



Would YOU need cash ... should an **emergency** happen?

We can pay cash directly to you when you suffer a covered loss.

SICK OR HURT AND CAN'T WORK

Would you still receive a paycheck?



INCOME PROTECTOR AND SICKPAY PLUS*

To help pay your daily living expenses.



SUFFER AN UNTIMELY DEATH

Could your loved ones maintain their standard of living?



FAMILY LIFE PROTECTOR AND GOLDEN ADVANTAGE PROTECTOR

Protecting your family's lifestyle with a cash benefit.



DEVELOP CERTAIN MAJOR HEALTH ISSUES

Would you be able to pay non-medical costs?



CRITICAL CARE PROTECTOR, CANCER PROTECTOR AND CANCER CARE PROTECTOR

Pays benefits you can use any way you choose.



SUFFER AN ACCIDENT OR SICKNESS

Would you be able to pay non-medical costs?



ACCIDENT AND SICKNESS PROTECTOR AND ACCIDENT PROTECTOR

Helps protect you against non-medical costs.



Name: Aquarius Johnson Phone: 832.857.2802 Email: atjn223@gmail.com

For more information, contact your local agent or visit **combinedinsurance.com** today.

The information provided by this document is only a brief description. See the actual policy for complete details of the policy plans, features, options, rates, definitions, limitations, and exclusions. Products vary by state. Subject to availability and qualifications.

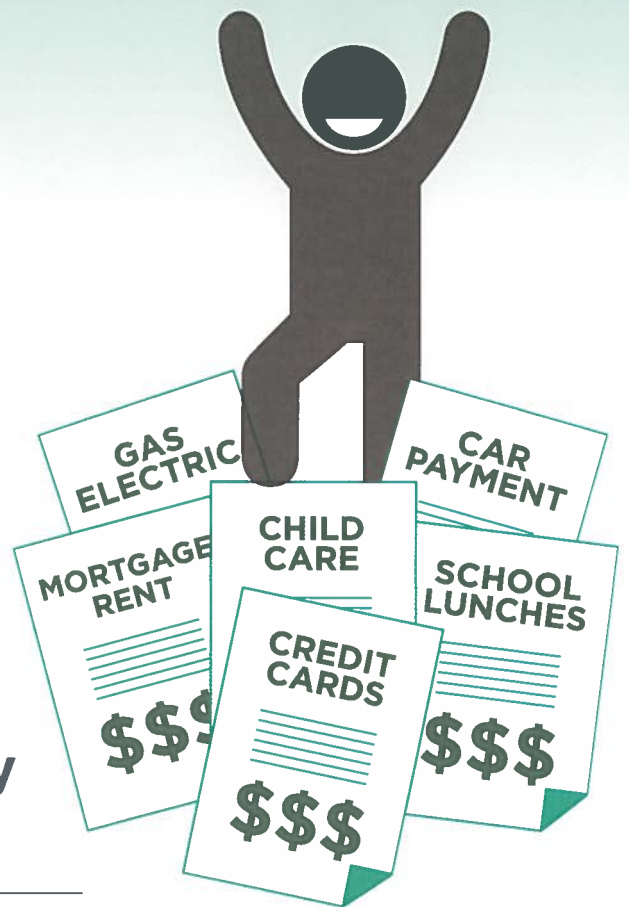
Introducing SickPay Plus[®]

Day One coverage that pays cash directly to you if you're sick or hurt* and can't work.

Some of us can handle a day or two without pay. But what do you do when a sickness or injury keeps you out of work for a week or even months? For you and 40 million American workers who do not have a single paid sick day¹, SickPay Plus offers real benefits.

- Pays Cash Directly to You, in Addition to Your Other Benefits**
- Day One Coverage**
- Covers All Occupations**
- Easy to Qualify**
- Contact Your Agent Today**

NAME Aquarius Johnson
PHONE 832-857-2802



*This policy has exclusions and limitations.
For costs and complete details of coverage, contact your agent.

(1) <http://www.ahrq.gov/research/feb11/O211RA33.htm>
Combined Insurance does not do business in the state of New York. In New York, products are underwritten by Combined Life Insurance Company of New York.



Let's make this easy.[®]

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Combined Life Insurance Company of New York • 13 Cornell Road, 1st Floor, Airport Park, Latham, NY 12110



Income Protector

Combined Insurance's Income Protector—a good decision.



This policy provides cash benefits to help replace your lost income if you are totally disabled and unable to work due to illness or injury.

The Income Protector benefits are payable directly to you (or someone you designate) when you have a covered total disability. These cash benefits can be used any way you choose and are portable, which means if you change employers you can keep your coverage without interruption.

Below is a summary of the benefits provided by the Income Protector.

How the Combined Insurance Income Protector helps you!

Income Protector pays cash directly to you for covered total disability due to an accident or sickness for up to 2 years, depending on the plan selected. You are covered on or off the job and you are protected 24 hours a day, 365 days a year.

