

SERFF Tracking Number: UNUM-126207587 State: Arkansas
Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 42906
Company Tracking Number: ACCIDENT 1.0
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: Accident Only
Project Name/Number: Accident Only/Accident 1.0

Filing at a Glance

Company: Colonial Life & Accident Insurance Company

Product Name: Accident Only

SERFF Tr Num: UNUM-126207587 State: Arkansas

TOI: H02I Individual Health - Accident Only

SERFF Status: Closed-Approved-
Closed State Tr Num: 42906

Sub-TOI: H02I.000 Health - Accident Only

Co Tr Num: ACCIDENT 1.0

State Status: Approved-Closed

Filing Type: Form/Rate

Reviewer(s): Rosalind Minor

Authors: Cathy Brooks, Donna
Mazloom, Angela Parker, Lauren
Sease, Annette Smith, Tyra
Marshall, Jessica Reece

Disposition Date: 10/12/2009

Date Submitted: 07/10/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Accident Only

Status of Filing in Domicile: Pending

Project Number: Accident 1.0

Date Approved in Domicile:

Requested Filing Mode:

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: 10/12/2009

Explanation for Other Group Market Type:

State Status Changed: 10/12/2009

Deemer Date:

Created By: Cathy Brooks

Submitted By: Angela Parker

Corresponding Filing Tracking Number:

Filing Description:

Accident Only

Company and Contact

Filing Contact Information

Cathy Brooks, Contract Consultant

CLBrooks@unum.com

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1200 Colonial Life Boulevard 803-213-6227 [Phone]
Columbia, SC 29202

Filing Company Information

Colonial Life & Accident Insurance Company CoCode: 62049 State of Domicile: South Carolina
1200 Colonial Life Boulevard Group Code: 565 Company Type:
Post Office Box 1365 Group Name: State ID Number:
Columbia, SC 29202 FEIN Number: 57-0144607
(803) 798-7000 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: 2 policies x \$50.00 each = \$100.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Colonial Life & Accident Insurance Company	\$100.00	07/10/2009	29126008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/12/2009	10/12/2009
Approved-Closed	Rosalind Minor	07/16/2009	07/16/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Accident Sickness Disability Rider	Lauren Sease	10/07/2009	10/07/2009
Supporting Document	Statements of Variability - revised	Lauren Sease	10/07/2009	10/07/2009

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Disposition Date: 10/12/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	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
Supporting Document	Submission Letter	Approved-Closed	Yes
Supporting Document (revised)	Statements of Variability - revised	Approved-Closed	Yes
Supporting Document	Statements of Variability	Replaced	Yes
Supporting Document	NAIC Transmittal	Approved-Closed	Yes
Form	Accident Only Policy	Approved-Closed	Yes
Form	Accident Only Policy with Health Screening	Approved-Closed	Yes
Form	Accident Only Outline of Coverage	Approved-Closed	Yes
Form	Accident Only Outline of Coverage with Health Screening	Approved-Closed	Yes
Form	Accident Disability Rider	Approved-Closed	Yes
Form	Accident Disability Rider Outline	Approved-Closed	Yes
Form (revised)	Accident Sickness Disability Rider	Approved-Closed	Yes
Form	Accident Sickness Disability Rider	Replaced	Yes
Form	Accident Sickness Disability Rider Outline	Approved-Closed	Yes
Form	Sickness Hospital Confinement Rider	Approved-Closed	Yes
Form	Sickness Hospital Confinement Rider Outline	Approved-Closed	Yes

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Disposition Date: 07/16/2009

Implementation Date:

Status: Approved-Closed

Comment:

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SERFF Tracking Number: UNUM-126207587 State: Arkansas
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 Product Name: Accident Only
 Project Name/Number: Accident Only/Accident 1.0

Amendment Letter

Submitted Date: 10/07/2009

Comments:

As we discussed by telephone today, it has come to our attention on the Rider Schedule page for the R-ASD-1.0 rider, a benefit period of [24 Months] was included under the Accident Total Disability Benefit Period but inadvertently omitted from the Sickness Total Disability Benefit Period.

This is the only change on the previously approved rider form.

In addition, we are replacing the Statement of Variability pages to reflect this change.

Please note that the Actuarial Memorandum is correct and already includes this information.

The previously approved rider form has not been released for sale and will not be used.

Please replace the previously approved rider form with the attached revised form.

If acceptable, we shall appreciate your notifying us via SERFF. If you have any questions, please contact me at (800) 845-7330, extension 6528. My email address is lfsease@coloniallife.com. The fax number is (803) 750-7341.

Sincerely,

Senior Compliance Contract Consultant
 Lauren F. Sease

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
R-ASD-1.0-AR	Policy/Contract/Fraternal Certificate: Disability Amendment, Rider	Accident Sickness Disability	Revised		same	same	51.000	R-ASD-1.0-AR.pdf

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Insert
Page,
Endorsemen
t or Rider

Supporting Document Schedule Item Changes:

User Added -Name: Statements of Variability - revised

Comment: See revised Statement of Variability forms

Statement of Variability-HS-rev.pdf

Statement of Variability-NS-rev.pdf

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Form Schedule

Lead Form Number: Accident 1.0-NS-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/16/2009	Accident 1.0-NS-AR	Policy/Cont ract/Fratern al Certificate	Accident Only Policy	Initial		50.300	Accident 1.0- NS-AR.pdf
Approved-Closed 07/16/2009	Accident 1.0-HS-AR	Policy/Cont ract/Fratern al Certificate	Accident Only Policy Screening	Initial		50.300	Accident 1.0- HS-AR.pdf
Approved-Closed 07/16/2009	Accident 1.0-NS-O	Outline of Coverage	Accident Only Outline of Coverage	Initial		51.100	Accident 1.0- NS-O.pdf
Approved-Closed 07/16/2009	Accident 1.0-HS-O	Outline of Coverage	Accident Only Outline of Coverage with Health Screening	Initial		51.100	Accident 1.0- HS-O.pdf
Approved-Closed 07/16/2009	R-AD-1.0- AR	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Accident Disability Rider	Initial		51.700	R-AD-1.0- AR.pdf
Approved-Closed 07/16/2009	R-AD-1.0- O-AR	Outline of Coverage	Accident Disability Rider Outline	Initial		50.100	R-AD-1.0-O- AR.pdf
Approved-Closed 10/12/2009	R-ASD-1.0- AR	Policy/Cont ract/Fratern al Certificate:	Accident Sickness Disability Rider	Revised	Replaced Form #: same Previous Filing #: same	51.000	R-ASD-1.0- AR.pdf

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Amendmen
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 Endorseme
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Approved- Closed 07/16/2009	R-ASD-1.0- O-AR	Outline of Coverage	Accident Sickness Disability Rider Outline	Initial	50.300	R-ASD-1.0-O- AR.pdf
Approved- Closed 07/16/2009	R-SHC-1.0- AR	Policy/Cont ract/Fratern al	Sickness Hospital Confinement Rider	Initial	56.300	R-SHC-1.0- AR.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider				
Approved- Closed 07/16/2009	R-SHC-1.0- O-AR	Outline of Coverage	Sickness Hospital Confinement Rider Outline	Initial	51.100	R-SHC-1.0-O- AR.pdf

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
[1200 Colonial Life Boulevard, P.O. Box 1365, Columbia, South Carolina 29202
1.800.325.4368 www.coloniallife.com]
A Stock Company

ACCIDENT ONLY INSURANCE COVERAGE
THIS POLICY DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE.

Guaranteed Renewable

This policy is guaranteed renewable as long as you pay the premiums when they are due or within the grace period. Your premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

Please Read This Policy Carefully

This policy is a legal contract between you and us. Please read it carefully. We want you to be pleased with the coverage it provides. To understand your coverage, you must read this policy as a whole.

In this policy, the words *you* or *your* refer to the *named insured* identified on the Policy Schedule. The words *covered person* refer to the named insured, to your spouse if this is a named insured and spouse policy or a two-parent family policy, and to your child(ren) if this is a one-parent or two-parent family policy. The male pronoun includes the female whenever used. The words *we*, *us* or *our* refer to Colonial Life & Accident Insurance Company.

Your Right to Return This Policy Within 30 Days

If, for any reason, you are not satisfied with this policy, you can return it to us at our home office within 30 days after you receive it. At that time, you should ask us in writing to cancel it. We will consider this policy as if it never existed. Any premium paid will be refunded.



Secretary



President and CEO]

Notice to Buyer: This is an accident-only policy and it does not pay benefits for loss from sickness. Please read your policy carefully. This policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.

If you are eligible for Medicare, review the Guide To Health Insurance for People with Medicare available from the Company.

If you should have any questions, need information about your coverage or assistance in resolving complaints, please contact your agent or Colonial Life at 1800.325.4368. In the event that we fail to provide you with reasonable and adequate service, feel free to contact the Insurance Department.

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201
501-371-2640
1-800-852-5494

SECTION II - POLICY GUIDE

SECTION I - FACE PAGE

SECTION II - POLICY GUIDE

SECTION III - POLICY SCHEDULE

SECTION IV - YOUR CONTRACT WITH US

SECTION V - YOUR PREMIUM PAYMENTS

SECTION VI - IMPORTANT WORDS IN THIS POLICY

SECTION VII - BENEFITS

SECTION VIII - WHAT IS NOT COVERED BY THIS POLICY

SECTION IX - YOUR CLAIM FOR BENEFITS

SECTION X - OTHER IMPORTANT PROVISIONS

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

SECTION III - POLICY SCHEDULE

Named Insured: [John Doe]	Policy Number: [1234567890 E99999999999]
Policy Coverage Effective Date: [May 15, 2009]	Monthly Policy Premium: [\$ 46.20]
Accident Type: [On & Off Job] [Off Job Only]	Beneficiary: [Jane B. Doe]
Coverage Type: [Named Insured] [Named Insured and Spouse] [One-Parent Family Coverage] [Two-Parent Family Coverage]	

BENEFITS

Accident Emergency Treatment	[75][100][125][150][175] Maximum of one benefit per covered person per covered accident										
Accident Follow Up Doctor Visit	[50][75][100] Maximum of [two][three][four] visits per covered person per covered accident										
Accidental Death	<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>Covered person</u></th> <th style="text-align: left;"><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>Named Insured</td> <td>[\$20,000-\$150,000, in \$5,000 increments]</td> </tr> <tr> <td>[Spouse</td> <td>[\$20,000-\$150,000, in \$5,000 increments]]</td> </tr> <tr> <td>[Child(ren)</td> <td>[\$4,000-\$30,000, in \$1,000 increments]]</td> </tr> </tbody> </table>	<u>Covered person</u>	<u>Amount</u>	Named Insured	[\$20,000-\$150,000, in \$5,000 increments]	[Spouse	[\$20,000-\$150,000, in \$5,000 increments]]	[Child(ren)	[\$4,000-\$30,000, in \$1,000 increments]]		
<u>Covered person</u>	<u>Amount</u>										
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[Spouse	[\$20,000-\$150,000, in \$5,000 increments]]										
[Child(ren)	[\$4,000-\$30,000, in \$1,000 increments]]										
Accidental Death-Common Carrier	<table style="width: 100%; border: none;"> <tbody> <tr> <td>Named Insured</td> <td>[\$80,000-\$300,000, in \$5,000 increments]</td> </tr> <tr> <td>[Spouse</td> <td>[\$80,000-\$300,000, in \$5,000 increments]]</td> </tr> <tr> <td>[Child(ren)</td> <td>[\$16,000-\$60,000, in \$1,000 increments]]</td> </tr> </tbody> </table>	Named Insured	[\$80,000-\$300,000, in \$5,000 increments]	[Spouse	[\$80,000-\$300,000, in \$5,000 increments]]	[Child(ren)	[\$16,000-\$60,000, in \$1,000 increments]]				
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[Child(ren)	[\$16,000-\$60,000, in \$1,000 increments]]										
Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of an Eye)	<table style="width: 100%; border: none;"> <tbody> <tr> <td>Accidental loss of finger/toe Loss of one finger or one toe</td> <td>[\$600-\$1,950, in \$150 increments]</td> </tr> <tr> <td>Loss of: <ul style="list-style-type: none"> • two or more fingers; or • two or more toes; or • any combination of two or more fingers or toes </td> <td>[\$1,200-\$3,900, in \$300 increments]</td> </tr> <tr> <td>Accidental loss of hand/foot/sight of an eye Loss of: <ul style="list-style-type: none"> • one hand; or • one foot; or • sight of one eye. </td> <td>[\$6,000-\$19,500, in \$1,500 increments]</td> </tr> <tr> <td>Loss of: <ul style="list-style-type: none"> • both hands; or • both feet; or • the sight of both eyes; or • any combination of two or more listed above. </td> <td>[\$12,000-\$39,000, in \$3,000 increments]</td> </tr> <tr> <td></td> <td style="text-align: right;">Maximum of one benefit per covered person per covered accident</td> </tr> </tbody> </table>	Accidental loss of finger/toe Loss of one finger or one toe	[\$600-\$1,950, in \$150 increments]	Loss of: <ul style="list-style-type: none"> • two or more fingers; or • two or more toes; or • any combination of two or more fingers or toes 	[\$1,200-\$3,900, in \$300 increments]	Accidental loss of hand/foot/sight of an eye Loss of: <ul style="list-style-type: none"> • one hand; or • one foot; or • sight of one eye. 	[\$6,000-\$19,500, in \$1,500 increments]	Loss of: <ul style="list-style-type: none"> • both hands; or • both feet; or • the sight of both eyes; or • any combination of two or more listed above. 	[\$12,000-\$39,000, in \$3,000 increments]		Maximum of one benefit per covered person per covered accident
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	Maximum of one benefit per covered person per covered accident										

Air Ambulance		[\$1,200][\$2,000] Maximum of one benefit per covered person per covered accident
Ambulance		[\$120][\$200] Maximum of one benefit per covered person per covered accident
Appliance		[\$75][\$100] Maximum of one benefit per covered person per covered accident
Blood/Plasma/ Platelets		\$300 Maximum of one benefit per covered person per covered accident
Burn	Second degree burns covering a total of at least 36% of the body surface	\$1,000
	Third degree burns covering a total of: at least 9 square inches but less than 18 square inches	\$2,000
	at least 18 square inches but less than 35 square inches	\$4,000
	35 or more square inches	\$12,000 Maximum of one benefit per covered person per covered accident
Burn - Skin Graft		50% of Applicable Burn Benefit Maximum of one benefit per covered person per covered accident
Catastrophic Accident	<u>Covered person</u>	<u>Amount</u>
Accident occurs: Prior to the covered person's attaining age 65	Named Insured [Spouse [Child(ren)]	[\$10,000-\$125,000, in \$2,500 increments] [\$10,000-\$125,000, in \$2,500 increments]] [\$5,000-\$62,500, in \$1,250 increments]]
After the covered person's attaining Age 65 and prior to the covered person's attaining age 70	Named Insured [Spouse [Child(ren)]	[\$5,000-\$62,500, in \$1,250 increments] [\$5,000-\$62,500, in \$1,250 increments]] [\$2,500-\$31,250, in \$625 increments]]
After the covered person's attaining Age 70	Named Insured [Spouse [Child(ren)]	[\$2,500-\$31,250, in \$625 increments]] [\$2,500-\$31,250, in \$625 increments]] [\$1,250-\$15,625, in \$312.50 increments]]
		Subject to a 365-day elimination period Maximum of one benefit per lifetime per covered person
Coma		[\$7,500][\$10,000][\$12,500] Maximum of one benefit per covered person per covered accident
Concussion		\$60 Maximum of one benefit per covered person per covered accident

Dislocation (Separated Joint)	<u>Complete Dislocation of Joint</u>	<u>Closed Reduction with Anesthesia</u>	<u>Open Reduction with Anesthesia</u>
	Hip	[\$1,800-\$4,400, in \$200 increments]	[\$3,600-\$8,800, in \$400 increments]
	Knee (except patella)	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200 increments]
	Ankle - bone or bones of the foot (other than toes)	[\$720-\$1,760, in \$80 increments]	[\$1,440-\$3,520, in \$160 increments]
	Collarbone (sternoclavicular)	[\$450-\$1,100, in \$50 increments]	[\$900-\$2,200, in \$100 increments]
	Lower jaw	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
	Shoulder (glenohumeral)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
	Elbow	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
	Wrist	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
	Bone or bones of the hand (other than fingers)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
	Collarbone (acromioclavicular and separation)	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
	One toe or finger	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
		If more than one dislocation in a covered accident, maximum benefit of two times the amount for the joint with the highest benefit amount. If a fracture and dislocation in a covered accident, maximum benefit of two times the amount for the bone or joint involved with the highest benefit amount.	
	Incomplete dislocation or dislocation reduction without anesthesia	25% of applicable amount for closed reduction of joint involved	
		Maximum of one benefit for complete or incomplete dislocation per covered person per covered accident.	

Emergency Dental Work	Broken tooth repaired with a crown, denture or implant	[\$200][\$300][\$400] Maximum of one benefit per covered person per covered accident
	Broken tooth resulting in extraction	[\$50][\$75][\$100] Maximum of one benefit per covered person per covered accident

Eye Injury	[\$200][\$300] Maximum of one benefit per covered person per covered accident
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Fracture (Broken Bone)	<u>Bone</u>	<u>Closed reduction</u>	<u>Open reduction</u>
	Skull (except bones of face or nose), depressed skull fracture	[\$2,250-\$5,500, in \$250 increments]	[\$4,500-\$11,000, in \$500 increments]
	Skull (except bones of face or nose), simple non-depressed skull fracture	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200 increments]
	Hip, thigh (femur)	[\$1,350-\$3,300, in \$150 increments]	[\$2,700-\$6,600, in \$300 increments]

Vertebrae, body of (excluding vertebral processes)	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]
Leg (tibia and/or fibula)	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]
Bones of face or nose (except mandible or maxilla)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Upper jaw, maxilla (except alveolar process)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Upper arm between elbow and shoulder (humerus)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Lower jaw, mandible (except alveolar process)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Shoulder blade (scapula), collarbone (clavicle, sternum)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Vertebral processes	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Forearm (radius and/or ulna), hand, wrist (except fingers)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Kneecap (patella)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Foot (except toes)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Ankle	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Rib	[\$225-\$550, in \$25 increments]	[\$450-\$1,100, in \$50 increments]
Coccyx	[\$180-\$440, in \$20 increments]	[\$360-\$880, in \$40 increments]
Finger, toe	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
Chip Fracture	25% of the applicable amount for closed reduction for the bone involved as listed above.	

If more than one fracture in a covered accident, maximum benefit of two times the amount for the bone with the highest benefit amount. If a fracture and dislocation in a covered accident, maximum benefit of two times the amount for the bone or joint involved with the highest benefit amount. Maximum of one Chip Fracture benefit per covered person per covered accident.

Hospital Admission	[\$750-\$1,750, in \$50 increments] Maximum of one benefit per covered person per covered accident We will not pay the Hospital Admission benefit and the Hospital Intensive Care Unit Admission benefit for the same covered accident.
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Hospital Confinement	[\$175-\$500, in \$25 increments] per day Maximum of 365 days per covered person per covered accident. We will not pay the Hospital Confinement benefit and the Hospital Intensive Care Unit Confinement benefit concurrently.
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Hospital Intensive Care Unit Admission		[\$1,500-\$3,500, in \$100 increments] Maximum of one benefit per covered person per covered accident. We will not pay the Hospital Intensive Care Unit Admission benefit and the Hospital Admission benefit for the same covered accident.
Hospital Intensive Care Unit Confinement		[\$350-\$1,000, in \$50 increments] per day Maximum of 15 days per covered person per covered accident. We will not pay the Hospital Confinement benefit and the Hospital Intensive Care Unit Confinement benefit concurrently.
Knee Cartilage - Torn		[\$500][\$750] Maximum of one benefit per covered person per covered accident
Laceration	Total of all lacerations is less than two inches long (less than 5.08 centimeters) and repaired by stitches	\$60
	Total of all lacerations is at least two but less than six inches long (5.08 to 15.23 centimeters) and repaired by stitches	\$260
	Total of all lacerations is six inches or longer (15.24 centimeters or longer) and repaired by stitches	\$500
	Laceration with no repair	\$30 Maximum of one benefit per covered person per covered accident
Lodging		[\$100][\$125][\$150] per night Up to 30 days per covered accident for one motel/hotel room for companion
Medical Imaging Study		[\$100][\$150][\$200] Maximum of one benefit per covered person per covered accident and one benefit per covered person per calendar year
Occupational Or Physical Therapy		[\$25][\$35] per day Maximum of 10 days per covered person per covered accident
Prosthetic Device/ Artificial Limb		One device/limb [\$500][\$750] Two or more devices/limbs [\$1,000][\$1,500] Maximum of one benefit per covered person per covered accident
Rehabilitation Unit Confinement		[\$100][\$150] per day Up to 15 days per covered person per covered accident and a maximum of 30 days per covered person per calendar year
Ruptured Disc with Surgical Repair		[\$500][\$750] Maximum of one benefit per covered person per covered accident

Surgery - Cranial, Open Abdominal and Thoracic /Hernia	Cranial, Open Abdominal and Thoracic (other than hernia repair) [\$1,000][\$1,500] Hernia [\$100][\$150] If both cranial, open abdominal, or thoracic surgery and hernia surgery are performed as a result of the same covered accident, we will only pay the Cranial, Open Abdominal, or Thoracic Surgery benefit. Maximum of one benefit per covered person per covered accident
Surgery - Exploratory and Arthroscopic	[\$150][\$200] Maximum of one benefit per covered person per covered accident
Tendon/ Ligament/ Rotator Cuff	One [\$500][\$750] Two or more [\$1,000][\$1,500] Maximum of one benefit per covered person per covered accident
Transportation	[\$400][\$500][\$600] per round trip Up to three round trips per covered person per covered accident
X-Ray	[\$20][\$30][\$40] Maximum of one benefit per covered person per covered accident

SECTION IV - YOUR CONTRACT WITH US

Coverage Provided by This Policy

According to the provisions of this policy, we insure any covered person against losses resulting from injuries received in a covered accident.

When making a benefit determination under this policy, we have discretionary authority to determine the covered person's eligibility for the benefits and to interpret the terms and provisions of the policy. All benefit determinations must be reasonable and based on the terms of this policy and the facts and circumstances of each claim.

Entire Contract: Changes

This policy is a legal contract between you and us. We provide the insurance coverage stated, subject to the terms of this policy. We do this in return for your application and your first payment called a *premium*. The premium for this policy is shown on the Policy Schedule.

Whenever we use the word *policy*, we mean the entire contract. The entire contract consists of:

- the policy, including the Policy Schedule;
- the attached copy of the application; and
- any attached riders or endorsements.

Riders and endorsements add provisions or change the terms of the policy. Any changes made to this policy must be attached in writing and signed by one of our executive officers at our home office. No agent or anyone else can change this policy or waive any of its provisions.

Who is Covered By This Policy

If this is a named insured policy as shown on the Policy Schedule, we insure you, the named insured.

If this is a named insured and spouse policy as shown on the Policy Schedule, we insure you and your spouse.

If this is a one-parent family policy as shown on the Policy Schedule, we insure you and your dependent children.

If this is a two-parent family policy as shown on the Policy Schedule, we insure you, your spouse and your dependent children.

Spouse means the person married to you on the day we issue this policy.

Dependent children means any natural children, step-children, legally adopted children, foster children or children under your charge, care and control for whom you have filed a petition to adopt who are:

- unmarried;
- chiefly dependent on you or your spouse for support; and
- younger than age 26.

Children born to dependent children of the named insured or the named insured's spouse are not covered under the policy.

Coverage on your newborn children begins from the moment of live birth. If this is a named insured policy or a named insured and spouse policy, this coverage on the newborn child will end 90 days later if you do not notify us in writing of the birth and complete the required application form. The first premium for one-parent or two-parent family coverage is due on the next premium due date after the birth of the newborn.

Coverage on your adopted children begins with the earlier of:

1. the date of placement into your custody for adoption;
2. the moment of birth if the petition for adoption is filed within 60 days after the birth; or
3. the date of filing the petition for adoption if the petition for adoption is filed more than 60 days after the birth.

If this is a named insured policy or a named insured and spouse policy, this coverage on the adopted child will end 90 days later if you do not notify us in writing of the adoption or placement into your custody for adoption and complete the required

application form. The first premium for one-parent or two-parent family coverage is due on the next premium due date after the adoption or placement.

After the effective date of this policy, if any members of your family are added to this policy, including a new spouse or child, you must:

- notify us that you wish to add a person to your coverage;
- complete the required application form; and
- pay any additional premium for him.

Effective Date of This Policy

This policy begins at 12:01 a.m. in the time zone where you live on the policy coverage effective date shown on the Policy Schedule.

SECTION V - YOUR PREMIUM PAYMENTS

When and Where to Pay Premiums

The premiums for this policy must be paid to us at our home office in advance and when they are due.

The premium due dates are based on:

- the date and month for which we first received premium; and
- the premium frequency.

The *premium frequency* is how often the premiums are paid.

Grace Period (If Premiums Are Not Paid When Due)

After the first premium, if the premium is not paid when it is due, it can be paid during the next 31 days. These 31 days are called the *grace period*. During the grace period, this policy will stay in force. If the premium is not paid before the grace period ends, the coverage provided by this policy will terminate at the end of the grace period.

Termination of coverage will not affect any continuous loss which began while this policy was in force. Benefits for continuous loss will be limited to the length of the benefit period and to the payment of the maximum benefit amount.

Refund of Unearned Premium

If this policy terminates because you, the named insured, die, we will refund any premiums you have paid for any period after the monthly anniversary date following termination. The monthly anniversary date occurs each month on the same date as the date for which we first received premium.

Our Right to Change Premiums

We have the right to change the premium we charge. However, we cannot single anyone out for a premium change. If we make a change, it will be made on all policies of this kind in force in the state where the policy was issued. If we plan to make a change, we will send a notice at least 45 days before we make it. We will not change premiums more than once in a 12-month period.

Unpaid Premium

When a claim is paid under this policy, any premium then due and unpaid may be deducted by us from the claim payment.

Reinstatement (How to Put This Policy Back in Force)

If the premium is not paid by the end of the grace period, this policy will no longer be in force. However, the policy may be put back in force. This is called *reinstatement*. You can ask us or one of our agents about reinstatement. If our home office accepts the premium and does not require a reinstatement application, this policy will be reinstated on the date the premium is received.

If we do require a reinstatement application at the time we accept the premium, a conditional receipt will be given for the premium. If we approve the reinstatement application, this policy will be reinstated on the date we approve it. If we do not

notify you that we have approved or disapproved the reinstatement application, this policy will be reinstated on the 45th day after the date on the conditional receipt.

The reinstated policy will cover only losses that result from injuries received in a covered accident that occurs after the reinstatement date.

We have the right to make changes in this policy before we reinstate it. Any changes will be made in or attached to the reinstated policy that we send to you. In every other way, your rights and our rights will be the same.

SECTION VI - IMPORTANT WORDS IN THIS POLICY

Accident means an unintended or unforeseen bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

Confined or Confinement means the assignment to a bed as a resident inpatient in a hospital on the advice of a doctor or confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a doctor.

Covered Accident is an accident which:

- occurs on or after the effective date of this policy;
- occurs while this policy is in force;
- is of the Accident Type listed on the Policy Schedule page; and
- is not excluded by name or specific description in this policy.

Doctor or Physician means a person who:

- is licensed by the state to practice a healing art; and
- performs services for a covered person which are allowed by his license.

For purposes of this definition, doctor or physician does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or a business interest with any covered person.

Emergency Room is a specified area within a hospital that is designated for the emergency care of accidental injuries. This area must:

- be staffed and equipped to handle trauma;
- be supervised and provide treatment by doctors; and
- provide care seven days per week, 24 hours per day.

Hospital means a place that:

- is run according to law on a full-time basis;
- provides overnight care of injured and sick people;
- is supervised by a doctor;
- has full-time nurses supervised by a registered nurse; and
- has at its locations or uses on a pre-arranged basis: X-ray equipment, a laboratory and an operating room where surgical operations take place.

Notwithstanding the above, a hospital is not:

- a nursing home;
- an extended care facility;
- a skilled nursing facility;
- a rest home or home for the aged;
- a rehabilitation center;
- a place for alcoholics or drug addicts; or
- an assisted living facility.

Hospital Intensive Care Unit means a place which:

- is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
- is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
- is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and
- has a doctor assigned to the intensive care unit on a full-time basis.

A hospital intensive care unit is not any of the following step down units:

- a progressive care unit;
- an intermediate care unit;
- a private monitored room;
- sub-acute intensive care unit;
- an observation unit; or
- any facility not meeting the definition of a hospital intensive care unit as defined in this policy.

Hospital Sub-Acute Intensive Care Unit means a place which:

- is a specifically designated area of the hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward;
- is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and
- is under constant and continuous observation by a specially trained nursing staff.

A hospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.

Injury means a wound to a covered person's body that is caused solely by or is the result of a covered accident.

Observation Unit is a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a doctor and which:

- is under the direct supervision of a doctor or registered nurse;
- is staffed by nurses assigned specifically to that unit; and
- provides care seven days per week, 24 hours per day.

Occupational Therapist is a person who:

- possesses the designation "Occupational Therapist Registered (OTR)";
- is licensed by the state to practice occupational therapy;
- performs services which are allowed by his license; and
- performs services for which benefits are provided by this policy.

For purposes of this definition, occupational therapist does not include any covered person or anyone related to any covered person by blood or marriage.

Off-Job Accident means an accident that occurs while a covered person is not working at any job for pay or benefits.

On-Job Accident means an accident that occurs while a covered person is working at any job for pay or benefits.

Physical Therapist is a person who:

- is licensed by the state to practice physical therapy;
- performs services which are allowed by his license;
- performs services for which benefits are provided by this policy; and
- practices according to the Code of Ethics of the American Physical Therapy Association.

For purposes of this definition, physical therapist does not include any covered person or anyone related to any covered person by blood or marriage.

Rehabilitation Unit means an appropriately licensed facility that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by accidental injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of physicians. The rehabilitation unit may be part of a hospital or a freestanding facility.

A rehabilitation unit is not:

- a nursing home;
- an extended care facility;
- a skilled nursing facility;
- a rest home or home for the aged;
- a hospice care facility;
- a place for alcoholics or drug addicts; or
- an assisted living facility.

Urgent Care Facility means a place other than a doctor's office, hospital or emergency room that provides emergency care and treatment for injured people.

SECTION VII - BENEFITS

Accident Emergency Treatment

We will pay the amount shown on the Policy Schedule for Accident Emergency Treatment if any covered person is injured as the result of a covered accident and incurs a charge for and requires examination and treatment by a doctor in a hospital emergency room, urgent care facility or doctor's office (other than acupuncture or occupational or physical therapy) within 72 hours after the covered accident.

We will pay this amount once per covered person per covered accident. We will not pay the Accident Emergency Treatment and the Accident Follow-Up Doctor Visit benefits for visits on the same day.

Accident Follow-Up Doctor Visit

We will pay the amount and up to the maximum number of visits shown on the Policy Schedule for Accident Follow Up Doctor Visit if any covered person incurs a charge for and receives initial treatment more than 72 hours after the covered accident or follow-up treatment (other than occupational or physical therapy) that is provided by a doctor for injuries received as the result of a covered accident. Treatment must:

- begin within 60 days and be completed within 365 days of the accident;
- be due to injuries received as the result of a covered accident;
- occur in a doctor's office, urgent care facility or emergency room; and
- not be for routine examinations or preventive testing.

We will not pay the Accident Emergency Treatment and the Accident Follow-Up Doctor Visit benefits for visits on the same day.

Accidental Death

We will pay the applicable amount shown on the Policy Schedule for Accidental Death if any covered person is injured as the result of a covered accident, and the injury causes the covered person to die within 90 days after the covered accident.

If we pay this benefit, we will not pay the Accidental Death - Common Carrier benefit.

Accidental Death - Common Carrier

We will pay the applicable amount shown on the Policy Schedule for Accidental Death - Common Carrier if any covered person is injured as the result of a covered accident while a fare paying passenger on a common carrier and the injury causes the covered person to die within 90 days after the covered accident. *Common carrier* means: commercial airplanes, trains, buses,

trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not common carriers.

If we pay this benefit, we will not pay the Accidental Death benefit.

Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of an Eye)

We will pay the applicable amount shown on the Policy Schedule for Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of An Eye) for loss of a finger, toe, hand, foot or sight of an eye received as the result of a covered accident and which occurs within 90 days after the covered accident.

For purposes of this benefit, the following definitions apply. *Loss of a hand* means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost. *Loss of a foot* means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost. *Loss of a finger* means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. *Loss of a toe* means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. *Loss of sight of an eye* means that at least 80 percent of vision is permanently lost.

If the covered person loses a finger or toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same covered accident, we will subtract the amount we paid for that loss of a finger or toe from the benefit we paid for the loss of a hand or foot.

Air Ambulance

We will pay the amount shown on the Policy Schedule for Air Ambulance if a charge is incurred and a licensed professional air ambulance company transports by air any covered person to or from a hospital or between medical facilities where treatment for injuries is received as the result of a covered accident. The air ambulance transportation must be within 48 hours after the covered accident. We will pay this amount once per covered person per covered accident.

Ambulance

We will pay the amount shown on the Policy Schedule for Ambulance if a charge is incurred and a licensed professional ambulance company transports any covered person by ground transportation to or from a hospital or between medical facilities, where treatment for injuries is received as the result of a covered accident. The ambulance transportation must be within 90 days after the covered accident. We will pay this amount once per covered person per covered accident.

Appliance

We will pay the amount shown on the Policy Schedule for Appliance if any covered person is injured as the result of a covered accident, a doctor prescribes the use of a medical appliance as an aid in personal locomotion or mobility and a charge is incurred for the appliance. For purposes of this benefit, appliance means a back brace, cane, crutches, leg brace, walker and wheelchair. The use of an appliance must begin within 90 days after the covered accident. We will pay this amount once per covered person per covered accident.

Blood/Plasma/Platelets

We will pay the amount shown on the Policy Schedule for Blood/Plasma/Platelets if any covered person is injured as the result of a covered accident and incurs a charge for and requires the transfusion, administration, cross matching, typing and processing of blood/plasma/platelets as the result of the injury. The blood/plasma/platelets must be administered within 90 days after the covered accident. We will pay this amount once per covered person per covered accident.

Burn

We will pay the applicable amount shown on the Policy Schedule for Burn if any covered person receives burns as described on the Policy Schedule as the result of a covered accident which are treated by a doctor within 72 hours after the covered accident. A charge must be incurred for treatment. We will pay this amount once per covered person per covered accident. If any covered person receives both second and third degree burns in a covered accident, we will pay the highest applicable burn benefit based on the measurement and type of burn, but not both the Second Degree Burn and Third Degree Burn benefits.

Burn - Skin Graft

We will pay the amount shown on the Policy Schedule for Burn Skin Graft if any covered person incurs a charge for and receives a skin graft for a burn for which a benefit was received under the Burn benefit of this policy. This benefit will be payable only once per covered person per covered accident.

