

SERFF Tracking Number: LSVX-125864058 State: Arkansas
Filing Company: USAbLe Life State Tracking Number: 40615
Company Tracking Number: IAOAR0007201F01
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: Accident Elite, AEP, Revised Forms
Project Name/Number: Accident Elite, AEP, Revised Forms/IAOAR0007201F01

Filing at a Glance

Company: USAbLe Life

Product Name: Accident Elite, AEP, Revised Forms SERFF Tr Num: LSVX-125864058 State: ArkansasLH

TOI: H02I Individual Health - Accident Only

SERFF Status: Closed

State Tr Num: 40615

Sub-TOI: H02I.000 Health - Accident Only

Co Tr Num: IAOAR0007201F01

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: SPI Life and Specialty Ventures

Disposition Date: 10/23/2008

Date Submitted: 10/17/2008

Disposition Status: Approved-Closed

Implementation Date Requested: 11/14/2008

Implementation Date:

State Filing Description:

General Information

Project Name: Accident Elite, AEP, Revised Forms

Status of Filing in Domicile:

Project Number: IAOAR0007201F01

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/23/2008

Deemer Date:

State Status Changed: 10/23/2008

Corresponding Filing Tracking Number:

Filing Description:

We are enclosing for your review and approval a revised individual accident application, application notice, and outline of coverage to be used with the Accident Elite Policy, AEP (9-05), approved by your Department on 09/09/2005. This application will replace the previously approved application, AEP-APP (9-05). The difference in this application and the latter is the addition of a Basic Plan. We have also modified the format of the new application. The revised application notice will be used with our other individual life and health applications approved by your Department. This product will

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be sold through worksite marketing.

The forms submitted will replace the following forms previously approved by your department:

AEP-APP (9-05) - Application - Approved 09/09/2005
AE-OC (9-05) - Outline of Coverage - Approved 09/09/2005
APP-NOTICE (6-99) - Notice for Proposed Applicant - Approved 07/15/1999

The changes made do not affect the readability of the forms or the rates that were originally submitted with it.

The application may, at some time in the future, be converted to an electronic document. Such adaptation may slightly alter the appearance of the document, but we assure that its content will not change and its readability compliance will not be affected. Also, at some point, we anticipate utilizing electronic signatures in a form compliant with your state's laws and regulations.

Company and Contact

Filing Contact Information

Tiffany Bradley, Product Compliance Analyst II tbradley@usablelife.com
PO Box 1650 (501) 212-8876 [Phone]
Little Rock, AR 72203-1650 (501) 378-3333[FAX]

Filing Company Information

USable Life CoCode: 94358 State of Domicile: Arkansas
PO Box 1650 Group Code: 876 Company Type: Life & Health
Little Rock, AR 72203-1650 Group Name: Life and Speciality State ID Number:
Ventures (LSV)
(501) 375-7200 ext. [Phone] FEIN Number: 71-0505232

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

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Fee Explanation:
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USAbLe Life	\$50.00	10/17/2008	23267567

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/23/2008	10/23/2008

SERFF Tracking Number: LSVX-125864058 State: Arkansas
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Disposition

Disposition Date: 10/23/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LSVX-125864058 State: Arkansas
 Filing Company: USABLE Life State Tracking Number: 40615
 Company Tracking Number: IAOAR0007201F01
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: Accident Elite, AEP, Revised Forms
 Project Name/Number: Accident Elite, AEP, Revised Forms/IAOAR0007201F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Accident Elite Application	Approved-Closed	Yes
Form	Notice to Proposed Applicant	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes

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Form Schedule

Lead Form Number: AEP-APP (9-08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	AEP-APP (9-08)	Application/ Enrollment Form	Accident Elite Application	Revised	Replaced Form #: AEP-APP (9-05) Previous Filing #:	47	AEP-APP (9-08).PDF
Approved-Closed	APP-NOTICE (9-08)	Other	Notice to Proposed Applicant	Revised	Replaced Form #: APP-NOTICE (6-99) Previous Filing #:	47	APP-NOTICE (9-08).PDF
Approved-Closed	AE3-OC (9-08)	Outline of Coverage	Outline of Coverage	Revised	Replaced Form #: AE-OC (9-05) Previous Filing #:	47	AE3-OC (9-08).PDF



