; and
- ii. any covered cancer or specified disease under this policy is diagnosed; and
- iii. the policy must have been in force continuously (no interruption) for a minimum of ninety (90) days from its effective date; and
- iv. the original invoice for services and/or treatments rendered is submitted. In those cases in which ONECARE serves as a complimentary insurance, we will accept copy of the original invoice along with a copy of the Explanation of Benefits (EBO) paid by another insurance carrier, and must include the final diagnosis.

IMPORTANT

- These series of plans does not have a termination date, as long as payments are up-to-date.
- Each optional benefit has a termination date, as indicated under the Optional Benefits Section.

IV. GLOSSARY OF SPECIFIED DISEASES (as follows)

V. BENEFITS COMPARISON TABLES (as follows)

VI. OPTIONAL BENEFITS (as follows)

IV. GLOSSARY OF SPECIFIED DISEASES

This glossary provides the reader with a definition (*) for each one of the Specified Diseases in the **OneCare** Program under the “Advantage” and “Ultra” plan. These illnesses have coverage, provided it manifest for the first (1ST) time or diagnosed, after the policy was issued and while the primary insured and/or any eligible dependent(s) are covered under the policy.

<u>Disease</u>	<u>Definition:</u>
1. Muscular Dystrophy	Generalized weakness and muscular degeneration that affect first the muscles of the extremities and torso. Frequently manifests with enlargement of the calves.
2. Poliomyelitis	Also called infantile paralysis; it is a disease that affects the nervous system which produces the <u>poliovirus</u> . It is called infantile because those that contract it are especially children between five and ten years of age.
3. Multiple Sclerosis	Chronic non-contagious <u>demyelinating</u> , neurodegenerative disease of the <u>nervous central system</u> . There is no cure and exact causes are unknown.
4. Encephalitis	Group of <u>diseases</u> produced by the <u>inflammation of the brain</u> . These are quite frequent, mostly in certain regions of the world and are produced generally by the <u>infection</u> of a large variety of germs such as <u>bacteria's</u> , <u>rickettsias</u> , <u>spirochetes</u> , <u>leptospiaras</u> , <u>parasites</u> , <u>fungi</u> and <u>virus</u> .
5. Rabies	Acute <u>infectious viral disease</u> of the <u>nervous central system</u> caused by a <u>Rhabdovirus</u> that causes acute <u>encephalitis</u> . The rabies virus is spread throughout the planet and attacks domestic and wild mammals, including <u>humans</u> . It is found in the saliva and secretions of infected animals.
6. Tetanus	Frequently <u>fatal disease</u> , caused by a potent <u>neurotoxin</u> - tetanospasmin <u>exotoxin</u> - produced by <u>bacteria</u> . This toxin penetrates the peripheral motor nerve fibers until it reaches the nervous central system.
7. Tuberculosis	Frequent infectious and often fatal disease caused by different species of <u>mycobacterium</u> , all of which belong to the <u>Tuberculosis Mycobacterium Complex</u> . It is more severe in children and the elderly, who may die from it.
8. Osteomyelitis	Bone or <u>bone marrow infection</u> , usually caused by a phylogenic <u>bacteria</u> or mycobacterium.
9. Bacterial Meningitis	<u>Inflammation</u> of the <u>leptomeninges</u> , <u>meninges</u> or damage to the sheath and membrane that overlay the <u>brain and spinal cord</u> caused by germs. When microorganisms reach the meninges and cerebrospinal fluid, whether bacteria, virus, among others, these are multiplied and produce the inflammation.
10. Sickle Cell Anemia	Hereditary blood disease characterized by <u>abnormal</u> hemoglobin (protein present in red cells which function is to transport oxygen to body tissues).
11. Diphtheria	Acute epidemic infectious disease caused by a protein exotoxin produced by <i>C. diphtheriae</i> (Klebs-Löffler bacillus). It is characterized by the appearance of false membranes (pseudo membranes) firmly attached of fibrinous exudates, that form mainly in the mucous surfaces of upper airways and upper digestive tract.
12. Tularemia	Contagious disease that affects mainly jackrabbits, wild rabbits, rats, field mice, rodents and other animals to a lesser extent. Under certain circumstances it may be transmitted to humans.

