

SERFF Tracking Number: LSVX-125931747 State: Arkansas  
 Filing Company: USAbLe Life State Tracking Number: 41004  
 Company Tracking Number: GADAR0007501F01  
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &  
 Dismemberment Dismemberment  
 Product Name: Medipak AD&D  
 Project Name/Number: GRP- Group/GADAR0007501F01

## Filing at a Glance

Company: USAbLe Life  
 Product Name: Medipak AD&D SERFF Tr Num: LSVX-125931747 State: ArkansasLH  
 TOI: H03G Group Health - Accidental Death & SERFF Status: Closed State Tr Num: 41004  
 Dismemberment  
 Sub-TOI: H03G.000 Health - Accidental Death Co Tr Num: GADAR0007501F01 State Status: Filed-Closed  
 & Dismemberment  
 Filing Type: Form Co Status: Reviewer(s): Rosalind Minor  
 Author: SPI Life and Specialty Disposition Date: 01/22/2009  
 Ventures  
 Date Submitted: 12/04/2008 Disposition Status: Filed-Closed  
 Implementation Date Requested: 01/05/2009 Implementation Date:  
 State Filing Description:

## General Information

Project Name: GRP- Group Status of Filing in Domicile:  
 Project Number: GADAR0007501F01 Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Group  
 Submission Type: New Submission Group Market Size: Small and Large  
 Overall Rate Impact: Group Market Type: Employer  
 Filing Status Changed: 01/22/2009  
 State Status Changed: 01/22/2009 Deemer Date:  
 Corresponding Filing Tracking Number:  
 Filing Description:

This form will replace MPAD&D (4-02), which was approved on April 26, 2002. The only changes made to this form were the removal of all instances of the term "Medi-Pak." The term was removed due to it being a Blue Cross Association branded term. This form will be mailed to Arkansas Blue Cross and Blue Shield's Medi-Pak members to

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 Product Name: Medipak AD&D  
 Project Name/Number: GRP- Group/GADAR0007501F01

offer \$15,000 or \$25,000 of AD&D coverage.

## 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: \$20.00  
 Retaliatory? Yes  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USable Life	\$20.00	12/04/2008	24321724
USable Life	\$20.00	01/22/2009	25191875

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor	01/22/2009	01/22/2009
Filed-Closed	Rosalind Minor	12/05/2008	12/05/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
AD&D Acceptance Form and Brochure	Form	SPI Life and Specialty Ventures	01/22/2009	01/22/2009

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Reopen Filing	Note To Reviewer	SPI Life and Specialty Ventures	01/21/2009	01/21/2009

*SERFF Tracking Number:* LSVX-125931747      *State:* Arkansas  
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*TOI:* H03G Group Health - Accidental Death &      *Sub-TOI:* H03G.000 Health - Accidental Death &  
Dismemberment      Dismemberment  
*Product Name:* Medipak AD&D  
*Project Name/Number:* GRP- Group/GADAR0007501F01

## **Disposition**

Disposition Date: 01/22/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LSVX-125931747 State: Arkansas  
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 Dismemberment Dismemberment  
 Product Name: Medipak AD&D  
 Project Name/Number: GRP- Group/GADAR0007501F01

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice	Filed-Closed	Yes
<b>Supporting Document</b>	Application	Filed-Closed	Yes
<b>Supporting Document</b>	AR - NAIC TRANSMITTAL DOC, AR - NAIC FORM FILING ATTACHMENT	Filed-Closed	Yes
<b>Form (revised)</b>	AD&D Acceptance Form and Brochure	Filed-Closed	Yes
<b>Form</b>	AD&D Acceptance Form and Brochure	Replaced	Yes

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*Filing Company:* USAbLe Life      *State Tracking Number:* 41004  
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*TOI:* H03G Group Health - Accidental Death &      *Sub-TOI:* H03G.000 Health - Accidental Death &  
Dismemberment      Dismemberment  
*Product Name:* Medipak AD&D  
*Project Name/Number:* GRP- Group/GADAR0007501F01

## **Disposition**

Disposition Date: 12/05/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LSVX-125931747 State: Arkansas  
 Filing Company: US Able Life State Tracking Number: 41004  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Filed-Closed	Yes
Supporting Document	Application	Filed-Closed	Yes
Supporting Document	AR - NAIC TRANSMITTAL DOC, AR - NAIC FORM FILING ATTACHMENT	Filed-Closed	Yes
Form (revised)	AD&D Acceptance Form and Brochure	Filed-Closed	Yes
Form	AD&D Acceptance Form and Brochure	Replaced	Yes

