THE PAUL REVERE LIFE INSURANCE COMPANY

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SPECIFIED DISEASE COVERAGE

REQUIRED DISCLOSURE STATEMENT (Applicable to Policy Form CI-1.0-PL6-NY)

PRE-EXISTING CONDITIONS - PLEASE READ CAREFULLY

If you received medical advice or treatment was recommended by a physician or received from a physician for a sickness or physical condition within 6 months before the effective date of this policy, we will not pay a benefit for a Specified Disease that occurs as a result of that sickness or physical condition if the Specified Disease has a Date of Diagnosis within the first 6 months after the effective date of the policy.

The policy provides SPECIFIED DISEASE TREATMENT ONLY coverage only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

Guaranteed Renewable Subject to Payment of the Maximum Benefit Amount for Specified Disease. The policy is guaranteed renewable for life as long as you pay the premiums when they are due or within the grace period, up to the date of payment of the Maximum Benefit Amount for Specified Disease as shown on the Policy Schedule. Your premium can be changed only if we change it on all policies of this form number in force in the state of New York, subject to the prior approval of the Superintendent of Insurance.

Coverage Provided by The Policy. The policy is designed to provide coverage ONLY for Specified Disease and for certain health screening tests, subject to any limitations or exclusions in your policy.

The policy provides benefits only if the Date of Diagnosis of Specified Disease or the performance of a health screening test is while your policy is in force. Any health screening test performed before the Policy Coverage Effective Date will not be covered.

Premiums vary depending on the amount of coverage you chose at time of application.
The amount of coverage you chose is shown on the Policy Schedule.

BENEFITS
Specified Disease Benefit

Face Amount for Named Insured	$_____
Face Amount for Spouse (if covered)	50% of face amount for Named Insured
Face Amount for Dependent Children (if covered)	25% of face amount for Named Insured

We will pay this benefit if a covered person is diagnosed with one of the Specified Diseases shown below if: the Date of Diagnosis is while coverage under the policy is in force; and the Specified Disease is not excluded by name or specific description in the policy.

Heart Attack (Myocardial Infarction)	100%
Stroke	100%
End Stage Renal (Kidney) Failure	100%
Major Organ Failure	100%
Coronary Artery Disease	25%

Maximum Benefit Amount for Specified Disease: $_____

We will pay the percentage of the Face Amount shown on the Policy Schedule for the Specified Disease diagnosed, up to the Maximum Benefit Amount for Specified Disease shown on the Policy Schedule.

We will pay the benefit for Coronary Artery Disease only once per lifetime per covered person. If a covered person receives a benefit for Coronary Artery Disease and is later diagnosed with a different Specified Disease, we will pay the Face Amount less the amount received for Coronary Artery Disease.

Actual payment of the Coronary Artery Disease Benefit will be delayed until coronary artery bypass graft surgery is performed. If your doctor recommends coronary artery bypass surgery, and death occurs prior to surgery, the Coronary Artery Disease Benefit will be provided.

If, on the same day, a covered person is placed on the UNOS list for a transplant of two or more major organs listed in the definition of Major Organ Failure (example: heart and lungs), a single benefit will be paid.

If the Date of Diagnosis of two or more Specified Diseases is the same day, we will pay only one Specified Disease benefit. We will pay the larger of the Specified Disease benefits.

The Specified Disease Benefit is not payable for conditions other than the Specified Diseases defined in the policy.

Benefits Payable Upon Subsequent Diagnosis.
If a covered person has been diagnosed with and received a benefit for a Specified Disease and is subsequently diagnosed with a different Specified Disease, we will pay an amount equal to 25% of the Face Amount for the covered person as shown on the Policy Schedule, up to the Maximum Benefit Amount for Specified Disease, if: the Date of Diagnosis of the subsequent Specified Disease is more than 30 days after any previous Date of Diagnosis for a Specified Disease; and the subsequent Date of Diagnosis is while coverage under this policy is in force; and the Specified Disease is not excluded by name or specific description in this policy.

If a covered person has been diagnosed with and received a benefit for a Specified Disease and is subsequently diagnosed with the same Specified Disease (other than Coronary Artery Disease), we will pay an amount equal to 25% of the Face Amount for the covered person as shown on the Policy Schedule, up to the Maximum Benefit Amount for Specified Disease, if: the Date of Diagnosis of the subsequent Specified Disease is more than 30 days after any previous Date of Diagnosis for the same Specified Disease; and the covered person has not received treatment during the 30 days between the Dates of Diagnosis for the same Specified Disease. For purposes of the preceding sentence, treatment does not include medications and follow-up visits to the covered person's Doctor; the subsequent Date of Diagnosis is while coverage under this policy is in force; and the Specified Disease is not excluded by name or specific description in this policy.

We will not pay more than the Maximum Benefit Amount for Specified Disease as shown on the Policy Schedule.

This policy will terminate when the Maximum Benefit Amount for Specified Disease as shown on the Policy Schedule has been paid.

Health Screening Benefit
Amount: $50/Year
We will pay this benefit if any covered person incurs a charge for and has one of the following screening tests performed while coverage under the policy is in force. We will pay the amount shown for one of the following screening tests. Payment of this benefit will not reduce the Maximum Benefit Amount for Specified Disease. This benefit is payable once per calendar year for each covered person.

Health screening test is defined as: stress test on a bicycle or treadmill, fasting blood glucose test, blood test for triglycerides, serum cholesterol test to determine level of HDL and LDL, bone marrow testing, carotid doppler, electrocardiogram (EKG, ECG), echocardiogram (ECHO), skin cancer biopsy, breast ultrasound, CA 15-3 (blood test for breast cancer), CA125 (blood test for ovarian cancer), CEA (blood test for colon cancer), chest x-ray, colonoscopy, flexible sigmoidoscopy, hemoccult stool analysis, mammography, pap smear, PSA (blood test for prostate cancer), serum protein electrophoresis (blood test for myeloma), thermography, thinprep pap test, and virtual colonoscopy.

WHAT IS NOT COVERED BY THE POLICY

We will not pay benefits for a Specified Disease that occurs as a result of a covered person's:

1. Addiction to alcohol or drugs, except for drugs administered on the advice of his Doctor.
2. Committing or attempting to commit a felony or to which a contributing cause was being engaged in an illegal occupation.
3. Being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.
4. Having a pre-existing condition as defined in the policy and limited by the Time Limits on Certain Defenses provision of the policy.

5. Having a mental or emotional disorder. However, Alzheimer's disease and other organic senile dementias are covered under the policy.
6. Committing or trying to commit suicide, or his injuring himself intentionally.
7. Involvement in any war or any act of war, declared or undeclared.

This disclosure statement is a very brief summary of your policy.

The policy itself sets forth the rights and obligations of both you and the Insurance Company. It is therefore imperative that you READ YOUR POLICY carefully.

The expected benefit ratio for each policy is 60%. This ratio is the portion of future premiums which the Company expects to return as benefits, when averaged over all people with the policy. (Applicable to policy form CI-1.0-PL6-NY)