- 13. Smallpox (Variola)** Serious infectious disease caused by the *Variola virus*, which in some cases may cause death. There is no special treatment for smallpox and the only form of prevention is vaccination. The name variola comes from the Latin meaning “spotted” and refers to the bulges that appear in the face and body of the person infected.
- 14. Typhoid Fever** Infectious disease caused by *Salmonella typhi* (Eberth bacillus), or *Salmonella paratyphi A, B or C*. Humans are the main reservoir and it is transmitted by the *fecal-oral* route via contaminated food and water.
- 15. Scarlet Fever** Acute, infectious and febrile disease caused by the serogroup A *Streptococcus pyogenes*. The incubation period is 2-4 days.
- 16. Lupus Erythematosus** Chronic autoimmune disease, in which the immunological system attacks cells and tissue causing inflammation and damage due to the union of auto-antibodies to the organism’s cells, and the deposit of antigen-antibody complexes.
- Lupus may affect any part of the organism although the most frequent places are the heart, joints, skin, lungs, blood vessels, liver, kidneys and nervous system. The course of the disease is unpredictable, with periods of crisis alternated with remission. Lupus is most common in Africans and women.
- 17. Malaria** The most important and contagious parasitic tropical disease in the world, causing more deaths than any other except for tuberculosis. It is transmitted from person to person by parasites, by the female *Anopheles* mosquito. Parasites develop in the mosquito’s intestines and it is transmitted through the saliva of the infected mosquito every time it bites to obtain blood. Parasites are then transported to the victim’s liver, where they invade the cells and multiply.
- 18. Reye’s Syndrome** Serious disease occurring most commonly in children younger than 10, characterized by vomiting, disorientation, liver enlargement, drowsiness and even coma. It occurs in children between the ages of 4 and 12 after taking aspirin for fever as a result of upper airway infections and chickenpox. Symptoms appear one week after the infection.
- 19. Myasthenia Gravis** Chronic autoimmune neuromuscular disease characterized by varying degrees of weakness of the body’s skeletal (voluntary) muscles. Its name comes from the Latin and Greek and literally means “severe muscular weakness”. It causes an insidious loss of strength that is quickly recovered with rest but reappears when exercise has been restarted.
- 20. Addison Disease** Hormonal deficiency caused by damage to adrenal glands which causes hypo function or primary corticoadrenal insufficiency. Addison’s original description of the disease is as follows: general listlessness and weakness, hyperkinetic heart activity, gastric irritability and a peculiar change in the skin’s color.
- 21. Rheumatic Fever** Recurrent inflammatory non suppurative disease caused by the immune system’s response to the Group A betahemolytic *Streptococcus* antigens - in some predisposed individuals - two or three weeks after triggering an acute pharyngotonsillitis. Rheumatic fever is a late complication that may affect any part of the body, mainly the heart.
- 22. Neimann-Pick’s Disease** Recessive autosomic lisosomic storage disease, caused by specific genetic mutations; it is specifically a sphingomyelinase enzyme deficiency of the sphingolipid degradation pathway. Children with the disease die in the first three years of life. Its characteristics are infantilism and developmental disorders.

23. Legionnaires' Disease

Pneumonia caused by the Legionella bacteria. Its name comes from an epidemic outbreak that took place among the attendants of the *American Legion* meeting in Philadelphia in 1976. It is not a new disease, since the first case was documented in 1947. Even though there are cases during the entire year, isolated cases and epidemic outbreaks are more frequent in the summer and autumn.

24. Tay-Sachs Disease

Hereditary autosomic recessive (more common in Hebrew descendants) and rare disease that affects the central nervous system. In general, newborns seem not to have symptoms; however, these develop with time.

25. Whipple Disease

Rare infectious disease, which may affect many parts of the body. The small intestine is the most affected organ. Other common areas include the joints, nervous system, brain, lungs, eyes and skin. It mainly occurs in males of adult age.

26. Toxic Epidermal Necrolysis

Life threatening skin disease characterized by blisters and skin exfoliation. It may be caused by the reaction to drugs (frequently antibiotics or anticonvulsants) although it is not possible to identify the cause of one third of toxic epidermal necrolysis cases.

27. Toxic Shock Syndrome

Caused by a toxin produced by certain types of staphylococci – a similar syndrome called toxic shock-like syndrome (TSLs) may be caused by streptococci. Although the first cases described compromised only women that used tampons during their period, only 55% of actual cases are associated to menstruation. This disease may also manifest in children, postmenopausal women and men.