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 Product Name: Medipak AD&D  
 Project Name/Number: GRP- Group/GADAR0007501F01

**Amendment Letter**

Amendment Date:  
 Submitted Date: 01/22/2009

**Comments:**

I am resubmitting this form because the business reply art had to be revised due to postal requirements. In addition, the brochure was changed from a trifold to a bifold and the form number was updated. This form will replace the previously approved MPAD&D-BR (8-08) form. A new filing fee has been submitted. Please let me know if you have any questions concerning this filing.

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
MPAD&D-BR (1-09)	Application/Enrollment Form	EAD&D Acceptance Form and Brochure	Initial			MPAD&D (4-4502); MPAD&D-BR (8-08)		MPAD&D-BR (1-09).PDF

*SERFF Tracking Number:* LSVX-125931747      *State:* Arkansas  
*Filing Company:* USABLE Life      *State Tracking Number:* 41004  
*Company Tracking Number:* GADAR0007501F01  
*TOI:* H03G Group Health - Accidental Death &      *Sub-TOI:* H03G.000 Health - Accidental Death &  
Dismemberment      Dismemberment  
*Product Name:* Medipak AD&D  
*Project Name/Number:* GRP- Group/GADAR0007501F01

**Note To Reviewer**

**Created By:**

SPI Life and Specialty Ventures on 01/21/2009 03:47 PM

**Subject:**

Reopen Filing

**Comments:**

Can you reopen this filing? Due to postal requirements the business reply art had to be revised and I would like to resubmit this form.

SERFF Tracking Number: LSVX-125931747 State: Arkansas  
 Filing Company: US Able Life State Tracking Number: 41004  
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 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment  
 Product Name: Medipak AD&D  
 Project Name/Number: GRP- Group/GADAR0007501F01

## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	MPAD&D-BR (1-09)	Application/AD&D Enrollment Form	Acceptance Form and Brochure	Initial		45	MPAD&D-BR (1-09).PDF

# Accidental Death and Dismemberment (AD&D) insurance provides a lump sum payment to your beneficiary if you should die, or to you if you are dismembered as the direct result of a covered accident.

Every 35 minutes, an older adult dies as a result of an accidental injury.

*-National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention, August 2008*

Not all accidents are fatal – but all serious accidents can be financially devastating for families who DO NOT have adequate insurance. That's why we're offering you this important protection against the financial consequences of serious accidents.

### Choose the plan that's best for you.

**Plan 1** pays \$25,000 for accidental death or the accidental loss of two limbs or the sight in both eyes (\$12,500 for accidental loss of one limb or sight in one eye).

**Plan 2** pays \$15,000 for accidental death or the accidental loss of two limbs or the sight in both eyes (\$7,500 for accidental loss of one limb or sight in one eye).

## You're guaranteed this protection regardless of your health.

- NO medical exams to take.
- NO health questions to answer.

Simply check your choice of plans on the Acceptance Form below, sign it, designate your beneficiary, and return it to us within the next 30 days. **SEND NO MONEY NOW**. You will be billed for the plan you choose on your next premium statement from Arkansas Blue Cross and Blue Shield.

### Important-Beneficiary Information

If you do not designate a beneficiary or your beneficiary predeceases you, USAble Life may pay, at our discretion, any amount due to one of the following classes of survivors: your spouse; your surviving children in equal shares; your mother and/or father; your brother and/or sister; or your estate.

**Your signature is needed on the Acceptance Form below within the next 30 days to begin your protection.**

MPAD&D-BR (1-09)

## acceptance form

questions 1-800-370-5856

Up to \$25,000 in accidental death & dismemberment insurance protection



- \$5.00 per month Pays a maximum benefit of \$25,000
  - \$3.00 per month Pays a maximum benefit of \$15,000
- (check one option, please)

Yes, I want this important financial protection. Please enroll me in the plan indicated above. I understand that I am guaranteed protection — regardless of my health.