P.O. Box 1650
Little Rock, Arkansas 72203

Please Print Using Dark Ink

ACCIDENT POLICY APPLICATION & CHANGE FORM

Office Use Only	
Policy Number	
Group Number	
Effective Date	
Dept./Loc.	
Class	

Agent Name/Number	<input type="checkbox"/> New Application	<input type="checkbox"/> Change Form	
	<input type="checkbox"/> Reinstatement Policy # _____	<input type="checkbox"/> Replaces Policy # _____	

SECTION 1 – PERSONAL IDENTIFICATION

Name (First, MI, Last)			For Name Change, Give Prior Last Name			Social Security No.		
Home Address				City	State	Zip	County	
Date of Birth	Age	Birth State or Country	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		Work Phone ()	Home Phone ()	
Type of Business						Applicant's email address (if any)		
Name of Employer			Date Employed Full-Time	Occupation		Hours Worked Weekly		

DEPENDENT INFORMATION - Complete if Applying for Dependent's Coverage.

Full Name (First, MI, Last)	Relationship	Sex	Date of Birth			Birth State or Country
			Mo.	Day	Yr.	

SECTION 2 – PLAN SELECTION

New Applicant

Application for Change

CHECK COVERAGE DESIRED:

- Applicant
 Applicant & Spouse
 Applicant & Children
 Applicant, Spouse & Children

Applying for Accident Policy Plan:

PREMIUM

- Basic (3 units of Modules 1, 3, 5, 6 and 7 and 4 units of Modules 2, 4, and 8)
- Select (4 units of all Modules)
- Ultra (4 units of Module 6, 5 units of Module 8, and 6 units of all other Modules) \$

Optional Accidental Disability Rider*:

- Off-The Job or 24-Hour
 \$400
 \$600
 \$800
 \$

- Optional Sickness Disability Rider*
 \$400
 \$600
 \$

TOTAL MONTHLY PREMIUM

\$

Industry Class Monthly Premiums	Class A/B			Class C			Class D		
	Basic	Select	Ultra	Basic	Select	Ultra	Basic	Select	Ultra
Applicant	\$15.80	\$19.36	\$27.88	\$23.36	\$28.64	\$41.32	\$27.80	\$34.08	\$49.12
Applicant & Spouse	22.48	27.52	39.68	29.88	36.64	52.80	33.92	41.60	60.00
Applicant & Children	26.28	32.16	46.40	30.28	37.12	53.52	34.24	41.92	60.44
Applicant, Spouse & Children	32.96	40.32	58.20	36.80	45.12	65.00	40.36	49.44	71.32
Optional Rider(s)	Off-The-Job		24-Hour	Off-The-Job		24-Hour	Off-The-Job		24-Hour
Accident Disability Rider*:									
\$400	\$3.12		\$8.40	\$5.52		\$17.92	N/A		N/A
\$600	4.68		12.60	8.28		26.88	N/A		N/A
\$800	6.24		16.80	11.04		35.84	N/A		N/A
Sickness Disability Rider*	Class A/B			Class C			Class D		
\$400	\$7.44			\$8.08			N/A		
\$600	11.16			12.12			N/A		

*Coverage applies to primary insured only.

Employee's Name (Last, First, M.I.)	Social Security #	Employer
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SECTION 4 – BENEFICIARY **n Name Beneficiary** **n Change of Beneficiary**

I hereby revoke the appointment of any existing beneficiary and designate the following beneficiary under this policy.