28. Rocky Mountains Fever

The most serious and more reported disease in the United States, diagnosed in many states of the USA. The states with the highest incidence are North Carolina and Oklahoma, and both together represent 35% of the total cases notified in the USA. The disease is caused by a species of bacteria transmitted to humans by infected ticks. Initial symptoms are sudden occurrence of headaches, fever and muscular pain, followed by the occurrence and development of a rash. This disease may be somewhat difficult to diagnose in its early stages and late treatment may lead to death. It may occur at anytime of the year; however it is more likely to occur between the months of April and September.

29. Swine Flu

Swine flu (also known as swine influenza or swine fever) is an infectious disease caused by any virus of the Orthomyxoviridae family, endemic to swine populations. Even though swine flu does not affect humans with regularity, there are sporadic cases of infections to humans. In general, these cases occur to those who usually work with poultry and pigs, especially those individuals intensely exposed to this type of animals, who are at a higher risk of infection in case these animals carry a viral strain that is also capable of infecting humans.

30. Bird Flu

Bird flu, also known as bird influenza, fowl plague, or avian flu, designates a viral infectious disease that affects birds, even though it has enough potential to infect different species of mammals, including humans, pigs and domestic cats. It was identified for the first time in Italy at the beginning of the twentieth century, and to this date it has been reported in various parts of the world.

This family includes various virus classified according to three types – A, B or C – based on the antigenic character of an internal nucleoprotein. Type A is the only one that causes natural infections in birds. Types B and C infect primarily humans and occasionally pigs.