Catastrophic Accident

We will pay the applicable amount shown on the Policy Schedule for Catastrophic Accident at the end of the elimination period if any covered person:

- sustains a catastrophic loss as the result of a covered accident;
- is under the appropriate care of a doctor during the elimination period; and
- remains alive at the end of the elimination period.

For purposes of this benefit, *Elimination period* means the period of 365 days after the date of a covered accident.

For purposes of this benefit, *Catastrophic loss* means an injury that within 365 days of the covered accident results in total and irrecoverable:

- loss of both hands or both feet ; or
- loss or loss of use of both arms or both legs; or
- loss of one hand and one foot; or
- loss or loss of use of one arm and one leg; or
- loss of the sight of both eyes; or
- loss of the hearing of both ears; or
- loss of the ability to speak.

For purposes of this benefit, the following definitions apply. *Loss of a hand* means that the hand is cut off through or above the wrist joint. *Loss of a foot* means that the foot is cut off through or above the ankle joint. *Loss of an arm* means the arm is cut off above the elbow. *Loss of a leg* means the leg is cut off above the knee. *Loss of use of an arm* means the loss of function of the entire arm from the shoulder to the hand. *Loss of use of a leg* means the loss of function of the entire leg from the hip to the foot. *Loss of sight of both eyes* means at least 80 percent of vision is permanently lost in both eyes, such that it cannot be corrected to any functional degree by any procedure, aid or device. *Loss of hearing of both ears* means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device. *Loss of the ability to speak* means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.

The catastrophic accident benefit will be payable once per lifetime for each covered person in this policy.

Coma

We will pay the amount shown on the Policy Schedule for Coma if any covered person incurs a charge for and is diagnosed with or treated for a coma lasting for a period of at least seven consecutive days resulting from a covered accident. The condition must require intubation for respiratory assistance and be diagnosed or treated by a doctor within 90 days after the covered accident.

For purposes of this benefit, *Coma* means a continuous state of profound unconsciousness characterized by the absence of:

- eye opening,
- motor response, and
- verbal response.

The term “Coma” does not include any medically induced coma.

This benefit will be payable once per covered person per covered accident.

Concussion

We will pay the amount shown on the Policy Schedule for Concussion if any covered person sustains a concussion as the result of a covered accident and incurs a charge for and is diagnosed by a doctor within 72 hours from the date of the covered accident. This benefit will be payable once per covered person per covered accident.

Dislocation (Separated Joint)

We will pay this benefit if any covered person receives a dislocation as the result of a covered accident. A *dislocation* is a completely separated joint. It must be diagnosed as a dislocation by a doctor within 90 days after the accident. The dislocation must require correction with anesthesia by a doctor, and a charge must be incurred for the correction. It can be corrected by open (surgical) or closed (non-surgical) reduction. After all of these things occur, we will pay the applicable amount shown on the Policy Schedule for Dislocation (Separated Joint) for the joint involved.

If any covered person receives more than one dislocation in a covered accident, and he requires open or closed reduction, we will pay for all dislocations. However, we will pay no more than two times the amount for the joint involved which has the highest benefit amount.

If the dislocation requires reduction without anesthesia by a doctor, we will pay 25 percent of the applicable amount shown on the Policy Schedule for a closed reduction of the joint involved.

If a doctor diagnoses the dislocation as an incomplete dislocation, we will pay 25 percent of the applicable amount shown on the Policy Schedule for a closed reduction of the joint involved. An *incomplete dislocation* is a dislocation in which the joint is not completely separated.

If any covered person receives a fracture and a dislocation in the same covered accident, we will pay for both. However, we will pay no more than two times the amount for the bone or joint involved which has the highest benefit amount.

We will pay this benefit only for the first dislocation of a joint after the policy coverage effective date. Subsequent dislocations of the same joint after the policy coverage effective date will not be covered under this benefit.

Emergency Dental Work

We will pay the amount shown on the Policy Schedule for Emergency Dental Work for specified dental services required by a covered person as the result of injuries received in a covered accident. The dental services must begin within 60 days of the covered accident, and a charge must be incurred for the services.

For purposes of this benefit, specified dental services means repair of a broken sound natural tooth with a crown, denture or implant and extraction of a broken sound natural tooth.

Each Emergency Dental Work benefit shown on the Policy Schedule is payable only once per covered accident per covered person regardless of the number of teeth involved.

Eye Injury

We will pay the amount shown on the Policy Schedule for Eye Injury if any covered person receives an eye injury as the result of a covered accident. The eye injury must require surgery or the removal of a foreign object by a doctor within 90 days after the covered accident, and a charge must be incurred for the surgery or removal.

After all of these things occur, we will pay this amount once per covered person per covered accident. An examination with anesthesia will not be considered surgery.

Fracture (Broken Bone)

We will pay this benefit if any covered person receives a fracture as the result of a covered accident. A *fracture* is a break in a bone which can be seen by x-ray. It must be diagnosed as a fracture by a doctor within 90 days after the covered accident. The fracture must require open (surgical) or closed (non-surgical) reduction by a doctor, and a charge must be incurred for the reduction. After all of these things occur, we will pay the applicable amount listed on the Policy Schedule for Fracture (Broken Bone) for the bone involved and the type of reduction.

If any covered person receives more than one fracture in a covered accident, and he requires open or closed reduction, we will pay for all fractures. However, we will pay no more than two times the amount listed on the Policy Schedule for Fracture (Broken Bone) for the bone involved which has the highest benefit amount.

If a doctor diagnoses the fracture as a chip fracture, we will pay 25 percent of the applicable amount listed on the Policy Schedule for Fracture (Broken Bone) for the closed reduction for the bone involved. A *chip fracture* is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

If any covered person receives a fracture and a dislocation in the same accident, we will pay for both. However, we will pay no more than two times the amount for the bone or joint involved which has the highest benefit amount.

Hospital Admission

We will pay the amount shown on the Policy Schedule for Hospital Admission if any covered person incurs a charge for and is confined to a hospital as the result of injuries received in a covered accident. The covered person must initially become confined within six months after the covered accident.

We will pay this amount once per covered person per covered accident.

We will not pay this benefit for:

- emergency room treatment;
- outpatient treatment; or
- a stay of less than 20 hours in an observation unit.

We will not pay the Hospital Admission benefit and the Hospital Intensive Care Unit Admission benefit for the same covered accident.

Hospital Confinement

We will pay the amount shown on the Policy Schedule for Hospital Confinement for each day any covered person incurs a charge for and is confined in a hospital or a hospital sub-acute intensive care unit as the result of injuries received in a covered accident. The covered person must initially become confined in a hospital or a sub-acute intensive care unit within six months after the covered accident. We will pay benefits for only one hospital confinement at a time even it is caused by more than one covered accident.

We will pay this amount up to 365 days per covered person per covered accident.

We will not pay this benefit for:

- emergency room treatment;
- for outpatient treatment; or
- confinement of less than 20 hours to an observation unit.

We will not pay the Hospital Confinement benefit and the Hospital Intensive Care Unit Confinement benefit concurrently.

If any covered person is confined in a hospital intensive care unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day. The total amount payable per covered accident will not exceed 365 days for hospital confinement and 15 days for hospital intensive care unit confinement.

Hospital Intensive Care Unit Admission

We will pay the amount shown on the Policy Schedule for Hospital Intensive Care Unit Admission if any covered person incurs a charge for and is admitted directly to a hospital intensive care unit as the result of injuries received in a covered accident. The initial admission to a hospital intensive care unit must occur within 30 days after the covered accident.

We will pay this amount once per covered person per covered accident.

We will not pay this benefit for:

- emergency room treatment;
- outpatient treatment; or
- a stay of less than 20 hours in an observation unit.

If any covered person is admitted to a hospital intensive care unit that does not meet the definition in this policy of a hospital intensive care unit, we will pay the Hospital Admission benefit. We will not pay the Hospital Intensive Care Unit Admission benefit and the Hospital Admission benefit for the same covered accident concurrently.

Hospital Intensive Care Unit Confinement

We will pay the amount shown on the Policy Schedule for Hospital Intensive Care Unit Confinement for each day any covered person incurs a charge for and is confined to a hospital intensive care unit as the result of injuries received in a covered accident. The initial confinement in a hospital intensive care unit must begin within 30 days after the covered accident.

We will pay this amount up to 15 days per covered person per covered accident.

If any covered person is confined to a hospital intensive care unit that does not meet the definition in this policy of a hospital intensive care unit, we will pay the Hospital Confinement benefit up to the maximum benefit per covered accident. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Knee Cartilage - Torn

We will pay the amount shown on the Policy Schedule for Knee Cartilage -Torn if any covered person tears, ruptures or severs knee cartilage (meniscus) as the result of a covered accident and requires surgical repair. The injury must be treated by a doctor within 60 days after the covered accident. It must be repaired through surgery by a doctor within 12 months after the covered accident and a charge must be incurred for the repair. After all of these things occur, we will pay this amount for each covered accident. If exploratory or arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), we will pay under the Surgery - Exploratory and Arthroscopic benefit.

We will pay this amount once per covered person per covered accident.

Laceration

We will pay the amount shown on the Policy Schedule for Laceration if any covered person receives a laceration as the result of a covered accident. A *laceration* is a cut. The laceration must be repaired by a doctor within 72 hours after the covered accident, and a charge must be incurred for the repair. After all of these things occur, we will pay this amount for each covered accident. The amount we pay will be based on the total length of all lacerations received in any one covered accident that require repair. If the laceration is severe enough to require stitches but the doctor chooses to repair it in another way, we will pay it as a laceration repaired with stitches.

We will pay this amount once per covered person per covered accident.

If any covered person receives a laceration on a finger, toe, hand, foot, or eye and later loses that finger, toe, hand, foot or eye as the result of the same covered accident, we will subtract the amount we paid under the laceration benefit from the Accidental Dismemberment (Loss Of Finger, Toe, Hand, Foot Or Sight Of An Eye) benefit.

Lodging

We will pay the amount shown on the Policy Schedule for Lodging if a charge is incurred for one motel/hotel room for a companion to accompany the covered person. We will pay this benefit for any day the covered person is confined in a hospital more than 50 miles from the residence of the covered person as the result of a covered accident, up to a maximum of 30 days per covered accident.

Medical Imaging Study

We will pay the amount shown on the Policy Schedule for Medical Imaging Study if any covered person incurs a charge for and receives one of the following imaging studies as the result of a covered accident:

- Computed Tomography (CT) imaging or Computed Axial Tomography (CAT Scan);
- Electroencephalogram (EEG); or
- Magnetic Resonance (MR) or Magnetic Resonance Imaging (MRI).

The study must be prescribed by a doctor and performed in an office or in a hospital on an inpatient or outpatient basis.

This benefit will be payable only once per covered person per covered accident and once per calendar year.

Occupational or Physical Therapy

We will pay the amount shown on the Policy Schedule for Occupational or Physical Therapy for any day a covered person incurs a charge for and requires occupational or physical therapy treatment as the result of a covered accident. We will pay for up to a maximum of 10 days per covered person per covered accident. The therapy must begin within 60 days after the covered accident and must be completed within six months after the covered accident. All services must be prescribed by a doctor and rendered by an occupational or physical therapist and performed in an office or in a hospital on an inpatient or outpatient basis.

Prosthetic Device/Artificial Limb

We will pay the amount shown on the Policy Schedule for Prosthetic Device/Artificial Limb for a prosthetic device/artificial limb which is prescribed by a doctor for functional use when the covered person loses a hand, foot or sight of an eye due to a covered accident. The prosthetic device/artificial limb must be received within one year of the covered accident, and a charge must be incurred for the device/limb.

We will pay this benefit once per covered person per covered accident. This benefit is not payable for hearing aids, dental aids, including false teeth, eye glasses or for cosmetic prosthesis such as hair wigs. We will not pay for joint replacement such as an artificial hip or knee.

Rehabilitation Unit Confinement

We will pay the amount shown on the Policy Schedule for Rehabilitation Unit Confinement if any covered person incurs a charge for and is transferred to a rehabilitation unit immediately after a period of hospital confinement due to a covered accident. We will pay this amount for each day of confinement in a rehabilitation unit, up to a maximum of 15 days per covered person per covered accident but not to exceed 30 days per calendar year.

We will not pay both the Rehabilitation Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Ruptured Disc with Surgical Repair

We will pay the amount shown on the Policy Schedule for Ruptured Disc with Surgical Repair if any covered person receives a ruptured disc in his spine as the result of a covered accident. It must be treated by a doctor within 60 days after the covered accident. It must be repaired through surgery by a doctor within one year after the accident, and a charge must be incurred for this surgery. After all of these things occur, we will pay this amount once per covered person per covered accident.

Surgery - Cranial, Open Abdominal and Thoracic/Hernia

We will pay the amount shown on the Policy Schedule for Cranial, Open Abdominal and Thoracic surgery, if any covered person incurs a charge for and undergoes cranial, open abdominal, or thoracic surgery other than hernia repair. The surgery must be performed within 72 hours of the covered accident to repair internal injuries received as the result of a covered accident.

We will pay the amount shown on the Policy Schedule for Hernia if any covered person incurs a charge for and undergoes hernia surgery. The hernia must be diagnosed within 30 days of the covered accident, and surgery must be performed within 60 days of the covered accident to repair a hernia received as a result of a covered accident.

We will pay this benefit once per covered person per covered accident. If any covered person has both cranial, open abdominal, or thoracic (other than hernia repair) surgery and hernia surgery as a result of the same covered accident, we will only pay the Cranial, Open Abdominal, or Thoracic Surgery benefit.

Surgery - Exploratory and Arthroscopic

We will pay the amount shown on the Policy Schedule for Surgery - Exploratory and Arthroscopic if any covered person incurs a charge for and undergoes exploratory or arthroscopic surgery within 60 days of the covered accident to explore or repair injuries received as the result of a covered accident.

Hernia repair is not covered under this benefit.

We will pay this benefit once per covered person per covered accident.

Tendon/Ligament/Rotator Cuff

We will pay the applicable amount shown on the Policy Schedule for Tendon/Ligament/Rotator Cuff if any covered person receives an injured tendon/ligament/rotator cuff as the result of a covered accident. It must be torn, ruptured or severed. It must be treated by a doctor within 60 days after the covered accident. It must be repaired through surgery by a doctor within one year after the accident, and a charge must be incurred for this surgery. We will pay this benefit once per covered person per covered accident.

Transportation

We will pay the amount shown on the Policy Schedule for Transportation if any covered person incurs a charge and must travel more than 50 miles one way to receive special treatment and confinement in a hospital for injuries received as the result of a covered accident.

Treatment must be:

- prescribed by a doctor and
- not available locally.

We will pay this benefit for each round trip, up to three round trips per covered person per covered accident.

This benefit is not payable for transportation by ambulance or air ambulance.

X-ray

We will pay the amount shown on the Policy Schedule for X-ray if any covered person incurs a charge for and receives an x-ray as the result of a covered accident. The test must be prescribed by a doctor and performed in a doctor's office or in a hospital on an inpatient or outpatient basis and performed within 90 days of the covered accident.

This benefit is not payable for exams listed in the Medical Imaging Study benefit.

We will pay this benefit once per covered person per covered accident.

SECTION VIII - WHAT IS NOT COVERED BY THIS POLICY

We will not pay benefits for losses that are caused by or are the result of any covered person's:

Hazardous avocations

Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven, or any similar activities.

Felonies or illegal occupations

Committing or attempting to commit a felony or engaging in an illegal occupation.

Racing

Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.

Semi-professional or professional sports

Practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

Sickness

Having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. *Sickness* means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.

Suicide or self-inflicted injuries

Committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.

War or armed conflict

Being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

In addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of:

Birth

Injuries to a dependent child received during his birth.

Intoxication

Any covered person's being intoxicated or under the influence of any narcotics unless administered on the advice of his doctor.

SECTION IX - YOUR CLAIM FOR BENEFITS**Notice Of Claim**

You must give us written notice of claim within 30 days after the covered loss begins or as soon as it is reasonably possible. Notice given by you or on your behalf to our home office or one of our authorized agents with the information sufficient to identify you shall be accepted.

Claim Forms

After the giving of such notice, we will send you a claim form. If you do not receive the claim form within 15 days after you notify us of your loss, you shall be deemed as having complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proof of loss, written proof meeting the requirements of the Proof of Loss section below.

Proof Of Loss

You must give us written proof of loss within 90 days after the covered loss begins. Written proof of loss, provided at your expense and in English or Spanish, includes one or more of the following: an attending doctor's statement, a doctor's bill or a hospital bill. We may also require your statement and/or your employer's statement.

If you are not able to give us written proof of loss within 90 days, it will not have a bearing on your claim if proof is given to us as soon as it is reasonably possible. In any event, proof must be given no later than one year from the time stated unless you are legally unable to do so.

Any additional proof that we require, such as medical records, will be at our expense. We also reserve the right to have the covered person interviewed by an authorized company representative.

Proof Of Loss For Catastrophic Accident

You must give us written proof of loss within 90 days after the catastrophic accident elimination period ends. Written proof of loss for the catastrophic accident, provided at your expense and in English or Spanish, includes the following:

- an attending doctor's statement verifying the extent of injury; and
- a completed catastrophic accident claim form.

If you are not able to give us written proof of loss within 90 days, it will not have a bearing on your claim if proof is given to us as soon as it is reasonably possible. In any event, proof must be given no later than one year from the time stated unless you are legally unable to do so.

Time Of Payment Of Claim

After we receive written proof of loss and process the covered person's claim, we will immediately pay any benefits due. Subject to due written proof of loss, all accrued benefits for loss for which this policy provides periodic payments will be paid monthly, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

Payment Of Claim

Benefits will be paid to you unless we receive a written authorization to pay them elsewhere, such as to a hospital or a doctor's office. This is called *assignment*. If we still owe you benefits at your death, we will pay them to your estate.

Any accidental death benefits payable as the result of your death will be paid to your beneficiary. Your beneficiary is the person you named in the application as your beneficiary, unless it was changed at a later date. If you did not name a beneficiary or if the person you named is not living at your death, any accidental death benefits due will be paid in this order to:

- your spouse; or
- your children; or
- your parents; or
- your brothers and sisters; or
- your estate.

If benefits are payable to your estate, we can pay benefits up to \$1,000 to someone related to you by blood or marriage who we feel is fairly entitled to them. If we do this, we will have no responsibility for this payment because we made it in good faith.

How To Change Your Beneficiary

Unless you make an irrevocable designation of beneficiary, the right to change the beneficiary is reserved to you, and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this policy, or to any change of beneficiary or beneficiaries, or to any other changes in this policy.

Questions Concerning Your Claim

If you have questions concerning your claim, you can call us at our home office. We are open Monday through Friday from 8:30 a.m. until 5:00 p.m. Eastern Time.

Physical Examinations

We can require that any covered person be examined by a doctor of our choice at our expense as often as it is reasonably necessary while his claim is pending.

Legal Action

We cannot be sued for benefits under this policy:

- until 60 days after we are sent written proof of loss; or
- more than three years after the time has passed in which we require written proof of loss.

SECTION X - OTHER IMPORTANT PROVISIONS

Time Limits on Certain Defenses

We rely on the statements made by you in the application to issue this policy and pay benefits.

After this policy has been in force for two years, we cannot contest it or refuse to pay benefits because of any untrue statement in the application unless a fraudulent statement was made.

Contest means that we question the validity of coverage under this policy through a letter to you. This contest is effective on the date we mail the letter and refund the premium.

Your Right to Continue Coverage

We guarantee that you can keep this policy in force as long as the premiums are paid when due. They can be paid:

- anytime before they are due; or
- within the grace period.

Misstatement of Age

If the age of any covered person has been misstated, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age. If, based on his correct age, we would not have issued this policy, then we will refund the premiums paid.

Transfer of Rights

You can assign any rights you have under this policy. However, no assignment is binding on us until we receive a copy of it. We are not responsible for the validity of any assignment.

Conformity with State Statutes

Any provision of this policy that, on the effective date, does not agree with state laws where you live will be amended to conform to the minimum requirements of those laws.

When Coverage Ends on Your Spouse and Your Children

If this is a named insured and spouse policy or a two-parent family policy, coverage on your spouse will end on the earliest of the following dates:

- the date this policy terminates;
- the end of the grace period following the premium due date we fail to receive the required premium for your spouse;
- the date the next premium is due after you ask us to end your spouse's coverage;
- the date you divorce your spouse or your marriage is annulled; or
- the date your spouse dies.

If this is a one-parent or a two-parent family policy, coverage on your children insured by this policy will end:

- the date this policy terminates;
- the end of the grace period following the premium due date we fail to receive the required premium for your dependent children;
- the date the next premium is due after you ask us to end your children's coverage; or
- the date you die and this is a one-parent family policy.

Coverage on a child placed in your custody for adoption will also terminate upon the dismissal of a petition for adoption. Coverage will end on each child when he no longer qualifies as a dependent child as defined in this policy. It is your responsibility to notify us if any dependent child no longer qualifies as an eligible dependent. If this is a one-parent family or a two-parent family policy and all of your dependent children no longer qualify as eligible dependents and you do not notify us, the extent of our liability will be to refund premium for the time period for which they did not qualify.

Coverage will not end on a covered child who reaches age 26 if that child is and continues to be mentally or physically handicapped and is chiefly dependent on you or your spouse for support. If we request proof of mental or physical handicap, it will be done at our expense. However, you must continue to pay the premiums for one-parent or two-parent family coverage to keep his coverage in force.

Your Spouse's Right to Continue Coverage

If this is a named insured and spouse policy or two-parent family policy and you die, your spouse can keep this policy. Your spouse must notify us in writing within 60 days after your death to continue coverage and begin paying premiums for his policy.

If this is a named insured and spouse policy or two-parent family policy and you divorce your spouse or your marriage is annulled while this policy is in force, he can take out a policy equivalent to the coverage he had while covered under this policy without providing evidence of insurability to us. Your spouse must ask us in writing to continue his coverage and begin paying the correct premiums within 60 days after your divorce. If your spouse had any special exclusions under this policy, the same ones will apply when he becomes the named insured. If any benefit that has a limit has already been paid on your spouse, it will not be paid for him again when he becomes the named insured.

Your Child's Right to Continue Coverage

If this is a one-parent or two-parent family policy and your child no longer qualifies as a dependent child as defined in this policy, he can take out his own policy like this one without providing evidence of insurability to us.

Your child must notify us in writing to continue his coverage and begin paying the correct premiums within 60 days after he no longer qualifies as a dependent child. If your child had any special exclusions under this policy, the same ones will apply when he becomes the named insured. If any benefit that has a limit has already been paid on your child, it will not be paid for him again when he becomes the named insured.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
[1200 Colonial Life Boulevard, P.O. Box 1365, Columbia, South Carolina 29202
1.800.325.4368 www.coloniallife.com]
A Stock Company

ACCIDENT ONLY INSURANCE COVERAGE
THIS POLICY DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE.

Guaranteed Renewable

This policy is guaranteed renewable as long as you pay the premiums when they are due or within the grace period. Your premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

Please Read This Policy Carefully

This policy is a legal contract between you and us. Please read it carefully. We want you to be pleased with the coverage it provides. To understand your coverage, you must read this policy as a whole.

In this policy, the words *you* or *your* refer to the *named insured* identified on the Policy Schedule. The words *covered person* refer to the named insured, to your spouse if this is a named insured and spouse policy or a two-parent family policy, and to your child(ren) if this is a one-parent or two-parent family policy. The male pronoun includes the female whenever used. The words *we*, *us* or *our* refer to Colonial Life & Accident Insurance Company.

Your Right to Return This Policy Within 30 Days

If, for any reason, you are not satisfied with this policy, you can return it to us at our home office within 30 days after you receive it. At that time, you should ask us in writing to cancel it. We will consider this policy as if it never existed. Any premium paid will be refunded.



Secretary



President and CEO]

Notice to Buyer: This is an accident-only policy and it does not pay benefits for loss from sickness. Please read your policy carefully. This policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.

If you are eligible for Medicare, review the Guide To Health Insurance for People with Medicare available from the Company.

If you should have any questions, need information about your coverage or assistance in resolving complaints, please contact your agent or Colonial Life at 1800.325.4368. In the event that we fail to provide you with reasonable and adequate service, feel free to contact the Insurance Department.

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201
501-371-2640
1-800-852-5494

SECTION II - POLICY GUIDE

SECTION I - FACE PAGE

SECTION II - POLICY GUIDE

SECTION III - POLICY SCHEDULE

SECTION IV - YOUR CONTRACT WITH US

SECTION V - YOUR PREMIUM PAYMENTS

SECTION VI - IMPORTANT WORDS IN THIS POLICY

SECTION VII - BENEFITS

SECTION VIII - WHAT IS NOT COVERED BY THIS POLICY

SECTION IX - YOUR CLAIM FOR BENEFITS

SECTION X - OTHER IMPORTANT PROVISIONS

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

SECTION III - POLICY SCHEDULE

Named Insured: [John Doe]	Policy Number: [1234567890 E99999999999]
Policy Coverage Effective Date: [May 15, 2009]	Monthly Policy Premium: [\$ 49.50]
Accident Type: [On & Off Job] [Off Job Only]	Beneficiary: [Jane B. Doe]
Coverage Type: [Named Insured] [Named Insured and Spouse] [One-Parent Family Coverage] [Two-Parent Family Coverage]	

BENEFITS

Accident Emergency Treatment	[75][100][125][150][175] Maximum of one benefit per covered person per covered accident
Accident Follow Up Doctor Visit	[50][75][100] Maximum of [two][three][four] visits per covered person per covered accident
Accidental Death	<u>Covered person</u> <u>Amount</u>
Named Insured	[\$20,000-\$150,000, in \$5,000 increments]
[Spouse]	[\$20,000-\$150,000, in \$5,000 increments]]
[Child(ren)]	[\$4,000-\$30,000, in \$1,000 increments]]
Accidental Death-Common Carrier	Named Insured [Spouse [Child(ren)]
Named Insured	[\$80,000-\$300,000, in \$5,000 increments]
[Spouse]	[\$80,000-\$300,000, in \$5,000 increments]]
[Child(ren)]	[\$16,000-\$60,000, in \$1,000 increments]]
Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of an Eye)	Accidental loss of finger/toe
Loss of one finger or one toe	[\$600-\$1,950, in \$150 increments]
Loss of:	[1,200-\$3,900, in \$300 increments]
<ul style="list-style-type: none"> • two or more fingers; or • two or more toes; or • any combination of two or more fingers or toes 	
Accidental loss of hand/foot/sight of an eye	
Loss of:	[\$6,000-\$19,500, in \$1,500 increments]
<ul style="list-style-type: none"> • one hand; or • one foot; or • sight of one eye. 	
Loss of:	[\$12,000-\$39,000, in \$3,000 increments]
<ul style="list-style-type: none"> • both hands; or • both feet; or • the sight of both eyes; or • any combination of two or more listed above. 	
	Maximum of one benefit per covered person per covered accident

Air Ambulance		[\\$1,200][\\$2,000] Maximum of one benefit per covered person per covered accident
Ambulance		[\$120][\\$200] Maximum of one benefit per covered person per covered accident
Appliance		[\$75][\\$100] Maximum of one benefit per covered person per covered accident
Blood/Plasma/ Platelets		\$300 Maximum of one benefit per covered person per covered accident
Burn	Second degree burns covering a total of at least 36% of the body surface	\$1,000
	Third degree burns covering a total of: at least 9 square inches but less than 18 square inches	\$2,000
	at least 18 square inches but less than 35 square inches	\$4,000
	35 or more square inches	\$12,000 Maximum of one benefit per covered person per covered accident
Burn - Skin Graft		50% of Applicable Burn Benefit Maximum of one benefit per covered person per covered accident
Catastrophic Accident	<u>Covered person</u>	<u>Amount</u>
Accident occurs: Prior to the covered person's attaining age 65	Named Insured [Spouse [Child(ren)]	[\$10,000-\$125,000, in \$2,500 increments] [\$10,000-\$125,000, in \$2,500 increments]] [\$5,000-\$62,500, in \$1,250 increments]]
After the covered person's attaining Age 65 and prior to the covered person's attaining age 70	Named Insured [Spouse [Child(ren)]	[\$5,000-\$62,500, in \$1,250 increments] [\$5,000-\$62,500, in \$1,250 increments]] [\$2,500-\$31,250, in \$625 increments]]
After the covered person's attaining Age 70	Named Insured [Spouse [Child(ren)]	[\$2,500-\$31,250, in \$625 increments]] [\$2,500-\$31,250, in \$625 increments]] [\$1,250-\$15,625, in \$312.50 increments]]
		Subject to a 365-day elimination period Maximum of one benefit per lifetime per covered person
Coma		[\$7,500][\\$10,000][\\$12,500] Maximum of one benefit per covered person per covered accident
Concussion		\$60 Maximum of one benefit per covered person per covered accident

Dislocation (Separated Joint)	<u>Complete Dislocation of Joint</u>	<u>Closed Reduction with Anesthesia</u>	<u>Open Reduction with Anesthesia</u>
	Hip	[\$1,800-\$4,400, in \$200 increments]	[\$3,600-\$8,800, in \$400 increments]
	Knee (except patella)	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200 increments]
	Ankle - bone or bones of the foot (other than toes)	[\$720-\$1,760, in \$80 increments]	[\$1,440-\$3,520, in \$160 increments]
	Collarbone (sternoclavicular)	[\$450-\$1,100, in \$50 increments]	[\$900-\$2,200, in \$100 increments]
	Lower jaw	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
	Shoulder (glenohumeral)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
	Elbow	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
	Wrist	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
	Bone or bones of the hand (other than fingers)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
	Collarbone (acromioclavicular and separation)	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
	One toe or finger	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
		If more than one dislocation in a covered accident, maximum benefit of two times the amount for the joint with the highest benefit amount. If a fracture and dislocation in a covered accident, maximum benefit of two times the amount for the bone or joint involved with the highest benefit amount.	
	Incomplete dislocation or dislocation reduction without anesthesia	25% of applicable amount for closed reduction of joint involved	
		Maximum of one benefit for complete or incomplete dislocation per covered person per covered accident.	

Emergency Dental Work	Broken tooth repaired with a crown, denture or implant	[\$200][\$300][\$400] Maximum of one benefit per covered person per covered accident
	Broken tooth resulting in extraction	[\$50][\$75][\$100] Maximum of one benefit per covered person per covered accident

Eye Injury	[\$200][\$300] Maximum of one benefit per covered person per covered accident
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Fracture (Broken Bone)	<u>Bone</u>	<u>Closed reduction</u>	<u>Open reduction</u>
	Skull (except bones of face or nose), depressed skull fracture	[\$2,250-\$5,500, in \$250 increments]	[\$4,500-\$11,000, in \$500 increments]
	Skull (except bones of face or nose), simple non-depressed skull fracture	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200 increments]
	Hip, thigh (femur)	[\$1,350-\$3,300, in \$150 increments]	[\$2,700-\$6,600, in \$300 increments]

Vertebrae, body of (excluding vertebral processes)	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]
Leg (tibia and/or fibula)	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]
Bones of face or nose (except mandible or maxilla)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Upper jaw, maxilla (except alveolar process)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Upper arm between elbow and shoulder (humerus)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Lower jaw, mandible (except alveolar process)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Shoulder blade (scapula), collarbone (clavicle, sternum)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Vertebral processes	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Forearm (radius and/or ulna), hand, wrist (except fingers)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Kneecap (patella)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Foot (except toes)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Ankle	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Rib	[\$225-\$550, in \$25 increments]	[\$450-\$1,100, in \$50 increments]
Coccyx	[\$180-\$440, in \$20 increments]	[\$360-\$880, in \$40 increments]
Finger, toe	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
Chip Fracture	25% of the applicable amount for closed reduction for the bone involved as listed above.	

If more than one fracture in a covered accident, maximum benefit of two times the amount for the bone with the highest benefit amount. If a fracture and dislocation in a covered accident, maximum benefit of two times the amount for the bone or joint involved with the highest benefit amount. Maximum of one Chip Fracture benefit per covered person per covered accident.

Health Screening

[\$50-\$100, in \$10 increments]
Maximum of one benefit per covered person per calendar year. Subject to a 30-day waiting period.

Hospital Admission

[\$750-\$1,750, in \$50 increments]
Maximum of one benefit per covered person per covered accident. We will not pay the Hospital Admission benefit and the Hospital Intensive Care Unit Admission benefit for the same covered accident.

Hospital Confinement		[\$175-\$500, in \$25 increments] per day Maximum of 365 days per covered person per covered accident. We will not pay the Hospital Confinement benefit and the Hospital Intensive Care Unit Confinement benefit concurrently.
Hospital Intensive Care Unit Admission		[\$1,500-\$3,500, in \$100 increments] Maximum of one benefit per covered person per covered accident. We will not pay the Hospital Intensive Care Unit Admission benefit and the Hospital Admission benefit for the same covered accident.
Hospital Intensive Care Unit Confinement		[\$350-\$1,000, in \$50 increments] per day Maximum of 15 days per covered person per covered accident. We will not pay the Hospital Confinement benefit and the Hospital Intensive Care Unit Confinement benefit concurrently.
Knee Cartilage - Torn		[\$500][\$750] Maximum of one benefit per covered person per covered accident
Laceration	Total of all lacerations is less than two inches long (less than 5.08 centimeters) and repaired by stitches	\$60
	Total of all lacerations is at least two but less than six inches long (5.08 to 15.23 centimeters) and repaired by stitches	\$260
	Total of all lacerations is six inches or longer (15.24 centimeters or longer) and repaired by stitches	\$500
	Laceration with no repair	\$30 Maximum of one benefit per covered person per covered accident
Lodging		[\$100][\$125][\$150] per night Up to 30 days per covered accident for one motel/hotel room for companion
Medical Imaging Study		[\$100][\$150][\$200] Maximum of one benefit per covered person per covered accident and one benefit per covered person per calendar year
Occupational Or Physical Therapy		[\$25][\$35] per day Maximum of 10 days per covered person per covered accident
Prosthetic Device/ Artificial Limb		One device/limb [\$500][\$750] Two or more devices/limbs [\$1,000][\$1,500] Maximum of one benefit per covered person per covered accident
Rehabilitation Unit Confinement		[\$100][\$150] per day Up to 15 days per covered person per covered accident and a maximum of 30 days per covered person per calendar year
Ruptured Disc with Surgical Repair		[\$500][\$750] Maximum of one benefit per covered person per covered accident

Surgery - Cranial, Open Abdominal and Thoracic /Hernia	Cranial, Open Abdominal and Thoracic (other than hernia repair) [\$1,000][\$1,500] Hernia [\$100][\$150] If both cranial, open abdominal, or thoracic surgery and hernia surgery are performed as a result of the same covered accident, we will only pay the Cranial, Open Abdominal, or Thoracic Surgery benefit. Maximum of one benefit per covered person per covered accident
Surgery - Exploratory and Arthroscopic	[\$150][\$200] Maximum of one benefit per covered person per covered accident
Tendon/ Ligament/ Rotator Cuff	One [\$500][\$750] Two or more [\$1,000][\$1,500] Maximum of one benefit per covered person per covered accident
Transportation	[\$400][\$500][\$600] per round trip Up to three round trips per covered person per covered accident
X-Ray	[\$20][\$30][\$40] Maximum of one benefit per covered person per covered accident

SECTION IV - YOUR CONTRACT WITH US

Coverage Provided by This Policy

According to the provisions of this policy, we insure any covered person against losses resulting from injuries received in a covered accident.