Name	Birthdate	Relationship	Primary or Secondary	Indicate Percentage
			<input type="checkbox"/> Primary or <input type="checkbox"/> Secondary	
			<input type="checkbox"/> Primary or <input type="checkbox"/> Secondary	

SECTION 5 – AUTHORIZATION

1. Is this insurance to replace or change other insurance? Yes No If "Yes", give details including name of company. _____
2. Have you received the Outline of Coverage (in those states where required by law)? Yes No (check one)

In signing below, I (a) represent that the statements and answers given on all pages of this application are true, complete, and correctly recorded; (b) authorize any physician, medical practitioner, hospital, clinic, or other medically related facility, insurance or reinsurance company, or Medical Information Bureau, Inc. having information on me or any member of my family (only those who have applied for coverage on this application) regarding our mental and physical health, other insurance coverage, hazardous activities, character, general reputation, finances, and vocation to give to US Able Life, its reinsurers, or its legal representative any and all such information to use for underwriting insurance; (c) authorize all said sources, except MIB, to give such records or knowledge to any agency employed by the company to collect and transmit such information in order to facilitate its rapid submission; (d) agree that this authorization shall be valid for two (2) years from the application date; (e) agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me or my representative upon request; (f) acknowledge receipt of written notification describing the use of the Medical Information Bureau as required by the Fair Credit Reporting Act and the Information Practices Notice. In applying for insurance, I authorize my employer to make the necessary payroll deductions to pay for my insurance. I understand failure to disclose a proposed insured person's true health condition may void the policy.

Important Note – The entire contract will consist of this application and the insurance issued in response to it. The insurance will not be effective on the proposed insured unless: (1) The policy is delivered to the primary insured; (2) The first modal premium is paid; and (3) There has been no change since the date of this application and the effective date of the policy in the health of the proposed insured as stated in this application. I understand that my policy will be dated and become effective on the first day of the month following the effective date (anniversary date for resolicitation) or on the first day of the month following underwriting approval, whichever is later. There is no coverage until the effective date of the policy.

Insurance Fraud Warning – It is or may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

I have read and understand the above statements and agreements.

X _____ Signed at: _____
Applicant's Signature (City and State)

Agent's Statement: I have accurately recorded the information supplied by the applicant. Date of Application _____
(Month, Day, Year)

X _____
Agent's Signature

Date Received Home Office



P.O. Box 1650
Little Rock, AR 72203

NOTICE FOR PROPOSED INSURED

Notice of Insurance Information Practices

In the course of properly underwriting and administering your insurance coverage, we will rely heavily on information provided by you. We may also seek information from others, such as medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to collect information and submit an investigative consumer report to us. You have the right to request to be interviewed in connection with the preparation of that report. You may receive a copy of the report upon request.

You have the right to be told about, and to see and copy if you wish, items of personal information about you which appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

THE ABOVE IS A GENERAL DESCRIPTION OF OUR INFORMATION PRACTICES. IF YOU WOULD LIKE TO RECEIVE A MORE DETAILED EXPLANATION OF THOSE PRACTICES, PLEASE SEND YOUR REQUEST TO THE CHIEF UNDERWRITER, P.O. Box 1650, Little Rock, AR 72203

Federal Fair Credit Reporting Act Notice

In connection with your application for insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted. This inquiry includes information as to your character and general reputation. If an investigative consumer report is prepared in connection with your application, you may receive a copy of that report upon written request to the Company.

Medical Information Bureau Disclosure Notice

Information regarding your insurability will be treated as confidential. US Able Life or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill, Braintree, Massachusetts 02184-8734.

US Able Life or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

RENEWABILITY AND CONTINUATION

This policy and riders are guaranteed renewable during your lifetime. The company may change the established premium rate, but only if the rate is changed for all policies and riders like yours in your state. This policy will not be issued to anyone 65 years of age or over. If you purchase the policy and/or riders prior to your 65th birthday, you may continue coverage after age 65, except for disability riders, as long as you continue to pay the premium by the due date or during the 31 days that follow. Covered dependents who no longer meet eligibility requirements, may convert to a comparable individual policy without evidence of insurability. A spouse can continue coverage under this policy upon your death.