Member Number \_\_\_\_\_

Full Name \_\_\_\_\_  
PLEASE PRINT

Beneficiary \_\_\_\_\_  
FULL NAME - PLEASE PRINT

Signature \_\_\_\_\_ Date \_\_\_\_\_

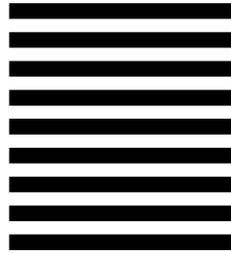




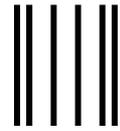
LITTLE ROCK AR 72203-9800  
PO BOX 2181  
**USABLE LIFE**  
ATTN: CUSTOMER ACCOUNTS

POSTAGE WILL BE PAID BY ADDRESSEE

FIRST-CLASS MAIL PERMIT NO: 3463 LITTLE ROCK AR  
**BUSINESS REPLY MAIL**



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



1-800-370-5856

**USABLE Life**  
UNDERWRITTEN BY

questions **1-800-370-5856**

**Enroll Now** UP TO \$25,000 AD&D COVERAGE GUARANTEED



**ACT NOW!**  
Limited time offer!  
1-800-370-5856

**Every 35 minutes, an older adult dies as a result of an accidental injury.**

*-National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention, August 2008*

<i>SERFF Tracking Number:</i>	<i>LSVX-125931747</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>USAbLe Life</i>	<i>State Tracking Number:</i>	<i>41004</i>
<i>Company Tracking Number:</i>	<i>GADAR0007501F01</i>		
<i>TOI:</i>	<i>H03G Group Health - Accidental Death &amp; Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death &amp; Dismemberment</i>
<i>Product Name:</i>	<i>Medipak AD&amp;D</i>		
<i>Project Name/Number:</i>	<i>GRP- Group/GADAR0007501F01</i>		

## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>LSVX-125931747</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>USAbLe Life</i>	<i>State Tracking Number:</i>	<i>41004</i>
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<i>Project Name/Number:</i>	<i>GRP- Group/GADAR0007501F01</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Certification/Notice	<b>Review Status:</b>	Filed-Closed	12/05/2008
<b>Comments:</b>				
<b>Attachment:</b>				
	AR - READABILITY CERTIFICATION.PDF			

<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Filed-Closed	12/05/2008
<b>Bypass Reason:</b>	n/a			
<b>Comments:</b>				

<b>Satisfied -Name:</b>	AR - NAIC TRANSMITTAL DOC, AR - NAIC FORM FILING ATTACHMENT	<b>Review Status:</b>	Filed-Closed	12/05/2008
<b>Comments:</b>				
<b>Attachments:</b>				
	AR - NAIC TRANSMITTAL DOC.PDF			
	AR - NAIC FORM FILING ATTACHMENT.PDF			

**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
MPAD&D-BR (8-08)	45.3

Signed:   
Name: \_\_\_\_\_  
          Connie Phillips  
Title:  Assistant General Counsel & Assistant Secretary  
  
Date: \_\_\_\_\_

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
-----------	----------------------------------	----------

<b>2.</b>	<b>Department Use Only</b>	
	<b>State Tracking ID</b>	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
USable Life PO Box 1650 Little Rock AR 72203-1650	AR	LH	876	94358	71-0505232	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Tiffany L. Bradley, ALMI, ACS, MBA PO Box 1650 Little Rock AR 72203-1650	800-648-0271 Ext. 28876	501-378-3333	tbradley@usablelife.com

5. Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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<b>6. Company Tracking Number</b>	GADAR0007501F01
-----------------------------------	-----------------

<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b> Previous file # _____
-----------	--

<b>8. Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	
	Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

<b>9. Type of Insurance</b>	H03G Group Health - Accidental Death & Dismemberment
-----------------------------	--

<b>10. Product Coding Matrix Filing Code</b>	H03G.000 Health - Accidental Death & Dismemberment
--	--

<b>11. Submitted Documents</b>	<input checked="" type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input checked="" type="checkbox"/> Other: <u>Acceptance Form/Brochure</u>
	<input type="checkbox"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate
	<input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____
	<b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____

12.	<b>Filing Submission Date</b>	12/4/08
13.	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____ Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	<b>Date of Domiciliary Approval</b>	-
15.	<b>Filing Description:</b>	
<p>This form will replace MPAD&amp;D (4-02), which was approved on April 26, 2002. The only changes made to this form were the removal of all instances of the term "Medi-Pak." The term was removed due to it being a Blue Cross Association branded term. This form will be mailed to Arkansas Blue Cross and Blue Shield's Medi-Pak members to offer \$15,000 or \$25,000 of AD&amp;D coverage.</p>		