When making a benefit determination under this policy, we have discretionary authority to determine the covered person's eligibility for the benefits and to interpret the terms and provisions of the policy. All benefit determinations must be reasonable and based on the terms of this policy and the facts and circumstances of each claim.

Entire Contract: Changes

This policy is a legal contract between you and us. We provide the insurance coverage stated, subject to the terms of this policy. We do this in return for your application and your first payment called a *premium*. The premium for this policy is shown on the Policy Schedule.

Whenever we use the word *policy*, we mean the entire contract. The entire contract consists of:

- the policy, including the Policy Schedule;
- the attached copy of the application; and
- any attached riders or endorsements.

Riders and endorsements add provisions or change the terms of the policy. Any changes made to this policy must be attached in writing and signed by one of our executive officers at our home office. No agent or anyone else can change this policy or waive any of its provisions.

Who is Covered By This Policy

If this is a named insured policy as shown on the Policy Schedule, we insure you, the named insured.

If this is a named insured and spouse policy as shown on the Policy Schedule, we insure you and your spouse.

If this is a one-parent family policy as shown on the Policy Schedule, we insure you and your dependent children.

If this is a two-parent family policy as shown on the Policy Schedule, we insure you, your spouse and your dependent children.

Spouse means the person married to you on the day we issue this policy.

Dependent children means any natural children, step-children, legally adopted children, foster children or children under your charge, care and control for whom you have filed a petition to adopt who are:

- unmarried;
- chiefly dependent on you or your spouse for support; and
- younger than age 26.

Children born to dependent children of the named insured or the named insured's spouse are not covered under the policy.

Coverage on your newborn children begins from the moment of live birth. If this is a named insured policy or a named insured and spouse policy, this coverage on the newborn child will end 90 days later if you do not notify us in writing of the birth and complete the required application form. The first premium for one-parent or two-parent family coverage is due on the next premium due date after the birth of the newborn.

Coverage on your adopted children begins with the earlier of:

1. the date of placement into your custody for adoption;
2. the moment of birth if the petition for adoption is filed within 60 days after the birth; or
3. the date of filing the petition for adoption if the petition for adoption is filed more than 60 days after the birth.

If this is a named insured policy or a named insured and spouse policy, this coverage on the adopted child will end 90 days later if you do not notify us in writing of the adoption or placement into your custody for adoption and complete the required

application form. The first premium for one-parent or two-parent family coverage is due on the next premium due date after the adoption or placement.

After the effective date of this policy, if any members of your family are added to this policy, including a new spouse or child, you must:

- notify us that you wish to add a person to your coverage;
- complete the required application form; and
- pay any additional premium for him.

Effective Date of This Policy

This policy begins at 12:01 a.m. in the time zone where you live on the policy coverage effective date shown on the Policy Schedule.

SECTION V - YOUR PREMIUM PAYMENTS

When and Where to Pay Premiums

The premiums for this policy must be paid to us at our home office in advance and when they are due.

The premium due dates are based on:

- the date and month for which we first received premium; and
- the premium frequency.

The *premium frequency* is how often the premiums are paid.

Grace Period (If Premiums Are Not Paid When Due)

After the first premium, if the premium is not paid when it is due, it can be paid during the next 31 days. These 31 days are called the *grace period*. During the grace period, this policy will stay in force. If the premium is not paid before the grace period ends, the coverage provided by this policy will terminate at the end of the grace period.

Termination of coverage will not affect any continuous loss which began while this policy was in force. Benefits for continuous loss will be limited to the length of the benefit period and to the payment of the maximum benefit amount.

Refund of Unearned Premium

If this policy terminates because you, the named insured, die, we will refund any premiums you have paid for any period after the monthly anniversary date following termination. The monthly anniversary date occurs each month on the same date as the date for which we first received premium.

Our Right to Change Premiums

We have the right to change the premium we charge. However, we cannot single anyone out for a premium change. If we make a change, it will be made on all policies of this kind in force in the state where the policy was issued. If we plan to make a change, we will send a notice at least 45 days before we make it. We will not change premiums more than once in a 12-month period.

Unpaid Premium

When a claim is paid under this policy, any premium then due and unpaid may be deducted by us from the claim payment.

Reinstatement (How to Put This Policy Back in Force)

If the premium is not paid by the end of the grace period, this policy will no longer be in force. However, the policy may be put back in force. This is called *reinstatement*. You can ask us or one of our agents about reinstatement. If our home office accepts the premium and does not require a reinstatement application, this policy will be reinstated on the date the premium is received.

If we do require a reinstatement application at the time we accept the premium, a conditional receipt will be given for the premium. If we approve the reinstatement application, this policy will be reinstated on the date we approve it. If we do not

notify you that we have approved or disapproved the reinstatement application, this policy will be reinstated on the 45th day after the date on the conditional receipt.

The reinstated policy will cover only losses that result from injuries received in a covered accident that occurs after the reinstatement date.

We have the right to make changes in this policy before we reinstate it. Any changes will be made in or attached to the reinstated policy that we send to you. In every other way, your rights and our rights will be the same.

SECTION VI - IMPORTANT WORDS IN THIS POLICY

Accident means an unintended or unforeseen bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

Confined or Confinement means the assignment to a bed as a resident inpatient in a hospital on the advice of a doctor or confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a doctor.

Covered Accident is an accident which:

- occurs on or after the effective date of this policy;
- occurs while this policy is in force;
- is of the Accident Type listed on the Policy Schedule page; and
- is not excluded by name or specific description in this policy.

Doctor or Physician means a person who:

- is licensed by the state to practice a healing art; and
- performs services for a covered person which are allowed by his license.

For purposes of this definition, doctor or physician does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or a business interest with any covered person.

Emergency Room is a specified area within a hospital that is designated for the emergency care of accidental injuries. This area must:

- be staffed and equipped to handle trauma;
- be supervised and provide treatment by doctors; and
- provide care seven days per week, 24 hours per day.

Hospital means a place that:

- is run according to law on a full-time basis;
- provides overnight care of injured and sick people;
- is supervised by a doctor;
- has full-time nurses supervised by a registered nurse; and
- has at its locations or uses on a pre-arranged basis: X-ray equipment, a laboratory and an operating room where surgical operations take place.

Notwithstanding the above, a hospital is not:

- a nursing home;
- an extended care facility;
- a skilled nursing facility;
- a rest home or home for the aged;
- a rehabilitation center;
- a place for alcoholics or drug addicts; or
- an assisted living facility.

Hospital Intensive Care Unit means a place which:

- is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
- is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
- is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and
- has a doctor assigned to the intensive care unit on a full-time basis.

A hospital intensive care unit is not any of the following step down units:

- a progressive care unit;
- an intermediate care unit;
- a private monitored room;
- sub-acute intensive care unit;
- an observation unit; or
- any facility not meeting the definition of a hospital intensive care unit as defined in this policy.

Hospital Sub-Acute Intensive Care Unit means a place which:

- is a specifically designated area of the hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward;
- is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and
- is under constant and continuous observation by a specially trained nursing staff.

A hospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.

Injury means a wound to a covered person's body that is caused solely by or is the result of a covered accident.

Observation Unit is a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a doctor and which:

- is under the direct supervision of a doctor or registered nurse;
- is staffed by nurses assigned specifically to that unit; and
- provides care seven days per week, 24 hours per day.

Occupational Therapist is a person who:

- possesses the designation "Occupational Therapist Registered (OTR)";
- is licensed by the state to practice occupational therapy;
- performs services which are allowed by his license; and
- performs services for which benefits are provided by this policy.

For purposes of this definition, occupational therapist does not include any covered person or anyone related to any covered person by blood or marriage.

Off-Job Accident means an accident that occurs while a covered person is not working at any job for pay or benefits.

On-Job Accident means an accident that occurs while a covered person is working at any job for pay or benefits.

Physical Therapist is a person who:

- is licensed by the state to practice physical therapy;
- performs services which are allowed by his license;
- performs services for which benefits are provided by this policy; and
- practices according to the Code of Ethics of the American Physical Therapy Association.

For purposes of this definition, physical therapist does not include any covered person or anyone related to any covered person by blood or marriage.

Rehabilitation Unit means an appropriately licensed facility that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by accidental injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of physicians. The rehabilitation unit may be part of a hospital or a freestanding facility.

A rehabilitation unit is not:

- a nursing home;
- an extended care facility;
- a skilled nursing facility;
- a rest home or home for the aged;
- a hospice care facility;
- a place for alcoholics or drug addicts; or
- an assisted living facility.

Urgent Care Facility means a place other than a doctor's office, hospital or emergency room that provides emergency care and treatment for injured people.

SECTION VII - BENEFITS

Accident Emergency Treatment

We will pay the amount shown on the Policy Schedule for Accident Emergency Treatment if any covered person is injured as the result of a covered accident and incurs a charge for and requires examination and treatment by a doctor in a hospital emergency room, urgent care facility or doctor's office (other than acupuncture or occupational or physical therapy) within 72 hours after the covered accident.

We will pay this amount once per covered person per covered accident. We will not pay the Accident Emergency Treatment and the Accident Follow-Up Doctor Visit benefits for visits on the same day.

Accident Follow-Up Doctor Visit

We will pay the amount and up to the maximum number of visits shown on the Policy Schedule for Accident Follow Up Doctor Visit if any covered person incurs a charge for and receives initial treatment more than 72 hours after the covered accident or follow-up treatment (other than occupational or physical therapy) that is provided by a doctor for injuries received as the result of a covered accident. Treatment must:

- begin within 60 days and be completed within 365 days of the accident;
- be due to injuries received as the result of a covered accident;
- occur in a doctor's office, urgent care facility or emergency room; and
- not be for routine examinations or preventive testing.

We will not pay the Accident Emergency Treatment and the Accident Follow-Up Doctor Visit benefits for visits on the same day.

Accidental Death

We will pay the applicable amount shown on the Policy Schedule for Accidental Death if any covered person is injured as the result of a covered accident, and the injury causes the covered person to die within 90 days after the covered accident.

If we pay this benefit, we will not pay the Accidental Death - Common Carrier benefit.

Accidental Death - Common Carrier

We will pay the applicable amount shown on the Policy Schedule for Accidental Death - Common Carrier if any covered person is injured as the result of a covered accident while a fare paying passenger on a common carrier and the injury causes the covered person to die within 90 days after the covered accident. *Common carrier* means: commercial airplanes, trains, buses,

trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not common carriers.

If we pay this benefit, we will not pay the Accidental Death benefit.

Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of an Eye)

We will pay the applicable amount shown on the Policy Schedule for Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of An Eye) for loss of a finger, toe, hand, foot or sight of an eye received as the result of a covered accident and which occurs within 90 days after the covered accident.

For purposes of this benefit, the following definitions apply. *Loss of a hand* means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost. *Loss of a foot* means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost. *Loss of a finger* means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. *Loss of a toe* means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. *Loss of sight of an eye* means that at least 80 percent of vision is permanently lost.

If the covered person loses a finger or toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same covered accident, we will subtract the amount we paid for that loss of a finger or toe from the benefit we paid for the loss of a hand or foot.

Air Ambulance

We will pay the amount shown on the Policy Schedule for Air Ambulance if a charge is incurred and a licensed professional air ambulance company transports by air any covered person to or from a hospital or between medical facilities where treatment for injuries is received as the result of a covered accident. The air ambulance transportation must be within 48 hours after the covered accident. We will pay this amount once per covered person per covered accident.

Ambulance

We will pay the amount shown on the Policy Schedule for Ambulance if a charge is incurred and a licensed professional ambulance company transports any covered person by ground transportation to or from a hospital or between medical facilities, where treatment for injuries is received as the result of a covered accident. The ambulance transportation must be within 90 days after the covered accident. We will pay this amount once per covered person per covered accident.

Appliance

We will pay the amount shown on the Policy Schedule for Appliance if any covered person is injured as the result of a covered accident, a doctor prescribes the use of a medical appliance as an aid in personal locomotion or mobility and a charge is incurred for the appliance. For purposes of this benefit, appliance means a back brace, cane, crutches, leg brace, walker and wheelchair. The use of an appliance must begin within 90 days after the covered accident. We will pay this amount once per covered person per covered accident.

Blood/Plasma/Platelets

We will pay the amount shown on the Policy Schedule for Blood/Plasma/Platelets if any covered person is injured as the result of a covered accident and incurs a charge for and requires the transfusion, administration, cross matching, typing and processing of blood/plasma/platelets as the result of the injury. The blood/plasma/platelets must be administered within 90 days after the covered accident. We will pay this amount once per covered person per covered accident.

Burn

We will pay the applicable amount shown on the Policy Schedule for Burn if any covered person receives burns as described on the Policy Schedule as the result of a covered accident which are treated by a doctor within 72 hours after the covered accident. A charge must be incurred for treatment. We will pay this amount once per covered person per covered accident. If any covered person receives both second and third degree burns in a covered accident, we will pay the highest applicable burn benefit based on the measurement and type of burn, but not both the Second Degree Burn and Third Degree Burn benefits.

Burn - Skin Graft

We will pay the amount shown on the Policy Schedule for Burn Skin Graft if any covered person incurs a charge for and receives a skin graft for a burn for which a benefit was received under the Burn benefit of this policy. This benefit will be payable only once per covered person per covered accident.

Catastrophic Accident

We will pay the applicable amount shown on the Policy Schedule for Catastrophic Accident at the end of the elimination period if any covered person:

- sustains a catastrophic loss as the result of a covered accident;
- is under the appropriate care of a doctor during the elimination period; and
- remains alive at the end of the elimination period.

For purposes of this benefit, *Elimination period* means the period of 365 days after the date of a covered accident.

For purposes of this benefit, *Catastrophic loss* means an injury that within 365 days of the covered accident results in total and irrecoverable:

- loss of both hands or both feet ; or
- loss or loss of use of both arms or both legs; or
- loss of one hand and one foot; or
- loss or loss of use of one arm and one leg; or
- loss of the sight of both eyes; or
- loss of the hearing of both ears; or
- loss of the ability to speak.

For purposes of this benefit, the following definitions apply. *Loss of a hand* means that the hand is cut off through or above the wrist joint. *Loss of a foot* means that the foot is cut off through or above the ankle joint. *Loss of an arm* means the arm is cut off above the elbow. *Loss of a leg* means the leg is cut off above the knee. *Loss of use of an arm* means the loss of function of the entire arm from the shoulder to the hand. *Loss of use of a leg* means the loss of function of the entire leg from the hip to the foot. *Loss of sight of both eyes* means at least 80 percent of vision is permanently lost in both eyes, such that it cannot be corrected to any functional degree by any procedure, aid or device. *Loss of hearing of both ears* means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device. *Loss of the ability to speak* means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.

The catastrophic accident benefit will be payable once per lifetime for each covered person in this policy.

Coma

We will pay the amount shown on the Policy Schedule for Coma if any covered person incurs a charge for and is diagnosed with or treated for a coma lasting for a period of at least seven consecutive days resulting from a covered accident. The condition must require intubation for respiratory assistance and be diagnosed or treated by a doctor within 90 days after the covered accident.

For purposes of this benefit, *Coma* means a continuous state of profound unconsciousness characterized by the absence of:

- eye opening,
- motor response, and
- verbal response.

The term “Coma” does not include any medically induced coma.

This benefit will be payable once per covered person per covered accident.

Concussion

We will pay the amount shown on the Policy Schedule for Concussion if any covered person sustains a concussion as the result of a covered accident and incurs a charge for and is diagnosed by a doctor within 72 hours from the date of the covered accident. This benefit will be payable once per covered person per covered accident.

Dislocation (Separated Joint)

We will pay this benefit if any covered person receives a dislocation as the result of a covered accident. A *dislocation* is a completely separated joint. It must be diagnosed as a dislocation by a doctor within 90 days after the accident. The dislocation must require correction with anesthesia by a doctor, and a charge must be incurred for the correction. It can be corrected by open (surgical) or closed (non-surgical) reduction. After all of these things occur, we will pay the applicable amount shown on the Policy Schedule for Dislocation (Separated Joint) for the joint involved.

If any covered person receives more than one dislocation in a covered accident, and he requires open or closed reduction, we will pay for all dislocations. However, we will pay no more than two times the amount for the joint involved which has the highest benefit amount.

If the dislocation requires reduction without anesthesia by a doctor, we will pay 25 percent of the applicable amount shown on the Policy Schedule for a closed reduction of the joint involved.

If a doctor diagnoses the dislocation as an incomplete dislocation, we will pay 25 percent of the applicable amount shown on the Policy Schedule for a closed reduction of the joint involved. An *incomplete dislocation* is a dislocation in which the joint is not completely separated.

If any covered person receives a fracture and a dislocation in the same covered accident, we will pay for both. However, we will pay no more than two times the amount for the bone or joint involved which has the highest benefit amount.

We will pay this benefit only for the first dislocation of a joint after the policy coverage effective date. Subsequent dislocations of the same joint after the policy coverage effective date will not be covered under this benefit.

Emergency Dental Work

We will pay the amount shown on the Policy Schedule for Emergency Dental Work for specified dental services required by a covered person as the result of injuries received in a covered accident. The dental services must begin within 60 days of the covered accident, and a charge must be incurred for the services.

For purposes of this benefit, specified dental services means repair of a broken sound natural tooth with a crown, denture or implant and extraction of a broken sound natural tooth.

Each Emergency Dental Work benefit shown on the Policy Schedule is payable only once per covered accident per covered person regardless of the number of teeth involved.

Eye Injury

We will pay the amount shown on the Policy Schedule for Eye Injury if any covered person receives an eye injury as the result of a covered accident. The eye injury must require surgery or the removal of a foreign object by a doctor within 90 days after the covered accident, and a charge must be incurred for the surgery or removal.

After all of these things occur, we will pay this amount once per covered person per covered accident. An examination with anesthesia will not be considered surgery.

Fracture (Broken Bone)

We will pay this benefit if any covered person receives a fracture as the result of a covered accident. A *fracture* is a break in a bone which can be seen by x-ray. It must be diagnosed as a fracture by a doctor within 90 days after the covered accident. The fracture must require open (surgical) or closed (non-surgical) reduction by a doctor, and a charge must be incurred for the reduction. After all of these things occur, we will pay the applicable amount listed on the Policy Schedule for Fracture (Broken Bone) for the bone involved and the type of reduction.

If any covered person receives more than one fracture in a covered accident, and he requires open or closed reduction, we will pay for all fractures. However, we will pay no more than two times the amount listed on the Policy Schedule for Fracture (Broken Bone) for the bone involved which has the highest benefit amount.

If a doctor diagnoses the fracture as a chip fracture, we will pay 25 percent of the applicable amount listed on the Policy Schedule for Fracture (Broken Bone) for the closed reduction for the bone involved. A *chip fracture* is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

If any covered person receives a fracture and a dislocation in the same accident, we will pay for both. However, we will pay no more than two times the amount for the bone or joint involved which has the highest benefit amount.

Health Screening

We will pay this benefit if any covered person has one of the following screening tests performed after the waiting period and while coverage under this policy is in force. We will pay the amount shown in the Policy Schedule for Health Screening for one of the following screening tests. This benefit is payable once per calendar year for each covered person.

Screening test is defined as:

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- Carotid doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Skin cancer biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

For purposes of this benefit, *Waiting Period* means the first 30 days following any covered person's policy coverage effective date during which time this benefit is not payable.

Hospital Admission

We will pay the amount shown on the Policy Schedule for Hospital Admission if any covered person incurs a charge for and is confined to a hospital as the result of injuries received in a covered accident. The covered person must initially become confined within six months after the covered accident.

We will pay this amount once per covered person per covered accident.

We will not pay this benefit for:

- emergency room treatment;
- outpatient treatment; or
- a stay of less than 20 hours in an observation unit.

We will not pay the Hospital Admission benefit and the Hospital Intensive Care Unit Admission benefit for the same covered accident.

Hospital Confinement

We will pay the amount shown on the Policy Schedule for Hospital Confinement for each day any covered person incurs a charge for and is confined in a hospital or a hospital sub-acute intensive care unit as the result of injuries received in a covered accident. The covered person must initially become confined in a hospital or a sub-acute intensive care unit within six months after the covered accident. We will pay benefits for only one hospital confinement at a time even it is caused by more than one covered accident.

We will pay this amount up to 365 days per covered person per covered accident.

We will not pay this benefit for:

- emergency room treatment;
- for outpatient treatment; or
- confinement of less than 20 hours to an observation unit.

We will not pay the Hospital Confinement benefit and the Hospital Intensive Care Unit Confinement benefit concurrently.

If any covered person is confined in a hospital intensive care unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day. The total amount payable per covered accident will not exceed 365 days for hospital confinement and 15 days for hospital intensive care unit confinement.

Hospital Intensive Care Unit Admission

We will pay the amount shown on the Policy Schedule for Hospital Intensive Care Unit Admission if any covered person incurs a charge for and is admitted directly to a hospital intensive care unit as the result of injuries received in a covered accident. The initial admission to a hospital intensive care unit must occur within 30 days after the covered accident.

We will pay this amount once per covered person per covered accident.

We will not pay this benefit for:

- emergency room treatment;
- outpatient treatment; or
- a stay of less than 20 hours in an observation unit.

If any covered person is admitted to a hospital intensive care unit that does not meet the definition in this policy of a hospital intensive care unit, we will pay the Hospital Admission benefit. We will not pay the Hospital Intensive Care Unit Admission benefit and the Hospital Admission benefit for the same covered accident concurrently.

Hospital Intensive Care Unit Confinement

We will pay the amount shown on the Policy Schedule for Hospital Intensive Care Unit Confinement for each day any covered person incurs a charge for and is confined to a hospital intensive care unit as the result of injuries received in a covered accident. The initial confinement in a hospital intensive care unit must begin within 30 days after the covered accident.

We will pay this amount up to 15 days per covered person per covered accident.

If any covered person is confined to a hospital intensive care unit that does not meet the definition in this policy of a hospital intensive care unit, we will pay the Hospital Confinement benefit up to the maximum benefit per covered accident. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Knee Cartilage - Torn

We will pay the amount shown on the Policy Schedule for Knee Cartilage -Torn if any covered person tears, ruptures or severs knee cartilage (meniscus) as the result of a covered accident and requires surgical repair. The injury must be treated by a doctor within 60 days after the covered accident. It must be repaired through surgery by a doctor within 12 months after the covered accident and a charge must be incurred for the repair. After all of these things occur, we will pay this amount for each covered accident. If exploratory or arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), we will pay under the Surgery - Exploratory and Arthroscopic benefit.

We will pay this amount once per covered person per covered accident.

Laceration

We will pay the amount shown on the Policy Schedule for Laceration if any covered person receives a laceration as the result of a covered accident. A *laceration* is a cut. The laceration must be repaired by a doctor within 72 hours after the covered accident, and a charge must be incurred for the repair. After all of these things occur, we will pay this amount for each covered accident. The amount we pay will be based on the total length of all lacerations received in any one covered accident that require repair. If the laceration is severe enough to require stitches but the doctor chooses to repair it in another way, we will pay it as a laceration repaired with stitches.

We will pay this amount once per covered person per covered accident.

If any covered person receives a laceration on a finger, toe, hand, foot, or eye and later loses that finger, toe, hand, foot or eye as the result of the same covered accident, we will subtract the amount we paid under the laceration benefit from the Accidental Dismemberment (Loss Of Finger, Toe, Hand, Foot Or Sight Of An Eye) benefit.

Lodging

We will pay the amount shown on the Policy Schedule for Lodging if a charge is incurred for one motel/hotel room for a companion to accompany the covered person. We will pay this benefit for any day the covered person is confined in a hospital more than 50 miles from the residence of the covered person as the result of a covered accident, up to a maximum of 30 days per covered accident.

Medical Imaging Study

We will pay the amount shown on the Policy Schedule for Medical Imaging Study if any covered person incurs a charge for and receives one of the following imaging studies as the result of a covered accident:

- Computed Tomography (CT) imaging or Computed Axial Tomography (CAT Scan);
- Electroencephalogram (EEG); or
- Magnetic Resonance (MR) or Magnetic Resonance Imaging (MRI).

The study must be prescribed by a doctor and performed in an office or in a hospital on an inpatient or outpatient basis.

This benefit will be payable only once per covered person per covered accident and once per calendar year.

Occupational or Physical Therapy

We will pay the amount shown on the Policy Schedule for Occupational or Physical Therapy for any day a covered person incurs a charge for and requires occupational or physical therapy treatment as the result of a covered accident. We will pay for up to a maximum of 10 days per covered person per covered accident. The therapy must begin within 60 days after the covered accident and must be completed within six months after the covered accident. All services must be prescribed by a doctor and rendered by an occupational or physical therapist and performed in an office or in a hospital on an inpatient or outpatient basis.

Prosthetic Device/Artificial Limb

We will pay the amount shown on the Policy Schedule for Prosthetic Device/Artificial Limb for a prosthetic device/artificial limb which is prescribed by a doctor for functional use when the covered person loses a hand, foot or sight of an eye due to a covered accident. The prosthetic device/artificial limb must be received within one year of the covered accident, and a charge must be incurred for the device/limb.

We will pay this benefit once per covered person per covered accident. This benefit is not payable for hearing aids, dental aids, including false teeth, eye glasses or for cosmetic prosthesis such as hair wigs. We will not pay for joint replacement such as an artificial hip or knee.

Rehabilitation Unit Confinement

We will pay the amount shown on the Policy Schedule for Rehabilitation Unit Confinement if any covered person incurs a charge for and is transferred to a rehabilitation unit immediately after a period of hospital confinement due to a covered

accident. We will pay this amount for each day of confinement in a rehabilitation unit, up to a maximum of 15 days per covered person per covered accident but not to exceed 30 days per calendar year.

We will not pay both the Rehabilitation Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Ruptured Disc with Surgical Repair

We will pay the amount shown on the Policy Schedule for Ruptured Disc with Surgical Repair if any covered person receives a ruptured disc in his spine as the result of a covered accident. It must be treated by a doctor within 60 days after the covered accident. It must be repaired through surgery by a doctor within one year after the accident, and a charge must be incurred for this surgery. After all of these things occur, we will pay this amount once per covered person per covered accident.

Surgery - Cranial, Open Abdominal and Thoracic/Hernia

We will pay the amount shown on the Policy Schedule for Cranial, Open Abdominal and Thoracic surgery, if any covered person incurs a charge for and undergoes cranial, open abdominal, or thoracic surgery other than hernia repair. The surgery must be performed within 72 hours of the covered accident to repair internal injuries received as the result of a covered accident.

We will pay the amount shown on the Policy Schedule for Hernia if any covered person incurs a charge for and undergoes hernia surgery. The hernia must be diagnosed within 30 days of the covered accident, and surgery must be performed within 60 days of the covered accident to repair a hernia received as a result of a covered accident.

We will pay this benefit once per covered person per covered accident. If any covered person has both cranial, open abdominal, or thoracic (other than hernia repair) surgery and hernia surgery as a result of the same covered accident, we will only pay the Cranial, Open Abdominal, or Thoracic Surgery benefit.

Surgery - Exploratory and Arthroscopic

We will pay the amount shown on the Policy Schedule for Surgery - Exploratory and Arthroscopic if any covered person incurs a charge for and undergoes exploratory or arthroscopic surgery within 60 days of the covered accident to explore or repair injuries received as the result of a covered accident.

Hernia repair is not covered under this benefit.

We will pay this benefit once per covered person per covered accident.

Tendon/Ligament/Rotator Cuff

We will pay the applicable amount shown on the Policy Schedule for Tendon/Ligament/Rotator Cuff if any covered person receives an injured tendon/ligament/rotator cuff as the result of a covered accident. It must be torn, ruptured or severed. It must be treated by a doctor within 60 days after the covered accident. It must be repaired through surgery by a doctor within one year after the accident, and a charge must be incurred for this surgery. We will pay this benefit once per covered person per covered accident.

Transportation

We will pay the amount shown on the Policy Schedule for Transportation if any covered person incurs a charge and must travel more than 50 miles one way to receive special treatment and confinement in a hospital for injuries received as the result of a covered accident.

Treatment must be:

- prescribed by a doctor and
- not available locally.

We will pay this benefit for each round trip, up to three round trips per covered person per covered accident.

This benefit is not payable for transportation by ambulance or air ambulance.

X-ray

We will pay the amount shown on the Policy Schedule for X-ray if any covered person incurs a charge for and receives an x-ray as the result of a covered accident. The test must be prescribed by a doctor and performed in a doctor's office or in a hospital on an inpatient or outpatient basis and performed within 90 days of the covered accident.

This benefit is not payable for exams listed in the Medical Imaging Study benefit.

We will pay this benefit once per covered person per covered accident.

SECTION VIII - WHAT IS NOT COVERED BY THIS POLICY

We will not pay benefits for losses that are caused by or are the result of any covered person's:

Hazardous avocations

Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven, or any similar activities.

Felonies or illegal occupations

Committing or attempting to commit a felony or engaging in an illegal occupation.

Racing

Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.

Semi-professional or professional sports

Practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

Sickness

Having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. *Sickness* means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.

Suicide or self-inflicted injuries

Committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.

War or armed conflict

Being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

In addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of:

Birth

Injuries to a dependent child received during his birth.

Intoxication

Any covered person's being intoxicated or under the influence of any narcotics unless administered on the advice of his doctor.

SECTION IX - YOUR CLAIM FOR BENEFITS**Notice Of Claim**

You must give us written notice of claim within 30 days after the covered loss begins or as soon as it is reasonably possible. Notice given by you or on your behalf to our home office or one of our authorized agents with the information sufficient to identify you shall be accepted.

Claim Forms

After the giving of such notice, we will send you a claim form. If you do not receive the claim form within 15 days after you notify us of your loss, you shall be deemed as having complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proof of loss, written proof meeting the requirements of the Proof of Loss section below.

Proof Of Loss

You must give us written proof of loss within 90 days after the covered loss begins. Written proof of loss, provided at your expense and in English or Spanish, includes one or more of the following: an attending doctor's statement, a doctor's bill or a hospital bill. We may also require your statement and/or your employer's statement.

If you are not able to give us written proof of loss within 90 days, it will not have a bearing on your claim if proof is given to us as soon as it is reasonably possible. In any event, proof must be given no later than one year from the time stated unless you are legally unable to do so.

Any additional proof that we require, such as medical records, will be at our expense. We also reserve the right to have the covered person interviewed by an authorized company representative.

Proof Of Loss For Catastrophic Accident

You must give us written proof of loss within 90 days after the catastrophic accident elimination period ends. Written proof of loss for the catastrophic accident, provided at your expense and in English or Spanish, includes the following:

- an attending doctor's statement verifying the extent of injury; and
- a completed catastrophic accident claim form.

If you are not able to give us written proof of loss within 90 days, it will not have a bearing on your claim if proof is given to us as soon as it is reasonably possible. In any event, proof must be given no later than one year from the time stated unless you are legally unable to do so.

Time Of Payment Of Claim

After we receive written proof of loss and process the covered person's claim, we will immediately pay any benefits due. Subject to due written proof of loss, all accrued benefits for loss for which this policy provides periodic payments will be paid monthly, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

Payment Of Claim

Benefits will be paid to you unless we receive a written authorization to pay them elsewhere, such as to a hospital or a doctor's office. This is called *assignment*. If we still owe you benefits at your death, we will pay them to your estate.

Any accidental death benefits payable as the result of your death will be paid to your beneficiary. Your beneficiary is the person you named in the application as your beneficiary, unless it was changed at a later date. If you did not name a beneficiary or if the person you named is not living at your death, any accidental death benefits due will be paid in this order to:

- your spouse; or
- your children; or
- your parents; or
- your brothers and sisters; or
- your estate.

If benefits are payable to your estate, we can pay benefits up to \$1,000 to someone related to you by blood or marriage who we feel is fairly entitled to them. If we do this, we will have no responsibility for this payment because we made it in good faith.

How To Change Your Beneficiary

Unless you make an irrevocable designation of beneficiary, the right to change the beneficiary is reserved to you, and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this policy, or to any change of beneficiary or beneficiaries, or to any other changes in this policy.

Questions Concerning Your Claim

If you have questions concerning your claim, you can call us at our home office. We are open Monday through Friday from 8:30 a.m. until 5:00 p.m. Eastern Time.

Physical Examinations

We can require that any covered person be examined by a doctor of our choice at our expense as often as it is reasonably necessary while his claim is pending.

Legal Action

We cannot be sued for benefits under this policy:

- until 60 days after we are sent written proof of loss; or
- more than three years after the time has passed in which we require written proof of loss.

SECTION X - OTHER IMPORTANT PROVISIONS

Time Limits on Certain Defenses

We rely on the statements made by you in the application to issue this policy and pay benefits.

After this policy has been in force for two years, we cannot contest it or refuse to pay benefits because of any untrue statement in the application unless a fraudulent statement was made.

Contest means that we question the validity of coverage under this policy through a letter to you. This contest is effective on the date we mail the letter and refund the premium.

Your Right to Continue Coverage

We guarantee that you can keep this policy in force as long as the premiums are paid when due. They can be paid:

- anytime before they are due; or
- within the grace period.

Misstatement of Age

If the age of any covered person has been misstated, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age. If, based on his correct age, we would not have issued this policy, then we will refund the premiums paid.

Transfer of Rights

You can assign any rights you have under this policy. However, no assignment is binding on us until we receive a copy of it. We are not responsible for the validity of any assignment.

Conformity with State Statutes

Any provision of this policy that, on the effective date, does not agree with state laws where you live will be amended to conform to the minimum requirements of those laws.

When Coverage Ends on Your Spouse and Your Children

If this is a named insured and spouse policy or a two-parent family policy, coverage on your spouse will end on the earliest of the following dates:

- the date this policy terminates;
- the end of the grace period following the premium due date we fail to receive the required premium for your spouse;
- the date the next premium is due after you ask us to end your spouse's coverage;
- the date you divorce your spouse or your marriage is annulled; or
- the date your spouse dies.

If this is a one-parent or a two-parent family policy, coverage on your children insured by this policy will end:

- the date this policy terminates;
- the end of the grace period following the premium due date we fail to receive the required premium for your dependent children;

- the date the next premium is due after you ask us to end your children's coverage; or
- the date you die and this is a one-parent family policy.

Coverage on a child placed in your custody for adoption will also terminate upon the dismissal of a petition for adoption. Coverage will end on each child when he no longer qualifies as a dependent child as defined in this policy. It is your responsibility to notify us if any dependent child no longer qualifies as an eligible dependent. If this is a one-parent family or a two-parent family policy and all of your dependent children no longer qualify as eligible dependents and you do not notify us, the extent of our liability will be to refund premium for the time period for which they did not qualify.