EXCEPTIONS AND LIMITATIONS FOR ACCIDENT ELITE POLICY AND ACCIDENT DISABILITY RIDERS

The policy pays only for loss resulting from a covered accident as defined in the policy. It DOES NOT cover injuries incurred as a result of a covered person:

1. Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces.
2. Intentionally self-inflicting bodily injury or attempting suicide, while sane or insane.
3. Participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft.
4. Participating in, or attempting to participate in an illegal activity that is defined as a felony as defined by the law of the jurisdiction in which the activity takes place, whether charged, or not, or being incarcerated in any type of penal institution.
5. Participating in any activity or event, including the operation of a vehicle, while under the influence of a narcotic (unless administered by a physician and taken according to the physician's instructions) or while intoxicated. "Intoxicated" means that condition as defined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated.
6. Driving any commercial passenger-carrying or cargo vehicle, except school buses, for wage, compensation, or profit.
7. Mountaineering using ropes and/or other equipment, parachuting, or hang gliding.
8. Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment except as a result of injury.
9. Participating in any sport or activity for wage, compensation, or profit; or racing any type vehicle in an organized event.
10. Having any sickness or declining process caused by sickness, including physical or mental infirmity or infection (except bacterial infection from a covered accidental injury). Exception #10 does not apply to the Sickness Disability Benefit Rider, if attached to the policy.

EXCEPTIONS AND LIMITATIONS FOR SICKNESS DISABILITY RIDER

We will not pay benefits for losses that are caused by or occur as the result of:

1. A normal pregnancy in which the disability begins during the first 10 months of the rider's issue date. (Complications of pregnancy will be treated as any other illness.)
2. Having a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder. (However, Alzheimer's Disease and other organic senile dementias are covered.)
3. Treatment for dental care or dental care procedures.
4. Having a pre-existing condition as described by the rider.
5. Treatment for alcoholism or drug addiction unless the insured is addicted to a narcotic taken on the advice of a doctor.
6. Elective procedures and/or cosmetic surgery or reconstructive surgery unless it is a result of trauma, infection, or other diseases.

A "pre-existing condition" means having a sickness or physical condition which was treated or for which advice was received within twelve months before the effective date of the rider. After the rider has been in force for twelve months, we will pay benefits for any pre-existing condition not excluded by name or specific description if the covered loss began more than twelve months after the effective date.

COVERAGE EFFECTIVE DATE

Effective date means the date shown on the Policy Schedule page for all persons accepted for coverage at the time of issue, provided the application has been accepted and approved by us; the policy is issued; and the first premium has been paid; or the date shown by endorsement for all persons added to coverage after the policy has been issued. The effective date is assigned by the Company in accordance with our policy dating rules in effect at the time your policy is issued. The coverage provided by the policy will not be effective unless there has been no change since the date of the application and the effective date of the policy in the health of any proposed insured person listed on the application.

USable Life will mail your policy and purchased riders to you. If you do not receive your policy, please call our Customer Service Department at 1-800-370-5856.

