



P.O. Box 1650 • Little Rock, AR 72203-1650

AMENDMENT

This amendment forms a part of group policy No.: **R30011530**

Issued to the Policyholder: **HAWAII MEDICAL SERVICE ASSOCIATION'S UNIVERSITY
OF HAWAII / CHAMINADE UNIVERSITY STUDENT PLAN**

All previous amendments are voided and replaced with the following:

Repatriation Benefit

We will pay a repatriation benefit if the insured student covered under the Hawaii Medical Service Association's University of Hawaii / Chaminade University Student Health Plan dies:

1. as the result of a death for which a Life or AD&D benefit is payable; and
2. while traveling beyond 100 miles from his permanent residence or outside of the territorial boundaries of the United States. Mileage will be measured as map miles from his residence.

We will pay the actual expenses incurred for the preparation and transportation of the insured's remains to his home country as follows:

1. minimum of \$250.00;
2. to a maximum benefit of \$25,000.

Benefit Limitations

Benefits will not be paid under this Repatriation Benefit for:

1. charges which exceed the amount shown above;
2. expenses paid or payable by any Worker's Compensation, occupational disease or similar law that would pay benefits in the absence of this coverage.

Payment of Benefits

All benefits are payable in U.S. currency at the exchange in force on the date the expense was incurred. Benefits will be paid to the beneficiary when valid proof of the expense incurred is received.

This benefit is also payable for a dependent of an insured student if the dependent is a J-2 Visa holder. In this case, benefits will be paid directly to the insured student as outlined above when valid proof of the expense incurred is received.

This amendment changes your policy. The amendment is valid only if notice is given of the amendment and you accept it. Retention of the amendment and payment of the next premium due will constitute acceptance of the amendment by you.

The effective date of this amendment is June 1, 2009

The policy's terms and provisions will apply other than as stated in this amendment.

Dated at Honolulu, HI this 13 day of October, 2009
(City, State)

HMSA'S UNIVERSITY OF HAWAII / CHAMINADE
UNIVERSITY STUDENT PLAN

(Policyholder)

(Signature)

US Able Life

President

The Plan Described in this Booklet
Is Offered by:

BENEFIT SERVICES OF HAWAII, INC.
PO Box 840
Honolulu, HI 96808-0840
(808) 538-8900

and is Insured by:


P.O. Box 1650
320 West Capitol, Suite 700
Little Rock, AR 72203-1650

Student Benefits

Certificate of Insurance

University of Hawaii/
Chaminade University Student Plan
Life/AD&D Benefits
Accelerated Death Benefit



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CERTIFICATE OF INSURANCE

Group Policyholder: Hawaii Medical Service Association's
University of Hawaii/Chaminade University
Student Plan

Group Policy Number: R30011530

Group Policy Effective Date: May 1, 2008*

** This certificate replaces any certificate issued before the date shown.*

Schedule of Benefits

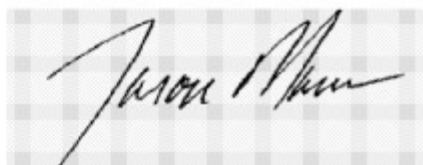
<u>CLASS</u>	<u>LIFE</u>	<u>AD&D</u>
All Eligible Students	\$30,000	\$30,000

Reductions And Terminations: Life and AD&D will terminate upon termination of health coverage under the policyholder's Student Health Plan.

USABLE Life certifies that a group insurance policy has been issued to the policyholder. The policy provides benefits for enrolled students who are eligible.

This certificate booklet explains many provisions of the group policy, but it is not a policy. The benefits and provisions described are subject in every case to the terms and conditions of the group policy. The policy is on file and may be examined at the office of the policyholder.

This booklet is your Certificate of Insurance only while you remain insured under the group insurance policy.



President

Definitions

Accident or Injury	Accidental bodily injury that occurs while the insured is covered under this policy and is independent of all other causes.
Gender	The use of the male pronoun also includes the female.
Home Office	The principal office of USABLE Life in Little Rock, Arkansas.
Insured	A person who is a student covered under this policy.
Physician	A person who is acting within the scope of his or her license; and is either: 1. licensed to practice medicine and prescribe and administer drugs or to perform surgery; or is 2. legally qualified as a medical practitioner and is required to be recognized, according to the insurance statutes or the insurance regulations of the governing jurisdiction. It does not include the insured receiving treatment or his spouse, daughter, son, step-child, father, mother, step-parent, sister, brother, step-sister, step-brother, grandchild, grandparent, father-in-law, mother-in-law, or spouses, as applicable, of any of these.
Sickness	A disease or illness, including pregnancy.