Coverage will not end on a covered child who reaches age 26 if that child is and continues to be mentally or physically handicapped and is chiefly dependent on you or your spouse for support. If we request proof of mental or physical handicap, it will be done at our expense. However, you must continue to pay the premiums for one-parent or two-parent family coverage to keep his coverage in force.

Your Spouse's Right to Continue Coverage

If this is a named insured and spouse policy or two-parent family policy and you die, your spouse can keep this policy. Your spouse must notify us in writing within 60 days after your death to continue coverage and begin paying premiums for his policy.

If this is a named insured and spouse policy or two-parent family policy and you divorce your spouse or your marriage is annulled while this policy is in force, he can take out a policy equivalent to the coverage he had while covered under this policy without providing evidence of insurability to us. Your spouse must ask us in writing to continue his coverage and begin paying the correct premiums within 60 days after your divorce. If your spouse had any special exclusions under this policy, the same ones will apply when he becomes the named insured. If any benefit that has a limit has already been paid on your spouse, it will not be paid for him again when he becomes the named insured.

Your Child's Right to Continue Coverage

If this is a one-parent or two-parent family policy and your child no longer qualifies as a dependent child as defined in this policy, he can take out his own policy like this one without providing evidence of insurability to us.

Your child must notify us in writing to continue his coverage and begin paying the correct premiums within 60 days after he no longer qualifies as a dependent child. If your child had any special exclusions under this policy, the same ones will apply when he becomes the named insured. If any benefit that has a limit has already been paid on your child, it will not be paid for him again when he becomes the named insured.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
[1200 Colonial Life Boulevard, P.O. Box 1365, Columbia, South Carolina 29202
1.800.325.4368 www.coloniallife.com]
A Stock Company

ACCIDENT ONLY INSURANCE COVERAGE

**THE POLICY PROVIDES LIMITED BENEFITS
BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES.**

OUTLINE OF COVERAGE (Applicable to Policy Form Accident 1.0, and state abbreviations where used.)

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the [Guide to Health Insurance for People with Medicare](#) available from the Company.

Please Read The Policy Carefully. This outline provides a very brief description of the important features of the policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important to READ THE POLICY CAREFULLY.

Renewability. The policy is guaranteed renewable as long as premiums are paid when they are due or within the grace period. The premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

Coverage Provided by The Policy. The policy is designed to provide to covered persons coverage for losses resulting from injuries received from a covered accident only, subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

BENEFITS - All benefits are payable once per covered person per covered accident unless specified otherwise. We will pay these benefits for any covered person who receives injuries as the result of a covered accident:

Accident Emergency Treatment - [\$75][\$100][\$125][\$150][\$175]

Benefit payable if, as the result of a covered accident, a covered person is injured and requires examination and treatment by a doctor in a hospital emergency room, urgent care center, or doctor's office (other than acupuncturist or occupational or physical therapist) within 72 hours after covered accident. A charge must be incurred for the treatment. We will not pay the Accident Emergency Treatment and the Accident Follow-Up Doctor Visit benefits for visits on the same day.

Accident Follow-Up Doctor Visit - [\$50][\$75][\$100], Maximum of [two][three][four] visits per covered person per covered accident

Benefit payable in the amount and up to the maximum number of visits for initial treatment more than 72 hours after the covered accident or follow-up treatment (other than occupational or physical therapy) provided by a doctor in a doctor's office, urgent care facility or emergency room for injuries received due to a covered accident. Treatment must begin within 60 days of the covered accident, be completed with 365 days of the covered accident, not be for routine examination or preventative testing and a charge must be incurred. We will not pay the Accident Emergency Treatment and the Accident Follow-Up Doctor Visit benefits for visits on the same day.

Accidental Death - Named Insured [\$20,000-\$150,000, in \$5,000 increments] Spouse [\$20,000-\$150,000, in \$5,000 increments] Children [\$4,000-\$30,000, in \$1,000 increments]

Benefit payable if a covered person is injured in a covered accident and the injury causes the covered person to die within 90 days after the accident. If we pay this benefit, we will not pay the Accidental Death-Common Carrier benefit.

Accidental Death - Common Carrier - Named Insured [\$80,000-\$300,000, in \$5,000 increments] Spouse [\$80,000-\$300,000, in \$5,000 increments] Children [\$16,000-\$60,000, in \$1,000 increments]

Benefit payable if, as the result of a covered accident, a covered person is injured while a fare-paying passenger on a common carrier and the injury causes the covered person to die within 90 days after the accident. Common carrier means: commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not common carriers. If we pay this benefit, we will not pay the Accidental Death benefit.

Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of An Eye)

[\$600-\$1,950, in \$150 increments] Payable for loss of: one finger or one toe

[\$1,200-\$3,900, in \$300 increments] Payable for loss of: two or more fingers, or two or more toes or any combination of two or more fingers or toes.

[\$6,000-\$19,500, in \$1,500 increments] Payable for loss of: one hand, or one foot, or sight of one eye.

[\$12,000-\$39,000, in \$3,000 increments] Payable for loss of: both hands, or both feet, or the sight of both eyes, any combination of two or more hands, feet, or the sight of an eye.

Benefit payable if the insured loses a finger, toe, hand, foot or sight of an eye within 90 days after the covered accident and a charge is incurred, as the result of a covered accident. If the covered person loses a finger or toe and later loses a hand or foot on the same side of the body as a result of the same covered accident, the amount paid for the loss of a finger or toe benefit will be subtracted from the amount paid for the loss of a hand or foot. Loss of a hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost. Loss of a foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost. Loss of a finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. Loss of a toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. Loss of sight of an eye means that at least 80 percent of vision is permanently lost.

Air Ambulance - [\$1,200][\$2,000]

Benefit payable if a licensed professional air ambulance company transports by air any covered person to or from a hospital or between medical facilities for treatment for injuries received in a covered accident and a charge is incurred. Transportation must occur within 48 hours after the covered accident.

Ambulance - [\$120][\$200]

Benefit payable if a licensed professional ambulance company transports any covered person by ground transportation to or from a hospital or between medical facilities for treatment for injuries received in a covered accident and a charge is incurred. Transportation must occur within 90 days after the covered accident.

Appliance - [\$75][\$100]

Benefit payable if, as the result of a covered accident, an appliance is prescribed by a doctor to aid in personal locomotion or mobility; use must begin within 90 days after covered accident and a charge must be incurred. For purposes of this benefit, appliance means a back brace, cane, crutches, leg brace, walker and wheelchair.

Blood/Plasma/Platelets - \$300

Benefit payable if, as the result of a covered accident, a covered person requires the transfusion, administration, cross matching, typing and processing of blood/plasma/platelets, they are administered within 90 days after the covered accident, and a charge is incurred.

Burn - Benefit payable if, as the result of a covered accident, a covered person is treated by a doctor within 72 hours after the accident for burns as described below, and a charge must be incurred.

\$1,000 - Second degree burns covering a total of at least 36% of the body surface

\$2,000 - Third degree burns covering at least 9 square inches but less than 18 square inches

\$4,000 - Third degree burns covering at least 18 square inches but less than 35 square inches

\$12,000 - Third degree burns covering 35 or more square inches

Burn - Skin Graft - 50% of applicable burn benefit

Payable only for a skin graft for a burn for which a burn benefit was received under the policy and for which a charge is incurred.

Catastrophic Accident - payable once per lifetime per covered person

Accident Occurs:	Covered Person	Benefit Amount
Prior to the covered person's attaining age 65	Named Insured	[\$10,000-\$125,000, in \$2,500 increments]
	Spouse	[\$10,000-\$125,000, in \$2,500 increments]
	Child(ren)	[\$5,000-\$62,500, in \$1,250 increments]
After the covered person's attaining age 65 and prior to the covered person's attaining age 70	Named Insured	[\$5,000-\$62,500, in \$1,250 increments]
	Spouse	[\$5,000-\$62,500, in \$1,250 increments]
	Child(ren)	[\$2,500-\$31,250, in \$625 increments]
After the covered person's attaining age 70	Named Insured	[\$2,500-\$31,250, in \$625 increments]
	Spouse	[\$2,500-\$31,250, in \$625 increments]
	Child(ren)	[\$1,250-\$15,625, in \$312.50 increments]

Benefit payable if any covered person sustains a catastrophic loss as the result of a covered accident and is under the appropriate care of a doctor during the elimination period and remains alive at the end of the elimination period.

Catastrophic loss means an injury that within 365 days of the covered accident results in total and irrecoverable:

- Loss of both hands or both feet; or
- Loss or loss of use of both arms or both legs; or
- Loss of one hand and one foot; or
- Loss or loss of use of one arm and one leg; or
- Loss of the sight of both eyes; or
- Loss of the hearing of both ears; or
- Loss of the ability to speak.

For purposes of this benefit, the following definitions apply. Loss of a hand means that the hand is cut off through or above the wrist joint. Loss of a foot means that the foot is cut off through or above the ankle joint. Loss of an arm means the arm is cut off above the elbow. Loss of a leg means the leg is cut off above the knee. Loss of use of an arm means the loss of function of the entire arm from the shoulder to the hand. Loss of use of a leg means the loss of function of the entire leg from the hip to the foot. Loss of sight of both eyes means at least 80 percent of vision is permanently lost in both eyes, such that it cannot be corrected to any functional degree by any procedure, aid or device. Loss of hearing of both ears means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device. Loss of the ability to speak means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.

Elimination period means the period of 365 days after the date of a covered accident. The catastrophic accident benefit will be payable once per lifetime for each covered person in this policy.

Coma - [\$7,500] [\$10,000] [\$12,500]

Benefit payable if any covered person is diagnosed with or treated for a coma lasting for a period of at least seven consecutive days resulting from a covered accident. The condition must require intubation for respiratory assistance, be diagnosed or treated by a doctor within 90 days after the covered accident, and a charge must be incurred. For purposes of this benefit, coma means a continuous state of profound unconsciousness characterized by the absence of eye opening, motor response and verbal response. The term "coma" does not include any medically induced coma.

Concussion - \$60

Benefit payable if any covered person sustains a concussion diagnosed by a doctor within 72 hours from date of covered accident as the result of a covered accident and a charge is incurred.

Dislocation (Separated Joint)

Complete Dislocation of Joint	Closed Reduction (with Anesthesia)	Open Reduction (with Anesthesia)
Hip	[\$1,800-\$4,400, in \$200 increments]	[\$3,600-\$8,800, in \$400 increments]
Knee (except patella)	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200 increments]
Ankle - bone or bones of the foot (other than toes)	[\$720-\$1,760, in \$80 increments]	[\$1,440-\$3,520, in \$160 increments]
Collarbone (sternoclavicular)	[\$450-\$1,100, in \$50 increments]	[\$900-\$2,200, in \$240 increments]
Lower jaw, shoulder (glenohumeral), elbow, wrist	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Bone or bones of the hand (other than fingers)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Collarbone (acromioclavicular and separation), one toe or finger	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
Incomplete dislocation	25% of applicable amount for closed reduction of joint involved or dislocation reduction without anesthesia.	

Benefit payable if, as the result of a covered accident, any covered person has a dislocation diagnosed by a doctor within 90 days after the accident; reduction must require correction with anesthesia by a doctor, for which a charge is incurred. Benefit payable for more than one dislocation (requiring open or closed reduction) is no more than two times the amount for the joint involved which has the highest benefit amount. An incomplete dislocation is a dislocation in which the joint is not completely separated. Benefit payable only for the first dislocation of a joint after the policy coverage effective date. Subsequent dislocations of the same joint after the policy coverage effective date will not be covered under this benefit.

**Emergency Dental Work - [\$200][\$300][\$400] - Broken tooth repaired with a crown, dentures or implant
[\$50][\$75][\$100] - Broken tooth resulting in extraction**

The specified dental services must be required by a covered person as the result of injuries received in an accident, must begin within 60 days of the covered accident and a charge must be incurred for the services. Each Emergency Dental Work benefit is payable only once per covered person per covered accident, regardless of the number of teeth involved.

Eye Injury - [\$200][\$300]

Benefit payable if, as the result of a covered accident, a covered person requires surgery on or the removal of a foreign object from the eye by a doctor within 90 days after the covered accident and a charge is incurred. An examination with anesthesia will not be considered surgery.

Fracture (Broken Bone)

	Closed reduction	Open reduction
Skull (except bones of face or nose) depressed skull fracture	[\$2,250-\$5,500, in \$250 increments]	[\$4,500-\$11,000, in \$500 increments]
Skull (except bones of face or nose) non-depressed skull fracture	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200 increments]
Hip, thigh (femur)	[\$1,350-\$3,300, in \$150 increments]	[\$2,700-\$6,600, in \$300 increments]
Vertebrae, body of (excluding vertebral processes), pelvis (except coccyx), leg	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]
Bones of face or nose (except mandible or maxilla)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Upper jaw, maxilla (except alveolar process), upper arm between elbow and shoulder	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Lower jaw, mandible (except alveolar process), kneecap, foot (except toes), ankle	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Shoulder blade, collarbone, vertebral processes, forearm, hand, wrist (except fingers)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Rib	[\$225-\$550, in \$25 increments]	[\$450-\$1,100, in \$50 increments]
Coccyx	[\$180-\$440, in \$20 increments]	[\$360-\$880, in \$40 increments]
Finger, Toe	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
Chip Fracture	25% of the applicable amount for closed reduction for the bone involved as listed above.	

Benefit payable if, as the result of a covered accident, a covered person has a fracture diagnosed by a doctor within 90 days after the accident. The fracture must require open (surgical) or closed (non-surgical) reduction by a doctor, and a charge is incurred for the reduction. Benefit payable for more than one fracture (open or closed reduction) is no more than two times the amount for the bone involved which has the highest benefit amount. If a covered person has a fracture and a dislocation in a covered accident, maximum benefit payable will be two times the amount for the bone or joint involved with the highest benefit amount. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

Hospital Admission - [\$750-\$1,750, in \$50 increments]

Benefit payable if, as the result of a covered accident, a covered person is confined in a hospital within six months after the accident and a charge is incurred. Payable once per covered accident. We will not pay this benefit for emergency room treatment, outpatient treatment, or a stay of less than 20 hours in an observation unit. We will not pay the Hospital Admission benefit and the Hospital Intensive Care Unit Admission benefit for the same covered accident.

Hospital Confinement - [\$175-\$500, in \$25 increments] per day up to 365 days per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is initially confined in a hospital or a hospital sub-acute intensive care unit within six months after the covered accident, and a charge is incurred. We will not pay this benefit for emergency room treatment, outpatient treatment, or confinement of less than 20 hours to an observation unit. We will not pay the Hospital Confinement benefit and the Hospital Intensive Care Unit confinement benefit concurrently. If the covered person is confined in a hospital intensive care unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day.

Hospital Intensive Care Unit Admission - [\$1,500-\$3,500, in \$100 increments] - one per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is admitted directly to a hospital intensive care unit within 30 days after the covered accident and a charge is incurred; payable once per covered accident. We will not pay this benefit for emergency room treatment, outpatient treatment, or a stay of less than 20 hours in an observation unit. We will not pay the Hospital Intensive Care Unit Admission benefit and the Hospital Admission benefit for the same covered accident.

Hospital Intensive Care Unit Confinement - [\$350-\$1,000, in \$50 increments] per day up to 15 days per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is confined to a hospital intensive care unit. Hospital intensive care unit confinement must begin within 30 days after the accident, and a charge must be incurred. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Knee Cartilage Torn - [\$500][\$750] - one per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is treated by a doctor for a torn knee cartilage within 60 days after the covered accident. The torn knee cartilage must be repaired through surgery within 12 months after the covered accident, and a charge must be incurred for the repair. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), we will pay under the Surgery - Exploratory and Arthroscopic benefit.

Laceration

\$60 - Total of all lacerations is less than two inches long (less than 5.08 centimeters) and repaired by stitches

\$260 - Total of all lacerations is at least two but less than six inches long (5.08 to 15.23 centimeters) and repaired by stitches

\$500 - Total of all lacerations is six inches or longer (15.24 centimeters or longer) and repaired by stitches

\$30 - Laceration(s) with no repair

Benefit payable if, as the result of a covered accident, a covered person has a laceration that is repaired by a doctor within 72 hours after the covered accident, and a charge must be incurred for the repair. If benefits are payable for a laceration on a finger, toe, hand, foot or eye and the insured later loses that finger, toe, hand, foot, or eye as the result of the same covered accident, the amount we paid under the Laceration benefit will be subtracted from the Accidental Dismemberment (Loss of a Finger, Toe, Hand, Foot or Sight of an Eye) benefit.

Lodging - [\$100][\$125][\$150] per night up to 30 days per covered accident

Payable for a companion's motel/hotel stays during the period of time the covered person is confined to the hospital as the result of a covered accident, and a charge is incurred. Hospital must be more than 50 miles from the residence of the covered person.

Medical Imaging Study - [\$100][\$150][\$200] payable once per covered person per covered accident and once per calendar year

Benefit payable if, as the result of a covered accident, a covered person receives one of the following imaging studies. Study must be prescribed by a doctor and performed in an office or in a hospital on an inpatient or outpatient basis, and a charge must be incurred. Studies include: Computed Tomography (CT) imaging or Computed Axial Tomography (CAT Scan), Electroencephalogram (EEG), or Magnetic Resonance (MR) or Magnetic Resonance Imaging (MRI).

Occupational Or Physical Therapy - [\$25][\$35] per day up to 10 days per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person requires occupational or physical therapy treatment. Therapy must begin within 60 days after the covered accident and be completed within six months after the covered accident, and a charge must be incurred. Must be prescribed by a doctor and rendered by a licensed physical or occupational therapist and performed in an office or in a hospital on an inpatient or outpatient basis.

Prosthetic Device/Artificial Limb

[\$500][\$750] - One prosthetic device or artificial limb

[\$1,000][\$1,500] - Two or more devices or artificial limbs.

Benefit payable if, as the result of a covered accident, a covered person requires a prosthetic device/artificial limb prescribed by a doctor for functional use when the covered person loses a hand, foot, or sight of an eye. Must be received within one year of the covered accident, and a charge must be incurred. This benefit is not payable for hearing aids, dental aids, including false teeth, eye glasses or for cosmetic prosthesis such as hair wigs. We will not pay for joint replacement such as an artificial hip or knee.

Rehabilitation Unit Confinement - [\$100][\$150] per day, up to 15 days per covered person per covered accident, and a maximum of 30 days per calendar year

Benefit payable if, as the result of a covered accident, a covered person is transferred to a rehabilitation unit immediately after a period of hospital confinement due to a covered accident, and a charge is incurred. We will not pay both the Rehabilitation Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Ruptured Disc - [\$500][\$750]

Benefit payable if, as the result of a covered accident, a covered person receives a ruptured disc in his spine. The ruptured disc must be treated by a doctor within 60 days after the covered accident and repaired through surgery within one year after the accident. A charge must be incurred for the repair.

**Surgery - Cranial, Open Abdominal and Thoracic [\$1,000][\$1,500]
Hernia [\$100][\$150]**

Cranial, open abdominal and thoracic surgery benefit payable if as a result of a covered accident, a covered person undergoes cranial, open abdominal or thoracic surgery other than hernia repair within 72 hours of a covered accident and a charge is incurred. Surgery must be for repair of internal injuries. Hernia surgery benefit payable if, as the result of a covered accident, a covered person undergoes hernia surgery. The hernia must be diagnosed within 30 days, and surgery must be performed within 60 days after the covered accident. A charge must be incurred for the repair. If cranial, open abdominal or thoracic (other than hernia repair) surgery and hernia surgery are performed as a result of the same covered accident, we will pay only the Cranial, Open Abdominal or Thoracic benefit.

Surgery - Exploratory and Arthroscopic - [\$150][\$200]

Payable if any covered person undergoes exploratory or arthroscopic surgery within 60 days of covered accident to explore or repair injuries received as the result of a covered accident. Hernia repair is not covered under this benefit.

Tendon/Ligament/Rotator Cuff

[\$500][\$750] - Repair of one tendon, ligament or rotator cuff

[\$1,000][\$1,500] - Repair of two or more of the above.

Benefit payable if, as the result of a covered accident, a covered person receives a torn, ruptured or severed tendon/ligament/rotator cuff. It must be treated by a doctor within 60 days, and repaired through surgery within one year after the covered accident, and a charge must be incurred.

Transportation - [\$400][\$500][\$600] per round trip up to three round trips per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person must travel more than 50 miles one way for special treatment and confinement in a hospital, and a charge is incurred. Treatment must be prescribed by a doctor and not available locally. This benefit is not payable for transportation by ambulance or air ambulance.

X-ray [\$20][\$30][\$40]

Payable if any covered person incurs a charge for and receives an x-ray as the result of a covered accident. The test must be prescribed by a doctor and performed in a doctor's office or a hospital on an inpatient or outpatient basis and performed within 90 days of the covered accident.

IMPORTANT WORDS IN THE POLICY

Accident means an unintended or unforeseen bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

Confined or **Confinement** means the assignment to a bed as a resident inpatient in a hospital on the advice of a doctor or confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a doctor.

A **Covered Accident** is an accident which: occurs on or after the effective date of the policy; occurs while the policy is in force; is of the Accident Type listed on the Policy Schedule page; and is not excluded by name or specific description in the policy.

A **Doctor or Physician** means a person who: is licensed by the state to practice a healing art; and performs services for a covered person which are allowed by his license. Doctor or physician does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or a business interest with any covered person.

An **Emergency Room** is a specified area within a hospital that is designated for the emergency care of accidental injuries. This area must: be staffed and equipped to handle trauma; be supervised and provide treatment by doctors; and provide care seven days per week, 24 hours per day.

A **Hospital** means a place which: is run according to law on a full-time basis; provides overnight care of injured and sick people; is supervised by a doctor; has full-time nurses supervised by a registered nurse; and has at its locations or uses on a pre-arranged basis: X-ray equipment, a laboratory and an operating room where surgical operations take place.

Notwithstanding the above, a hospital is not: a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation center; a place for alcoholics or drug addicts; or an assisted living facility.

A **Hospital Intensive Care Unit** means a place which: is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and has a doctor assigned to the intensive care unit on a full-time basis.

A hospital intensive care unit is not any of the following step down units: a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit; an observation unit; or any facility not meeting the definition of a hospital intensive care unit as defined in the policy.

A **Hospital Sub-Acute Intensive Care Unit** means a place which: is a specifically designated area of the hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and is under constant and continuous observation by a specially trained nursing staff.

A hospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.

An **Injury** means a wound to a covered person's body that is caused solely by or is the result of a covered accident.

An **Observation Unit** is a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a doctor; and which: is under the direct supervision of a doctor or registered nurse; is staffed by nurses assigned specifically to that unit; and provides care seven days per week, 24 hours per day.

An **Occupational Therapist** is a person, who: possesses the designation "Occupational Therapist Registered (OTR);" is licensed by the state to practice occupational therapy; performs services which are allowed by his license and performs services for which benefits are provided by the policy. For purposes of this definition, occupational therapist does not include any covered person or anyone related to any covered person by blood or marriage.

An **Off-Job Accident** means an accident that occurs while a covered person is not working at any job for pay or benefits.

An **On-Job Accident** means an accident that occurs while a covered person is working at any job for pay or benefits.

A **Physical Therapist** is a person who: is licensed by the state to practice physical therapy; performs services which are allowed by his license; performs services for which benefits are provided by the policy; and practices according to the Code of Ethics of the American Physical Therapy Association. For purposes of this definition, physical therapist does not include any covered person or anyone related to any covered person by blood or marriage.

A **Rehabilitation Unit** means an appropriately licensed facility that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by accidental injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of physicians. The rehabilitation unit may be part of a hospital or a freestanding facility. A rehabilitation unit is not a nursing home, an extended care facility, a skilled nursing facility, a rest home or home for the aged, a hospice care facility, a place for alcoholics or drug addicts, or an assisted living facility.

An **Urgent Care Facility** means a place other than a doctor's office, hospital or emergency room that provides emergency care and treatment for injured people.

WHAT IS NOT COVERED BY THE POLICY

We will not pay benefits for losses that are caused by or are the result of any covered person's:

- engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven or any similar activities.
- committing or attempting to commit a felony or engaging in an illegal occupation.
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test.

- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.
- committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

In addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of:

- injuries to a dependent child received during his birth.
- any covered person's being intoxicated or under the influence of any narcotics unless administered on the advice of his doctor.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
[1200 Colonial Life Boulevard, P.O. Box 1365, Columbia, South Carolina 29202
1.800.325.4368 www.coloniallife.com]
A Stock Company

ACCIDENT ONLY INSURANCE COVERAGE

**THE POLICY PROVIDES LIMITED BENEFITS
BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES.**

OUTLINE OF COVERAGE (Applicable to Policy Form Accident 1.0, and state abbreviations where used.)

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the [Guide to Health Insurance for People with Medicare](#) available from the Company.

Please Read The Policy Carefully. This outline provides a very brief description of the important features of the policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important to READ THE POLICY CAREFULLY.

Renewability. The policy is guaranteed renewable as long as premiums are paid when they are due or within the grace period. The premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

Coverage Provided by The Policy. The policy is designed to provide to covered persons coverage for losses resulting from injuries received from a covered accident only, subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

BENEFITS - All benefits are payable once per covered person per covered accident unless specified otherwise. We will pay these benefits for any covered person who receives injuries as the result of a covered accident:

Accident Emergency Treatment - [\$75][\$100][\$125][\$150][\$175]

Benefit payable if, as the result of a covered accident, a covered person is injured and requires examination and treatment by a doctor in a hospital emergency room, urgent care center, or doctor's office (other than acupuncturist or occupational or physical therapist) within 72 hours after covered accident. A charge must be incurred for the treatment. We will not pay the Accident Emergency Treatment and the Accident Follow-Up Doctor Visit benefits for visits on the same day.

Accident Follow-Up Doctor Visit - [\$50][\$75][\$100], Maximum of [two][three][four] visits per covered person per covered accident

Benefit payable in the amount and up to the maximum number of visits for initial treatment more than 72 hours after the covered accident or follow-up treatment (other than occupational or physical therapy) provided by a doctor in a doctor's office, urgent care facility or emergency room for injuries received due to a covered accident. Treatment must begin within 60 days of the covered accident, be completed with 365 days of the covered accident, not be for routine examination or preventative testing and a charge must be incurred. We will not pay the Accident Emergency Treatment and the Accident Follow-Up Doctor Visit benefits for visits on the same day.

Accidental Death - Named Insured [\$20,000-\$150,000, in \$5,000 increments] Spouse [\$20,000-\$150,000, in \$5,000 increments] Children [\$4,000-\$30,000, in \$1,000 increments]

Benefit payable if a covered person is injured in a covered accident and the injury causes the covered person to die within 90 days after the accident. If we pay this benefit, we will not pay the Accidental Death-Common Carrier benefit.

Accidental Death - Common Carrier - Named Insured [\$80,000-\$300,000, in \$5,000 increments] Spouse [\$80,000-\$300,000, in \$5,000 increments] Children [\$16,000-\$60,000, in \$1,000 increments]

Benefit payable if, as the result of a covered accident, a covered person is injured while a fare-paying passenger on a common carrier and the injury causes the covered person to die within 90 days after the accident. Common carrier means: commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not common carriers. If we pay this benefit, we will not pay the Accidental Death benefit.

Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of An Eye)

[\$600-\$1,950, in \$150 increments] Payable for loss of: one finger or one toe

[\$1,200-\$3,900, in \$300 increments] Payable for loss of: two or more fingers, or two or more toes or any combination of two or more fingers or toes.

[\$6,000-\$19,500, in \$1,500 increments] Payable for loss of: one hand, or one foot, or sight of one eye.

[\$12,000-\$39,000, in \$3,000 increments] Payable for loss of: both hands, or both feet, or the sight of both eyes, any combination of two or more hands, feet, or the sight of an eye.

Benefit payable if the insured loses a finger, toe, hand, foot or sight of an eye within 90 days after the covered accident and a charge is incurred, as the result of a covered accident. If the covered person loses a finger or toe and later loses a hand or foot on the same side of the body as a result of the same covered accident, the amount paid for the loss of a finger or toe benefit will be subtracted from the amount paid for the loss of a hand or foot. Loss of a hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost. Loss of a foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost. Loss of a finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. Loss of a toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. Loss of sight of an eye means that at least 80 percent of vision is permanently lost.

Air Ambulance - [\$1,200][\$2,000]

Benefit payable if a licensed professional air ambulance company transports by air any covered person to or from a hospital or between medical facilities for treatment for injuries received in a covered accident and a charge is incurred. Transportation must occur within 48 hours after the covered accident.

Ambulance - [\$120][\$200]

Benefit payable if a licensed professional ambulance company transports any covered person by ground transportation to or from a hospital or between medical facilities for treatment for injuries received in a covered accident and a charge is incurred. Transportation must occur within 90 days after the covered accident.

Appliance - [\$75][\$100]

Benefit payable if, as the result of a covered accident, an appliance is prescribed by a doctor to aid in personal locomotion or mobility; use must begin within 90 days after covered accident and a charge must be incurred. For purposes of this benefit, appliance means a back brace, cane, crutches, leg brace, walker and wheelchair.

Blood/Plasma/Platelets - \$300

Benefit payable if, as the result of a covered accident, a covered person requires the transfusion, administration, cross matching, typing and processing of blood/plasma/platelets, they are administered within 90 days after the covered accident, and a charge is incurred.

Burn - Benefit payable if, as the result of a covered accident, a covered person is treated by a doctor within 72 hours after the accident for burns as described below, and a charge must be incurred.

\$1,000 - Second degree burns covering a total of at least 36% of the body surface

\$2,000 - Third degree burns covering at least 9 square inches but less than 18 square inches

\$4,000 - Third degree burns covering at least 18 square inches but less than 35 square inches

\$12,000 - Third degree burns covering 35 or more square inches

Burn - Skin Graft - 50% of applicable burn benefit

Payable only for a skin graft for a burn for which a burn benefit was received under the policy and for which a charge is incurred.

Catastrophic Accident - payable once per lifetime per covered person

Accident Occurs:	Covered Person	Benefit Amount
Prior to the covered person's attaining age 65	Named Insured	[\$10,000-\$125,000, in \$2,500 increments]
	Spouse	[\$10,000-\$125,000, in \$2,500 increments]
	Child(ren)	[\$5,000-\$62,500, in \$1,250 increments]
After the covered person's attaining age 65 and prior to the covered person's attaining age 70	Named Insured	[\$5,000-\$62,500, in \$1,250 increments]
	Spouse	[\$5,000-\$62,500, in \$1,250 increments]
	Child(ren)	[\$2,500-\$31,250, in \$625 increments]
After the covered person's attaining age 70	Named Insured	[\$2,500-\$31,250, in \$625 increments]
	Spouse	[\$2,500-\$31,250, in \$625 increments]
	Child(ren)	[\$1,250-\$15,625, in \$312.50 increments]

Benefit payable if any covered person sustains a catastrophic loss as the result of a covered accident and is under the appropriate care of a doctor during the elimination period and remains alive at the end of the elimination period.

Catastrophic loss means an injury that within 365 days of the covered accident results in total and irrecoverable:

- Loss of both hands or both feet; or
- Loss or loss of use of both arms or both legs; or
- Loss of one hand and one foot; or
- Loss or loss of use of one arm and one leg; or
- Loss of the sight of both eyes; or
- Loss of the hearing of both ears; or
- Loss of the ability to speak.

For purposes of this benefit, the following definitions apply. Loss of a hand means that the hand is cut off through or above the wrist joint. Loss of a foot means that the foot is cut off through or above the ankle joint. Loss of an arm means the arm is cut off above the elbow. Loss of a leg means the leg is cut off above the knee. Loss of use of an arm means the loss of function of the entire arm from the shoulder to the hand. Loss of use of a leg means the loss of function of the entire leg from the hip to the foot. Loss of sight of both eyes means at least 80 percent of vision is permanently lost in both eyes, such that it cannot be corrected to any functional degree by any procedure, aid or device. Loss of hearing of both ears means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device. Loss of the ability to speak means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.

Elimination period means the period of 365 days after the date of a covered accident. The catastrophic accident benefit will be payable once per lifetime for each covered person in this policy.

Coma - [\$7,500] [\$10,000] [\$12,500]

Benefit payable if any covered person is diagnosed with or treated for a coma lasting for a period of at least seven consecutive days resulting from a covered accident. The condition must require intubation for respiratory assistance, be diagnosed or treated by a doctor within 90 days after the covered accident, and a charge must be incurred. For purposes of this benefit, coma means a continuous state of profound unconsciousness characterized by the absence of eye opening, motor response and verbal response. The term "coma" does not include any medically induced coma.

Concussion - \$60

Benefit payable if any covered person sustains a concussion diagnosed by a doctor within 72 hours from date of covered accident as the result of a covered accident and a charge is incurred.

Dislocation (Separated Joint)

Complete Dislocation of Joint

	Closed Reduction (with Anesthesia)	Open Reduction (with Anesthesia)
Hip	[\$1,800-\$4,400, in \$200 increments]	[\$3,600-\$8,800, in \$400 increments]
Knee (except patella)	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200 increments]
Ankle - bone or bones of the foot (other than toes)	[\$720-\$1,760, in \$80 increments]	[\$1,440-\$3,520, in \$160 increments]
Collarbone (sternoclavicular)	[\$450-\$1,100, in \$50 increments]	[\$900-\$2,200, in \$240 increments]
Lower jaw, shoulder (glenohumeral), elbow, wrist	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Bone or bones of the hand (other than fingers)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Collarbone (acromioclavicular and separation), one toe or finger	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]

25% of applicable amount for closed reduction of joint involved or dislocation reduction without anesthesia.

Benefit payable if, as the result of a covered accident, any covered person has a dislocation diagnosed by a doctor within 90 days after the accident; reduction must require correction with anesthesia by a doctor, for which a charge is incurred. Benefit payable for more than one dislocation (requiring open or closed reduction) is no more than two times the amount for the joint involved which has the highest benefit amount. An incomplete dislocation is a dislocation in which the joint is not completely separated. Benefit payable only for the first dislocation of a joint after the policy coverage effective date. Subsequent dislocations of the same joint after the policy coverage effective date will not be covered under this benefit.

**Emergency Dental Work - [\$200][\$300][\$400] - Broken tooth repaired with a crown, dentures or implant
[\$50][\$75][\$100] - Broken tooth resulting in extraction**

The specified dental services must be required by a covered person as the result of injuries received in an accident, must begin within 60 days of the covered accident and a charge must be incurred for the services. Each Emergency Dental Work benefit is payable only once per covered person per covered accident, regardless of the number of teeth involved.

Eye Injury - [\$200][\$300]

Benefit payable if, as the result of a covered accident, a covered person requires surgery on or the removal of a foreign object from the eye by a doctor within 90 days after the covered accident and a charge is incurred. An examination with anesthesia will not be considered surgery.