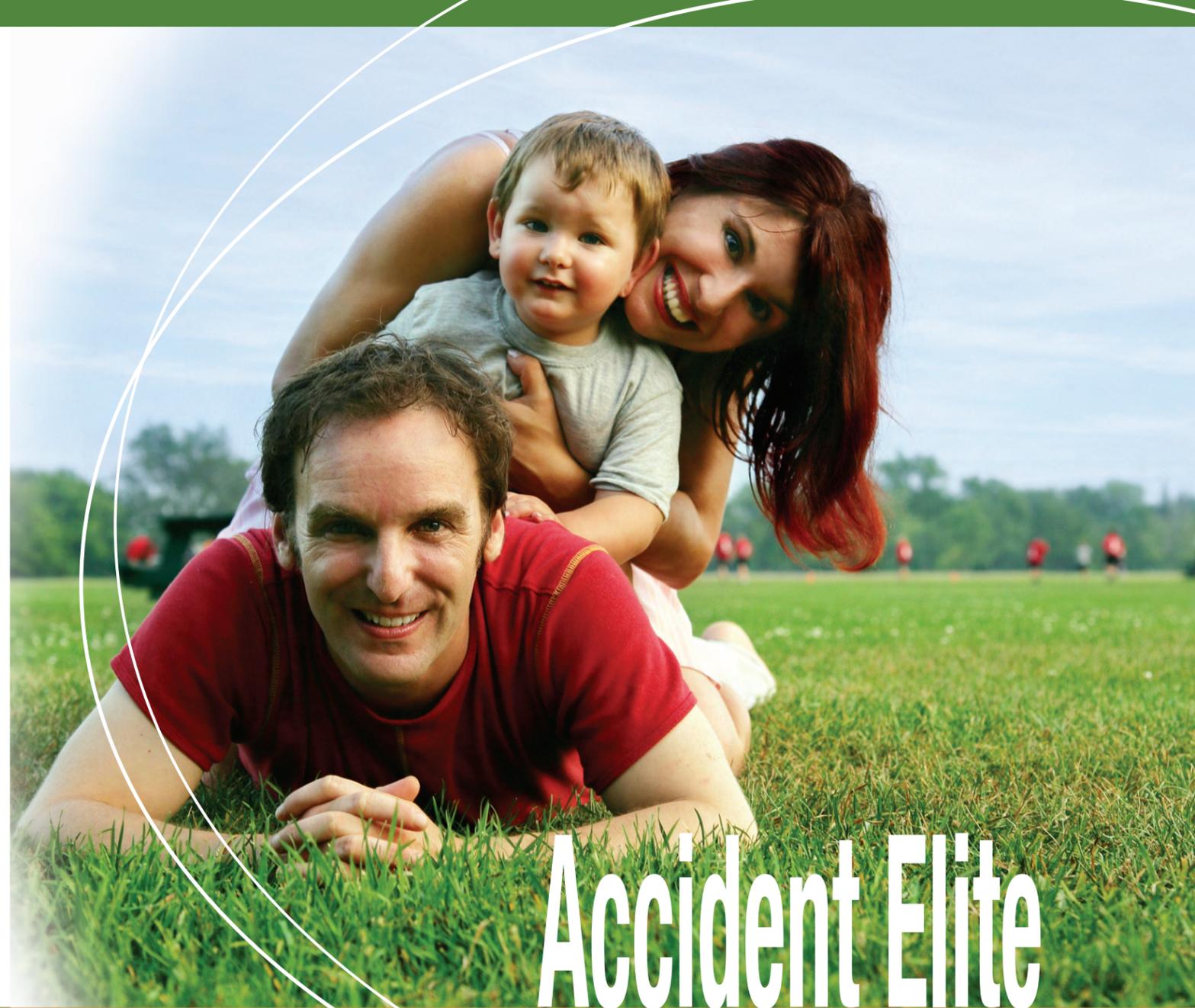


You'll Choose Us For Life

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A Rating and Analysis from the A.M. Best Rating Company represents an independent opinion from the leading provider of insurer ratings of a company's financial strength and ability to meet its obligations to policyholders. Upon completion of evaluations, A.M. Best assigns the following Best's Ratings: A++ and A+ (Superior); A and A- (Excellent); B++ and B+ (Very Good); B and B- (Fair); C++ and C+ (Marginal); C and C- (Weak); D (Poor); E (Under Regulatory Supervision); F (In Liquidation); S (Rating Suspended). **Based on this analysis, USABLE Life is rated "A" (Excellent).**

Standard & Poor's Insurer Financial Strength Ratings provide powerful decision-making tools for anyone interested in buying insurance. Standard & Poor's ratings are prospective evaluations of an insurer's financial security to its policyholders. Standard & Poor's Insurer Financial Strength Ratings range from "AAA" to "CC". An insurer rated "BBB" and higher ("A", "AA", "AAA") is regarded as having financial security characteristics that outweigh any vulnerabilities and is highly likely to have the ability to meet financial commitments. An insurer rated "BB" or lower is in the "vulnerable" range and is regarded as having vulnerable characteristics that may outweigh its strengths. "BB" indicates the least degree of vulnerability within the range. "CC" the highest degree of vulnerability. **Based on this analysis, USABLE Life is rated "A" (Strong).**



Accident Elite

Accidents happen, be prepared with Accident Elite.