- Student** A person who is:
1. under 26 years of age;
 2. enrolled at least half-time under the University of Hawaii system or at Chaminade University; and
 3. enrolled in HMSA's University of Hawaii/Chaminade University Student Health Plan.

We, Our, or Us These terms refer to USABLE Life.

Eligibility and Effective Date

Eligibility

A student is eligible for coverage under this policy if he:

1. is an active plan participant of Hawaii Medical Service Association's University of Hawaii/Chaminade University Student Health Plan; and
2. has been approved for health coverage under the University of Hawaii/Chaminade University Student Health Plan by the Hawaii Medical Service Association.

Effective Date of Insurance

Insurance will become effective on the date coverage under the Policyholder's health plan becomes effective.

Life Insurance and Conversion Privilege

Death Benefits

We will pay the amount of insurance in force on the date of death when we receive proof of your death.

Suicide

If you, whether sane or insane, die by suicide within one year of your original effective date of insurance, the death benefit will be limited to the amount of premiums paid for your insurance.

Conversion upon Termination of Eligibility

You may convert all or part of your life insurance to an individual policy of life insurance, other than Term, if your insurance ends because you no longer meet the eligibility requirements.

Conversion upon Termination or Amendment of Group Policy

You may convert a limited amount of life insurance if you have been continuously insured under this policy for not less than five years and your insurance ends due to termination or amendment of this policy.

The amount you may convert in this case is the smaller of the following:

1. the amount of life insurance which terminates, less the amount you became eligible for under any group policy within 31 days after this insurance terminated; or
2. \$10,000.

Conversion Coverage

You may convert this life insurance to any policy we are issuing for the purpose of conversions other than Term. The conversion policy will not have disability or other supplementary benefits. No evidence of insurability will be required. The premium will be based on the amount and the form of the conversion policy, and on the insured's class of risk and age on the date the conversion takes effect.

A conversion policy is in lieu of all other benefits under this policy.

The conversion policy will take effect on the 32nd day after the insurance terminates.

Notice and Application Required

Written application and the first premium payment for the conversion policy must be received in our Home Office within 31 days after your insurance terminates. If you are not given notice of the right to convert by the 16th day of the 31-day conversion period, you will have an additional period in which to apply for conversion. The additional period will end 15 days after you are given notice, but not more than 61 days after the date the insurance under this policy ended.

Nothing in this policy will continue coverage for more than 31 days following the date coverage ends under this policy. Written notice, contained in this certificate of insurance booklet and given to you at any time, or mailed by the policyholder to your last known address will be considered sufficient written notice to you. It is the responsibility of the policyholder to give such notice to you.

Conversion Period Death Benefit

If you die within the 31 days allowed for making application to convert, we will pay the amount you were entitled to convert. We will do this whether or not application was made.

Accelerated Death Benefit

Notice of Possible Tax Consequences

Please be advised that receipt of accelerated benefits may be taxable. Any person who receives accelerated benefits should consult his personal tax advisor.

The receipt of accelerated benefit payments may adversely affect your eligibility for Medicaid or other government benefits or entitlements.

Definitions

“Terminal Illness” means a medical condition:

1. which is expected to result in your death within 12 months; and
2. from which you are not expected to recover.

The Accelerated Benefit

The accelerated benefit is an advance payment to the person who:

1. is terminally ill, and
2. elects to receive part of his insurance amount under the group policy, subject to the maximum and minimum benefit requirements stated below.

We will pay an accelerated benefit to you when we receive the following:

1. a written request for payment of the accelerated benefit, and
2. due proof that you are terminally ill.

The accelerated benefit will be paid once and in one lump sum to you.

Cost of Providing the Accelerated Benefit

The accelerated benefit amount as determined below will be discounted to reflect the cost of providing the benefit. We will calculate the discount on the date we receive the request for payment of the accelerated benefit. The discount will be based on the current yield on a 90-day Treasury Bill.

Amount of Accelerated Benefit

The maximum accelerated benefit will be equal to 50% of your life insurance amount less the discount.

The minimum accelerated benefit will be \$7,500 less the discount.

Written Request for Payment of the Accelerated Benefit

You may request payment of an accelerated benefit in writing. If you are not the owner of the certificate, the owner must request payment of the accelerated benefit in writing. If you are a minor or incompetent, your guardian must request payment of the accelerated benefit in writing.