Fracture (Broken Bone)

	Closed reduction	Open reduction
Skull (except bones of face or nose) depressed skull fracture	[\$2,250-\$5,500, in \$250 increments]	[\$4,500-\$11,000, in \$500 increments]
Skull (except bones of face or nose) non-depressed skull fracture	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200 increments]
Hip, thigh (femur)	[\$1,350-\$3,300, in \$150 increments]	[\$2,700-\$6,600, in \$300 increments]
Vertebrae, body of (excluding vertebral processes), pelvis (except coccyx), leg	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]
Bones of face or nose (except mandible or maxilla)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Upper jaw, maxilla (except alveolar process), upper arm between elbow and shoulder	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Lower jaw, mandible (except alveolar process), kneecap, foot (except toes), ankle	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Shoulder blade, collarbone, vertebral processes, forearm, hand, wrist (except fingers)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Rib	[\$225-\$550, in \$25 increments]	[\$450-\$1,100, in \$50 increments]
Coccyx	[\$180-\$440, in \$20 increments]	[\$360-\$880, in \$40 increments]
Finger, Toe	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
Chip Fracture	25% of the applicable amount for closed reduction for the bone involved as listed above.	

Benefit payable if, as the result of a covered accident, a covered person has a fracture diagnosed by a doctor within 90 days after the accident. The fracture must require open (surgical) or closed (non-surgical) reduction by a doctor, and a charge is incurred for the reduction. Benefit payable for more than one fracture (open or closed reduction) is no more than two times the amount for the bone involved which has the highest benefit amount. If a covered person has a fracture and a dislocation in a covered accident, maximum benefit payable will be two times the amount for the bone or joint involved with the highest benefit amount. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

Health Screening - [\$50-\$100, in \$10 increments] per covered person per calendar year

Benefit payable once per calendar year for one of the health screening tests defined in this outline performed after the waiting period and while coverage under the policy is in force. Health screening test is defined as: blood test for triglycerides, bone marrow testing, breast ultrasound, CA 15-3 (blood test for breast cancer), CA125 (blood test for ovarian cancer), carotid doppler, CEA (blood test for colon cancer), chest x-ray, colonoscopy, echocardiogram (ECHO), electrocardiogram (EKG, ECG), fasting blood glucose test, flexible sigmoidoscopy, hemoccult stool analysis, mammography, pap smear, PSA (blood test for prostate cancer), serum cholesterol test to determine level of HDL and LDL, serum protein electrophoresis (blood test for myeloma), stress test on a bicycle or treadmill, skin cancer biopsy, thermography, ThinPrep pap test, virtual colonoscopy. Waiting Period means the first 30 days following any covered person's policy coverage effective date during which time this benefit is not payable.

Hospital Admission - [\$750-\$1,750, in \$50 increments]

Benefit payable if, as the result of a covered accident, a covered person is confined in a hospital within six months after the accident and a charge is incurred. Payable once per covered accident. We will not pay this benefit for emergency room treatment, outpatient treatment, or a stay of less than 20 hours in an observation unit. We will not pay the Hospital Admission benefit and the Hospital Intensive Care Unit Admission benefit for the same covered accident.

Hospital Confinement - [\$175-\$500, in \$25 increments] per day up to 365 days per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is initially confined in a hospital or a hospital sub-acute intensive care unit within six months after the covered accident, and a charge is incurred. We will not pay this benefit for emergency room treatment, outpatient treatment, or confinement of less than 20 hours to an observation unit. We will not pay the Hospital Confinement benefit and the Hospital Intensive Care Unit confinement benefit concurrently. If the covered person is confined in a hospital intensive care unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day.

Hospital Intensive Care Unit Admission - [\$1,500-\$3,500, in \$100 increments] - one per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is admitted directly to a hospital intensive care unit within 30 days after the covered accident and a charge is incurred; payable once per covered accident. We will not pay this benefit for emergency room treatment, outpatient treatment, or a stay of less than 20 hours in an observation unit. We will not pay the Hospital Intensive Care Unit Admission benefit and the Hospital Admission benefit for the same covered accident.

Hospital Intensive Care Unit Confinement - [\$350-\$1,000, in \$50 increments] per day up to 15 days per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is confined to a hospital intensive care unit. Hospital intensive care unit confinement must begin within 30 days after the accident, and a charge must be incurred. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Knee Cartilage Torn - [\$500][\$750] - one per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is treated by a doctor for a torn knee cartilage within 60 days after the covered accident. The torn knee cartilage must be repaired through surgery within 12 months after the covered accident, and a charge must be incurred for the repair. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), we will pay under the Surgery - Exploratory and Arthroscopic benefit.

Laceration

\$60 - Total of all lacerations is less than two inches long (less than 5.08 centimeters) and repaired by stitches

\$260 - Total of all lacerations is at least two but less than six inches long (5.08 to 15.23 centimeters) and repaired by stitches

\$500 - Total of all lacerations is six inches or longer (15.24 centimeters or longer) and repaired by stitches

\$30 - Laceration(s) with no repair

Benefit payable if, as the result of a covered accident, a covered person has a laceration that is repaired by a doctor within 72 hours after the covered accident, and a charge must be incurred for the repair. If benefits are payable for a laceration on a finger, toe, hand, foot or eye and the insured later loses that finger, toe, hand, foot, or eye as the result of the same covered accident, the amount we paid under the Laceration benefit will be subtracted from the Accidental Dismemberment (Loss of a Finger, Toe, Hand, Foot or Sight of an Eye) benefit.

Lodging - [\$100][\$125][\$150] per night up to 30 days per covered accident

Payable for a companion's motel/hotel stays during the period of time the covered person is confined to the hospital as the result of a covered accident, and a charge is incurred. Hospital must be more than 50 miles from the residence of the covered person.

Medical Imaging Study - [\$100][\$150][\$200] payable once per covered person per covered accident and once per calendar year

Benefit payable if, as the result of a covered accident, a covered person receives one of the following imaging studies. Study must be prescribed by a doctor and performed in an office or in a hospital on an inpatient or outpatient basis, and a charge must be incurred. Studies include: Computed Tomography (CT) imaging or Computed Axial Tomography (CAT Scan), Electroencephalogram (EEG), or Magnetic Resonance (MR) or Magnetic Resonance Imaging (MRI).

Occupational Or Physical Therapy - [\$25][\$35] per day up to 10 days per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person requires occupational or physical therapy treatment. Therapy must begin within 60 days after the covered accident and be completed within six months after the covered accident, and a charge must be incurred. Must be prescribed by a doctor and rendered by a licensed physical or occupational therapist and performed in an office or in a hospital on an inpatient or outpatient basis.

Prosthetic Device/Artificial Limb

[\$500][\$750] - One prosthetic device or artificial limb

[\$1,000][\$1,500] - Two or more devices or artificial limbs.

Benefit payable if, as the result of a covered accident, a covered person requires a prosthetic device/artificial limb prescribed by a doctor for functional use when the covered person loses a hand, foot, or sight of an eye. Must be received within one year of the covered accident, and a charge must be incurred. This benefit is not payable for hearing aids, dental aids, including false teeth, eye glasses or for cosmetic prosthesis such as hair wigs. We will not pay for joint replacement such as an artificial hip or knee.

Rehabilitation Unit Confinement - [\$100][\$150] per day, up to 15 days per covered person per covered accident, and a maximum of 30 days per calendar year

Benefit payable if, as the result of a covered accident, a covered person is transferred to a rehabilitation unit immediately after a period of hospital confinement due to a covered accident, and a charge is incurred. We will not pay both the Rehabilitation Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Ruptured Disc - [\$500][\$750]

Benefit payable if, as the result of a covered accident, a covered person receives a ruptured disc in his spine. The ruptured disc must be treated by a doctor within 60 days after the covered accident and repaired through surgery within one year after the accident. A charge must be incurred for the repair.

**Surgery - Cranial, Open Abdominal and Thoracic [\$1,000][\$1,500]
Hernia [\$100][\$150]**

Cranial, open abdominal and thoracic surgery benefit payable if as a result of a covered accident, a covered person undergoes cranial, open abdominal or thoracic surgery other than hernia repair within 72 hours of a covered accident and a charge is incurred. Surgery must be for repair of internal injuries. Hernia surgery benefit payable if, as the result of a covered accident, a covered person undergoes hernia surgery. The hernia must be diagnosed within 30 days, and surgery must be performed within 60 days after the covered accident. A charge must be incurred for the repair. If cranial, open abdominal or thoracic (other than hernia repair) surgery and hernia surgery are performed as a result of the same covered accident, we will pay only the Cranial, Open Abdominal or Thoracic benefit.

Surgery - Exploratory and Arthroscopic - [\$150][\$200]

Payable if any covered person undergoes exploratory or arthroscopic surgery within 60 days of covered accident to explore or repair injuries received as the result of a covered accident. Hernia repair is not covered under this benefit.

Tendon/Ligament/Rotator Cuff

[\$500][\$750] - Repair of one tendon, ligament or rotator cuff

[\$1,000][\$1,500] - Repair of two or more of the above.

Benefit payable if, as the result of a covered accident, a covered person receives a torn, ruptured or severed tendon/ligament/rotator cuff. It must be treated by a doctor within 60 days, and repaired through surgery within one year after the covered accident, and a charge must be incurred.

Transportation - [\$400][\$500][\$600] per round trip up to three round trips per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person must travel more than 50 miles one way for special treatment and confinement in a hospital, and a charge is incurred. Treatment must be prescribed by a doctor and not available locally. This benefit is not payable for transportation by ambulance or air ambulance.

X-ray [\$20][\$30][\$40]

Payable if any covered person incurs a charge for and receives an x-ray as the result of a covered accident. The test must be prescribed by a doctor and performed in a doctor's office or a hospital on an inpatient or outpatient basis and performed within 90 days of the covered accident.

IMPORTANT WORDS IN THE POLICY

Accident means an unintended or unforeseen bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

Confined or Confinement means the assignment to a bed as a resident inpatient in a hospital on the advice of a doctor or confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a doctor.

A **Covered Accident** is an accident which: occurs on or after the effective date of the policy; occurs while the policy is in force; is of the Accident Type listed on the Policy Schedule page; and is not excluded by name or specific description in the policy.

A **Doctor or Physician** means a person who: is licensed by the state to practice a healing art; and performs services for a covered person which are allowed by his license. Doctor or physician does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or a business interest with any covered person.

An **Emergency Room** is a specified area within a hospital that is designated for the emergency care of accidental injuries. This area must: be staffed and equipped to handle trauma; be supervised and provide treatment by doctors; and provide care seven days per week, 24 hours per day.

A **Hospital** means a place which: is run according to law on a full-time basis; provides overnight care of injured and sick people; is supervised by a doctor; has full-time nurses supervised by a registered nurse; and has at its locations or uses on a pre-arranged basis: X- ray equipment, a laboratory and an operating room where surgical operations take place.

Notwithstanding the above, a hospital is not: a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation center; a place for alcoholics or drug addicts; or an assisted living facility.

A **Hospital Intensive Care Unit** means a place which: is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and has a doctor assigned to the intensive care unit on a full-time basis.

A hospital intensive care unit is not any of the following step down units: a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit; an observation unit; or any facility not meeting the definition of a hospital intensive care unit as defined in the policy.

A **Hospital Sub-Acute Intensive Care Unit** means a place which: is a specifically designated area of the hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and is under constant and continuous observation by a specially trained nursing staff.

A hospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.

An **Injury** means a wound to a covered person's body that is caused solely by or is the result of a covered accident.

An **Observation Unit** is a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a doctor; and which: is under the direct supervision of a doctor or registered nurse; is staffed by nurses assigned specifically to that unit; and provides care seven days per week, 24 hours per day.

An **Occupational Therapist** is a person, who: possesses the designation "Occupational Therapist Registered (OTR);" is licensed by the state to practice occupational therapy; performs services which are allowed by his license and performs services for which benefits are provided by the policy. For purposes of this definition, occupational therapist does not include any covered person or anyone related to any covered person by blood or marriage.

An **Off-Job Accident** means an accident that occurs while a covered person is not working at any job for pay or benefits.

An **On-Job Accident** means an accident that occurs while a covered person is working at any job for pay or benefits.

A **Physical Therapist** is a person who: is licensed by the state to practice physical therapy; performs services which are allowed by his license; performs services for which benefits are provided by the policy; and practices according to the Code of Ethics of the American Physical Therapy Association. For purposes of this definition, physical therapist does not include any covered person or anyone related to any covered person by blood or marriage.

A **Rehabilitation Unit** means an appropriately licensed facility that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by accidental injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of physicians. The rehabilitation unit may be part of a hospital or a freestanding facility. A rehabilitation unit is not a nursing home, an extended care facility, a skilled nursing facility, a rest home or home for the aged, a hospice care facility, a place for alcoholics or drug addicts, or an assisted living facility.

An **Urgent Care Facility** means a place other than a doctor's office, hospital or emergency room that provides emergency care and treatment for injured people.

WHAT IS NOT COVERED BY THE POLICY

We will not pay benefits for losses that are caused by or are the result of any covered person's:

- engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven or any similar activities.
- committing or attempting to commit a felony or engaging in an illegal occupation.
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.
- committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

In addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of:

- injuries to a dependent child received during his birth.
- any covered person's being intoxicated or under the influence of any narcotics unless administered on the advice of his doctor.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

ACCIDENT ONLY DISABILITY INCOME RIDER SCHEDULE

Named Insured: [John Doe]

Policy Number: [1234567890
E9999999999]

This Rider Provides The Coverage Shown on the Schedule below.

Accident Only Disability Income Rider

Age At Issue: [35]

Rider Effective Date: [May 15, 2009]

Monthly Rider Premium: [\$ 2.40]

Accident Type	[On-Job]	Off-Job [Only]
Total Disability Benefit		
Benefit Period: [6 Months][12 Months]		
Elimination Period: [0 Days][7 Days][14 Days][30 Days]		
Monthly Benefit Amount	[\$200-\$2,500, in \$50 increments]	[\$400-\$5,000, in \$100 increments]
Partial Disability Benefit		
Benefit Period: 3 Months		
Monthly Benefit Amount	[\$100-\$1,250]	[\$200-\$2,500]

The Total Disability benefit must have been paid for at least one full month immediately prior to your being partially disabled to receive the Partial Disability benefit. For a given period of disability, you may receive either the Partial Disability benefit or the Total Disability benefit, but not both.

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COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
[1200 Colonial Life Boulevard, P.O. Box 1365, Columbia, South Carolina 29202
1-800-325-4368 www.coloniallife.com]
A Stock Company

ACCIDENT ONLY DISABILITY INCOME RIDER

All terms, explanations of terms, conditions and limitations stated in the policy to which this rider is attached will also apply to this rider unless we state otherwise in this rider.

Important Words in the Rider

Activities of Daily Living means the following:

- Dressing - the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn
- Transferring - the ability to move in or out of a chair or bed
- Eating - the ability to get nourishment into the body once it has been prepared
- Preparing meals
- Toileting - the ability to get on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing

Covered Accident means an accident that:

- occurs on or after the effective date of this rider;
- is of an Accident Type listed on the Rider Schedule;
- occurs while this rider is in force; and
- is not excluded by name or specific description in this rider.

Doctor or Physician means a person who is licensed by the state to practice a healing art, and performs services for you which are allowed by his license. For purposes of this definition, doctor does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or business interest with any covered person.

Elimination Period means the period of time during which no benefits are payable, as shown on the Rider Schedule.

Material and Substantial Duties of Your Job means those job duties that:

- are normally required to perform your regular job; and
- cannot be reasonably modified or omitted.

Performing your job at a particular work site or in a particular building is not a material and substantial duty of your job, provided that your employer will allow you to perform your job at a different worksite or in a different building.

Off-Job Accident means an accident that occurs while you are not working at any job for pay or benefits.

On-Job Accident means an accident that occurs while you are working at any job for pay or benefits.

Partially Disabled means:

- you are unable to perform the material and substantial duties of your job for 20 hours or more per week;
- you are able to work at your job or your place of employment for less than 20 hours per week;
- your employer will allow you to return to your job or place of employment for less than 20 hours per week; and
- you are under the regular and appropriate care of a doctor.

Recurrent Disability means becoming disabled, ceasing to be disabled, then becoming disabled again for the same or related conditions. The latter disability will be considered a recurrent disability.

Totally Disabled means you are:

- unable to perform the material and substantial duties of your job;
- not, in fact, working at any job; and
- under the regular and appropriate care of a doctor.

Under the Regular and Appropriate Care of a Doctor means you are being cared for on a regular basis by a doctor and the care you are receiving is appropriate for the condition(s) that disable(s) you.

You and Your, for the purpose of this rider only, refer to the Named Insured identified on the Rider Schedule.

Renewability

This rider is guaranteed renewable to the policy anniversary date on or next following your 70th birthday. Your premium can be changed only if we change it on all riders of this kind in force in the state where the rider was issued. Policy anniversary date occurs annually on the same date and in the same month as the date for which we first received premium.

Coverage Provided By This Rider

Total and Partial Disability: We will pay the applicable Total Disability benefit shown on the Rider Schedule if you become totally disabled and are totally disabled longer than the elimination period shown on the Rider Schedule as the result of a covered accident while this rider is in force.

We will pay the Total Disability benefit for as long as this coverage is in force and you remain totally disabled after the elimination period up to the benefit period and in the amount shown on the Rider Schedule, except as described in the Geographical Limitations provision. If the benefits are payable for less than a full month, we will pay benefits in a daily amount. The daily amount is 1/30th of the monthly amount shown on the Rider Schedule.

If you do not have a job when you become totally disabled, we will pay the Total Disability benefit only as long as you are kept at home and cannot perform two of five Activities of Daily Living and are under the regular and appropriate care of a doctor.

If you become partially disabled as a result of a covered accident, we will pay up to the benefit period and in the amount shown for a partial disability on the Rider Schedule except as described in the Geographical Limitations provision for as long as this coverage is in force and you remain partially disabled, subject to the following conditions:

- the Total Disability benefit must have been paid for at least one full month immediately prior to your being partially disabled; and
- for a given period of disability, you may receive either a Partial Disability benefit or a Total Disability benefit, but not both.

Recurrent Disability: A recurrent disability will be treated as:

- a continuation of the previous disability, not a new disability, if you have returned to work for less than six months.
- a new disability, if you have returned to work for six months or more, working at least the same number of hours you were working before the previous disability began.
- a new disability, if you did not have a job before the previous disability began and you have ceased to be disabled for six months or more.
- a continuation of the previous disability for any circumstances not specifically listed above.

A new disability is subject to a new elimination period, and a new benefit period applies. A disability that is considered a continuation of a previous disability is not subject to a new elimination period, and a new benefit period does not apply.

Concurrent or Subsequent Disability: During any period in which you are disabled due to more than one condition, whether the conditions are related or unrelated, benefits will be paid as if you are disabled due to only one condition. In no event will your being disabled due to more than one condition extend the benefit period beyond the benefit period shown on the Rider Schedule. Separate periods of disability resulting from unrelated conditions are considered a continuation of the previous disability, not a new disability, unless:

- they are separated by a minimum of [1][5][7][10][14] calendar days;
- during such time you returned to work performing the material and substantial duties of your job; and
- during such time you are no longer qualified to receive Total Disability or Partial Disability benefits.

If you stated your age incorrectly in your application and if, based on your correct age, we would not have issued this rider, then our only responsibility will be to refund the premiums paid for the period not covered, if any.

Coverage ending at age 70 will not affect any disability that began while this rider was in force. The disability benefit will be limited to the payment of the applicable monthly benefit amount for the length of the applicable benefit period shown on the Rider Schedule.

Geographical Limitations

If you become totally disabled as the result of a covered accident while you are outside the covered geographical areas and you are totally disabled longer than the elimination period shown on the Rider Schedule, your maximum benefit period for total disability and partial disability combined while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda, or Jamaica.

After the 60-day period, benefits will not be paid until you return to the covered geographical areas.

If you are still totally or partially disabled as defined in this rider when you return from outside the covered geographical areas, we will determine your remaining applicable benefit period by subtracting the time period for which we have already paid you benefits from the benefit period shown on the Rider Schedule. We will pay the monthly benefit amount shown on the Rider Schedule for up to the remaining applicable benefit period.

Waiver of Premium Benefit

After you have been totally disabled or qualify for Partial Disability benefits as the result of a covered accident for more than 90 consecutive days while this rider is in effect, or after the elimination period shown on the Rider Schedule, whichever is greater, we will waive the premium beginning on the next premium due date for the policy and any attached rider(s) for as long as you remain disabled, up to the benefit period shown on the Rider Schedule. You must pay all premiums to keep the policy and any attached rider(s) in force until you have been totally disabled or qualify for Partial Disability benefits for 90 consecutive days while this rider is in effect, or for the elimination period shown on the Rider Schedule, whichever is greater.

You must send us written notice as soon as you are no longer disabled. We will assume you are no longer disabled if:

- you do not send us satisfactory proof of loss when we request it; or
- you notify us that you are no longer disabled.

You must pay all premiums to keep the policy and any attached rider(s) in force beginning with the first premium due after you are no longer disabled or after the expiration of the benefit period shown on the Rider Schedule, whichever occurs first.

The Waiver of Premium Benefit does not apply to any period that you are totally or partially disabled due to an accident or condition which is excluded by name or specific description in this rider.

There is no limit to the number of times you can receive the Waiver of Premium benefit.

Proof of Loss

You must send written proof of loss to our home office within 90 days after the covered loss begins. Written proof of loss, provided at your expense and in English or Spanish, must show:

- your employer's statement verifying your last day of work, job title, duties and the number of hours you were working per week; and
- your attending doctor's statement verifying dates of disability, dates of treatment, diagnosis, and restrictions and limitations preventing you from performing your job.

We reserve the right to have you interviewed by an authorized company representative.

If you are self-employed when you become totally disabled, we will require that you provide a valid business license and/or filed federal tax returns as proof you are self-employed. We also reserve the right to require verification of any such information that you provide.

We can require written proof of loss at reasonable periods for a continuing disability covered by this rider. However, you must give us proof no later than 90 days after the end of a period of loss for which we owe you benefits. If this rider provides benefits for up to two years for a period of loss, we will be responsible only for the six-month period for which you give us written proof of loss. This means that we will not pay benefits for a loss unless you continue to give us written proof of loss as required.

If you are not able to give us written proof of loss within 90 days, it will not have a bearing on your claim if proof is given to us as soon as it is reasonably possible. In any event, proof must be given no later than one year from the time stated unless you are legally unable to do so.

Physical Evaluation

We will have the right and opportunity, at our own expense, to have you examined by a doctor, other health professional, vocational expert or rehabilitation expert of our choice. This right may be used as often as it is reasonably necessary while a claim is pending.

Reinstatement

If the premium is not paid by the end of the grace period, this rider will no longer be in force. However, the policy and the rider may be put back in force. This is called *reinstatement*. You can ask us or one of our agents about reinstatement. If our home office accepts the premium and does not require a reinstatement application, the policy and rider will be reinstated on the date the premium is received.

If we do require a reinstatement application at the time we accept the premium, a conditional receipt will be given for the premium. If we approve the reinstatement application, the policy and rider will be reinstated on the date we approve it. If we do not notify you that we have approved or disapproved the reinstatement application, the policy and rider will be reinstated on the 45th day after the date on the conditional receipt.

The reinstated policy and rider will cover only losses that result from injuries received in a covered accident that occurs after the reinstatement date.

We have the right to make changes in the policy and rider before we reinstate it. Any changes will be made in or attached to the reinstated policy and rider that we send to you. In every other way, your rights and our rights will be the same.

Termination

This rider will terminate on the earliest of:

- the date the policy to which this rider is attached terminates;
- the date premium for this rider is not paid by the end of the grace period;
- the date we receive your written request to terminate this rider; or
- the policy anniversary date on or next following your 70th birthday.

What Is Not Covered By This Rider

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

Alcoholism or Drug Addiction - addiction to alcohol or drugs except for drugs taken as prescribed by your doctor;

Hazardous Avocations - engaging in hang gliding; bungee jumping; parachuting; sailgliding; parasailing; parakiting; jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven; or any similar activities;

Felonies or Illegal Occupations - committing or attempting to commit a felony or engaging in an illegal occupation;

Psychiatric or Psychological Conditions - having a psychiatric or psychological condition including neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. However, a covered accident that results from Alzheimer's Disease and other organic senile dementias is covered under this rider;

Racing - riding in or driving any motor-driven vehicle in a race, stunt show or speed test;

Semi-Professional or Professional Sports - practicing for or participating in any semi-professional or professional competitive athletic contest for which you receive any type of compensation or remuneration;

Sickness - having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury;

Suicide or Self-Inflicted Injuries - committing or trying to commit suicide or your injuring yourself intentionally whether you are sane or not;

War or Armed Conflict - being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

[

A handwritten signature in black ink, appearing to read "A. J. T. C.", is written over a horizontal line.

Secretary]

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
[1200 Colonial Life Boulevard, P.O. Box 1365, Columbia, South Carolina 29202
1.800.325.4368 www.coloniallife.com]
A Stock Company

ACCIDENT ONLY DISABILITY INCOME RIDER
OUTLINE OF COVERAGE (Applicable to Rider Form R-AD-1.0-AR)

THE RIDER IS NOT A MEDICARE SUPPLEMENT RIDER. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

Read Your Rider Carefully. This outline provides a very brief description of the important features of the rider. This is not an insurance contract and only the actual policy and rider provisions will control. The rider sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR RIDER CAREFULLY.

Renewability. Your rider is guaranteed renewable to the policy anniversary date on or next following your 70th birthday. Your premium can be changed only if we change it on all riders of this kind in force in the state where the rider was issued. Policy anniversary date occurs annually on the same date and in the same month as the date for which we first received premium.

Disability Income Coverage. Your rider is designed to provide coverage for disabilities that result from a covered accident subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

Coverage Provided By The Rider

Total Disability and Partial Disability: We will pay the applicable Total Disability benefit shown on the Rider Schedule if you become totally disabled and are totally disabled longer than the elimination period shown on the Rider Schedule as the result of a covered accident while the rider is in force.

We will pay the Total Disability benefit for as long as the coverage is in force and you remain totally disabled after the elimination period up to the benefit period and in the amount shown on the Rider Schedule, except as described in the Geographical Limitations provision. If benefits are payable for less than a full month, we will pay benefits in a daily amount. The daily amount is 1/30th of the monthly amount shown on the Rider Schedule.

If you do not have a job when you become totally disabled, we will pay the Total Disability benefit only as long as you are kept at home and cannot perform two of five Activities of Daily Living and are under the regular and appropriate care of a doctor. If you become partially disabled as a result of a covered accident, we will pay up to the benefit period and in the amount shown for a partial disability on the Rider Schedule except as described in the Geographical Limitations provision for as long as this coverage is in force and you remain partially disabled, subject to the following conditions:

- the Total Disability benefit must have been paid for at least one full month immediately prior to your being partially disabled; and
- for a given period of disability, you may receive either a Partial Disability benefit or a Total Disability benefit, but not both.

Recurrent Disability: A recurrent disability will be treated as:

- a continuation of the previous disability, not a new disability, if you have returned to work for less than six months.
- a new disability, if you have returned to work for six months or more, working at least the same number of hours you were working before the previous disability began.
- a new disability, if you did not have a job before the previous disability began and you have ceased to be disabled for six months or more.
- a continuation of the previous disability for any circumstances not specifically listed above.

A new disability is subject to a new elimination period, and a new benefit period applies. A disability that is considered a continuation of a previous disability is not subject to a new elimination period, and a new benefit period does not apply.

Concurrent or Subsequent Disability: During any period in which you are disabled due to more than one condition, whether the conditions are related or unrelated, benefits will be paid as if you are disabled due to only one condition. In no event will your being disabled due to more than one condition extend the benefit period beyond the benefit period shown on the Rider

Schedule. Separate periods of disability resulting from unrelated conditions are considered a continuation of the previous disability, not a new disability, unless:

- they are separated by a minimum of [1][5][7][10][14] calendar days;
- during such time you returned to work performing the material and substantial duties of your job; and
- during such time you are no longer qualified to receive total or Partial Disability benefits.

This coverage will end on the policy anniversary date on or next following your 70th birthday. Coverage ending at age 70 will not affect any disability that began while the rider was in force. The disability benefit will be limited to the payment of the applicable monthly benefit amount for the length of the applicable benefit period shown on the Rider Schedule.

Geographical Limitations

If you become totally disabled as the result of a covered accident while you are outside the covered geographical areas and you are totally disabled longer than the elimination period shown on the Rider Schedule, your maximum benefit period for total disability and partial disability combined while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda, or Jamaica.

After the 60-day period, benefits will not be paid until you return to the covered geographical areas.

If you are still totally or partially disabled as defined in the rider when you return from outside the covered geographical areas, we will determine your remaining applicable benefit period by subtracting the time period for which we have already paid benefits from the benefit period shown on the Rider Schedule. We will pay the monthly benefit amount shown on the Rider Schedule for up to the remaining applicable benefit period.

Waiver of Premium Benefit

After you have been totally disabled or qualify for Partial Disability benefits as the result of a covered accident for more than 90 consecutive days while this rider is in effect, or after the elimination period shown on the Rider Schedule, whichever is greater, we will waive the premium beginning on the next premium due date for the policy and any attached rider(s) for as long as you remain disabled, up to the benefit period shown on the Rider Schedule. You must pay all premiums to keep the policy and any attached rider(s) in force until you have been totally disabled or qualify for Partial Disability benefits for 90 consecutive days while this rider is in effect, or for the elimination period shown on the Rider Schedule, whichever is greater.

You must send us written notice as soon as you are no longer disabled. We will assume you are no longer disabled if:

- you do not send us satisfactory proof of loss when we request it; or
- you notify us that you are no longer disabled.

You must pay all premiums to keep the policy and any attached rider(s) in force beginning with the first premium due after you are no longer disabled or after the expiration of the benefit period shown on the Rider Schedule, whichever occurs first.

The Waiver of Premium Benefit does not apply to any period that you are totally or partially disabled due to an accident or condition which is excluded by name or specific description in the rider.

There is no limit to the number of times you can receive the Waiver of Premium benefit.

Important Words In The Rider

Activities of Daily Living mean the following:

- Dressing - the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn
- Transferring - the ability to move in or out of a chair or bed
- Eating - the ability to get nourishment into the body once it has been prepared
- Preparing meals
- Toileting - the ability to get on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing.

Covered Accident means an accident that:

- occurs on or after the effective date of the rider;
- is of an Accident Type listed on the Rider Schedule;
- occurs while the rider is in force; and
- is not excluded by name or specific description in the rider.

Doctor or Physician means a person who is licensed by the state to practice a healing art, and performs services for you which are allowed by his license. For purposes of this definition, doctor does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or business interest with any covered person.

Elimination Period means the period of time during which no benefits are payable, as shown on the Rider Schedule.

Material and Substantial Duties of Your Job means those job duties that:

- are normally required to perform your regular job; and
- cannot be reasonably modified or omitted.

Performing your job at a particular work site or in a particular building is not a material and substantial duty of your job, provided that your employer will allow you to perform your job at a different worksite or in a different building.

Off-Job Accident means an accident which occurs while you are not working at any job for pay or benefits.

On-Job Accident means an accident which occurs while you are working at any job for pay or benefits.

Partially Disabled means:

- you are unable to perform the material and substantial duties of your job for 20 hours or more per week;
- you are able to work at your job or your place of employment for less than 20 hours per week;
- your employer will allow you to return to your job or place of employment for less than 20 hours per week; and
- you are under the regular and appropriate care of a doctor.

Recurrent Disability means becoming disabled, ceasing to be disabled, then becoming disabled again for the same or related conditions. The latter disability will be considered a recurrent disability.

Totally Disabled means you are:

- unable to perform the material and substantial duties of your job;
- not, in fact, working at any job; and
- under the regular and appropriate care of a doctor.

Under the Regular and Appropriate Care of a Doctor means you are being cared for on a regular basis by a doctor and the care you are receiving is appropriate for the condition(s) that disable(s) you.

You and Your, for the purpose of the rider only, refer to the Named Insured identified on the Rider Schedule.

What Is Not Covered By The Rider

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

- addiction to alcohol or drugs except for drugs taken as prescribed by your doctor;
- engaging in hang gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven; or other similar activities;
- committing or attempting to commit a felony or engaging in an illegal occupation;
- having a psychiatric or psychological condition including neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. However, a covered accident that results from Alzheimer's Disease and other organic senile dementias is covered under the rider;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- practicing for or participating in any semi-professional or professional competitive athletic contest for which you receive any type of compensation or remuneration;
- having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury;
- committing or trying to commit suicide or your injuring yourself intentionally whether you are sane or not;
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

ACCIDENT SICKNESS DISABILITY INCOME RIDER SCHEDULE

Named Insured: [John Doe]

Policy Number: [1234567890
E9999999999]

This Rider Provides The Coverage Shown on the Schedule below.

Accident Sickness Disability Income Rider

Age At Issue: [35]

Rider Effective Date: [May 15, 2009]

Monthly Rider Premium: [\$ 8.28]

Accident Type	[On-Job]	Off-Job [Only]
Total Disability Benefit		
Benefit Period:	[3 Months][6 Months][12 Months][24 Months]	
Elimination Period:	[0 Days][7 Days][14 Days][30 Days][60 Days][90 Days][180 Days]	
Monthly Benefit Amount	[\$200-\$2,500, in \$50 increments]	[\$400-\$5,000, in \$100 increments]
Partial Disability Benefit		
Benefit Period: 3 Months		
Monthly Benefit Amount	[\$100-\$1,250]	[\$200-\$2,500]

Sickness Type	[On-Job]	Off-Job [Only]
Total Disability Benefit		
Benefit Period:	[3 Months][6 Months][12 Months][24 Months]	
Elimination Period:	[7 Days][14 Days][30 Days][60 Days][90 Days][180 Days]	
Monthly Benefit Amount	[\$200-\$2,500, in \$50 increments]	[\$400-\$5,000, in \$100 increments]
Partial Disability Benefit		
Benefit Period: 3 Months		
Monthly Benefit Amount	[\$100-\$1,250]	[\$200-\$2,500]

The Total Disability benefit must have been paid for at least one full month immediately prior to your being partially disabled to receive the Partial Disability benefit. For a given period of disability, you may receive either the Partial Disability benefit or the Total Disability benefit, but not both.

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COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
[1200 Colonial Life Boulevard, P.O. Box 1365, Columbia, South Carolina 29202
1-800-325-4368 www.coloniallife.com]
A Stock Company

ACCIDENT SICKNESS DISABILITY INCOME RIDER

All terms, explanations of terms, conditions and limitations stated in the policy to which this rider is attached will also apply to this rider unless we state otherwise in this rider.

Important Words In This Rider

Activities of Daily Living means the following:

- Dressing - the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn
- Transferring - the ability to move in or out of a chair or bed
- Eating - the ability to get nourishment into the body once it has been prepared
- Preparing meals
- Toileting - the ability to get on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing

Covered Accident means an accident that:

- occurs on or after the effective date of this rider;
- is of an Accident Type listed on the Rider Schedule;
- occurs while this rider is in force; and
- is not excluded by name or specific description in this rider.