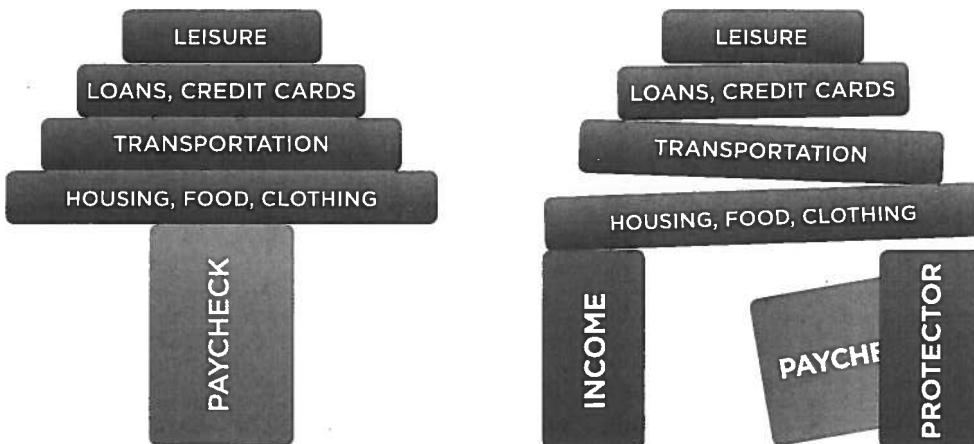
You are considered totally disabled when you are under the regular care of a doctor, and are unable to perform all of the substantial and material duties of your own occupation for up to two years of disability.

Protecting your financial peace of mind

Family budgets are often figured "to the penny," and many have little cash to fall back on. Income Protector can help bring balance to your financial obligations when the loss of your paycheck due to disability threatens to take away your peace of mind.

Approximately 65.8% of Americans would experience financial difficulty if their next paycheck were delayed for one week.¹

1. "Getting Paid in America," American Payroll Association, 2014.





Income Protector Exclusions and Limitations

Exclusions

Benefits will not be paid for total disability resulting from:

1. Intentionally self-inflicted injury;
2. Normal pregnancy or childbirth (not applicable in MT);
3. Cosmetic surgery or other elective procedures which are not medically necessary; or
4. Mental illness without demonstrable organic cause (not applicable in TX and VT).

Preexisting Conditions

(Not applicable in NM)

Preexisting conditions are not covered unless the total disability caused by the condition begins more than 24 months* after the policy issue date. A preexisting condition is a medical condition not disclosed on the application for which:

1. Medical advice or treatment was recommended by, or received from, a physician within the 12 month period before the issue date; or
2. Symptoms existed within the 12 month period before the issue date which would cause an ordinarily prudent person to seek diagnosis, care or treatment**.

* 12 months in DE and NC; 18 months in IN.

** Not applicable in MN, MT and NC.

Elimination Period

"Elimination period" means the number of consecutive days the

insured must be totally disabled before benefits begin.

No disability benefits are payable during the elimination period.

Recurrent Disability

Successive periods of total disability will be considered one period of total disability unless such periods are separated by at least 180 consecutive days or the disabilities resulted from different or unrelated injuries or sicknesses.

Relation of Earnings to Insurance

(Not applicable in DE)

Monthly benefits will be reduced when the total amount of all the insured's disability coverage* exceeds what he or she earned prior to becoming disabled.

In no event will the total monthly disability benefits payable under all such coverages be reduced below \$200**.

* Includes coverage with Combined Insurance as well as with other companies.

** \$300 in KY and NV.

Reduction in Benefits

(Not applicable in MO)

The monthly benefit shall be reduced to the extent of any disability benefits under workers' compensation, occupational disease or similar law.

Renewability

Guaranteed Renewable to age 70 or retirement from full time employment (which ever is earlier). We reserve the right to change the premium.

Partial Disability Benefit

Pays 50% of your usual monthly amount for up to three months or for the remainder of the maximum benefit period, whichever is less.

**THIS IS VERY IMPORTANT:
IF A COVERED INDIVIDUAL IS A
MEDICAID RECIPIENT, POLICY
BENEFITS MAY BE ASSIGNED
AND PAYABLE TO YOUR STATE
MEDICAID AGENCY. ALSO, BENEFIT
PAYMENTS YOU RECEIVE MAY
COUNT AS INCOME FOR MEDICAID
ELIGIBILITY PURPOSES.**

IMPORTANT NOTICE:

This is a supplement to health insurance and is not a substitute for Major Medical Coverage. Lack of Major Medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

This document contains a brief description of policy benefits. See the policy for complete details of policy benefits, exclusions and limitations. Products vary by State subject to availability and qualifications.

This is a brief description of policy benefits for policy **Form No. series 19819**. See the policy for complete details of policy benefits and exclusions/limitations.