Proof of Terminal Illness

Proof that you are terminally ill must be given to us. The proof must be certified by a licensed physician and in a form that is satisfactory to us. We are not obligated to ask for any proof. Any delay in submitting proof will not cause a request to be denied so long as the proof is given to us as soon as reasonably possible.

After receipt of such proof, we may require you to be examined by a licensed physician of our choice, at our expense. If there is a disagreement between the two physicians, we may require you to be examined by another licensed physician of our choice, at our expense. The decision of the third physician will be final.

Effect of Payment of an Accelerated Benefit on Group Policy Provisions

Your amount of life insurance under the group policy will be reduced by the amount of an accelerated benefit paid to you, plus the discount. As a result, the following will be based on such reduced life insurance amount:

1. the amount of life insurance payable to the beneficiary when you die;
2. the amount of life insurance you can convert under the group policy; and
3. the premiums payable for your life insurance under the group policy after an accelerated benefit is paid to you.

The payment of an accelerated benefit will not affect the amount of your Accidental Death and Dismemberment Benefits under the group policy, if any.

Exclusions

We will not pay an accelerated benefit if:

1. you have made an absolute assignment of your life insurance under the group policy;
2. all or part of your life insurance under the group is to be paid to your child(ren) or former spouse as part of a court approved divorce agreement;
3. we do not receive written consent by any irrevocable beneficiary; or
4. the terminal illness is a result of intentional self-inflicted injury or attempted suicide.

Date this Benefit Ends

This benefit will end for you at the earliest of:

1. the date the accelerated benefit is paid to you or on your behalf; or
2. the date your life insurance ends under the group policy.

Accidental Death and Dismemberment

If you suffer a loss described below, we will pay the amount of insurance that applies. You or your beneficiary must give us proof that:

1. injury occurred while the insurance was in force under this section;
2. loss occurred within 365 days after the injury; and
3. loss was due to injury independent of all other causes.

Amount of Insurance

We will pay the full benefit shown in the Schedule of Benefits for loss of:

1. life;
2. both hands or both feet;
3. one hand and one foot;
4. sight of both eyes;
5. one hand and sight of one eye; or
6. one foot and sight of one eye.

We will pay one-half the full benefit shown in the Schedule of Benefits for loss of:

1. one hand;
2. one foot; or
3. sight of one eye.

“Loss of sight” means total and irrecoverable loss of sight. “Loss of hands or feet” means severance at or above the wrist or ankle, unless the State in which this policy is issued defines the loss differently.

In paying this benefit, we will consider only losses sustained while insured under this section of the policy. We will pay no more than the full amount shown in the Schedule of Benefits for losses resulting from any one injury.

Limitations

We will not pay a benefit for a loss caused directly or indirectly by:

1. disease, bodily or mental infirmity, or infection (except bacterial infection of a visible injury);
2. suicide or intentionally self-inflicted injury, whether sane or insane;
3. your participation in a riot or insurrection, or commission of an assault or felony;
4. war or any act of war, declared or undeclared;
5. your use of any drug, hallucinogen, controlled substance, or narcotic unless prescribed by a physician;

6. travel or flight in, or descent from, any aircraft unless as a fare paying passenger on a commercial airline flying between established airports on: (a) a scheduled route, or (b) a charter flight; or
7. your intoxication. A concentration of 0.10% or more by weight of alcohol in the blood is conclusive proof that you are intoxicated.

"Participation" in a riot shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in defense of the person of the insured, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen.

"Riot" shall include all forms of public violence, disorder or disturbance of the public peace, by three or more persons assembled together, whether or not acting with common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.

"War" means declared or undeclared war or a conflict involving the armed forces of any country, group of countries, governments, or international organization.

Termination of Insurance

Termination of Insurance

Your insurance will terminate at 12:00 midnight on the earliest of the following dates:

1. the date you are not an active participant in HMSA's University of Hawaii/Chaminade University Student Health Plan as applicable;
2. the last day of the period for which a premium payment is made, if the next payment is not made;
3. the date the policy terminates.

(See "Conversion Privilege for Life Insurance")

Claims Provisions

Notice of Loss

Written notice of claim must be given to us at our Home Office within 30 days after a loss occurs or begins, or as soon after the loss as is reasonably possible to do so, but not later than one (1) year from the time notice is required. The notice should identify the insured and the nature of the loss. When we receive written notice of claim, we will furnish proof of loss forms within 15 days.