Covered Sickness means an illness, infection, disease or any other abnormal physical condition that:

- occurs on or after the effective date of this rider;
- is of a Sickness Type listed on the Rider Schedule;
- occurs while this rider is in force; and
- is not excluded by name or specific description in this rider.

Doctor or Physician means a person who is licensed by the state to practice a healing art, and performs services for you which are allowed by his license. For purposes of this definition, doctor does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or business interest with any covered person.

Elimination Period means the period of time during which no benefits are payable, as shown on the Rider Schedule.

Material and Substantial Duties of Your Job means those job duties that:

- are normally required to perform your regular job; and
- cannot be reasonably modified or omitted.

Performing your job at a particular work site or in a particular building is not a material and substantial duty of your job, provided that your employer will allow you to perform your job at a different worksite or in a different building.

Off-Job Accident means an accident that occurs while you are not working at any job for pay or benefits.

Off-Job Sickness means a sickness that was not caused by or contributed to by your working at any job for pay or benefits.

On-Job Accident means an accident that occurs while you are working at any job for pay or benefits.

On-Job Sickness means a sickness that was caused by or contributed to by your working at any job for pay or benefits.

Partially Disabled means:

- you are unable to perform the material and substantial duties of your job for 20 hours or more per week;
- you are able to work at your job or your place of employment for less than 20 hours per week;
- your employer will allow you to return to your job or place of employment for less than 20 hours per week; and
- you are under the regular and appropriate care of a doctor.

Pre-existing Condition means a sickness or physical condition for which you were treated, received medical advice or had taken medication within 12 months before the effective date of this rider.

Recurrent Disability means becoming disabled, ceasing to be disabled, then becoming disabled again for the same or related conditions. The latter disability will be considered a recurrent disability.

Totally Disabled means you are:

- unable to perform the material and substantial duties of your job;
- not, in fact, working at any job; and
- under the regular and appropriate care of a doctor.

Under the Regular and Appropriate Care of a Doctor means you are being cared for on a regular basis by a doctor and the care you are receiving is appropriate for the condition(s) that disable(s) you.

You and Your, for the purpose of this rider only, refer to the Named Insured identified on the Rider Schedule.

Renewability

This rider is guaranteed renewable to the policy anniversary date on or next following your 70th birthday. Your premium can be changed only if we change it on all riders of this kind in force in the state where the rider was issued. Policy anniversary date occurs annually on the same date and in the same month as the date for which we first received premium.

Coverage Provided By This Rider

Total and Partial Disability: We will pay the applicable Total Disability benefit shown on the Rider Schedule if you become totally disabled and are totally disabled longer than the elimination period shown on the Rider Schedule as the result of a covered accident or a covered sickness while this rider is in force.

We will pay the Total Disability benefit for as long as this coverage is in force and you remain totally disabled after the elimination period up to the benefit period and in the amount shown on the Rider Schedule, except as described in the Geographical Limitations provision. If the benefits are payable for less than a full month, we will pay benefits in a daily amount. The daily amount is 1/30th of the monthly amount shown on the Rider Schedule.

If you do not have a job when you become totally disabled, we will pay the Total Disability benefit only as long as you are kept at home and cannot perform two of five Activities of Daily Living and are under the regular and appropriate care of a doctor.

If you become partially disabled as a result of a covered accident or a covered sickness, we will pay up to the benefit period and in the amount shown for a partial disability on the Rider Schedule except as described in the Geographical Limitations provision for as long as this coverage is in force and you remain partially disabled, subject to the following conditions:

- the Total Disability benefit must have been paid for at least one full month immediately prior to your being partially disabled; and
- for a given period of disability, you may receive either a Partial Disability benefit or a Total Disability benefit, but not both.

Recurrent Disability: A recurrent disability will be treated as:

- a continuation of the previous disability, not a new disability, if you have returned to work for less than six months.

- a new disability, if you have returned to work for six months or more, working at least the same number of hours you were working before the previous disability began.
- a new disability, if you did not have a job before the previous disability began and you have ceased to be disabled for six months or more.
- a continuation of the previous disability for any circumstances not specifically listed above.

A new disability is subject to a new elimination period, and a new benefit period applies. A disability that is considered a continuation of a previous disability is not subject to a new elimination period, and a new benefit period does not apply.

Any recurrent disability caused by a pre-existing condition will not be covered if it is treated as a continuation of the previous disability.

If you become disabled because of a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the rider is in force.

Concurrent or Subsequent Disability: During any period in which you are disabled due to more than one condition, whether the conditions are related or unrelated, benefits will be paid as if you are disabled due to only one condition. In no event will your being disabled due to more than one condition extend the benefit period beyond the benefit period shown on the Rider Schedule. Separate periods of disability resulting from unrelated conditions are considered a continuation of the previous disability, not a new disability, unless:

- they are separated by a minimum of [1][5][7][10][14] calendar days;
- during such time you returned to work performing the material and substantial duties of your job; and
- during such time you are no longer qualified to receive Total Disability or Partial Disability benefits.

If you stated your age incorrectly in your application and if, based on your correct age, we would not have issued this rider, then our only responsibility will be to refund the premiums paid for the period not covered, if any.

Coverage ending at age 70 will not affect any disability that began while this rider was in force. The disability benefit will be limited to the payment of the applicable monthly benefit amount for the length of the applicable benefit period shown on the Rider Schedule.

Time Limits

After this rider has been in force for 12 months from the effective date of this rider, we will pay benefits for any pre-existing condition not excluded by name or specific description if the covered disability began 12 months after the effective date and the elimination period has been satisfied.

Geographical Limitations

If you become totally disabled as the result of a covered accident or a covered sickness while you are outside the covered geographical areas and you are totally disabled longer than the elimination period shown on the Rider Schedule, your maximum benefit period for total disability and partial disability combined while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda, or Jamaica.

After the 60-day period, benefits will not be paid until you return to the covered geographical areas.

If you are still totally or partially disabled as defined in this rider when you return from outside the covered geographical areas, we will determine your remaining applicable benefit period by subtracting the time period for which we have already paid you benefits from the benefit period shown on the Rider Schedule. We will pay the monthly benefit amount shown on the Rider Schedule for up to the remaining applicable benefit period.

Waiver of Premium Benefit

After you have been totally disabled or qualify for Partial Disability benefits as the result of a covered accident or a covered sickness for more than 90 consecutive days while this rider is in effect, or after the elimination period shown on the Rider Schedule, whichever is greater, we will waive the premium beginning on the next premium due date for the policy and any attached rider(s) for as long as you remain disabled, up to the benefit period shown on the Rider Schedule. You must pay all

premiums to keep the policy and any attached rider(s) in force until you have been totally disabled or qualify for Partial Disability benefits for 90 consecutive days while this rider is in effect, or for the elimination period shown on the Rider Schedule, whichever is greater.

You must send us written notice as soon as you are no longer disabled. We will assume you are no longer disabled if:

- you do not send us satisfactory proof of loss when we request it; or
- you notify us that you are no longer disabled.

You must pay all premiums to keep the policy and any attached rider(s) in force beginning with the first premium due after you are no longer disabled or after the expiration of the benefit period shown on the Rider Schedule, whichever occurs first.

The Waiver of Premium Benefit does not apply to any period that you are totally or partially disabled due to an accident or condition which is excluded by name or specific description in this rider.

There is no limit to the number of times you can receive the Waiver of Premium benefit.

Proof of Loss

You must send written proof of loss to our home office within 90 days after the covered loss begins. Written proof of loss, provided at your expense and in English or Spanish, must show:

- your employer's statement verifying your last day of work, job title, duties and the number of hours you were working per week; and
- your attending doctor's statement verifying dates of disability, dates of treatment, diagnosis, and restrictions and limitations preventing you from performing your job.

We reserve the right to have you interviewed by an authorized company representative.

If you are self-employed when you become totally disabled, we will require that you provide a valid business license and/or filed federal tax returns as proof you are self-employed. We also reserve the right to require verification of any such information that you provide.

We can require written proof of loss at reasonable periods for a continuing disability covered by this rider. However, you must give us proof no later than 90 days after the end of a period of loss for which we owe you benefits. If this rider provides benefits for up to two years for a period of loss, we will be responsible only for the six-month period for which you give us written proof of loss. This means that we will not pay benefits for a loss unless you continue to give us written proof of loss as required.

If you are not able to give us written proof of loss within 90 days, it will not have a bearing on your claim if proof is given to us as soon as it is reasonably possible. In any event, proof must be given no later than one year from the time stated unless you are legally unable to do so.

Physical Evaluation

We will have the right and opportunity, at our own expense, to have you examined by a doctor, other health professional, vocational expert or rehabilitation expert of our choice. This right may be used as often as it is reasonably necessary while a claim is pending.

Reinstatement

If the premium is not paid by the end of the grace period, this rider will no longer be in force. However, the policy and the rider may be put back in force. This is called *reinstatement*. You can ask us or one of our agents about reinstatement. If our home office accepts the premium and does not require a reinstatement application, the policy and rider will be reinstated on the date the premium is received.

If we do require a reinstatement application at the time we accept the premium, a conditional receipt will be given for the premium. If we approve the reinstatement application, the policy and rider will be reinstated on the date we approve it. If we do not notify you that we have approved or disapproved the reinstatement application, the policy and rider will be reinstated on the 45th day after the date on the conditional receipt.

The reinstated rider will cover only losses that result from:

- covered accidents that occur after the reinstatement date; or
- covered sicknesses that begin more than 10 days after the reinstatement date.

We have the right to make changes in the policy and rider before we reinstate it. Any changes will be made in or attached to the reinstated policy and rider that we send to you. In every other way, your rights and our rights will be the same.

Termination

This rider will terminate on the earliest of:

- the date the policy to which this rider is attached terminates;
- the date premium for this rider is not paid by the end of the grace period;
- the date we receive your written request to terminate this rider; or
- the policy anniversary date on or next following your 70th birthday.

What Is Not Covered By This Rider

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

Alcoholism or Drug Addiction - addiction to alcohol or drugs except for drugs taken as prescribed by your doctor;

Felonies or Illegal Occupations - committing or attempting to commit a felony or engaging in an illegal occupation;

Giving Birth - giving birth within the first nine months after the effective date of this rider as the result of a normal pregnancy, including Cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness;

Hazardous Avocations - engaging in hang gliding; bungee jumping; parachuting; sailgliding; parasailing; parakiting; jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven; or any similar activities;

Pre-Existing Conditions - having a pre-existing condition as defined and limited by the rider;

Psychiatric or Psychological Conditions - having a psychiatric or psychological condition including neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. However, Alzheimer's Disease and other organic senile dementias are covered under this rider;

Racing - riding in or driving any motor-driven vehicle in a race, stunt show or speed test;

Semi-Professional or Professional Sports - practicing for or participating in any semi-professional or professional competitive athletic contest for which you receive any type of compensation or remuneration;

Suicide or Self-Inflicted Injuries - committing or trying to commit suicide or your injuring yourself intentionally whether you are sane or not;

War or Armed Conflict - being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

[



Secretary]

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
[1200 Colonial Life Boulevard, P.O. Box 1365, Columbia, South Carolina 29202
1.800.325.4368 www.coloniallife.com]
A Stock Company

ACCIDENT SICKNESS DISABILITY INCOME RIDER
OUTLINE OF COVERAGE (Applicable to Rider Form R-ASD-1.0-AR)

THE RIDER IS NOT A MEDICARE SUPPLEMENT RIDER. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

Read Your Rider Carefully. This outline provides a very brief description of the important features of the rider. This is not an insurance contract and only the actual policy and rider provisions will control. The rider sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR RIDER CAREFULLY.

Renewability. Your rider is guaranteed renewable to the policy anniversary date on or next following your 70th birthday. Your premium can be changed only if we change it on all riders of this kind in force in the state where the rider was issued. Policy anniversary date occurs annually on the same date and in the same month as the date for which we first received premium.

Disability Income Coverage. Your rider is designed to provide coverage for disabilities that result from a covered accident or covered sickness subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

Coverage Provided By The Rider.

Total Disability and Partial Disability: We will pay the applicable Total Disability benefit shown on the Rider Schedule if you become totally disabled and are totally disabled longer than the elimination period shown on the Rider Schedule as the result of a covered accident or a covered sickness while the rider is in force.

We will pay the total benefit for as long as the coverage is in force and you remain totally disabled after the elimination period up to the benefit period and in the amount shown on the Rider Schedule, except as described in the Geographical Limitations provision. If benefits are payable for less than a full month, we will pay benefits in a daily amount. The daily amount is 1/30th of the monthly amount shown on the Rider Schedule.

If you do not have a job when you become totally disabled, we will pay the Total Disability benefit only as long as you are kept at home and cannot perform two of five Activities of Daily Living and are under the regular and appropriate care of a doctor.

If you become partially disabled as a result of a covered accident or a covered sickness, we will pay up to the benefit period and in the amount shown for a partial disability on the Rider Schedule except as described in the Geographical Limitations provision for as long as this coverage is in force and you remain partially disabled, subject to the following conditions:

- the Total Disability benefit must have been paid for at least one full month immediately prior to your being partially disabled; and
- for a given period of disability, you may receive either a Partial Disability benefit or a Total Disability benefit, but not both.

Recurrent Disability: A recurrent disability will be treated as:

- a continuation of the previous disability, not a new disability, if you have returned to work for less than six months.
- a new disability, if you have returned to work for six months or more, working at least the same number of hours you were working before the previous disability began.
- a new disability, if you did not have a job before the previous disability began and you have ceased to be disabled for six months or more.
- a continuation of the previous disability for any circumstances not specifically listed above.

A new disability is subject to a new elimination period, and a new benefit period applies. A disability that is considered a continuation of a previous disability is not subject to a new elimination period, and a new benefit period does not apply. Any recurrent disability caused by a pre-existing condition will not be covered if it is treated as a continuation of the previous disability.

If you become disabled because of a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the rider is in force.

Concurrent or Subsequent Disability: During any period in which you are disabled due to more than one condition, whether the conditions are related or unrelated, benefits will be paid as if you are disabled due to only one condition. In no event will your being disabled due to more than one condition extend the benefit period beyond the benefit period shown on the Rider Schedule. Separate periods of disability resulting from unrelated conditions are considered a continuation of the previous disability, not a new disability, unless:

- they are separated by a minimum of [1][5][7][10][14] calendar days;
- during such time you returned to work performing the material and substantial duties of your job; and
- during such time you are no longer qualified to receive Total Disability or Partial Disability benefits.

If you stated you stated your age incorrectly in your application and if, based on your correct age, we would not have issued this rider, then our only responsibility will be to refund the premiums paid for the covered period not covered, if any.

This coverage will end on the policy anniversary date on or next following your 70th birthday. Coverage ending at age 70 will not affect any disability that began while the rider was in force. The disability benefit will be limited to the payment of the applicable monthly benefit amount for the length of the applicable benefit period shown on the Rider Schedule.

Time Limits

After the rider has been in force for 12 months from the effective date of the rider, we will pay benefits for any pre-existing condition not excluded by name or specific description if the covered disability began 12 months after the effective date and the elimination period has been satisfied.

Geographical Limitations

If you become totally disabled as the result of a covered accident or a covered sickness while you are outside the covered geographical areas and you are totally disabled longer than the elimination period shown on the Rider Schedule, your maximum benefit period for total disability and partial disability combined while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda, or Jamaica.

After the 60-day period, benefits will not be paid until you return to the covered geographical areas.

If you are still totally or partially disabled as defined in the rider when you return from outside the covered geographical areas, we will determine your remaining applicable benefit period by subtracting the time period for which we have already paid you benefits from the benefit period shown on the Rider Schedule. We will pay the monthly benefit amount shown on the Rider Schedule for up to the remaining applicable benefit period.

Waiver of Premium Benefit

After you have been totally disabled or qualify for Partial Disability benefits as the result of a covered accident or a covered sickness for more than 90 consecutive days while the rider is in effect, or after the elimination period shown on the Rider Schedule, whichever is greater, we will waive the premium beginning on the next premium due date for the policy and any attached rider(s) for as long as you remain disabled, up to the benefit period shown on the Rider Schedule. You must pay all premiums to keep the policy and any attached rider(s) in force until you have been totally disabled or qualify for Partial Disability benefits for 90 consecutive days while the rider is in effect, or for the elimination period shown on the Rider Schedule, whichever is greater.

You must send us written notice as soon as you are no longer disabled. We will assume you are no longer disabled if:

- you do not send us satisfactory proof of loss when we request it; or
- you notify us that you are no longer disabled.

You must pay all premiums to keep the policy and any attached rider(s) in force beginning with the first premium due after you are no longer disabled or after the expiration of the benefit period shown on the Rider Schedule, whichever occurs first.

The Waiver of Premium Benefit does not apply to any period that you are totally or partially disabled due to an accident or condition which is excluded by name or specific description in the rider.

There is no limit to the number of times you can receive the Waiver of Premium benefit.

Important Words In The Rider

Activities of Daily Living mean the following:

- Dressing - the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn
- Transferring - the ability to move in or out of a chair or bed
- Eating - the ability to get nourishment into the body once it has been prepared
- Preparing meals

- Toileting - the ability to get on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing.

Covered Accident means an accident that:

- occurs on or after the effective date of the rider;
- is of an Accident Type listed on the Rider Schedule;
- occurs while the rider is in force; and
- is not excluded by name or specific description in the rider.

Covered Sickness means an illness, infection, disease or any other abnormal physical condition that:

- occurs on or after the effective date of the rider;
- is of a Sickness Type listed on the Rider Schedule;
- occurs while the rider is in force; and
- is not excluded by name or specific description in the rider.

Doctor or Physician means a person who is licensed by the state to practice a healing art, and performs services for you which are allowed by his license. For purposes of this definition, doctor does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or business interest with any covered person.

Elimination Period means the period of time during which no benefits are payable, as shown on the Rider Schedule.

Material and Substantial Duties of Your Job means those job duties that:

- are normally required to perform your regular job; and
- cannot be reasonably modified or omitted.

Performing your job at a particular work site or in a particular building is not a material and substantial duty of your job, provided that your employer will allow you to perform your job at a different worksite or in a different building.

Off-Job Accident means an accident which occurs while you are not working at any job for pay or benefits.

Off-Job Sickness means a sickness that was not caused by or contributed to by your working at any job for pay or benefits.

On-Job Accident means an accident which occurs while you are working at any job for pay or benefits.

On-Job Sickness means a sickness that was caused by or contributed to by your working at any job for pay or benefits.

Partially Disabled means:

- you are unable to perform the material and substantial duties of your job for 20 hours or more per week;
- you are able to work at your job or your place of employment for less than 20 hours per week;
- your employer will allow you to return to your job or place of employment for less than 20 hours per week; and
- you are under the regular and appropriate care of a doctor.

Pre-existing Condition means a sickness or physical condition for which you were treated, received medical advice or had taken medication within 12 months before the effective date of the rider.

Recurrent Disability means becoming disabled, ceasing to be disabled, then becoming disabled again for the same or related conditions. The latter disability will be considered a recurrent disability.

Totally Disabled means you are:

- unable to perform the material and substantial duties of your job;
- not, in fact, working at any job; and
- under the regular and appropriate care of a doctor.

Under the Regular and Appropriate Care of a Doctor means you are being cared for on a regular basis by a doctor and the care you are receiving is appropriate for the condition(s) that disable(s) you.

You and Your, for the purpose of the rider only, refer to the Named Insured identified on the Rider Schedule.

What Is Not Covered By The Rider

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

- addiction to alcohol or drugs except for drugs taken as prescribed by your doctor;
- giving birth within the first nine months after the effective date of the rider as the result of a normal pregnancy, including Cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness;
- engaging in hang gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven; or other similar activities;
- committing or attempting to commit a felony or engaging in an illegal occupation;
- having a pre-existing condition as defined and limited by the rider;
- having a psychiatric or psychological condition including neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. However, Alzheimer's Disease and other organic senile dementias are covered under the rider;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- practicing for or participating in any semi-professional or professional competitive athletic contest for which you receive any type of compensation or remuneration;
- committing or trying to commit suicide or your injuring yourself intentionally whether you are sane or not; or
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

**SICKNESS HOSPITAL CONFINEMENT
RIDER SCHEDULE**

Named Insured: [John Doe]

Policy Number: [1234567890
E9999999999]

This Rider Provides The Coverage Shown on the Schedule below.

Sickness Hospital Confinement Rider

Coverage Level: [Named Insured] [Named Insured and Spouse] [One-Parent Family Coverage] [Two-Parent Family Coverage]
Age At Issue: [35]
Rider Effective Date: [May 15, 2009]
Monthly Rider Premium: [\$ 9.00]

Sickness

Hospital Confinement Benefit [\$50][\$100][\$150][\$200] Per Day
Benefit Period Up To 30 Days Per Confinement

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COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
[1200 Colonial Life Boulevard, P.O. Box 1365, Columbia, South Carolina 29202
1-800-325-4368 www.coloniallife.com]
A Stock Company

SICKNESS - HOSPITAL CONFINEMENT RIDER

All terms, explanation of terms, conditions and limitations stated in the policy to which this rider is attached will also apply to this rider unless we state otherwise in this rider.

Important Words In This Rider

Covered Sickness means an illness, infection, disease or any other abnormal physical condition that:

- occurs on or after the effective date of this rider;
- occurs while this rider is in force; and
- is not excluded by name or specific description in this rider.

Covered sickness also includes care for a covered newborn child in a hospital nursery following the birth of the child.

Pre-existing Condition means a sickness or physical condition for which a covered person was treated, received medical advice or had taken medication within 12 months before the effective date of this rider.

Coverage Provided By This Rider

We will pay the Hospital Confinement benefit if a covered sickness causes any covered person to become confined in a hospital while this rider and the policy to which it is attached are in force.

We will pay this benefit for the length of time the covered person is confined up to the benefit period and in the daily amount shown on the Rider Schedule. We will pay benefits for only one hospital confinement at a time even if it is caused by more than one sickness. We will not pay this benefit for emergency room treatment, for outpatient treatment or for a stay of less than 20 hours in an observation unit.

If we pay this benefit for a hospital confinement and the covered person becomes confined to a hospital again within 90 days because of the same or related sickness, we will treat this confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of hospital confinement, we will treat this confinement as a new confinement.

What Is Not Covered By This Rider

We will not pay benefits for a hospital confinement that is caused by or occurs as the result of the covered person's:

Accidental Injuries - having injuries received in an accident;

Alcoholism or Drug Addiction - treatment for alcoholism or drug addiction unless the covered person is addicted to a narcotic taken on the advice of a doctor;

Dental Care - treatment for dental care or dental care procedures;

Elective Procedures - having elective procedures and/or cosmetic surgery or reconstructive surgery unless it is a result of trauma, infection, or other diseases;

Pre-existing Conditions - having a pre-existing condition as described and limited by this rider;

Psychiatric or Psychological Conditions - having a psychiatric or psychological condition including neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. However, Alzheimer's Disease and other organic senile dementias are covered.

Giving Birth Limitation

We will not pay benefits for hospital confinement due to any covered person giving birth within the first nine (9) months after the effective date of this rider as a result of a normal pregnancy, including Cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness.

Time Limits

After this rider has been in force for 12 months from the effective date of this rider, we will pay benefits for any pre-existing condition not otherwise excluded by name or specific description if the covered confinement began more than 12 months after the effective date of the rider.

Termination

This rider will terminate on the earliest of:

- the date the policy to which it is attached terminates;
- the date premium for this rider is not paid by the end of the grace period; or
- the date we receive your written request to terminate this rider.

Reinstatement

If the premium is not paid by the end of the grace period, this rider will no longer be in force. However, the policy and the rider may be put back in force. This is called *reinstatement*. You can ask us or one of our agents about reinstatement. If our home office accepts the premium and does not require a reinstatement application, the policy and rider will be reinstated on the date the premium is received.

If we do require a reinstatement application at the time we accept the premium, a conditional receipt will be given for the premium. If we approve the reinstatement application, the policy and rider will be reinstated on the date we approve it. If we do not notify you that we have approved or disapproved the reinstatement application, the policy and rider will be reinstated on the 45th day after the date on the conditional receipt.

The reinstated policy and rider will cover only hospital confinements that begin more than 10 days after the reinstatement date.

We have the right to make changes in the policy and rider before we reinstate it. Any changes will be made in or attached to the reinstated policy and rider that we send to you. In every other way, your rights and our rights will be the same.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

[



Secretary]

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
[1200 Colonial Life Boulevard, P.O. Box 1365, Columbia, South Carolina 29202
1.800.325.4368 www.coloniallife.com]
A Stock Company

SICKNESS - HOSPITAL CONFINEMENT RIDER
OUTLINE OF COVERAGE (Applicable to Rider Form R-SHC-1.0-AR)

THE RIDER IS NOT A MEDICARE SUPPLEMENT RIDER. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

Read Your Rider Carefully. This outline provides a very brief description of the important features of the rider. This is not an insurance contract and only the actual policy and rider provisions will control. The rider sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR RIDER CAREFULLY.

Renewability. The coverage is guaranteed renewable as long as the policy to which it is attached is in force and premiums are paid when they are due. The premium can be changed only if we change it on all riders of this kind in force in the state where the rider was issued.

Your rider is designed to provide coverage ONLY for the benefit listed below.

Coverage Provided By The Rider. The rider is designed to provide coverage if a covered sickness causes any covered person to be confined in a hospital subject to any limitations or exclusions while the rider and the policy to which it is attached is in force. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

Hospital Confinement **[\$50][\$100][\$150][\$200] per day up to 30 days per confinement**

We will pay this benefit for any covered person confined due to a covered sickness, up to the benefit period and in the daily amount shown above. We will only pay for one hospital confinement at a time even if it is caused by more than one sickness. We will not pay this benefit for emergency room treatment, for outpatient treatment confinement, or for a stay of less than 20 hours in an observation unit. If we pay this benefit for a hospital confinement and the covered person becomes confined to a hospital again within 90 days because of the same or related sickness, we will treat this confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of hospital confinement, we will treat this confinement as a new confinement.

Time Limits

After the rider has been in force for 12 months from the effective date of the rider, we will pay benefits for any pre-existing condition not otherwise excluded by name or specific description if the covered confinement began more than 12 months after the effective date of the rider.

Important Words In The Rider

Covered Sickness means an illness, infection, disease or any other abnormal physical condition that:

- occurs on or after the effective date of the rider;
- occurs while the rider is in force, and
- is not excluded by name or specific description in the rider.

Covered sickness also includes care for a covered newborn child in a hospital nursery following the birth of the child.

Pre-existing Condition means a sickness or physical condition for which a covered person was treated, received medical advice or had taken medication within 12 months before the effective date of the rider.

What Is Not Covered By The Rider

We will not pay benefits for a hospital confinement that is caused by or occurs as the result of the covered person's:

- having injuries received in an accident;
- treatment for alcoholism or drug addiction unless the covered person is addicted to a narcotic taken on the advice of a doctor;
- treatment for dental care or dental care procedures;
- having elective procedures and/or cosmetic surgery or reconstructive surgery unless it is a result of trauma, infection, or other diseases;
- having a pre-existing condition as described and limited by the rider; or
- having a psychiatric or psychological condition including neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. However, Alzheimer's Disease and other organic senile dementias are covered.

Giving Birth Limitation

We will not pay benefits for hospital confinement due to any covered person giving birth within the first nine (9) months after the effective date of the rider as a result of a normal pregnancy, including Cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness.

SERFF Tracking Number: UNUM-126207587 State: Arkansas
 Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 42906
 Company Tracking Number: ACCIDENT 1.0
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: Accident Only
 Project Name/Number: Accident Only/Accident 1.0

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	07/16/2009
Comments:		
Attachment: READABILITY COMPLIANCE CERTIFICATION.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	07/16/2009
Comments: We will use the applications, AccHlth-AR or All App 08-AR, which were approved by your department on April 7, 2005 and January 11, 2008, respectively.		
Attachments: AccHlth-AR.pdf All App 08 - AR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	07/16/2009
Comments:		
Attachment: Actuarial Memo Accident 1.0-AR (Filing Package)[1].pdf		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	07/16/2009
Comments: The outlines of coverage are also listed in the Form Schedule tab.		
Attachments: Accident 1.0-NS-O.pdf Accident 1.0-HS-O.pdf R-AD-1.0-O-AR.pdf		

SERFF Tracking Number: UNUM-126207587 State: Arkansas
 Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 42906
 Company Tracking Number: ACCIDENT 1.0
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: Accident Only
 Project Name/Number: Accident Only/Accident 1.0
 R-ASD-1.0-O-AR.pdf
 R-SHC-1.0-O-AR.pdf

		Item Status:	Status
			Date:
Satisfied - Item:	Submission Letter	Approved-Closed	07/16/2009
Comments:			
Attachment:			
	Accident 1 0 Sub Letter-AR.pdf		

		Item Status:	Status
			Date:
Satisfied - Item:	Statements of Variability - revised	Approved-Closed	10/12/2009
Comments:			
	See revised Statement of Variability forms		
Attachments:			
	Statement of Variability-HS-rev.pdf		
	Statement of Variability-NS-rev.pdf		

		Item Status:	Status
			Date:
Satisfied - Item:	NAIC Transmittal	Approved-Closed	07/16/2009
Comments:			
Attachment:			
	NAIC Transmittal-AR.pdf		

READABILITY COMPLIANCE CERTIFICATION

<u>Form No.</u>	<u>Flesch Score</u>
Accident 1.0-NS-AR	50.3
Accident 1.0-HS-AR	50.3
Accident 1.0-NS-O	51.1
Accident 1.0-HS-O	51.1
R-AD-1.0-AR	51.7
R-AD-1.0-O-AR	50.1
R-ASD-1.0-AR	51.0
R-ASD-1.0-O-AR	50.3
R-SHC-1.0-AR	56.3
R-SHC-1.0-O-AR	51.1

This is to certify that the Forms (listed above) have achieved the above Flesch Reading Ease Score and comply with the requirements of Arkansas Stat. Ann. § §66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Cathy L. Brooks
Senior Compliance Contract Consultant

July 10, 2009
Date

Applicant Section					
Applicant's Name (First, MI, Last) John K. Doe		Employee <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/>	Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Birthdate (mm/dd/yyyy) 01/01/1980	Social Security No. 111-11-1111
Home Address - Street 123 Any Street		City Any City	State Any State	Zip Code 01234	State of Birth Any
Date Employed 01/01/2001	Occupation/ Job Title Any	Hrs. Worked/ Week 40	Annual Base Salary \$xx,xxx	Employee ID/Payroll No. Xxx	
				Home Phone No. (800)800-8000 Business Phone No.(800)800-8000	

Billing Section					
Payroll Deduction Employer Name ABC Company		Employer Address (Street-City-State-Zip) 234 Street, Any City, Any State		Section/Dept. No. xxx	Employee Class xxx
Payer or Owner if other than Applicant (Name, Address, Social Security No.)				<input type="checkbox"/> Payer <input type="checkbox"/> Owner <input type="checkbox"/> Both	

Spouse and Dependent Section					
Name of Spouse (First, MI, Last) Jane A. Doe		Gender M <input type="checkbox"/> F <input checked="" type="checkbox"/>	Birthdate (mm/dd/yyyy) 01/01/1980	Relationship wife	Social Security No. 111-22-1111
Employer's Name for Spouse DEF Company		Date Employed 01/01/2001	Occupation / Job Title Any	Hours Worked/ Week 40	Annual Base Salary \$xx,xxx
1. Are there any eligible dependent children applying for coverage?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Number Deps:

Complete Question 2 for all Products		Applicant	Spouse
2.A. Are you actively working?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2.B. If "No", is your spouse disabled or unable to work?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Plan Section										
Indicate Type of Change (N) New (T) Transfer or (R) Rider Addition. Indicate Tax Status (P) for pre-tax or (A) for after tax										
Product	Type Coverage	Type of Change	Policy Plan Code	Units/ Amount	Rider Plan/ Units	Rider Plan/ Units	Rider Plan Code	Rider Plan Code	Tax Status	Monthly Premium
<input checked="" type="checkbox"/> Accident	EE/SPS	N	XXXX						P <input type="checkbox"/> A <input checked="" type="checkbox"/>	xx.xx
<input type="checkbox"/> Hospital Confinement									P <input type="checkbox"/> A <input type="checkbox"/>	
<input type="checkbox"/> Cancer									P <input type="checkbox"/> A <input type="checkbox"/>	
<input type="checkbox"/> Int. Care									P <input type="checkbox"/> A <input type="checkbox"/>	
<input type="checkbox"/> Critical Illness									P <input type="checkbox"/> A <input type="checkbox"/>	
<input type="checkbox"/> Disability	Elim/Benefit period								P <input type="checkbox"/> A <input type="checkbox"/>	
Total Monthly Premium \$ xx.xx										

APPROVED
APR 07 2005
COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY
STATE OF SOUTH CAROLINA
INSURANCE DEPARTMENT

Replacement Section - Complete for all Products			
[3.] Will any health insurance, with this or any other company, be modified or discontinued if the coverage applied for is issued? [If yes, provide details.]			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Insured's Name	Insurance Company	Type of Coverage	Policy Number

AIDS Section - Complete for all Products			Applicant	Spouse	Dependent
[4.] Have you tested positive for the Human Immunodeficiency Virus (HIV) or its antibodies, or received medical advice or sought treatment for Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex (ARC)?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Simplified Issue Section – Disability and Hospital Confinement			Applicant	Spouse
[5.] Have you previously purchased disability coverage that will remain in force which, when combined with the coverage you are applying for, will exceed 70% of your gross annual income? This does not include employer paid group disability coverage.			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
[6.] Within the past 12 months, other than colds, flu or normal pregnancy, have you been off work (vacation or sick leave) for [10] or more consecutive work days due to an illness or injury, including back, neck, knee, joint or muscle?			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
[7.] Within the past 12 months, have you received medical advice or sought treatment (including medication) for:			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Heart Attack (MI)	Blood Pressure Reading of 160/100 or Above	Hepatitis B, C	No <input type="checkbox"/>	No <input type="checkbox"/>
Heart Surgery	Kidney Disease except Stones	Cirrhosis		
Congestive Heart Failure	Insulin Dependent Diabetes	Hodgkin's Disease		
Stroke	Diabetes Diagnosed Prior to age 40	Leukemia		
Transient Ischemic Attack	Cancer Other than Skin Cancer			

Dependent Health Section - Hospital Confinement			
[8.] Within the past 12 months, has any dependent been hospitalized for respiratory disorders, including asthma, cystic fibrosis, diabetes, heart condition, cancer (other than skin cancer) or seizures? [If yes, provide details.] Any dependent listed will not be covered under the Hospital Confinement policy to which a copy of the application is attached.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name (First, MI, Last)	Relationship	Birthdate (mm/dd/yyyy)	Social Security No.