V. BENEFITS COMPARISON TABLE

BENEFITS	OneCare Basic			One Care Plus			One Care Advantage			One Care Ultra		
Preventive Tests	No coverage			No coverage			\$50 annually 12 months waiting period			\$75 annually NO waiting period		
1st Positive Cancer Diagnosis	\$900 Max			\$1,200 Max			\$1,300 Max			\$1,500 Max		
Anesthesia(% of the Surgery Cost)	20% of the Surgery Cost			20% of the Surgery Cost			25% of the Surgery Cost			25% of the Surgery Cost		
2nd Positive Cancer Diagnosis	No coverage			No coverage			\$250			\$275		
Medication to Control side effects	No coverage			No coverage			No coverage			\$300 per policy year for Nausea caused by Chemotherapy		
Hospitalization (Hospitalization day 1 through 60)	1st day	2-10	11-60	1st day	2-10	11-60	1st day	2-10	11-60	1st day	2-10	11-60
	\$225	\$150	\$100	\$275	\$175	\$125	\$300	\$200	\$150	\$325	\$225	\$175
Extended Coverage (Hospitalization day 61 and On)	No coverage			100% Max \$3,875 per month			100% Max \$4,650 per month			100% Max \$5,425 per month		
Drugs and Medications	Max 20% of the hospital benefit			Max 20% of the hospital benefit			Max 25% of the hospital benefit			Max 25% of the hospital benefit		
Surgery	\$4,000 Max per surgery			\$5,500 Max per surgery			\$6,000 Max per surgery			\$7,000 Max.per surgery		
2 nd and 3rd Opinion (for Surgery)	No coverage			No coverage			\$100for2nd and \$150for3rd			\$150 for 2nd and \$200 for 3rd		
Family Doctor Visits (not a surgeon)	\$60 Max per visit			\$75 Max per visit			\$100 Max per visit			\$120 Max per visit		
Private Nurse	Max \$75 daily Max 3 months or \$3,000			Max \$75 daily Max 3 months or \$3,000			Max \$100 daily Max of 3 months or \$3,000			Max \$130 daily. No limit amount		
X-Rays, Radiotherapy, Isotopes and Chemotherapy	Annual Max \$4,500			Annual Max \$6,000			Annual Max \$7,000			Annual Max \$8,000		
Experimental Therapy	No coverage			Annual \$4,000 Max			Annual \$5,000 Max			Annual \$6,000 Max		
Alternative Medicine, Yoga-Therapy, Pain Management and Psychological Services	No coverage			No coverage			Up to \$100 per month, Max \$1,200 per year			Up to \$150 per month, Max \$1,800 per year		
Air Transportation	Economy Class Airfare			Economy Class Airfare			Economy Class Airfare			First Class Airfare		
Air Transportation & Lodging for Companion	Annual 2,000 Max			Annual \$3,500 Max			Annual \$4,000 Max			Annual \$4,500 Max		
Breast Implant (Usual and Customary Charges)	Up to \$1,000 per additional implant			Up to \$1,250 per additional implant			Up to \$1,500 per additional implant			Up to \$2,000 per additional implant		
Breast Reconstruction	No coverage			No coverage			Max \$2,000			Max \$3,000		
Other implants (Usual and Customary Charges)	No coverage			No coverage			Max \$2,500 (without surgery \$250)			Max \$3,500 (without surgery \$400)		
Ambulance	Usual and Customary Charges			Usual and Customary Charges			Usual and Customary Charges			Usual and Customary Charges		
Skin Cancer	\$125 per procedure			\$175 per procedure			\$200 per procedure			\$225 per procedure		
Compensation for Loss of Income	\$300 a month while hospitalized- Max \$3,600			\$500 a month while hospitalized - Max \$12,000			\$600 a month while hospitalized - Max \$14,400			\$700 a month while hospitalized - Max \$16,800		
Intensive Care	\$250 per day for 20 days			\$250 per day for 20 days			\$300 per day for 20 days			\$325 per day for 20 days		
Convalescent Home	No coverage			No coverage			\$100 a day - 1st - 10th day \$45 a day-11 th and On Max of 30 days			\$110 a day - 1st - 10th day \$50 a day - 11 th and On Max of 30 days		
Terminal Cancer at Home (Life Expectancy 6 months or less)	No coverage			No coverage			Up to \$2,000 (6 months or less)			Up to \$3,000 (6 months or less)		
Blood and Plasma	No limit			No limit			No limit			No limit		
Disposable Diapers	No coverage			No coverage			No coverage			Max \$400 benefit or 6 months		
Maintenance Tests	No coverage			No coverage			No coverage			Max \$300 per policy year		
Housekeeping Services at Home	No coverage			No coverage			No coverage			\$65 daily/Max 6 months or \$6,000		
Final Expenses (Funeral)	\$2,500 per year			\$2,500 per year			\$3,000 per year			\$4,000 per year		
Benefit Increments \$100 per year	Max \$3,000			Max \$3,000			Max \$4,000			Max \$5,500		
Specified Diseases	No coverage			No coverage			Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Meningitis, Diphtheria, Smallpox, Scarlet Fever, Typhoid Fever, Sickle Cell Anemia, Tularemia, Lupus Erythematosus , Malaria, Reye's Syndrome, Myasthenia Gravis, Rheumatic Fever, Addison disease, Niemann-Pick's disease, Whipple disease, Toxic Epidermal Necrolysis, Toxic Shock Syndrome and Rocky Mountains Fever (Total of 28 diseases)			Muscular Dystrophy, Poliomyelitis, Bird Flu, Swine Flu, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Meningitis, Diphtheria, Smallpox, Scarlet Fever, Typhoid Fever, Sickle Cell Anemia, Tularemia, Lupus Erythematosus, Malaria, Reye's Syndrome, Myasthenia Gravis, Rheumatic Fever, Addison disease, Niemann-Pick's Disease, Whipple Disease, Toxic Epidermal Necrolysis , Toxic Shock Syndrome and Rocky Mountains Fever (Total or 30 diseases)		

VI. OPTIONAL BENEFITS (available through endorsements)

1. INTENSIVE CARE

*Offers daily compensation while the Insured is hospitalized in the intensive care unit as a result of an illness or injury.
Benefits are payable directly to the Insured according to the plan selected.

Ages	Expiration Age	Eligible Classes
18 - 65 years	70 years (attained age)	Individual, Couple and Family

Options	Alternatives
• PLAN I – Basic	\$150 per day / \$10,000 maximum
• PLAN II – Plus	\$300 per day / \$20,000 maximum
• PLAN III – Advantage	\$450 per day / \$30,000 maximum
• PLAN IV – Ultra	\$600 per day / \$40,000 maximum

RATES – INTENSIVE CARE

Age/Class	1 Unit (\$150-\$10M)			2 Units (\$300-\$20M)			3 Units (\$450-\$30M)			4 Units (\$600-\$40M)			Expiration
	I	C	F	I	C	F	I	C	F	I	C	F	at
18-65	15.00	24.00	31.80	30.00	39.00	48.00	45.00	54.00	64.80	59.40	69.00	78.60	70 yrs

2. ORGAN TRANSPLANT

* Not eligible, any person with pre-existing conditions.