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COMBINED
INSURANCE
A Chubb Company



Cancer Protector

Combined Insurance's Cancer Protector—a good decision.

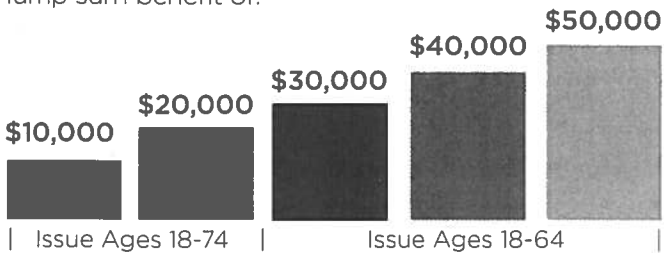
This policy provides cash benefits which can be used to help pay the out-of-pocket costs associated with cancer treatment and recovery.

The Cancer Protector benefits are payable directly to you (or someone you designate), regardless of any other insurance coverage you may have. This policy provides benefits that can be used any way you choose. The coverage is portable, which means if you change employers you can keep your coverage without interruption.

Below is a summary of the benefits provided by the Cancer Protector.

Here's how it works...

If you should be diagnosed with or treated for a covered cancer we will pay you a lump sum benefit of:



... depending on your needs and the plan you select.

Benefits are paid in addition to other insurance you may have.

How Cancer Protector pays...

After the waiting period, which is the first 30 days after the policy issue date, upon diagnosis and/or treatment of a covered cancer:

SECTION ONE*

We pay you 100% of the scheduled benefit amount you have selected, less any benefit paid in Section Two.

This benefit is payable once during the lifetime of the policy and once paid the policy will terminate.

SECTION TWO

We pay you a one-time benefit during the lifetime of the policy of 10% of the scheduled benefit amount for loss due to either Stage A Prostate Cancer or Carcinoma In-Situ.

**Stage A Prostate Cancer and Carcinoma In-Situ are not covered under Section One.*

The average out-of-pocket cost for cancer patients is \$1,266 per month.¹

1. ASCO Annual Meeting, Impact of out-of-pocket expenses on cancer care, 2011



Cancer Protector Limitations and Exclusions

This is a cancer-only policy and does not pay benefits for loss from any other sickness or accidents.

No benefit is payable for loss resulting from:

1. Any intentionally self-inflicted injury; or
2. Skin Cancer (except malignant melanoma).

This policy provides benefits for the diagnosis and/or treatment of covered cancer.

"Covered Cancer" means leukemia or Hodgkin's Disease or a malignant tumor treated by a physician that is characterized by uncontrolled cell growth and which results in a positive diagnosis, based upon a microscopic examination of the affected cells.

Section Two Benefit

A Section Two benefit will be provided for only one of the two conditions listed in Section Two. The policy does not terminate upon the payment of a Section Two Benefit. However, the benefit paid under Section Two (if any) will reduce the scheduled benefit amount payable under Section One.

This document contains a brief description of policy **Form No. series 16522**. See the policy for complete details of policy benefits, exclusions and limitations. Products may vary by State subject to availability and qualifications.

Preexisting Conditions

Loss caused by a preexisting condition is not covered unless such loss begins after 24* months from the policy issue date.

*12 months in PA

"Preexisting condition" means a condition for which you:

1. Received medical advice or treatment within 24 months before the policy issue date; or
2. Showed symptoms within 24 months prior to the issue date that would have caused an ordinarily prudent person to seek medical advice or treatment.

Waiting Period

Loss caused by a waiting period condition is not covered unless such loss begins after 24 months from the policy issue date (not applicable in PA).

"Waiting period condition" means a condition for which, within 30 days after the issue date you received medical advice or treatment or showed symptoms that would have caused an ordinarily prudent person to seek medical advice or treatment.

In PA, "Waiting Period" means the first 30 days after the issue date. No benefits are payable for a loss that occurs during the waiting period.

THIS IS VERY IMPORTANT: IF A COVERED INDIVIDUAL IS A MEDICAID RECIPIENT, POLICY BENEFITS MAY BE ASSIGNED AND PAYABLE TO YOUR STATE MEDICAID AGENCY. ALSO, BENEFIT PAYMENTS YOU RECEIVE MAY COUNT AS INCOME FOR MEDICAID ELIGIBILITY PURPOSES.

Renewability

Your right to renew the policy is guaranteed until payment of the Section One benefit, at which time the policy terminates. Benefits for loss under both Section One and Section Two of the policy are payable only once during the lifetime of the policy. We reserve the right to change your premium. We can only change the premium for your policy if we change everyone in your class (for example: everyone in your state).

IMPORTANT NOTICE:

This is a supplement to health insurance and is not a substitute for Major Medical coverage. Lack of Major Medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

Notice of Claim / Proof of Loss

Written proof of loss must be given to Combined within 90 days after such loss. If it was not reasonably possible to give written proof within 90 days, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.