You'll Choose Us For Life



ACCIDENT ELITE PROVIDES THE ELITE PROTECTION YOU NEED!

ACCIDENT POLICY WITH WELLNESS BENEFIT — FORM AEP (9-05) — OUTLINE OF COVERAGE

The following benefits are payable for losses resulting from injuries sustained in a covered accident only, as defined in the policy. The loss must occur or injury must be diagnosed or treated within the time periods stated below. Benefits for some losses may vary depending upon the severity of the accident. See the policy for specific amounts payable.

LOSS OR TREATMENT

	BASIC			SELECT			ULTRA		
ACCIDENTAL DEATH Accidental Death must occur within 90 days after a covered accident.									
	INSURED	SPOUSE	CHILD	INSURED	SPOUSE	CHILD	INSURED	SPOUSE	CHILD
Covered Accidents	\$30,000	\$30,000	\$9,750	\$40,000	\$40,000	\$13,000	\$60,000	\$60,000	\$19,500
Common Carrier Accidents	\$112,500	\$112,500	\$19,500	\$150,000	\$150,000	\$26,000	\$225,000	\$225,000	\$39,000
ACCIDENTAL DISMEMBERMENT Accidental Dismemberment must occur within 90 days after a covered accident.									
	INSURED	SPOUSE	CHILD	INSURED	SPOUSE	CHILD	INSURED	SPOUSE	CHILD
Loss of two members*	\$30,000	\$30,000	\$9,750	\$40,000	\$40,000	\$13,000	\$60,000	\$60,000	\$19,500
Loss of one member*	\$7,500	\$7,500	\$2,850	\$10,000	\$10,000	\$3,800	\$15,000	\$15,000	\$5,700
Loss of one or more fingers or toes*	\$1,500	\$1,500	\$450	\$2,000	\$2,000	\$600	\$3,000	\$3,000	\$900

* See policy for details

LOSS OR TREATMENT

EMERGENCY TREATMENT

Treatment must be in an emergency room, physician's office, or standalone emergency center, within 72 hours. If treatment is received for the removal of a foreign body from the eye or a laceration, which is not repaired with stitches, staples, or glue, the maximum benefit paid will be \$45 for BASIC, \$60 for SELECT or \$90 for ULTRA for this benefit and the Follow-Up Physician Visit benefit combined.

MAJOR DIAGNOSTIC EXAM

Exam must be performed within 180 days and a charge incurred for: CT (computerized tomography) scan, MR (magnetic resonance imaging), or EEG (electroencephalogram). Payable once per accident.

MEDICAL APPLIANCE

Prescribed by a physician to aid in personal locomotion or mobility, such as crutches or a wheelchair. Payable once per accident.

EMERGENCY DENTAL WORK

Treatment to correct injuries begun within 30 days. Payable once per person per accident.

SPECIFIED LOSS

Burns treated within 72 hours. Payable once per accident.

Tendon / Ligament surgically repaired within 1 year.*

Dislocation (separated joint) diagnosed within 30 days.* Payable only for the first dislocation of a joint.

Subsequent dislocation of the same joint will not be covered.

Eye Injury requiring surgery or removal of a foreign object within 30 days. Payable once per accident.

Fractures diagnosed within 14 days and requiring open or closed reduction by a physician.*

Torn Knee Cartilage and Ruptured Disc treated within 60 days and surgically repaired within 1 year. Payable once per accident.

Torn Rotator Cuff surgically repaired within 90 days.

Internal Injuries resulting in open abdominal, hernia or thoracic surgery within 30 days.

Concussion resulting in EEG abnormality within 30 days.

Lacerations repaired within 72 hours.