Simplified Issue Section - Critical Illness and Intensive Care			Applicant	Spouse	Dependent
[9.] Within the past [10] years, have you received medical advice or sought treatment (including medication) for:			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Heart Attack (MI)	Hepatitis B, C		No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
Heart Surgery	Blood Pressure Reading of 160/100 or Above				
Heart Disease	Kidney Disease except Stones				
Emphysema	Chronic Obstructive Pulmonary Disease				
Organ Transplant	Cirrhosis or Liver Disease				
Congestive Heart Failure	Transient Ischemic Attack				
Diabetes	Cancer Other than Skin Cancer				
Stroke	Abnormal Catherization				
[If yes to question 9 for any dependent, please provide details.] Any dependent listed will not be covered under the Intensive Care [or Critical Illness] policy to which a copy of the application is attached.					
Name (First, MI, Last)	Relationship	Birthdate (mm/dd/yyyy)	Social Security No.		
[10.] Within the past 12 months, have you used any tobacco products (cigarettes, cigars, snuff, dip, chew, pipe) and/or any nicotine delivery systems?			Yes <input type="checkbox"/> No <input type="checkbox"/>		

Cancer Section			Applicant	Spouse	Dependent
[11.] Have you ever been diagnosed with, or treated for, Cancer of any type or form? [If yes, please answer questions 12 and 13.]			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
[12.] In the past [5] years, have you received medical advice or sought treatment for cancer, other than skin cancer; or, in the past 12 months have you received preventive Hormonal Therapy? [If yes, you are not eligible for coverage. If no, please complete the Cancer History form.]			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
[If yes to question 12 for any dependent, please provide details.] Any dependent listed will not be covered under the Cancer policy to which a copy of the application is attached.					
Name (First, MI, Last)	Relationship(s)	Birthdate (mm/dd/yyyy)	Social Security No.		
[13.] Within the past 5 years, have you received medical advice or sought treatment for Skin Cancer, including basal cell carcinoma, squamous cell carcinoma, or melanoma of Clark's level I or II?			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Section - Complete for all Products except Disability	
[14.] Are you Medicare eligible?	Yes <input type="checkbox"/> No <input type="checkbox"/>
[15.] Has the Important Notice to Persons on Medicare been provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant's Beneficiary Information - Complete for all Products					
Beneficiary's Name (First, MI, Last) Jane A. Doe	Primary <input checked="" type="checkbox"/> Contingent <input type="checkbox"/>	Age 22	Benefit % 100	Relationship to Applicant wife	Social Security No. 111-22-1111
Beneficiary's Name (First, MI, Last)	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	Age	Benefit %	Relationship to Applicant	Social Security No.

Height and Weight Section - Complete for all products at Simplified Issue Level 1 amounts	
Indicate Applicant's Current: Height <u>6'</u> Weight <u>180</u>	
Indicate Spouse's Current: Height <u>5'4"</u> Weight <u>110</u>	

Medication Section - Complete for all products at Simplified Issue Level 1 amounts		Applicant	Spouse
M1. Are you currently prescribed any medication? [If yes, provide details in the Health Details Section.]	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Simplified Issue Level 1 Section - Disability			Applicant
D1. Within the past 5 years, have you received medical advice or sought treatment for any cancer, other than skin cancer?			Yes <input type="checkbox"/> No <input type="checkbox"/>
D2. Within the past 5 years, have you received medical advice or sought treatment (including medication) for:			
Heart Attack (MI)	Transient Ischemic Attack	Multiple Sclerosis	Yes <input type="checkbox"/>
Heart Surgery	End Stage Kidney (Renal) Disease	Neurological Disorder	
Heart Disease	Emphysema	Chronic Fatigue Syndrome	No <input type="checkbox"/>
Congestive Heart Failure	Cirrhosis or Liver Disease	Fibromyalgia	
Stroke	Chronic Obstructive Pulmonary Disease		
D3. Within the past 5 years, have you received medical advice or sought treatment (including medication) for: [If yes, provide details in the Health Details Section.]			
Back Injury or Illness	Joint Injury or Illness	Diabetes	Yes <input type="checkbox"/>
Knee Injury or Illness	Muscular Injury or Illness	Hepatitis B, C	No <input type="checkbox"/>
Neck Injury or Illness	Carpal Tunnel Syndrome	Blood Pressure Reading of 140/90 or Above	No <input type="checkbox"/>
D4. Within the past 5 years, have you received medical advice, sought treatment, or had surgery or an abnormal diagnostic test for any disease, mental or physical disorder (other than lacerations or broken bones not related to a health condition) not listed on this application? [If yes, provide details in the Health Details Section.]			Yes <input type="checkbox"/> No <input type="checkbox"/>
D5. Do you have any individual or group disability insurance now in force with any company, including Colonial Life & Accident Insurance Company? [If yes, provide details.]			Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance Company	Monthly Disability Amount	Elimination Period/Benefit	Policy Number
D6. Are you covered by Workers Compensation? [If yes, indicate State of Coverage _____]			Yes <input type="checkbox"/> No <input type="checkbox"/>

Simplified Issue Level 1 Section - Hospital Confinement		Applicant	Spouse
H1. Within the past 5 years, have you received medical advice, sought treatment, or had surgery or an abnormal diagnostic test for any disease, mental or physical disorder (other than lacerations or broken bones not related to a health condition) not listed on this application? [If yes, provide details in the Health Details Section.]		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Agent Section

Agent's Name (If Present) Tom R. Agent
(please print)

Do you have knowledge or reason to believe that the Applicant is intending to replace any existing insurance?
Yes No

I have explained to the Applicant all exceptions and limitations pertaining to the coverage(s) applied for, including any pertaining to pre-existing conditions, if applicable. I hereby certify that I know nothing affecting the insurability of the Applicant, which is not fully set forth in this application. I have not made, nor agreed to make, any rebate of premium for insurance. I further certify that I am a licensed agent in the state where this application is being taken.

Date 03/15/2005 (x) Tom R. Agent License No. xxxx Code No. xxx
mm/dd/yyyy Signature of Licensed Agent

APPROVED
APR 07 2005
LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

Colonial Life & Accident Insurance Company

Application to: Colonial Life & Accident Insurance Company

PO Box 1365 Columbia, SC 29202

Proposed Insured Section

Proposed Insured's Name (First, MI, Last) John Doe	Employee <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/>	Gender M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Birthdate (mm/dd/yyyy) 01/01/1965	Social Security No. 111-11-1111
Home Address – (Not a PO Box) Street 123 Any City, Any State 888888	City	State	Zip Code	State of Birth Any
Date Employed 01/01/2000	Occupation / Job Title Any	Hrs. Worked/ Week 40	Annual Base Salary \$50,000	Telephone Number/ best time to call: (888)888-8888

Employee Section (Complete only if Proposed Insured is not the employee)

Employee Name (First, MI, Last)	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Birthdate (mm/dd/yyyy)	Relationship to Proposed Insured	Social Security No.	Date Employed
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Billing Section

Payroll Deduction Employer Name ABC Company	Employer Address (Street-City-State- Zip) 234 Any City, Any State 88888	Employee ID/ Payroll No. 11111	Employee Class Salary	Section/ Department No. 0001
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Spouse Section

Name of Spouse (First, MI, Last)	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Relationship to Proposed Insured	Birthdate (mm/dd/yyyy)	Social Security No.
Spouse's Employer	Date Employed	Occupation / Job Title	Hours Worked/ Week	Annual Base Salary

Dependent Section

Are there any eligible dependent children applying for coverage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Dependents:		
Dependent Child Information – Complete this information only if applying for a Children's Term Rider				
Name (First, MI, Last)	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Birthdate (mm/dd/yyyy)	Relationship	Social Security No.
	M <input type="checkbox"/> F <input type="checkbox"/>			
	M <input type="checkbox"/> F <input type="checkbox"/>			
	M <input type="checkbox"/> F <input type="checkbox"/>			
	M <input type="checkbox"/> F <input type="checkbox"/>			

Beneficiary Section (Complete for all products)

Beneficiary's Name (First, MI, Last) Joan Doe	Primary <input checked="" type="checkbox"/> Contingent <input type="checkbox"/>	Age 45	Benefit % 100	Relationship to Proposed Insured wife	Social Security No. 222-22-2222
Beneficiary's Name (First, MI, Last)	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	Age	Benefit %	Relationship to Proposed Insured	Social Security No.

Eligibility Section

<input type="checkbox"/>	All Products	1. Is the Proposed Insured actively working? 1.a. If "No", is the Proposed Insured disabled or unable to work?	Proposed Insured Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Your Spouse Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	All Products	2. Is the spouse (if applying for coverage) actively working? 2.a. If "No", is the spouse (if applying for coverage) disabled or unable to work?		

Plan Section

<input type="checkbox"/> Accident	Base Plan Code and Premium	Rider Plan Code and Units	Rider Premium	Type	Tax Status	Monthly Premium	
<input checked="" type="checkbox"/> Proposed Insured <input type="checkbox"/> Proposed Insured/Spouse <input type="checkbox"/> Proposed Insured/Dependents <input type="checkbox"/> Proposed Insured/Spouse/Dependents	ABCD \$XX.XX		\$	<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Add a rider	<input type="checkbox"/> Pre-Tax <input type="checkbox"/> After-Tax	\$XX.XX	
<input type="checkbox"/> Hospital Confinement	Base Plan Code and Premium	Rider Plan Code	Rider Premium	Type	Tax Status	Monthly Premium	
<input type="checkbox"/> Proposed Insured <input type="checkbox"/> Proposed Insured/Spouse <input type="checkbox"/> Proposed Insured/Dependents <input type="checkbox"/> Proposed Insured/Spouse/Dependents	\$		\$	<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Add a rider	<input type="checkbox"/> Pre-Tax <input type="checkbox"/> After-Tax	\$	
<input type="checkbox"/> Cancer	Base Plan Code and Premium	Rider Plan Code	Rider Premium	Type	Tax Status	Monthly Premium	
<input type="checkbox"/> Proposed Insured <input type="checkbox"/> Proposed Insured/Dependents <input type="checkbox"/> Proposed Insured/Spouse/Dependents	\$		\$	<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Add a rider	<input type="checkbox"/> Pre-Tax <input type="checkbox"/> After-Tax	\$	
<input type="checkbox"/> Intensive Care	Base Plan Code and Premium	Units	Type	Tax Status	Monthly Premium		
<input type="checkbox"/> Proposed Insured <input type="checkbox"/> Proposed Insured/Dependents <input type="checkbox"/> Proposed Insured/Spouse/Dependents	\$		<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Add a rider	<input type="checkbox"/> Pre-Tax <input type="checkbox"/> After-Tax	\$		
<input type="checkbox"/> Critical Illness	Base Plan Code and Premium	Face Amount	Rider Plan Code	Type	Tax Status	Monthly Premium	
<input type="checkbox"/> Proposed Insured <input type="checkbox"/> Spouse	\$	\$		<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Add a rider	<input type="checkbox"/> Pre-Tax <input type="checkbox"/> After-Tax	\$	
<input type="checkbox"/> Disability	Base Plan Code and Premium	Units	Rider Plan Code	Rider Premium	Type	Tax Status	Monthly Premium
Employee Only	\$			\$	<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Add a rider	<input type="checkbox"/> Pre-Tax <input type="checkbox"/> After-Tax	\$
<input type="checkbox"/> Universal Life	Base Plan Code and Target Premium	Face Amount	Rider Plan Code and Units	Rider Premium	Total Monthly Premium		
Option <input type="checkbox"/> A <input type="checkbox"/> B	\$	\$		\$	Planned Premium \$ \$		
<input type="checkbox"/> Existing Policy Number _____	<input type="checkbox"/> Increase <input type="checkbox"/> Rider Addition /Conversion	<input type="checkbox"/> Tobacco to Non-tobacco policy <input type="checkbox"/> Exercising Guaranteed Purchase Option	<input type="checkbox"/> Option Change <input type="checkbox"/> Term Life Conversion				
NOTE: For rider additions, option changes, a change in smoker status, or UL increases, if the Beneficiary Section of this application is completed, this designation <i>replaces</i> any other Beneficiary Designation on file for this Policy.							
<input type="checkbox"/> Term or Whole Life	Base Plan Code and Premium	Face Amount	Rider Plan Code and Units	Rider Premium	Total Monthly Premium		
Automatic Premium Loan if available for Whole Life? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$		\$	\$		
<input type="checkbox"/> Existing Policy Number _____	<input type="checkbox"/> Rider Addition/ Conversion	<input type="checkbox"/> Tobacco to Non-tobacco policy <input type="checkbox"/> Exercising Guaranteed Purchase Option	<input type="checkbox"/> Term Life Conversion				
NOTE: For rider additions or a change in smoker status, if the Beneficiary Section of this application is completed, this designation <i>replaces</i> any other Beneficiary Designation on file for this Policy.							

Total Monthly Premium \$ XX.XX

Application Questions

Non-Medical Questions – Additional forms may be required based on answers to these questions. Please provide if required in your state				Proposed Insured	
<input type="checkbox"/>	All Life	3. Does the Proposed Insured have any existing life coverage? If yes, provide details below.	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/>	All Products	4. Will any health, life insurance or annuities with this or any other company be replaced or changed if the coverage applied for is issued? If yes, check appropriate box of policy being replaced.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Insured's Name		Insurance Company	Policy Number	Amount of Coverage	Check yes if replacing
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	All except Life and Disability	5. Are you or any person applying for coverage Medicare eligible? If yes, the Important Notice to Persons on Medicare will be provided.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<input type="checkbox"/>	All Life and Critical Illness	6. Within the past 12 months, have you used any tobacco products (cigarettes, cigars, snuff, dip, chew, pipe) and/or any nicotine delivery system?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/>	Universal Life Only	7. Are you using funds from your existing policy(s) or contract(s) to fund the new policy (1035 Exchange)? If yes, complete the 1035 Exchange form.	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Medical Questions - if you answer Yes to Questions 8 – 10 or 14, you or your family members are not eligible for the product and/or rider.			Proposed Insured	Your Spouse	Your Child
<input type="checkbox"/>	All Products	8. Have you, your spouse or your dependent child if applying for coverage, tested positive for the Human Immunodeficiency Virus (HIV) or its antibodies, or been diagnosed by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex (ARC)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	All Disability	9. Have you previously purchased disability coverage that will remain in force which, when combined with the coverage you are applying for, will exceed 70% of your gross annual income? This does not include employer paid group disability coverage.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/>	All Disability & Hospital Confinement	10. Within the past 12 months, have you or any person applying for coverage: a.) been off work (vacation or sick leave) for 10 or more consecutive work days other than colds, flu or normal pregnancy due to an illness or injury, including back, neck, knee, joint or muscle? b.) received medical advice or sought treatment (including medication) for: heart attack (Myocardial Infarction), heart surgery, congestive heart failure, stroke, transient ischemic attack, blood pressure reading of 160/100 or above, kidney disease except stones, insulin dependent diabetes, diabetes diagnosed prior to age 40, hepatitis B or C, cirrhosis or cancer (other than skin cancer)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/>	All Hospital Confinement Dependent Child Only	11. Within the past 12 months, has any dependent child been hospitalized for respiratory disorders, including asthma, cystic fibrosis, diabetes, heart condition, cancer (other than skin cancer) or seizures? If yes, list the dependent name(s) and relationship in the Additional Data Section.			Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	All Cancer	12. Have you, your spouse or your dependent child if applying for coverage, ever been diagnosed with, or treated for, cancer other than skin cancer? If yes, please complete the Cancer History Form.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	All Cancer	13. Within the past 5 years, have you, your spouse or your dependent child if applying for coverage, received medical advice or sought treatment for Skin Cancer, including basal cell carcinoma, squamous cell carcinoma, or melanoma of Clark's level I or II? If yes, complete a skin cancer rider.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	All Critical Illness and Intensive Care	14. Within the past 10 years, have you or your spouse if applying for coverage received medical advice or sought treatment (including medication) for: heart attack (Myocardial Infarction), heart surgery, heart disease, abnormal catherization, congestive heart failure, stroke, transient ischemic attack, blood pressure reading of 160/100 or above, kidney disease except stones, diabetes, emphysema, chronic obstructive pulmonary disease, cancer (other than skin cancer,) cirrhosis or liver disease, organ transplant, or hepatitis B or C?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/>	All Life and Critical Illness	15. Indicate Your Current: Height _____ Weight _____ Indicate Spouse's Current: Height _____ Weight _____ Indicate Juvenile's Current: Height _____ Weight _____			

Medical Questions Continued - if you answer Yes to Questions 16 – 18 or 20 - 25, you or your family members are not eligible for the product and/or rider.			Proposed Insured	Your Spouse
<input type="checkbox"/>	Term Life	16. Within the past 24 months, have you or any person applying for coverage: a.) used marijuana, cocaine, heroin or any other illicit drug or controlled substance, with the exception of those prescribed for you by a physician; received medical advice or sought treatment for drug and/or alcohol abuse; or been advised by a doctor to reduce your consumption of drugs or alcohol? b.) been charged with operating a motor vehicle under the influence of drugs and/or alcohol; or pled guilty to, pled no contest to, or been convicted of or have a charge pending for any felony or misdemeanor? c.) been prescribed 3 or more medications (including diuretic) to be taken concurrently for high blood pressure; or been prescribed medication for elevated cholesterol and high blood pressure?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Term Life	17. Within the past 10 years, have you or any person applying for coverage, received medical advice or sought treatment for internal cancer, including leukemia or melanoma of Clark's level III or higher?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Term Life	18. Have you, or any person applying for coverage, ever received medical advice or sought treatment (including medication) for heart attack (Myocardial Infarction)/angina, cardiac/circulatory surgery, peripheral vascular disease, stroke, chronic kidney (renal) failure, systemic lupus (SLE) disease, congestive heart failure/cardiomyopathy, emphysema, manic depressive disorder (Bipolar), insulin dependent diabetes, diabetes diagnosed prior to age 40, chronic obstructive pulmonary disease (COPD), schizophrenia, multiple sclerosis, paralysis, chronic hepatitis, or hepatitis (except A)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Whole Life Universal Life Select SI and Simplified Issue	19. Within the past 12 months, have you or your spouse if applying for coverage been hospitalized or missed 5 or more consecutive days of work for any reason other than flu, pregnancy, accidents, allergies, back or knee disorder? If yes, you must answer questions 20 – 22.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Whole Life and Universal Life	20. Within the past 24 months, have you or your spouse if applying for coverage: a.) used marijuana, cocaine, heroin or any other illicit drug or controlled substance, with the exception of those prescribed for you by a member of the medical profession; received medical advice or sought treatment by a member of the medical profession for drug and/or alcohol abuse; or been advised by a member of the medical profession to reduce your consumption of drugs or alcohol? b.) been convicted of operating a motor vehicle under the influence of drugs and/or alcohol; or pled guilty to, pled no contest to, or been convicted of or have a charge pending for any felony or misdemeanor or are you currently on probation or parole? c.) been prescribed 3 or more medications by a member of the medical profession (including diuretic) for high blood pressure; or been prescribed medication for high blood pressure and diagnosed with diabetes by a member of the medical profession?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Whole Life and Universal Life	21. Within the past 10 years, have you or your spouse if applying for coverage received medical advice or sought treatment by a member of the medical profession for internal cancer, including leukemia or melanoma of Clark's level III or higher?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Whole Life and Universal Life	22. Within the past 5 years have you or your spouse if applying for coverage ever received medical advice or sought treatment by a member of the medical profession (including medication) for: heart attack (Myocardial Infarction)/angina, cardiac/circulatory surgery, peripheral vascular disease, stroke, transient ischemic attack (TIA), chronic kidney (renal) failure, systemic lupus (SLE) disease, congestive heart failure/cardiomyopathy, emphysema, manic depressive disorder (Bipolar), diabetes(excluding diet controlled and gestational), chronic obstructive pulmonary disease (COPD), schizophrenia, multiple sclerosis, paralysis or hepatitis (except A)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Juvenile Universal Life All Ages	23. Has the juvenile ever received medical advice or sought treatment by a member of the medical profession for cystic fibrosis, diabetes, heart disorder, leukemia, cancer (other than skin cancer), seizures, down's syndrome, cerebral palsy or been hospitalized in the past 12 months for a respiratory illness?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/>	Juvenile Universal Life Ages 15 – 17	24. Within the past 24 months, has the juvenile used marijuana, cocaine, heroin, or any other illicit drug or controlled substance, with the exception of those prescribed for him by a member of the medical profession; or received medical advice or sought treatment by a member of the medical profession for drug and/or alcohol abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/>	Juvenile Universal Life Ages 15 – 17	25. Within the past 24 months, has the juvenile been convicted of operating a motor vehicle under the influence of drugs and/or alcohol; or pled guilty to, pled no contest to, or been convicted of or have a charge pending for any felony or misdemeanor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/>	Juvenile All Ages for amounts over \$50,000 to \$100,000	26. Within the past 5 years, has the juvenile been confined to a hospital or medical facility, been seen by a member of the medical profession for any reason other than stated on this application, or is he currently taking medication or receiving medical advice from a member of the medical profession ? If yes, provide details in the Additional Data Section.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Additional Data Section – provide information for any data overflow**Owner Section - Complete if naming an owner other than the proposed insured or if proposed insured is a juvenile.**

Owner (Name and Address)	Relationship	Social Security No.
Contingent Owner (if applicable) (Name and Address)	Relationship	Social Security No.

 Agreement Section

THE PROPOSED INSURED AGREES AS FOLLOWS:

Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. I have read the application and the answers and statements above are true and complete to the best of my knowledge and belief. Except as otherwise provided in the Conditional Receipt bearing the same date as this application (if any), I understand that this application will not be binding upon Colonial Life & Accident Insurance Company (Colonial) until both: 1) the policy is issued; and 2) the first premium due is paid while the Proposed Insured is alive. Items 1 and 2 must occur while any conditions affecting insurability are the same as described above. If applicable, I have received an outline of coverage for the plan(s) applied for and I have been explained all exceptions and limitations pertaining to the coverage(s) applied for, including any pertaining to pre-existing conditions. I understand that any material misrepresentation may result in claim denial or rescission of coverage for two years after the effective date of coverage. If coverage is rescinded, Colonial's only obligation will be to refund all premiums paid. I understand that the statements and answers in this application are the basis for any policy issued by Colonial, and no information about me will be considered to have been given to Colonial unless it is stated in the application. I certify under penalties of perjury that the Social Security number shown on this form is my correct TAXPAYER IDENTIFICATION NUMBER. I certify that no person to be covered for specified diseases is also covered by any Title XIX program (Medicare, Medicaid or any similar name.)

If applicable, I have received and read a copy of the Notice of Insurance Information Practices (which includes MIB, Inc. Disclosure Notice). I hereby authorize Colonial Life & Accident Insurance Company to release information to the MIB.

I acknowledge that I have I have not received a full ledger illustration according to the NAIC regulations and I understand that an illustration conforming to the policy as issued (if applicable) will be provided at the time of policy delivery. I have paid to the agent named in this application \$_____ for the first premium due on this policy. This amount is to be applied in accordance with the provisions of the application and the receipt.

By applying for the coverage indicated above, do you agree to the cancellation of existing similar Colonial coverage (base plan and all applicable riders) if the coverage applied for is issued? Yes No If yes, provide existing policy number: _____

Signed at: (City) Any (State) Any (Date) 11/15/2007
mm/dd/yyyy

(x) John Doe (x) _____
Signature of Proposed Insured Signature of Owner (if Other than Proposed Insured)

Agent Section

Agent's Name Tom Agent
please print

To your knowledge is the Proposed Insured intending to replace any existing insurance? Yes No

I have explained to the Proposed Insured all exceptions and limitations pertaining to the coverage(s) applied for. I hereby certify that I know nothing affecting the insurability of the Proposed Insured, which is not fully set forth in this application. I further certify that I am a licensed agent in the state where this application is being taken. I understand that I do not have Colonial's authorization to accept risk, pass on insurability, or make, void, waive or change any conditions or provisions of the application, policy or receipt, as applicable. I certify that I have I have not used a full ledger illustration according to the NAIC regulations and I understand that an illustration conforming to the policy as issued (if applicable) will be provided at the time of delivery.

Date 11/15/2007 (x) Tom Agent License No. 111111 Code No. 222222
mm/dd/yyyy Signature of Licensed Agent

COLONIAL LIFE & ACCIDENT
INSURANCE COMPANY

ACTUARIAL MEMORANDUM

For

Policy Forms Accident 1.0-NS-AR and Accident 1.0-HS-AR

And

Rider Forms R-SHC-1.0-AR, R-AD-1.0-AR, and R-ASD-1.0-AR

Statement of Purpose

This filing is for two new individual policy forms. The purpose of this actuarial memorandum is to demonstrate that the anticipated loss ratio of these policy forms meet state requirements. Any material contained in this memorandum that is not required by law or regulation is included for the purpose of supplying the regulator with information relevant to this filing. This Actuarial Memorandum is not intended to be used for any purpose other than described above.

Description of Benefits

The base accident policy (policy forms Accident 1.0-NS-AR and Accident 1.0-HS-AR) provides benefits for accident emergency and follow-up treatment, accidental death and dismemberment, catastrophic accident, fractures and dislocations, hospital admission and confinement, surgery, and other specific loss benefits. Additionally, policy form Accident 1.0-HS-AR includes a health screening benefit. Each policy form contains three base plan benefit levels and are available as on/off job coverage or off-job only coverage.

In addition to the base policy, three optional riders are available. Rider Form R-SHC-1.0-AR provides benefits for hospital confinement due to sickness. Rider Form R-AD-1.0-AR provides disability benefits for on and off the job accidents. Rider Form R-ASD-1.0-AR provides disability benefits for on and off the job accidents and sickness.

A detailed list of benefit amounts is shown in Appendix 1. Detailed descriptions of the benefits are contained in the policy and rider forms.

Renewability

Forms Accident 1.0-NS-AR, Accident 1.0-HS-AR, and R-SHC-1.0-AR are guaranteed renewable for life. Forms R-AD-1.0-AR and R-ASD-1.0-AR will terminate on the policy anniversary date after the Named Insured attains age 70.

Marketing Method

These policy forms will be marketed primarily at the worksite.

Assumptions

The following assumptions were used to derive the anticipated loss ratio:

Morbidity: Incidence rates and claim costs are based upon company experience and actuarial judgment.

Mortality: Assumed to be included in the lapses.

Interest Rate: 6.0%

Expenses: Based on company experience

Lapse Rates: Based on company experience

Issue Age Limits: The issue age range is 0-80 for policy forms Accident 1.0-NS-AR and Accident 1.0-HS-AR. The issue age range is 0-69 on form R-SHC-1.0-AR and 17-69 on forms R-AD-1.0-AR and R-ASD-1.0-AR.

Gross Premiums

The monthly and annual gross premiums are shown in Appendix 2. Premiums are generally paid monthly. The monthly premium is one-twelfth of the annual premium. Other modes are multiples of the monthly mode (i.e. quarterly is three times the monthly and semi-annual is six times monthly). Based on an assumed distribution of sales, the average annual premium is \$365.18.

The base accident plan can cover Named Insured, Named Insured and Spouse, Named Insured and Child(ren), and Named Insured, Spouse, and Child(ren) plans. Disability benefits are available for employees and/or their spouse.

Active Life Reserves

Statutory reserves are calculated using the two-year full preliminary term method with 2001 CSO ALB and 4.0% interest.

Minimum Loss Ratio

As per NAIC Model Regulation 134 s 2, the minimum loss ratio for these forms is 44.23%. This minimum loss ratio was determined using the below formula which reflects the adjustment for low average premium policy forms:

$$R^* = R \times \frac{(I \times 500) + X}{(I \times 750)}$$

Where R* is the resulting minimum loss ratio

R is the table ratio (i.e. 50%)

I is the consumer price index factor

X is the average annual premium

Anticipated Loss Ratio

The anticipated loss ratio for these forms is 44.53%. The anticipated loss ratio is defined as the present value of future incurred claims divided by the present value of future earned premiums over a 30 year period, using a discount rate of 5.0%

Actuarial Certification

To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of this state and the premiums are reasonable in relation to the benefits provided.



Randall C. Finn, F.S.A., M.A.A.A.
Director & Actuary

July 6, 2009

Date

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY**Policy Forms Accident 1.0-NS-AR and Accident 1.0-HS-AR****Benefit Amounts****Accident 1.0-NS-AR and Accident 1.0-HS-AR: Base Plan Benefit Levels**

Coverage is Available as On/Off Job Coverage or Off-Job Only Coverage

Each policy will contain one of the benefit level structures below

Benefit Description	Policy Form Accident 1.0-NS-AR			Policy Form Accident 1.0-HS-AR		
	Level 1-NS	Level 2-NS	Level 3-NS	Level 1-HS	Level 2-HS	Level 3-HS
Accident Emergency Treatment	\$75	\$125	\$125	\$75	\$125	\$125
Accident Follow-Up Doctor's Visit	\$50 (2 visits)	\$50 (3 visits)	\$50 (4 visits)	\$50 (2 visits)	\$50 (3 visits)	\$50 (4 visits)
Accidental Death						
Named Insured and Spouse	\$20,000	\$25,000	\$50,000	\$20,000	\$25,000	\$50,000
Child(ren)	\$4,000	\$5,000	\$10,000	\$4,000	\$5,000	\$10,000
Accidental Death - Common Carrier						
Named Insured and Spouse	\$80,000	\$100,000	\$200,000	\$80,000	\$100,000	\$200,000
Child(ren)	\$16,000	\$20,000	\$40,000	\$16,000	\$20,000	\$40,000
Accidental Dismemberment	Schedule A (4 Units)	Schedule A (5 Units)	Schedule A (8 Units)	Schedule A (4 Units)	Schedule A (5 Units)	Schedule A (8 Units)
Air Ambulance	\$1,200	\$2,000	\$2,000	\$1,200	\$2,000	\$2,000
Ambulance	\$120	\$200	\$200	\$120	\$200	\$200
Appliance	\$75	\$100	\$100	\$75	\$100	\$100
Blood/Plasma/Platelets	\$300	\$300	\$300	\$300	\$300	\$300
Burn						
2nd degree; at least 36% of body	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
3rd degree; at least 9, but less than 18 square inches	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
3rd degree; at least 18, but less than 35 square inches	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000
3rd degree; at least 35 square inches	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000
Burn - Skin Graft	50% of Burn Benefit	50% of Burn Benefit	50% of Burn Benefit	50% of Burn Benefit	50% of Burn Benefit	50% of Burn Benefit
Catastrophic Accident	Schedule B (4 Units)	Schedule B (10 Units)	Schedule B (10 Units)	Schedule B (4 Units)	Schedule B (10 Units)	Schedule B (10 Units)
Coma	\$7,500	\$10,000	\$12,500	\$7,500	\$10,000	\$12,500
Concussion	\$60	\$60	\$60	\$60	\$60	\$60
Dislocation (Separated Joint)	Schedule C (9 Units)	Schedule C (11 Units)	Schedule C (12 Units)	Schedule C (9 Units)	Schedule C (11 Units)	Schedule C (12 Units)
Emergency Dental Work						
Broken tooth repaired with crown, denture, or implant	\$200	\$300	\$400	\$200	\$300	\$400
Broken tooth resulting in extraction	\$50	\$75	\$100	\$50	\$75	\$100
Eye Injury	\$200	\$300	\$300	\$200	\$300	\$300
Fracture (Broken Bone)	Schedule D (9 Units)	Schedule D (11 Units)	Schedule D (12 Units)	Schedule D (9 Units)	Schedule D (11 Units)	Schedule D (12 Units)
Health Screening	Not Available	Not Available	Not Available	\$50	\$50	\$50
Hospital Admission	\$750	\$1,000	\$1,250	\$750	\$1,000	\$1,250
Hospital Confinement (Per Day)	\$175	\$225	\$250	\$175	\$225	\$250
Hospital Intensive Care Unit Admission	\$1,500	\$2,000	\$2,500	\$1,500	\$2,000	\$2,500
Hospital Intensive Care Unit Confinement (Per Day)	\$350	\$450	\$500	\$350	\$450	\$500
Knee Cartilage - Torn	\$500	\$500	\$750	\$500	\$500	\$750
Laceration						
Less than 2 inches long and repaired by stiches	\$60	\$60	\$60	\$60	\$60	\$60
At least 2 inches long but less than 6 inches long	\$260	\$260	\$260	\$260	\$260	\$260
At least 6 inches long and repaired by stiches	\$500	\$500	\$500	\$500	\$500	\$500
Laceration with no repair	\$30	\$30	\$30	\$30	\$30	\$30
Lodging (Per Night)	\$100	\$125	\$150	\$100	\$125	\$150
Medical Imaging Study	\$100	\$150	\$200	\$100	\$150	\$200
Occupational or Physical Therapy (Per Day)	\$25 (10 visits)	\$25 (10 visits)	\$35 (10 visits)	\$25 (10 visits)	\$25 (10 visits)	\$35 (10 visits)
Prosthetic Device / Artificial Limb						
One prosthetic device or artificial limb	\$500	\$500	\$750	\$500	\$500	\$750
More than one prosthetic device or artificial limb	\$1,000	\$1,000	\$1,500	\$1,000	\$1,000	\$1,500
Rehabilitation Unit Confinement (Per Day)	\$100	\$100	\$150	\$100	\$100	\$150
Ruptured Disc	\$500	\$500	\$750	\$500	\$500	\$750
Surgery - Cranial, Open Abdoiminal and Thoracic / Hernia						
Cranial, Open Abdoiminal and Thoracic	\$1,000	\$1,500	\$1,500	\$1,000	\$1,500	\$1,500
Hernia	\$100	\$150	\$150	\$100	\$150	\$150
Surgery - Exploratory and Arthroscopic	\$150	\$200	\$200	\$150	\$200	\$200
Tendon / Ligament / Rotator Cuff						
Single	\$500	\$500	\$750	\$500	\$500	\$750
Multiple	\$1,000	\$1,000	\$1,500	\$1,000	\$1,000	\$1,500
Transportation	\$400	\$500	\$600	\$400	\$500	\$600
X-Ray	\$20	\$30	\$40	\$20	\$30	\$40

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY**Policy Forms Accident 1.0-NS-AR and Accident 1.0-HS-AR****Benefit Amounts****Accident 1.0-NS-AR and Accident 1.0-HS-AR: Additional Accident Benefit Coverage Available (Per Unit)**

Coverage is Available as On/Off Job Coverage or Off-Job Only Coverage

The below list of Accident Benefits (expressed on a Per Unit Basis) can be added to the above Accident Base Plan Benefit Levels

Benefit Description	Per Unit Benefit Amount	Maximum # of Additional Units Allowed
Accident Emergency Treatment	\$25	2
Accident Follow-Up Doctor's Visit (2 visits)	\$25	2
Accident Follow-Up Doctor's Visit (3 visits)	\$25	2
Accident Follow-Up Doctor's Visit (4 visits)	\$25	2
Accidental Death and Accidental Death Common Carrier Named Insured	\$5,000	20
Spouse	\$5,000	20
Child(ren)	\$1,000	20
Accidental Dismemberment	See Schedule A (1 Unit)	5
Catastrophic Accident	See Schedule B (1 Unit)	40
Dislocation (Separated Joint) and Fracture (Broken Bone)	See Schedules C and D (1 Unit)	10
Health Screening*	\$10	5
Hospital Admission and	\$50	10
Hospital Intensive Care Unit Admission	\$100	10
Hospital Confinement and	\$25	10
Hospital Intensive Care Unit Confinement	\$50	10