Ages	Expiration Age	Eligible Classes
18 – 55 years	65 years (attained age)	Individual, Couple and Family

As follows, organs covered under this benefit:

Bone Marrow	Heart	Lung(s)
Liver	Kidney(s)	Pancreas
Cornea	Bones	Skin graft
		Small bowel

Classes Eligible	Alternatives	
Individual	Maximum \$175,000 per year	Maximum Lifetime Benefit \$500,000 (individual, couple and family)
Couple	Maximum \$150,000 per individual / per year (couple and family)	
Family		

RATES - ORGANS TRANSPLANTS

Ages / Class	MAXIMUM \$500,000 LIMIT			Expiration
	I	C	F	at
18 – 55 yrs	\$63.00	\$84.00	114.00	65 yrs

3. MEDICAL TREATMENT DUE TO AN EMERGENCY

Ages	Expiration Age	Eligible Classes
Up to 65 years	70 years (attained age)	Individual, Couple and Family

Options	Alternatives
Accidents that require emergency medical treatment or surgery at a hospital's (public or private)	Incurred expenses up to a maximum of \$850 for each accident.
Accidents that require emergency medical treatment for burns, fractures, dislocations, tendons and ligaments, lesions, lacerations and mutilations.	Incurred expenses up to a maximum determined by a table of types of accidents. (as defined in the endorsement)

RATES - MEDICAL TREATMENT DUE TO AN EMERGENCY

Age/Class	\$850 / \$425		Expiration at
	I	F	
18-65	36.00	69.00	70 yrs

4. CARDIO VASCULAR AND PERIPHERAL SURGERY AND HEART DISEASES

* Offers benefits to cover expenses related with, and caused by Cardiovascular Diseases, Heart Attacks and Cerebrovascular accidents.

Ages	Expiration Age	Eligible Classes
18 - 55 years	65 years (attained age)	Individual, Couple and Family

RATES - CARDIO VASCULAR SURGERY, ETC.

Age/Class	\$25,000			Expiration at
	I	C	F	
18-45	78.00	90.00	141.00	65 yrs
46-54	213.00	246.00	360.00	65 yrs

5. LUMP SUM PAYMENT

* This benefit is paid only once, no other benefits will be paid after this benefit is paid. This benefit payment is subject to the corresponding waiting period in accordance with the plan selected, and when first (1st) diagnosed with cancer, and ninety days after the endorsement effective date.

Ages	Expiration Age	Elegible Classes
18 - 55 years	65 años	Individual, Cónyuges y Familiar

* When selecting coverage for the "spouse", benefit payment is subject to the corresponding waiting period in accordance with the plan selected, when first (1st) diagnosed with cancer disease, and ninety days after the endorsement effective date. This is an only payment; no other benefits will be paid.

OPTIONS	ALTERNATIVES
PLAN I - Basic	\$5,000
PLAN II - Plus	\$10,000
PLAN III - Advantage	\$15,000
PLAN IV - Ultra	\$20,000

6. ACCIDENTAL DEATH AND DISMEMBERMENT. (Due to an accident or any cause)

Ages	Expiration Age	Eligible Classes
Up to 65 years	70 years (attained age)	Individual, Couple and Family

BENEFIT (select one option)	Option A	Option B
Accidental Death and Dismemberment (AD&D)	Compensation for Hospitalization due to an Accident (only)	Compensation for Hospitalization due to any Cause (Illness or Accident)
Alternatives		
LIMITS AD&D from \$10,000 to \$100,000		Option A & B from \$700 to \$4,000 per month

RATES 1.A Hospitalization due to an ACCIDENT (only)

Age/Clas	\$10,000/700		\$20,000/1,1		\$30,000/1,600		\$40,000/1,900		\$50,000/2,200		\$75,000/3,000		\$100,000/3,500		Expires
	I	F	I	F	I	F	I	F	I	F	I	F	I	F	
18-65	24.00	42.00	48.00	72.00	66.00	99.00	84.00	126.00	102.00	153.00	144.00	225.00	210.00	300.00	70 yrs

