

24 Hour Accident Expense Plan

PLAN FEATURES

- 1 or 2 units of coverage available
- Issue ages 0 - 75
- Guaranteed renewable to age 80
- Pays in addition to Worker's Compensation, Medicare or any other insurance
- Individual, Individual & Spouse, Single Parent, Family and Children Only coverage available
- Optional Accidental Disability Income Benefit for the Primary Insured

UNINSURABLE OCCUPATIONS AND ACTIVITIES

- Professional Athletes
- Window Washers
- Miners
- Crop Dusters
- Commercial Fishermen
- Rodeo Riders
- Loggers
- Quarry Workers
- Migrant Farm Workers
- Oil Field Roughnecks
- Federal Employees

(full list of uninsurable occupations is available upon request)

MONTHLY BANK DRAFT RATES

	1 Unit	2 Units
Insured	\$25.00	\$33.00
Insured & Spouse	\$47.50	\$61.50
Insured & Children	\$57.00	\$72.50
Family	\$79.50	\$101.00
Child Only	\$18.00	\$22.00
Accident Disability Income Rider		
Type 1 12 mo.	\$ 9.00	\$17.00
Type 1 24 mo.	\$11.50	\$23.00
Type 2 12 mo.	\$18.00	\$34.00
Type 2 24 mo.	\$23.00	\$46.00

BENEFIT FEATURES

BENEFIT	1 Unit	2 Units
ACCIDENTAL INJURY BENEFIT This benefit pays the covered expenses for medical treatment due to accidental injury up to the amount shown. Covered expenses include physician's fees, surgery, x-rays, reduction of fractures and dislocations or other emergency first-aid expenses. If expenses are incurred at a hospital emergency room, a \$50 deductible will apply for each accidental injury.*	\$ 2,000	\$ 4,000
ACCIDENTAL DEATH BENEFIT This benefit pays a fixed amount if an insured suffers a fatality as a result of an accident.**	\$50,000	\$100,000
GROUND OR AIR AMBULANCE This benefit pays the covered expenses for ground or air ambulance transportation due to an accidental injury, up to the amount shown.*	\$ 5,000	\$ 10,000
HOSPITAL INCOME BENEFIT If an insured is hospitalized for an accidental injury, we will pay a fixed amount per day, beginning the first day of confinement, subject to the number of units purchased. Payment will be made up to 30 days per hospital confinement resulting from any one accidental injury.	\$ 150	\$ 300
DISMEMBERMENT BENEFITS This benefit pays a fixed amount if the Primary Insured suffers any of the following dismemberments as a result of accidental injury. Benefits are for the Primary Insured only.***		
Loss of Finger or Toe		
Single Loss Benefit	\$ 500	\$ 1,000
Multiple Loss Benefit	\$ 1,000	\$ 2,000
Loss of Hand, Arm, Foot, Leg		
Single Loss Benefit	\$ 5,000	\$ 10,000
Multiple Loss Benefit	\$10,000	\$ 20,000
Loss of Sight		
Single Loss Benefit (one eye)	\$ 5,000	\$ 10,000
Multiple Loss Benefit (both eyes)	\$10,000	\$ 20,000
Maximum Dismemberment Benefit per Accident	\$10,000	\$ 20,000

*All covered expenses must be incurred within 28 days of the accident causing injury.

**Death must occur within 90 days of the accident.

***Dismemberment must occur within 90 days of the accident causing such injury.

OPTIONAL BENEFIT

ACCIDENTAL DISABILITY INCOME BENEFIT	1 Unit	2 Units
If the Primary Insured incurs an accident disability, we will pay a monthly disability benefit, on a weekly basis, beginning the 31st day, up to a maximum benefit period of 12 or 24 months. This benefit applies only to the Primary Insured and pays up to 60% of the insured's gross monthly income.	\$ 1,000	\$ 2,000