



January 31, 1984

Dr. Hector P. Garcia
1315 Bright
Corpus Christi, TX 78405

POLICY NUMBER 9 029 634

Dear Dr. Garcia . . .

For some time now, we have enjoyed having you as a policyowner. We believe your policy with us is one of the finest of its kind and we have appreciated the opportunity to have been of service to you.

You are probably aware that the renewal conditions of your policy contain an age limit. For this reason, we must request that you discontinue sending premium payments as your policy will terminate March 9, 1984.

This action is taken without prejudice to any claim incurred prior to the termination date of your policy.

We do have a hospital indemnity policy for which you are eligible. A description of the policy and an application are attached. If you wish to apply for this policy, please complete the application and return it to us with the initial premium within 30 days from the date of this letter. A return envelope is enclosed for your convenience.

Should you have any questions, please contact your local servicing agency.

Health Premium & Correspondence

jk

Encs.

CC: R. V. SWINNEY #2240
w.a. #2240

Application to WASHINGTON NATIONAL INSURANCE CO.

Evanston, Illinois 60201

CONVERSION FROM POLICY # 9029634

Full Name (Please Print).....

Birth Date..... Sex.....

Address.....

Dependent family members now covered by the above numbered policy may also be included in this application. Fill in the requested information below. Unmarried children are eligible only through age 19 (23 if in college).

Name	Relationship	Date of Birth
.....
.....
.....
.....

I wish to pay premiums Annually , Semi-Annually , Quarterly .

Initial premium of \$ _____ enclosed.

I understand this insurance will not be effective until the policy date.

.....
Signature of Applicant

Date of Application....., 19.....

OUTLINE OF COVERAGE for

Conversion to form CG2449C

Hospital Confinement Indemnity Coverage

- (1) Read Your Policy Carefully. This outline of coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and Washington National. It is, therefore, important that you Read Your Policy Carefully.
- (2) Hospital Confinement Indemnity Coverage is designed to provide you with a fixed daily benefit during periods of hospital confinement resulting from a covered injury or sickness. Coverage is provided for the benefits outlined in Paragraph (3). The benefits described in Paragraph (3) may be limited by Paragraph (4).

(3) Benefits

Daily Hospital Benefit \$ 30.00

Benefits start on the first day of confinement. They continue for as long as 15 months during any one period of confinement.

Recurring hospital stays for the same or a related cause are covered as one period of confinement, unless the hospital stays are 6 months or more apart.

Intensive Care Unit. Twice the hospital benefit will be paid for confinement in a hospital's Intensive Care Unit. This will be paid for up to 30 days in any one period of confinement.

Convalescent Nursing Home. Half the hospital benefit will be paid for confinement in a convalescent nursing home. This confinement must start within 14 days after a hospital stay for the same cause. This benefit will then be paid for as long as 60 days of confinement.

Recurring nursing home stays for the same or a related cause are considered as one period of confinement unless they are 60 days or more apart.

(4) Exclusions, Limitations, and Reductions

This policy does not cover:

- (a) Injury or sickness that is covered by Workmen's Compensation or similar law.
- (b) Injury or sickness caused by self-inflicted injury.
- (c) War or any act of war.
- (d) Pregnancy or childbirth; a complication of pregnancy is covered.

We may, at the time of issue, exclude coverage for specific conditions. Such an exclusion, if any, will be shown on the Schedule Page, or on a rider attached to your policy.

- (5) Renewability. If premiums are paid when due or in the grace period, you may continue this policy in force for life. We reserve the right to change the table of premium rates. However, any change, if made, will apply to all insureds of the same class. Children's coverage will end at age 19 (23 if full time student) or earlier marriage.

(6) Premiums.

<u>INDIVIDUAL ONLY</u>		<u>ANNUAL PREMIUM</u>		<u>HUSBAND AND WIFE</u>	
<u>To Age 69</u>	<u>Age 70 & Over</u>	<u>To Age 69</u>	<u>Age 70 & Over</u>	<u>To Age 69</u>	<u>Age 70 & Over</u>
\$ <u>161.73</u>	\$ <u>246.46</u>	\$ _____	\$ _____	\$ _____	\$ _____
EACH CHILD \$ _____					

- Premiums are based on your present age. When you reach age 70, the premium will change to the amount shown for that age.
- Husband and wife premiums are based on age of husband.
- Semiannual premium is 52% of annual. Budget (monthly) premiums are 8.5% of annual.

You have a grace period of 31 days to pay a premium after it is due. The policy stays in force during the grace period.

If you wish this coverage, complete the enclosed application and return it with your check for the first premium in the reply envelope provided.