Proof of Loss

For any loss covered by this policy, written proof of loss must be given to us within 90 days after the date of loss. Failure to furnish proof within such time shall not invalidate nor reduce any claim if it was not reasonably possible to furnish proof within such time. Such proof must be furnished as soon as reasonably possible, and in no event, except in the absence of legal capacity of the claimant, later than fifteen (15) months from the time proof was otherwise required.

Physical Examination and Autopsy

We have the right to have a physician of our choice examine the insured as often as necessary while the claim is pending. We may also have an autopsy made in case of death, unless not allowed by law. We will pay the cost of the exam and autopsy.

Payment of Claims

All benefits payable under this policy will be payable immediately upon receipt of due written proof of such loss. Dismemberment benefits will be paid to you. Life insurance and Accidental Death benefits will be paid to the person(s) named by you to receive them.

If you failed to name a beneficiary or if no named beneficiary is living at your death, refer to the "Beneficiary" provision below. At our option, up to \$2,000 may be paid to any person who incurred funeral or other expenses related to the last illness or death of the insured.

Beneficiary

Your beneficiary will be the person(s) you name in writing to receive any amount of insurance payable due to your death. The beneficiary's name is on record in our Home Office, or in the policyholder's office if the group is self-administered. If this policy replaces a group policy providing similar coverages, your beneficiary named under the prior policy will be the beneficiary under this policy until changed.

You may name or change a beneficiary by giving us written notice at our Home Office (or by giving the policyholder written notice if the group is self-administered) on a form acceptable to us. When we receive the notice, it will be effective on the date made, subject to any payment we may have made before we receive it.

If you name more than one beneficiary, those who survive will share equally unless you specify otherwise. If there is no named beneficiary living at your death, we may pay any amount due, at our discretion, to one of the following classes of survivors: (1) your spouse; or (2) your surviving children in equal shares; or (3) your mother and/or father; or (4) your surviving brother(s) and sister(s) in equal shares; or (5) your estate.

Settlement Options

Instead of a single payment, you may choose to have all or part of the Life or Accidental Death Insurance paid under one of the settlement options we have available. We will give you full information about the options upon request.

If you have chosen an option, no one can change it unless you consent in writing. Your beneficiary may choose an option within 60 days after your death if one has not been chosen.

Assignment

You have all ownership rights of life insurance. You may transfer the rights to someone else by assignment. An assignment will affect us only if it is in writing on a form acceptable to us, and is received at our Home Office. When we record it, the assignment will take effect as of the date you made it. The assignment will be subject to any action we may have taken before we record it. We take no responsibility for the validity of any assignment.

Claim Review

If a claim is denied, you will be given written notice of:

1. the reason for the denial; and
2. the policy provision that relates to the denial; and
3. your right to ask for a review of your claim; and
4. any additional information that might allow us to change our decision.

USABLE Life shall have authority and full discretion to determine all questions arising in connection with the Plan benefits, including but not limited to eligibility, beneficiaries, interpretation of Plan language, and findings of fact with regard to any such questions. The actions, determinations, and interpretations of USABLE Life with respect to all such

matters shall be conclusive and binding. This means that should there be any question concerning how the Plan applies:

1. to any claim for benefits;
2. concerning an eligibility for Plan benefits;
3. concerning the determination of beneficiaries; or
4. to any other question or issue, whether one of fact or one of Plan interpretation;

USABLE Life is deemed to have the exclusive right and authority to resolve all such questions in the exercise of USABLE Life's sole discretion.

You may, upon written request, read any reports that are not confidential. For a small fee, we will make copies of those reports for your use.

Appeals Procedure

Prior to filing any lawsuit and within 60 days after denial of your claim, you or your beneficiary must appeal any denial of benefits under the policy by making a written request for review of the denial, directed to "Appeals Coordinator," at our Home Office in Little Rock, Arkansas.

Legal Actions

You or your beneficiary may not bring suit to recover until 60 days after written proof of loss is furnished. No suit may be brought more than three years after the date a loss covered under the policy occurs.

Insurance Fraud

Warning: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information may be guilty of insurance fraud and prosecuted.

We may terminate your coverage if you have filed a fraudulent claim or statement with us. We may terminate the group policy if the policyholder or his administrator has filed or assisted with the filing of a fraudulent claim with us.

Disclosure for the Accelerated Death Benefit

This disclosure provides a very brief description of the important features of your Group Accelerated Death Benefit. This is not the insurance contract and only the actual policy provisions will control. The certificate itself sets forth, in detail, the rights and obligations of both you and USABLE Life. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY**.