RATES 1.B Hospitalization due to ANY CAUSE (illness or accident)

Age/Class	\$10,000/700		\$20,000/1,150		\$30,000/1,600		\$40,000/1,900		\$50,000/2,200		\$75,000/3,000		\$100,000/3,500		Expires
	I	F	I	F	I	F	I	F	I	F	I	F	I	F	
18-65	57.00	96.00	114.00	192.00	171.00	288.00	228.00	384.00	288.00	480.00	426.00	720.00	570.00	912.00	70

CUALQUIER BENEFICIO O ENDOSO OPCIONAL DISPONIBLE EN UN FUTURO, SERA PUBLICADO PARA SU OFERTA.



Plan Characteristics



Group Insurance

GROUP POLICY

Group Life and Accidental Death Insurance

A group insurance plan might offer an important sum of insurance, while the premium cost could be relative low. In most of the cases, the participant (insured) may obtain insurance coverage without evidence of insurability, normally impossible while contracting an individual insurance program.

One of the best characteristics of this type of policy, is that is specifically designed for a define group of people, members or employees, with benefits fitted to their needs.

In the group insurance market, within few others, you may find benefit plans for employees. This type of plan demonstrate to the employees, clients or other group members, the great magnitude of concerned from the Provider or Employer, resulting in a positive outlook and allegiance. The advantage is evident, the payment of the insurance amount to the designated beneficiaries helps to avoid a financial burden, after a loss. A group plan offers very attractive opportunities, especially when significant benefits are of vital importance.

PLAN

Policy outlined at a very low cost to offer protection to a group of participants exceeding fifty (50), with a 90% involvement required. A master policy is issued and given to the provider, while individual insurance certificates are issued and given to each participant through the provider.

This policy offers a continuation provision, allowing those participants leaving their employment; obtain an individual insurance policy, for the same amount of insurance provided by the group plan, and with no additional medical or insurability requirements.

ELIGIBILITY	Minimum Age	:	20 years
	Maximum Age	:	60 years

BENEFITIS Available alternatives:

- Set Amount of Insurance for all members or participants; or
- Amount of Insurance based on the member or participant Annual Salary; or
- Set Amount of Insurance according to participant Occupation or Title.

OPTIONAL BENEFITS Accidental Death and Dismemberment.

RISK MEDICAL VS NON MEDICAL Determination based on the amount of eligible's members, the amount of insurance requested and the percentage of participation all eligible members requesting coverage.

<u>MEMBERS</u>	<u>PARTICIPATION</u>
50 - 99	100%
100 - 500	90%
501 or More	75%

MAXIMUM AMOUNT OF INSURANCE – NON MEDICAL RISK

50 - 99	\$10,000
100 - 199	\$15,000
200 - 299	\$20,000
300 - 399	\$25,000
400 - 499	\$30,000
500 - 599	\$35,000

- The maximum amount of insurance reduces 35% when the participant attains the age of sixty-five (65) and coverage ends when the participant attains the age of seventy (70) years.

INFORMATION REQUIRED TO QUOTING A GROUP INSURANCE:

- Employer certificate or defined group.
- Participants' census including: sex, date of birth, occupation and annual salary.
- Exact address (employer or defined group) and years in business.
- Description of business nature, activities, duties, etc.
- Amount of Insurance required indicating if: * Set amount, * Annual Salary, or *by Classification.
- Employer or provider must be 100% responsible for the payment of premiums.
- Payment Mode available: quarterly, semi-annual and annual in U.S. A. dollars.
- Full name and policy number of the previous insurance carriers (for the past three (3) years).
- Itemized report showing 1) date and amount of payments of premiums vs. dates and payment of claims incurred, issued by the previous insurer, indicating experience for the past three (3) years. If different insurance carriers were involved, a report from each insurer is required up to the maximum amount of years required.

NON-ACCEPTABLE RISKS

- Groups with fifty (50) or less members or participants.
- Business with three (3) years of less in trade..
- Non-Profit organizations or groups.
- Community organizations, affiliations or clubs.
- Sub-Contracted groups.
- Miners.
- Refineries.
- Sports Activities or Clubs.
- Police members or military (any branch)
- Gas, Oil or Kerosene Industry.

IMPORTANT. Any questions or risks not specified herein, please contact RICL Underwriting Department.