	BASIC	SELECT	ULTRA
	charges up to	charges up to	charges up to
	\$105 INSURED	\$140 INSURED	\$210 INSURED
	\$105 SPOUSE	\$140 SPOUSE	\$210 SPOUSE
	\$60 CHILD	\$80 CHILD	\$120 CHILD
	\$150	\$200	\$300
	\$105	\$140	\$140
BROKEN TOOTH REPAIRED WITH CROWN	\$150	\$200	\$200
BROKEN TOOTH RESULTING IN EXTRACTION	\$45	\$60	\$60
	\$1,125	\$1,500	\$2,250
	\$450	\$600	\$900
	up to \$1,875	up to \$2,500	up to \$3,750
	up to \$225	up to \$300	up to \$450
	up to \$1,875	up to \$2,500	up to \$3,750
	up to \$465	up to \$620	up to \$930
	\$465	\$620	\$930
	\$945	\$1,260	\$1,890
	\$45	\$60	\$90
	up to \$375	up to \$500	up to \$750

READ YOUR POLICY CAREFULLY — This outline of coverage provides a brief description of the important features of your policy. This is not the insurance policy, and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY! Limited Benefit — Accident Only — Policies of this category are designed to provide to persons insured, restricted coverage paying benefits ONLY when certain losses occur as a result of accident only. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.

LOSS OR TREATMENT

FOLLOW-UP PHYSICIAN VISIT

Treatment received must be over and above emergency treatment. Follow-up visits must begin within 30 days of the accident or discharge from the hospital. Limited to 6 visits per accident. Not payable for same visit as the Physical Therapy benefit.

PHYSICAL THERAPY

Therapy must begin within 30 days, be prescribed by a physician and provided by a licensed physical therapist. Payable for up to five visits. Not payable for the same visit that the Follow-up Physician Visit benefit is paid.

AMBULANCE

Ground ambulance (within 30 days) or air ambulance (within 72 hours) to or from a hospital or between medical facilities. Each benefit is payable only once per accident.

HOSPITAL ADMISSION

Admitted to a hospital as a resident bed patient and confined within 30 days. Payable only once per confinement and only once per person per calendar year.

HOSPITAL CONFINEMENT

Confined in a hospital as a resident bed patient within 30 days. Paid per day for up to 365 days per accident.

HOSPITAL INTENSIVE CARE UNIT CONFINEMENT

Confinement must begin within 30 days. Payable up to 15 days. Only one payment under this benefit or the Hospital Confinement benefit will be paid per day.

COMA

Coma duration must be at least 30 days.

PARALYSIS

Paralysis must be for a minimum of three (3) months.

PROSTHETIC DEVICE/ARTIFICIAL LIMB

Prosthetic device or artificial limb must be prescribed by a physician for functional use and received within one year. Payable only once per accident.

BLOOD/PLASMA

Transfusions, within 30 days, of whole blood and blood products, which are limited to red blood cells, platelets, fresh frozen plasma, cryoprecipitate and leukocytes; including the processing, typing, cross-matching, and administration of the blood or blood products. Payable only once per accident.

TRANSPORTATION

For roundtrip to and from hospital, when treatment is required in a hospital more than 100 map miles from the person's residence or site of accident. Paid for person prescribed treatment, or, if dependent child and commercial travel is necessary, the child's parent/legal guardian (only one) traveling with child will also receive a benefit equal to the insured's benefit. Treatment must not be available locally. Not payable for ambulance or air ambulance. Payable up to 3 trips per calendar year per person.

FAMILY LODGING

Pays for a single hotel room for an immediate family member to be near a covered person confined in hospital more than 100 miles from the person's residence. Limited to 30 days per accident, and only while the injured person is confined.