Accelerated Benefit Plan

The accelerated benefit is advance payment of your amount of life insurance under the group policy, subject to the maximum and minimum benefit requirements stated below. You may request payment of an accelerated benefit in the event that you are diagnosed with a terminal illness which is expected to result in your death within 12 months, and from which you are not expected to recover.

The receipt of accelerated benefit payments may adversely affect your eligibility for Medicaid or other government benefits or entitlements.

On Your Tax Status

The payment of an accelerated benefit may result in a taxable event to you. You should consult a tax advisor before requesting such benefit payment.

Cost of Providing the Accelerated Benefit

The accelerated benefit amount for which you are eligible will be discounted to reflect the cost of providing the benefit. The discount will be based on the current yield on a 90 day Treasury Bill. We will calculate the discount on the date we receive your request for payment of the accelerated benefit in our Home Office.

Illustration of Cost Calculation

- Assumptions:**
- you are insured for \$30,000 of group term life insurance
 - on the date of your request for payment of the accelerated benefit, the current yield on a 90 day Treasury Bill is 4.45%.

Calculation:	\$30,000.00	• your life insurance amount
	<u>x .50</u>	• the accelerated benefit %
	\$15,000.00	• the accelerated benefit for which you are eligible
	<u>x(1 - .0445)</u>	• the discount factor calculated on the basis of a 4.45% ¹ Treasury Bill calculated for a 12 month period on a simple interest basis.
	\$14,332.50	• the accelerated benefit to be paid to you

¹ Due to fluctuation of the current yield on a 90 day Treasury Bill, the discount factor on the date of request may be different from that shown in the illustration. Interest for the discount factor will be calculated for a 12 month period.

If death occurs more than 12 months after the date of calculation, an additional² interest charge, based on this same rate of interest, will be deducted from the balance of the proceeds.

² Difference between 12 months and actual number of months policy remained in force following payment of accelerated benefit, not to exceed 24 months

Amount of Accelerated Benefit

The accelerated benefit will be paid once and in one lump sum to you. The maximum accelerated benefit will be 50% of your life insurance amount as shown in the Schedule of Benefits of your certificate, less the discount.

The minimum accelerated benefit for the insured member will be \$7,500 less the discount.

Effect of Payment of an Accelerated Benefit Payment

On Group Policy Provisions

Your amount of life insurance under the group policy will be reduced by the amount of an accelerated benefit paid to you, plus the discount. As a result, the following will be based on such reduced life insurance amount:

1. the amount of insurance payable to the beneficiary when you die;
2. the amount of life insurance you can convert under the group policy; and

3. the premiums payable for your life insurance under the group policy after an accelerated benefit is paid to you, if such premiums are not waived.

The payment of an accelerated benefit **will not** affect the amount of your Accidental Death and Dismemberment Benefits under the group policy, if any.

Exclusions

We will not pay an accelerated benefit if:

1. you have made an absolute assignment of your life insurance under the group policy;
2. all or part of your life insurance under the group is to be paid to your child(ren) or former spouse as part of a court approved divorce agreement;
3. we do not receive written consent by an irrevocable beneficiary; or
4. the terminal illness is a result of intentional self-inflicted injury or attempted suicide.

Date Insurance Ends under the Benefit

Your insurance will end at the earliest of:

1. the date the accelerated benefit is paid to you or on your behalf;
2. the date your life insurance ends under the group policy.

AMENDMENT NOTICE

This amendment is made part of the policy and certificate. It takes effect and expires at the same time as the policy or certificate. The policy's terms and provisions will apply other than as stated in this amendment.

The following benefit is hereby added to the policy and certificate:

Repatriation Benefit

We will pay a Repatriation benefit if the insured student dies:

1. and a life insurance benefit is payable under this policy;
2. while traveling beyond 100 miles from his permanent residence or outside the territorial boundaries of the United States. Mileage will be measured as map miles from his residence.

We will pay the expenses incurred for the preparation and transportation of the insured student's remains to a mortuary as follows:

1. minimum of \$250;
2. up to a maximum of 25% of the insured student's life insurance benefit not to exceed \$7,500.

Benefit Limitations

In addition to the policy limitations, benefits will not be paid under this Repatriation Benefit for:

1. charges which exceed the amount shown above;
2. expenses paid or payable by any Worker's Compensation, occupational disease or similar law that would pay benefits in the absence of this coverage.

Payment of Benefits

All benefits are payable in U.S. currency at the exchange in force on the date the expense was incurred. Benefits will be paid to the beneficiary when we receive valid proof of the expense incurred.