16.	<b>Certification (If required)</b>	
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
<p>Print Name <u>Tiffany L. Bradley, ALMI, ACS, MBA</u> Title <u>Product Compliance Analyst II</u></p>		
<p>Signature  Date <u>12/4/08</u></p>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		GADAR0007501F01
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	AD&D Acceptance Form and Brochure	MPAD&D-BR (8-08)	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	MPAD&D (4-02)
02			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
03			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
04			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
05			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
06			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
07			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
08			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
09			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
10			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
11			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	

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<i>Project Name/Number:</i>	<i>GRP- Group/GADAR0007501F01</i>		

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	AD&D Acceptance Form and Brochure	12/04/2008	MPAD&D-BR (8-08).PDF

# Accidental Death and Dismemberment (AD&D) insurance provides a lump sum payment to your beneficiary if you should die, or to you if you are dismembered as the direct result of a covered accident.

Every 35 minutes, an older adult dies as a result of an accidental injury.

*-National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention, August 2008*

Not all accidents are fatal – but all serious accidents can be financially devastating for families who DO NOT have adequate insurance. That's why we're offering you this important protection against the financial consequences of serious accidents.

### Choose the plan that's best for you.

**Plan 1** pays \$25,000 for accidental death or the accidental loss of two limbs or the sight in both eyes (\$12,500 for accidental loss of one limb or sight in one eye).

**Plan 2** pays \$15,000 for accidental death or the accidental loss of two limbs or the sight in both eyes (\$7,500 for accidental loss of one limb or sight in one eye).

## You're guaranteed this protection regardless of your health.

- NO medical exams to take.
- NO health questions to answer.

Simply check your choice of plans on the Acceptance Form below, sign it, designate your beneficiary, and return it to us within the next 30 days. **SEND NO MONEY NOW**. You will be billed for the plan you choose on your next premium statement from Arkansas Blue Cross and Blue Shield.

### Important-Beneficiary Information

If you do not designate a beneficiary or your beneficiary predeceases you, USAble Life may pay, at our discretion, any amount due to one of the following classes of survivors: your spouse; your surviving children in equal shares; your mother and/or father; your brother and/or sister; or your estate.

**Your signature is needed on the Acceptance Form below within the next 30 days to begin your protection.**

MPAD&D-BR (8-08)

**acceptance form**  
questions 1-800-370-5856

**Up to \$25,000 in accidental death & dismemberment insurance protection**

**US<sup>A</sup>ble Life**

- \$5.00 per month Pays a maximum benefit of **\$25,000**
  - \$3.00 per month Pays a maximum benefit of **\$15,000**
- (check one option, please)

Yes, I want this important financial protection. Please enroll me in the plan indicated above. I understand that I am guaranteed protection — regardless of my health.

Member Number \_\_\_\_\_

Full Name \_\_\_\_\_  
PLEASE PRINT

Beneficiary \_\_\_\_\_  
FULL NAME - PLEASE PRINT

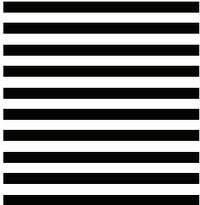
Signature \_\_\_\_\_ Date \_\_\_\_\_





LITTLE ROCK AR 72203  
PO BOX 2181  
ATTN: CUSTOMER ACCOUNTS

POSTAGE WILL BE PAID BY ADDRESSEE  
FIRST-CLASS MAIL PERMIT NO. 3463 LITTLE ROCK, AR  
**BUSINESS REPLY MAIL**



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

1-800-370-5856



UNDERWRITTEN BY



**ACT NOW!**  
Limited time offer!  
1-800-370-5856

Every 35 minutes, an older adult dies as a  
result of an accidental injury.  
*-National Center for Injury Prevention and Control,  
Division of Unintentional Injury Prevention, August 2008*

**Enroll Now** UP TO \$25,000 AD&D COVERAGE GUARANTEED

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Every 35 minutes, an older adult dies as a  
result of an accidental injury.

*-National Center for Injury Prevention and Control,  
Division of Unintentional Injury Prevention, August 2008*