	BASIC	SELECT	ULTRA
	charges up to	charges up to	charges up to
	\$30/visit	\$40/visit	\$60/visit
	\$30/visit	\$40/visit	\$60/visit
GROUND AMBULANCE	\$150	\$200	\$200
AIR AMBULANCE	\$1,125	\$1,500	\$1,500
	\$1,000	\$1,000	\$1,500
	\$195/DAY	\$260/DAY	\$390/DAY
	\$400/DAY	\$400/DAY	\$600/DAY
	\$9,750	\$13,000	\$19,500
QUADRIPLEGIA	\$9,750	\$13,000	\$19,500
PARAPLEGIA	\$4,875	\$6,500	9,750
ONE DEVICE OR LIMB	\$525	\$700	\$700
MORE THAN ONE DEVICE OR LIMB	\$1,050	\$1,400	\$1,400
	\$150	\$200	\$200
	\$450	\$600	\$600
	CHARGES UP TO \$105/NIGHT	CHARGES UP TO \$140/NIGHT	CHARGES UP TO \$140/NIGHT

WELLNESS BENEFIT

We will pay \$60 for BASIC or SELECT or \$75 for ULTRA for a covered person (coverage must be effective for 90 days) to undergo a routine physical examination or other preventative testing such as:

- Annual Physical Exam
- Mammogram
- Pap Smear
- Eye Examination
- Immunization
- Flexible Sigmoidoscopy
- Prostatic Specific Antigen (PSA) Test
- Ultrasound
- Blood Screening

Payable only once per policy per calendar year.

When premiums are included in a Section 125 Cafeteria Plan, wellness benefits are payable for tests 30 days after the effective date.

ELECTIVE BENEFITS

(primary insured only)

ACCIDENT DISABILITY RIDER

Pays the monthly benefit chosen below in the event you are totally disabled as the result of an off-the-job, non-occupational covered accidental injury. Benefits begin on the first day of total disability and may continue for up to 12 months while totally disabled.

You have applied for the Accident Disability Rider.....

\$400 \$600 \$800 NONE

24-HOUR ACCIDENT DISABILITY RIDER

Pays the monthly benefit chosen below in the event you are totally disabled as the result of a covered accidental injury occurring on- or off-the-job. Benefits begin on the first day of total disability and may continue for up to 12 months while totally disabled.

You have applied for the 24-Hour Accident Disability Rider.....

\$400 \$600 \$800 NONE

SICKNESS DISABILITY RIDER

Pays a monthly benefit chosen below in the event you are totally disabled as the result of a sickness occurring either on- or off-the-job. Benefits begin on the 31st day of total disability and may continue for up to 6 months while totally disabled.

You have applied for the Sickness Disability Rider.....

\$400 \$600 NONE

*If the insured receives a fracture or a dislocation and tears, ruptures, or severs a tendon or ligament, we will pay only one benefit, whichever is the largest. If the insured receives a fracture and a dislocation in the same accident, we will pay for both, but no more than 150% of the bone or joint with the highest amount.

SERFF Tracking Number: LSVX-125864058 State: Arkansas
Filing Company: USABLE Life State Tracking Number: 40615
Company Tracking Number: IAOAR0007201F01
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: Accident Elite, AEP, Revised Forms
Project Name/Number: Accident Elite, AEP, Revised Forms/IAOAR0007201F01

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LSVX-125864058 State: Arkansas
 Filing Company: US Able Life State Tracking Number: 40615
 Company Tracking Number: IA0AR0007201F01
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: Accident Elite, AEP, Revised Forms
 Project Name/Number: Accident Elite, AEP, Revised Forms/IA0AR0007201F01

Supporting Document Schedules

Satisfied -Name: Certification/Notice	Review Status: Approved-Closed	10/23/2008
Comments:		
Attachment:		
AR - READABILITY CERTIFICATION.PDF		
Satisfied -Name: Application	Review Status: Approved-Closed	10/23/2008
Comments:		
attached under forms tab		
Bypassed -Name: Health - Actuarial Justification	Review Status: Approved-Closed	10/23/2008
Bypass Reason: n/a		
Comments:		
Satisfied -Name: Outline of Coverage	Review Status: Approved-Closed	10/23/2008
Comments:		
attached under forms tab		

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: USAble Life

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
AEP-APP (9-08)	47.4
APP-NOTICE (9-08) 9-08	47.4
AE3-OC (9-08)	47.4

Signed: 
Name: Connie Phillips
Title: Assistant General Counsel & Assistant Secretary
Date: 10/17/08