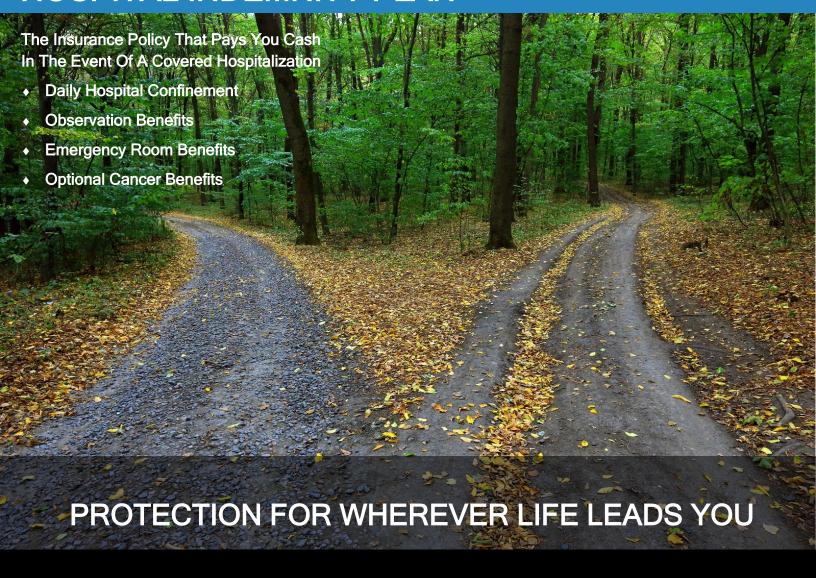


HOSPITAL INDEMNITY PLAN





P.O. Box 11903, Winston-Salem, NC 27116

Heartland National Life Insurance Company's Hospital Indemnity Plan offers the coverage you need for wherever life leads you. Choose your Inpatient Hospital Benefit and select additional riders to customize your plan. Here at Heartland, we understand that there is not a one size fits all approach to health care coverage. That's why we've developed Secure Advantage Flex, a Hospital Plan that can be tailored to fit your needs.

Highlights

- Guarantee Issue Ages 64 1/2 to 65 1/2
- 7% Household Discount

Daily Inpatient Hospital Benefits

We'll pay the daily benefit you selected for covered hospital stays that are due to an Injury or Sickness. We'll pay this benefit for each day you stay in the hospital, according to the number of days you selected, for each period of care.

Observation Unit Benefits

We'll pay the Observation Unit Indemnity Benefit for each day you received services in an Observation Unit of a Hospital as a result of a covered loss due to a Sickness or Injury.

Emergency Room Benefits

We will pay the Emergency Room Benefit for each period of care for services you receive in a hospital emergency room or hospital affiliated emergency care facility due to an Injury or Sickness.

Your Heartland policy provides coverage in all 50 states, no matter where you live or where you purchased your policy. This Policy excludes benefits for care or expenses for treatment, services or supplies which are received outside the United States.



Stay Protected For the Unexpected!

Consider this.....

129.8 million

The number of visits to the emergency room every year ¹

4.5 days

The average length of a hospital stay ²

¹ Center for Disease Control and Prevention 2013 figures. http://www.cdc.gov/nchs/fastats/emergency-department.htm

²Agency for Healthcare Research and Quality. "Overview of Hospital Stays in the United States, 2012," accessed Dec. 9, 2016 - http://www.hcup-us.ahrq.gov/reports/statbriefs/sb180-HospitalizationsUnited-States-2012.pdf.

Customize Your Plan with Additional Riders*



Flexible & Affordable Coverage!



Cash Benefits Paid Directly to You!



Optional Lump Sum Cancer Benefits

For additional premium, we'll pay the cash benefit amount you select if you are diagnosed with cancer for the first time while being covered under the policy.



Optional Ambulance Benefits

We'll pay for ambulance transportation, including air ambulance, to and from a hospital due to Injury or Sickness. Benefits are not payable beyond the calendar year maximum.



Optional Lump Sum Hospital Confinement Benefits

We'll pay the cash benefit amount you select, if you experience a Hospital Stay, for an Accident or Sickness once per Period of Care. This benefit can help offset out-of-pocket expenses including copays, coinsurance and deductibles.



Optional Lump Sum Outpatient Surgery Benefits

We'll pay the cash benefit amount you select if you experience a surgical procedure performed by a Physician and such procedure is performed in a Ambulatory Surgical Center or Outpatient Facility of a Hospital.



* Policy and rider benefits and features may not be available in all states.



Optional Skilled Nursing Facility Benefits

We'll pay the daily cash benefit amount you select if you are confined to a Skilled Nursing Facility due to a covered Sickness or Injury for days 21-100.



Optional Wellness Benefits

We'll pay the Wellness Benefit Rider amount for each Health Screening Test you undergo, not to exceed \$100 per calendar year.



Optional Dental, Vision, and Hearing Benefits

We'll pay actual charges not to exceed the rider maximum amount you select for necessary dental, vision, and hearing services covered under this rider.

Pre-Existing Conditions No benefits are payable for any loss that begins within the first six (6) months after the effective date of Your Policy which is caused by a Pre-Existing Condition. A Pre-Existing Condition is a condition for which medical advice was given or treatment was recommended or provided by a Physician within 6 months before the effective date of Your Policy.

LIMITATIONS AND EXCLUSTIONS APPLY. This is a marketing brochure only and is not intended to be an insurance contract. Benefits, Limitations and Exclusions may vary state by state. Always read your outline of coverage. Refer to your policy for a complete listing of Benefits, Riders and Provisions.

HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Providing Insurance Protection and Financial Support When The Unexpected Happens



RECEIPT	All premium checks must be payable to: Heartland National Life Insurance Company . Do not make check payable to the agent or leave the Payee blank		
Received from	om		
If for any rearefunded. No until the poli	ason the application To liability is created icy applied for has b	is not approved and the lor assumed by the Cor been issued.	months premium, with application. e policy is not issued, this premium is to be mpany, except for refund of this premium,
Date Receip	ot and Outline of Co	verage was prepared _	
By (Agent's	Signature)		

Hospital Indemnity insurance products issued by Heartland National Life Insurance Company. Policy form 93017 (or state equivalent); rider forms R-17A, R-17DVH, R-17LSC, R-17LSH, R-17LSO, R-17SN, R-17-W (or state equivalent).

This is a limited health benefit policy.

This is a solicitation of insurance. You may be contacted by an insurance agent.