*Note, the Health Screening benefit is not available for Policy Form Accident 1.0-NS-AR

Optional Riders**R-SHC-1.0-AR: Sickness Hospital Confinement Rider**

Benefit Description	Per Unit Benefit Amount	Maximum # of Units Allowed
Hospital Confinement Benefit (Per Day)	\$50	4

R-AD-1.0-AR: Accident Only Disability Rider

Benefit Description	Per Unit Monthly Benefit Amount
Off-Job Accident Disability	\$100
On-Job Accident Disability	\$50

R-ASD-1.0-AR: Accident and Sickness Disability Rider

Benefit Description	Per Unit Monthly Benefit Amount
Off-Job Accident and Off-Job Sickness Disability	\$100
On-Job Accident and On-Job Sickness Disability	\$50

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

Policy Forms Accident 1.0-NS-AR and Accident 1.0-HS-AR Benefit Amounts

Schedule A: Accidental Dismemberment Benefits (Per 1 Unit)

Description	Named Insured	Spouse	Dependant Child(ren)
Loss of one finger or one toe	\$150	\$150	\$150
Loss of two or more fingers, or, two or more toes, or, one finger and one toe	\$300	\$300	\$300
Loss of one hand, or one foot, or, the sight of one eye	\$1,500	\$1,500	\$1,500
Loss of both hands, or, both feet or the sight of both eyes, or, a hand and a foot, or, a hand and the sight of an eye, or, a foot and the sight of an eye	\$3,000	\$3,000	\$3,000

Schedule B: Catastrophic Accident (Per 1 Unit)

Description	Named Insured	Spouse	Dependant Child(ren)
If accident occurs prior to attained age 65	\$2,500	\$2,500	\$1,250
If accident occurs between attained ages 65 to 69	\$1,250	\$1,250	\$625
If accident occurs at attained ages 70 or older	\$625	\$625	\$312.50

Schedule C: Dislocation Benefit Schedule (Per 1 Unit)

Description	Closed Reduction	Open Reduction
Hip	\$200	\$400
Knee (except Patella)	\$100	\$200
Ankle - Bone or Bones of the Foot (other than Toes)	\$80	\$160
Collarbone (Sternoclavicular)	\$50	\$100
Lower Jaw	\$30	\$60
Shoulder (Glenohumeral)	\$30	\$60
Elbow	\$30	\$60
Wrist	\$30	\$60
Bone or Bones of the Hand (other than Fingers)	\$30	\$60
Collarbone (Acromioclavicular and separation)	\$10	\$20
One Toe or Finger	\$10	\$20

Schedule D: Fractures Benefit Schedule (Per 1 Unit)

	Closed Reduction	Open Reduction
Skull (except Bones of the Face or Nose), Depressed	\$250	\$500
Skull (except Bones of the Face or Nose), Non-Depressed	\$100	\$200
Hip, Thigh (Femur)	\$150	\$300
Vertebrae, Body of (excluding Vertebral Processes)	\$75	\$150
Pelvis (inc. Ilium, Ischium, Pubis, Acetabulum except Coccyx)	\$75	\$150
Leg (Tibia and/or Fibia Malleolus)	\$75	\$150
Bones of the Face or Nose (except Mandible or Maxilla)	\$35	\$70
Upper Jaw, Maxilla (except Alveolar Process)	\$35	\$70
Upper Arm between Elbow and Shoulder (Humerous)	\$35	\$70
Lower Jaw, Mandible (except Alveolar Process)	\$30	\$60
Shoulder Blade (Scapula), Collarbone, (Clavicle, Sternum)	\$30	\$60
Vertebral Process	\$30	\$60
Forearm (Radius and/or Ulna), Hand, Wrist (except Fingers)	\$30	\$60
Kneecap (Patella)	\$30	\$60
Foot (except Toes)	\$30	\$60
Ankle	\$30	\$60
Rib	\$25	\$50
Coccyx	\$20	\$40
Finger, Toe	\$10	\$20

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY**Policy Forms Accident 1.0-NS-AR and Accident 1.0-HS-AR****Monthly Rates****Accident 1.0-NS-AR and Accident 1.0-HS-AR: Base Plan Benefit Levels**

Coverage is Available as On/Off Job Coverage or Off-Job Only Coverage

Each policy will contain one of the benefit level structures below

Coverage Type	Insured Type	Policy Form Accident 1.0-NS-AR			Policy Form Accident 1.0-HS-AR		
		Level 1-NS	Level 2-NS	Level 3-NS	Level 1-HS	Level 2-HS	Level 3-HS
On/Off Job Accident Coverage	Named Insured	\$14.44	\$19.00	\$24.36	\$16.59	\$21.15	\$26.51
	Insured/Spouse	\$19.63	\$25.67	\$33.02	\$22.93	\$28.97	\$36.32
	One Parent Family	\$23.06	\$30.52	\$37.55	\$25.21	\$32.67	\$39.70
	Two Parent Family	\$28.26	\$37.18	\$46.20	\$31.56	\$40.48	\$49.50
Off-Job Only Accident Coverage	Named Insured	\$11.98	\$15.77	\$20.22	\$14.13	\$17.92	\$22.37
	Insured/Spouse	\$15.80	\$20.66	\$26.58	\$19.10	\$23.96	\$29.88
	One Parent Family	\$18.45	\$24.41	\$30.04	\$20.60	\$26.56	\$32.19
	Two Parent Family	\$22.27	\$29.31	\$36.39	\$25.57	\$32.61	\$39.69

Accident 1.0-NS-AR and Accident 1.0-HS-AR: Additional Accident Benefit Coverage Available (Per Unit)

Coverage is Available as On/Off Job Coverage or Off-Job Only Coverage

The below list of Accident Benefits (expressed on a Per Unit Basis) can be added to the above Accident Base Plan Benefit Levels

Benefit Description	Per Unit Monthly Rates							
	On/Off Job Accident Coverage				Off-Job Only Accident Coverage			
	Named Insured	Insured/Spouse	One Parent Family	Two Parent Family	Named Insured	Insured/Spouse	One Parent Family	Two Parent Family
Accident Emergency Treatment	\$0.50	\$0.59	\$0.88	\$0.97	\$0.41	\$0.48	\$0.70	\$0.77
Accident Follow-Up Doctor's Visit (2 Visits)	\$0.61	\$0.75	\$0.88	\$1.02	\$0.51	\$0.60	\$0.70	\$0.80
Accident Follow-Up Doctor's Visit (3 Visits)	\$0.81	\$0.99	\$1.17	\$1.35	\$0.68	\$0.80	\$0.94	\$1.06
Accident Follow-Up Doctor's Visit (4 Visits)	\$1.02	\$1.24	\$1.47	\$1.69	\$0.84	\$1.00	\$1.17	\$1.33
Accidental Death and Accidental Death Common Carrier	\$0.49	\$0.68	\$0.51	\$0.70	\$0.41	\$0.55	\$0.41	\$0.55
Accidental Dismemberment	\$0.04	\$0.06	\$0.05	\$0.07	\$0.03	\$0.05	\$0.04	\$0.06
Catastrophic Accident	\$0.02	\$0.02	\$0.02	\$0.03	\$0.01	\$0.02	\$0.02	\$0.02
Fracture (Broken Bone) and Dislocations (Separated Joint)	\$0.22	\$0.31	\$0.46	\$0.55	\$0.18	\$0.25	\$0.37	\$0.44
Health Screening*	\$0.43	\$0.66	\$0.43	\$0.66	\$0.43	\$0.66	\$0.43	\$0.66
Hospital Admission and Intensive Care Unit Admission	\$0.08	\$0.12	\$0.14	\$0.18	\$0.07	\$0.10	\$0.11	\$0.14
Hospital Confinement and Intensive Care Unit Confinement	\$0.20	\$0.28	\$0.34	\$0.42	\$0.17	\$0.23	\$0.27	\$0.33

*Note, the Health Screening benefit is not available for Policy Form Accident 1.0-NS-AR

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
Policy Forms Accident 1.0-NS-AR and Accident 1.0-HS-AR
Monthly Rates

Optional Riders

R-SHC-1.0-AR: Sickness Hospital Confinement Rider

1 Unit = \$50 of Daily Confinement Benefit

Per Unit Monthly Rates

Benefit Description	Named Insured	Insured/ Spouse	One Parent Family	Two Parent Family
Hospital Confinement Benefit	\$1.75	\$3.50	\$2.75	\$4.50

R-AD-1.0-AR: Accident Only Disability Rider

1 Unit of Off-Job Coverage = \$100 of Off-Job Monthly Benefit; 1 Unit of On-Job Coverage = \$50 of On-Job Monthly Benefit

Per Unit Monthly Rates

Elimination Period	AGE	On/Off-Job Accident Only		Off-Job Accident Only	
		Benefit Period		Benefit Period	
		6	12	6	12
0 Day	17-69	\$2.20	\$2.75	\$0.90	\$1.20
7 Day	17-69	\$1.90	\$2.40	\$0.80	\$1.10
14 Day	17-69	\$1.35	\$1.80	\$0.70	\$1.00
30 Day	17-69	\$1.00	\$1.50	\$0.55	\$0.85

R-ASD-1.0-AR: Accident and Sickness Disability Rider

1 Unit of Off-Job Coverage = \$100 of Off-Job Monthly Benefit; 1 Unit of On-Job Coverage = \$50 of On-Job Monthly Benefit

Per Unit Monthly Rates

Elimination Period	AGE	On/Off-Job Accident & On/Off-Job Sickness				Off-Job Accident & Off-Job Sickness			
		Benefit Period				Benefit Period			
		3	6	12	24	3	6	12	24
0/7	17-49	\$3.80	\$4.90	\$6.80	\$9.28	\$3.15	\$3.95	\$5.15	\$6.95
	50-69	\$4.40	\$6.10	\$8.10	\$12.58	\$3.75	\$5.15	\$6.45	\$10.25
0/14	17-49	\$2.95	\$4.05	\$5.53	\$7.33	\$2.40	\$3.20	\$3.95	\$5.40
	50-69	\$3.50	\$5.05	\$6.83	\$10.13	\$2.95	\$4.20	\$5.25	\$8.20
0/30	17-49		\$3.23	\$4.15	\$5.43		\$2.35	\$3.10	\$3.95
	50-69		\$4.28	\$5.25	\$7.30		\$3.40	\$4.20	\$5.95
7/7	17-49	\$3.43	\$4.30	\$5.90	\$8.28	\$2.95	\$3.70	\$4.90	\$6.60
	50-69	\$4.10	\$5.73	\$7.40	\$11.23	\$3.55	\$4.85	\$6.20	\$9.95
14/14	17-49	\$2.58	\$3.43	\$4.50	\$6.20	\$2.10	\$2.90	\$3.65	\$4.85
	50-69	\$3.13	\$4.50	\$5.73	\$8.48	\$2.65	\$3.85	\$4.85	\$7.35
30/30	17-49		\$2.43	\$3.25	\$4.53		\$1.95	\$2.60	\$3.45
	50-69		\$3.35	\$4.30	\$6.33		\$2.95	\$3.65	\$5.35
60/60	17-49			\$2.68	\$4.00			\$2.15	\$3.05
	50-69			\$3.75	\$5.90			\$3.15	\$4.95
90/90	17-49			\$2.05	\$2.78			\$1.65	\$2.10
	50-69			\$3.05	\$4.53			\$2.65	\$3.85
180/180	17-49				\$1.75				\$1.35
	50-69				\$3.68				\$3.15

Modal Factors

Annual	1.00000
Semi-Annual	0.49998
Quarterly	0.24999
Monthly	0.08333

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY**Policy Forms Accident 1.0-NS-AR and Accident 1.0-HS-AR****Annual Rates****Accident 1.0-NS-AR and Accident 1.0-HS-AR: Base Plan Benefit Levels**

Coverage is Available as On/Off Job Coverage or Off-Job Only Coverage

Each policy will contain one of the benefit level structures below

Coverage Type	Insured Type	Policy Form Accident 1.0-NS-AR			Policy Form Accident 1.0-HS-AR		
		Level 1-NS	Level 2-NS	Level 3-NS	Level 1-HS	Level 2-HS	Level 3-HS
On/Off Job Accident Coverage	Named Insured	\$173.28	\$228.00	\$292.32	\$199.08	\$253.80	\$318.12
	Insured/Spouse	\$235.56	\$308.04	\$396.24	\$275.16	\$347.64	\$435.84
	One Parent Family	\$276.72	\$366.24	\$450.60	\$302.52	\$392.04	\$476.40
	Two Parent Family	\$339.12	\$446.16	\$554.40	\$378.72	\$485.76	\$594.00
Off-Job Only Accident Coverage	Named Insured	\$143.76	\$189.24	\$242.64	\$169.56	\$215.04	\$268.44
	Insured/Spouse	\$189.60	\$247.92	\$318.96	\$229.20	\$287.52	\$358.56
	One Parent Family	\$221.40	\$292.92	\$360.48	\$247.20	\$318.72	\$386.28
	Two Parent Family	\$267.24	\$351.72	\$436.68	\$306.84	\$391.32	\$476.28

Accident 1.0-NS-AR and Accident 1.0-HS-AR: Additional Accident Benefit Coverage Available (Per Unit)

Coverage is Available as On/Off Job Coverage or Off-Job Only Coverage

The below list of Accident Benefits (expressed on a Per Unit Basis) can be added to the above Accident Base Plan Benefit Levels

Benefit Description	Per Unit Annual Rates							
	On/Off Job Accident Coverage				Off-Job Only Accident Coverage			
	Named Insured	Insured/ Spouse	One Parent Family	Two Parent Family	Named Insured	Insured/ Spouse	One Parent Family	Two Parent Family
Accident Emergency Treatment	\$6.00	\$7.08	\$10.56	\$11.64	\$4.92	\$5.76	\$8.40	\$9.24
Accident Follow-Up Doctor's Visit (2 Visits)	\$7.32	\$9.00	\$10.56	\$12.24	\$6.12	\$7.20	\$8.40	\$9.60
Accident Follow-Up Doctor's Visit (3 Visits)	\$9.72	\$11.88	\$14.04	\$16.20	\$8.16	\$9.60	\$11.28	\$12.72
Accident Follow-Up Doctor's Visit (4 Visits)	\$12.24	\$14.88	\$17.64	\$20.28	\$10.08	\$12.00	\$14.04	\$15.96
Accidental Death and Accidental Death Common Carrier	\$5.88	\$8.16	\$6.12	\$8.40	\$4.92	\$6.60	\$4.92	\$6.60
Accidental Dismemberment	\$0.48	\$0.72	\$0.60	\$0.84	\$0.36	\$0.60	\$0.48	\$0.72
Catastrophic Accident	\$0.24	\$0.24	\$0.24	\$0.36	\$0.12	\$0.24	\$0.24	\$0.24
Fracture (Broken Bone) and Dislocations (Separated Joint)	\$2.64	\$3.72	\$5.52	\$6.60	\$2.16	\$3.00	\$4.44	\$5.28
Health Screening*	\$5.16	\$7.92	\$5.16	\$7.92	\$5.16	\$7.92	\$5.16	\$7.92
Hospital Admission and Intensive Care Unit Admission	\$0.96	\$1.44	\$1.68	\$2.16	\$0.84	\$1.20	\$1.32	\$1.68
Hospital Confinement and Intensive Care Unit Confinement	\$2.40	\$3.36	\$4.08	\$5.04	\$2.04	\$2.76	\$3.24	\$3.96

*Note, the Health Screening benefit is not available for Policy Form Accident 1.0-NS-AR

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
Policy Forms Accident 1.0-NS-AR and Accident 1.0-HS-AR
Annual Rates

Optional Riders

R-SHC-1.0-AR: Sickness Hospital Confinement Rider

1 Unit = \$50 of Daily Confinement Benefit

Per Unit Annual Rates

Benefit Description	Named Insured	Insured/ Spouse	One Parent Family	Two Parent Family
Hospital Confinement Benefit (per \$50 of Daily Confinement)	\$21.00	\$42.00	\$33.00	\$54.00

R-AD-1.0-AR: Accident Only Disability Rider

1 Unit of Off-Job Coverage = \$100 of Off-Job Monthly Benefit; 1 Unit of On-Job Coverage = \$50 of On-Job Monthly Benefit

Per Unit Annual Rates

Elimination Period	AGE	On/Off-Job Accident Only		Off-Job Accident Only	
		Benefit Period		Benefit Period	
		6	12	6	12
0 Day	17-49	\$26.40	\$33.00	\$10.80	\$14.40
7 Day	17-49	\$22.80	\$28.80	\$9.60	\$13.20
14 Day	17-49	\$16.20	\$21.60	\$8.40	\$12.00
30 Day	17-49	\$12.00	\$18.00	\$6.60	\$10.20

R-ASD-1.0-AR: Accident and Sickness Disability Rider

1 Unit of Off-Job Coverage = \$100 of Off-Job Monthly Benefit; 1 Unit of On-Job Coverage = \$50 of On-Job Monthly Benefit

Per Unit Annual Rates

Elimination Period	AGE	On/Off-Job Accident & On/Off-Job Sickness				Off-Job Accident & Off-Job Sickness			
		Benefit Period				Benefit Period			
		3	6	12	24	3	6	12	24
0/7	17-49	\$45.60	\$58.80	\$81.60	\$111.36	\$37.80	\$47.40	\$61.80	\$83.40
	50-69	\$52.80	\$73.20	\$97.20	\$150.96	\$45.00	\$61.80	\$77.40	\$123.00
0/14	17-49	\$35.40	\$48.60	\$66.36	\$87.96	\$28.80	\$38.40	\$47.40	\$64.80
	50-69	\$42.00	\$60.60	\$81.96	\$121.56	\$35.40	\$50.40	\$63.00	\$98.40
0/30	17-49		\$38.76	\$49.80	\$65.16		\$28.20	\$37.20	\$47.40
	50-69		\$51.36	\$63.00	\$87.60		\$40.80	\$50.40	\$71.40
7/7	17-49	\$41.16	\$51.60	\$70.80	\$99.36	\$35.40	\$44.40	\$58.80	\$79.20
	50-69	\$49.20	\$68.76	\$88.80	\$134.76	\$42.60	\$58.20	\$74.40	\$119.40
14/14	17-49	\$30.96	\$41.16	\$54.00	\$74.40	\$25.20	\$34.80	\$43.80	\$58.20
	50-69	\$37.56	\$54.00	\$68.76	\$101.76	\$31.80	\$46.20	\$58.20	\$88.20
30/30	17-49		\$29.16	\$39.00	\$54.36		\$23.40	\$31.20	\$41.40
	50-69		\$40.20	\$51.60	\$75.96		\$35.40	\$43.80	\$64.20
60/60	17-49			\$32.16	\$48.00			\$25.80	\$36.60
	50-69			\$45.00	\$70.80			\$37.80	\$59.40
90/90	17-49			\$24.60	\$33.36			\$19.80	\$25.20
	50-69			\$36.60	\$54.36			\$31.80	\$46.20
180/180	17-49				\$21.00				\$16.20
	50-69				\$44.16				\$37.80

Modal Factors

Annual	1.00000
Semi-Annual	0.49998
Quarterly	0.24999
Monthly	0.08333

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
[1200 Colonial Life Boulevard, P.O. Box 1365, Columbia, South Carolina 29202
1.800.325.4368 www.coloniallife.com]
A Stock Company

ACCIDENT ONLY INSURANCE COVERAGE

**THE POLICY PROVIDES LIMITED BENEFITS
BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES.**

OUTLINE OF COVERAGE (Applicable to Policy Form Accident 1.0, and state abbreviations where used.)

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the [Guide to Health Insurance for People with Medicare](#) available from the Company.

Please Read The Policy Carefully. This outline provides a very brief description of the important features of the policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important to READ THE POLICY CAREFULLY.

Renewability. The policy is guaranteed renewable as long as premiums are paid when they are due or within the grace period. The premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

Coverage Provided by The Policy. The policy is designed to provide to covered persons coverage for losses resulting from injuries received from a covered accident only, subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

BENEFITS - All benefits are payable once per covered person per covered accident unless specified otherwise. We will pay these benefits for any covered person who receives injuries as the result of a covered accident:

Accident Emergency Treatment - [\$75][\$100][\$125][\$150][\$175]

Benefit payable if, as the result of a covered accident, a covered person is injured and requires examination and treatment by a doctor in a hospital emergency room, urgent care center, or doctor's office (other than acupuncturist or occupational or physical therapist) within 72 hours after covered accident. A charge must be incurred for the treatment. We will not pay the Accident Emergency Treatment and the Accident Follow-Up Doctor Visit benefits for visits on the same day.

Accident Follow-Up Doctor Visit - [\$50][\$75][\$100], Maximum of [two][three][four] visits per covered person per covered accident

Benefit payable in the amount and up to the maximum number of visits for initial treatment more than 72 hours after the covered accident or follow-up treatment (other than occupational or physical therapy) provided by a doctor in a doctor's office, urgent care facility or emergency room for injuries received due to a covered accident. Treatment must begin within 60 days of the covered accident, be completed within 365 days of the covered accident, not be for routine examination or preventative testing and a charge must be incurred. We will not pay the Accident Emergency Treatment and the Accident Follow-Up Doctor Visit benefits for visits on the same day.

Accidental Death - Named Insured [\$20,000-\$150,000, in \$5,000 increments] Spouse [\$20,000-\$150,000, in \$5,000 increments] Children [\$4,000-\$30,000, in \$1,000 increments]

Benefit payable if a covered person is injured in a covered accident and the injury causes the covered person to die within 90 days after the accident. If we pay this benefit, we will not pay the Accidental Death-Common Carrier benefit.

Accidental Death - Common Carrier - Named Insured [\$80,000-\$300,000, in \$5,000 increments] Spouse [\$80,000-\$300,000, in \$5,000 increments] Children [\$16,000-\$60,000, in \$1,000 increments]

Benefit payable if, as the result of a covered accident, a covered person is injured while a fare-paying passenger on a common carrier and the injury causes the covered person to die within 90 days after the accident. Common carrier means: commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not common carriers. If we pay this benefit, we will not pay the Accidental Death benefit.

Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of An Eye)

[\$600-\$1,950, in \$150 increments] Payable for loss of: one finger or one toe

[\$1,200-\$3,900, in \$300 increments] Payable for loss of: two or more fingers, or two or more toes or any combination of two or more fingers or toes.

[\$6,000-\$19,500, in \$1,500 increments] Payable for loss of: one hand, or one foot, or sight of one eye.

[\$12,000-\$39,000, in \$3,000 increments] Payable for loss of: both hands, or both feet, or the sight of both eyes, any combination of two or more hands, feet, or the sight of an eye.

Benefit payable if the insured loses a finger, toe, hand, foot or sight of an eye within 90 days after the covered accident and a charge is incurred, as the result of a covered accident. If the covered person loses a finger or toe and later loses a hand or foot on the same side of the body as a result of the same covered accident, the amount paid for the loss of a finger or toe benefit will be subtracted from the amount paid for the loss of a hand or foot. Loss of a hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost. Loss of a foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost. Loss of a finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. Loss of a toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. Loss of sight of an eye means that at least 80 percent of vision is permanently lost.

Air Ambulance - [\$1,200][\$2,000]

Benefit payable if a licensed professional air ambulance company transports by air any covered person to or from a hospital or between medical facilities for treatment for injuries received in a covered accident and a charge is incurred. Transportation must occur within 48 hours after the covered accident.

Ambulance - [\$120][\$200]

Benefit payable if a licensed professional ambulance company transports any covered person by ground transportation to or from a hospital or between medical facilities for treatment for injuries received in a covered accident and a charge is incurred. Transportation must occur within 90 days after the covered accident.

Appliance - [\$75][\$100]

Benefit payable if, as the result of a covered accident, an appliance is prescribed by a doctor to aid in personal locomotion or mobility; use must begin within 90 days after covered accident and a charge must be incurred. For purposes of this benefit, appliance means a back brace, cane, crutches, leg brace, walker and wheelchair.

Blood/Plasma/Platelets - \$300

Benefit payable if, as the result of a covered accident, a covered person requires the transfusion, administration, cross matching, typing and processing of blood/plasma/platelets, they are administered within 90 days after the covered accident, and a charge is incurred.

Burn - Benefit payable if, as the result of a covered accident, a covered person is treated by a doctor within 72 hours after the accident for burns as described below, and a charge must be incurred.

\$1,000 - Second degree burns covering a total of at least 36% of the body surface

\$2,000 - Third degree burns covering at least 9 square inches but less than 18 square inches

\$4,000 - Third degree burns covering at least 18 square inches but less than 35 square inches

\$12,000 - Third degree burns covering 35 or more square inches

Burn - Skin Graft - 50% of applicable burn benefit

Payable only for a skin graft for a burn for which a burn benefit was received under the policy and for which a charge is incurred.

Catastrophic Accident - payable once per lifetime per covered person

Accident Occurs:	Covered Person	Benefit Amount
Prior to the covered person's attaining age 65	Named Insured	[\$10,000-\$125,000, in \$2,500 increments]
	Spouse	[\$10,000-\$125,000, in \$2,500 increments]
	Child(ren)	[\$5,000-\$62,500, in \$1,250 increments]
After the covered person's attaining age 65 and prior to the covered person's attaining age 70	Named Insured	[\$5,000-\$62,500, in \$1,250 increments]
	Spouse	[\$5,000-\$62,500, in \$1,250 increments]
	Child(ren)	[\$2,500-\$31,250, in \$625 increments]
After the covered person's attaining age 70	Named Insured	[\$2,500-\$31,250, in \$625 increments]
	Spouse	[\$2,500-\$31,250, in \$625 increments]
	Child(ren)	[\$1,250-\$15,625, in \$312.50 increments]

Benefit payable if any covered person sustains a catastrophic loss as the result of a covered accident and is under the appropriate care of a doctor during the elimination period and remains alive at the end of the elimination period.

Catastrophic loss means an injury that within 365 days of the covered accident results in total and irrecoverable:

- Loss of both hands or both feet; or
- Loss or loss of use of both arms or both legs; or
- Loss of one hand and one foot; or
- Loss or loss of use of one arm and one leg; or
- Loss of the sight of both eyes; or
- Loss of the hearing of both ears; or
- Loss of the ability to speak.

For purposes of this benefit, the following definitions apply. Loss of a hand means that the hand is cut off through or above the wrist joint. Loss of a foot means that the foot is cut off through or above the ankle joint. Loss of an arm means the arm is cut off above the elbow. Loss of a leg means the leg is cut off above the knee. Loss of use of an arm means the loss of function of the entire arm from the shoulder to the hand. Loss of use of a leg means the loss of function of the entire leg from the hip to the foot. Loss of sight of both eyes means at least 80 percent of vision is permanently lost in both eyes, such that it cannot be corrected to any functional degree by any procedure, aid or device. Loss of hearing of both ears means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device. Loss of the ability to speak means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.

Elimination period means the period of 365 days after the date of a covered accident. The catastrophic accident benefit will be payable once per lifetime for each covered person in this policy.

Coma - [\$7,500] [\$10,000] [\$12,500]

Benefit payable if any covered person is diagnosed with or treated for a coma lasting for a period of at least seven consecutive days resulting from a covered accident. The condition must require intubation for respiratory assistance, be diagnosed or treated by a doctor within 90 days after the covered accident, and a charge must be incurred. For purposes of this benefit, coma means a continuous state of profound unconsciousness characterized by the absence of eye opening, motor response and verbal response. The term "coma" does not include any medically induced coma.

Concussion - \$60

Benefit payable if any covered person sustains a concussion diagnosed by a doctor within 72 hours from date of covered accident as the result of a covered accident and a charge is incurred.

Dislocation (Separated Joint)

Complete Dislocation of Joint	Closed Reduction (with Anesthesia)	Open Reduction (with Anesthesia)
Hip	[\$1,800-\$4,400, in \$200 increments]	[\$3,600-\$8,800, in \$400 increments]
Knee (except patella)	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200 increments]
Ankle - bone or bones of the foot (other than toes)	[\$720-\$1,760, in \$80 increments]	[\$1,440-\$3,520, in \$160 increments]
Collarbone (sternoclavicular)	[\$450-\$1,100, in \$50 increments]	[\$900-\$2,200, in \$240 increments]
Lower jaw, shoulder (glenohumeral), elbow, wrist	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Bone or bones of the hand (other than fingers)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Collarbone (acromioclavicular and separation), one toe or finger	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
Incomplete dislocation	25% of applicable amount for closed reduction of joint involved or dislocation reduction without anesthesia.	

Benefit payable if, as the result of a covered accident, any covered person has a dislocation diagnosed by a doctor within 90 days after the accident; reduction must require correction with anesthesia by a doctor, for which a charge is incurred. Benefit payable for more than one dislocation (requiring open or closed reduction) is no more than two times the amount for the joint involved which has the highest benefit amount. An incomplete dislocation is a dislocation in which the joint is not completely separated. Benefit payable only for the first dislocation of a joint after the policy coverage effective date. Subsequent dislocations of the same joint after the policy coverage effective date will not be covered under this benefit.

**Emergency Dental Work - [\$200][\$300][\$400] - Broken tooth repaired with a crown, dentures or implant
[\$50][\$75][\$100] - Broken tooth resulting in extraction**

The specified dental services must be required by a covered person as the result of injuries received in an accident, must begin within 60 days of the covered accident and a charge must be incurred for the services. Each Emergency Dental Work benefit is payable only once per covered person per covered accident, regardless of the number of teeth involved.

Eye Injury - [\$200][\$300]

Benefit payable if, as the result of a covered accident, a covered person requires surgery on or the removal of a foreign object from the eye by a doctor within 90 days after the covered accident and a charge is incurred. An examination with anesthesia will not be considered surgery.

Fracture (Broken Bone)

	Closed reduction	Open reduction
Skull (except bones of face or nose) depressed skull fracture	[\$2,250-\$5,500, in \$250 increments]	[\$4,500-\$11,000, in \$500 increments]
Skull (except bones of face or nose) non-depressed skull fracture	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200 increments]
Hip, thigh (femur)	[\$1,350-\$3,300, in \$150 increments]	[\$2,700-\$6,600, in \$300 increments]
Vertebrae, body of (excluding vertebral processes), pelvis (except coccyx), leg	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]
Bones of face or nose (except mandible or maxilla)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Upper jaw, maxilla (except alveolar process), upper arm between elbow and shoulder	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Lower jaw, mandible (except alveolar process), kneecap, foot (except toes), ankle	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Shoulder blade, collarbone, vertebral processes, forearm, hand, wrist (except fingers)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Rib	[\$225-\$550, in \$25 increments]	[\$450-\$1,100, in \$50 increments]
Coccyx	[\$180-\$440, in \$20 increments]	[\$360-\$880, in \$40 increments]
Finger, Toe	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
Chip Fracture	25% of the applicable amount for closed reduction for the bone involved as listed above.	

Benefit payable if, as the result of a covered accident, a covered person has a fracture diagnosed by a doctor within 90 days after the accident. The fracture must require open (surgical) or closed (non-surgical) reduction by a doctor, and a charge is incurred for the reduction. Benefit payable for more than one fracture (open or closed reduction) is no more than two times the amount for the bone involved which has the highest benefit amount. If a covered person has a fracture and a dislocation in a covered accident, maximum benefit payable will be two times the amount for the bone or joint involved with the highest benefit amount. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

Hospital Admission - [\$750-\$1,750, in \$50 increments]

Benefit payable if, as the result of a covered accident, a covered person is confined in a hospital within six months after the accident and a charge is incurred. Payable once per covered accident. We will not pay this benefit for emergency room treatment, outpatient treatment, or a stay of less than 20 hours in an observation unit. We will not pay the Hospital Admission benefit and the Hospital Intensive Care Unit Admission benefit for the same covered accident.

Hospital Confinement - [\$175-\$500, in \$25 increments] per day up to 365 days per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is initially confined in a hospital or a hospital sub-acute intensive care unit within six months after the covered accident, and a charge is incurred. We will not pay this benefit for emergency room treatment, outpatient treatment, or confinement of less than 20 hours to an observation unit. We will not pay the Hospital Confinement benefit and the Hospital Intensive Care Unit confinement benefit concurrently. If the covered person is confined in a hospital intensive care unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day.

Hospital Intensive Care Unit Admission - [\$1,500-\$3,500, in \$100 increments] - one per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is admitted directly to a hospital intensive care unit within 30 days after the covered accident and a charge is incurred; payable once per covered accident. We will not pay this benefit for emergency room treatment, outpatient treatment, or a stay of less than 20 hours in an observation unit. We will not pay the Hospital Intensive Care Unit Admission benefit and the Hospital Admission benefit for the same covered accident.

Hospital Intensive Care Unit Confinement - [\$350-\$1,000, in \$50 increments] per day up to 15 days per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is confined to a hospital intensive care unit. Hospital intensive care unit confinement must begin within 30 days after the accident, and a charge must be incurred. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Knee Cartilage Torn - [\$500][\$750] - one per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is treated by a doctor for a torn knee cartilage within 60 days after the covered accident. The torn knee cartilage must be repaired through surgery within 12 months after the covered accident, and a charge must be incurred for the repair. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), we will pay under the Surgery - Exploratory and Arthroscopic benefit.

Laceration

\$60 - Total of all lacerations is less than two inches long (less than 5.08 centimeters) and repaired by stitches

\$260 - Total of all lacerations is at least two but less than six inches long (5.08 to 15.23 centimeters) and repaired by stitches

\$500 - Total of all lacerations is six inches or longer (15.24 centimeters or longer) and repaired by stitches

\$30 - Laceration(s) with no repair

Benefit payable if, as the result of a covered accident, a covered person has a laceration that is repaired by a doctor within 72 hours after the covered accident, and a charge must be incurred for the repair. If benefits are payable for a laceration on a finger, toe, hand, foot or eye and the insured later loses that finger, toe, hand, foot, or eye as the result of the same covered accident, the amount we paid under the Laceration benefit will be subtracted from the Accidental Dismemberment (Loss of a Finger, Toe, Hand, Foot or Sight of an Eye) benefit.

Lodging - [\$100][\$125][\$150] per night up to 30 days per covered accident

Payable for a companion's motel/hotel stays during the period of time the covered person is confined to the hospital as the result of a covered accident, and a charge is incurred. Hospital must be more than 50 miles from the residence of the covered person.

Medical Imaging Study - [\$100][\$150][\$200] payable once per covered person per covered accident and once per calendar year

Benefit payable if, as the result of a covered accident, a covered person receives one of the following imaging studies. Study must be prescribed by a doctor and performed in an office or in a hospital on an inpatient or outpatient basis, and a charge must be incurred. Studies include: Computed Tomography (CT) imaging or Computed Axial Tomography (CAT Scan), Electroencephalogram (EEG), or Magnetic Resonance (MR) or Magnetic Resonance Imaging (MRI).

Occupational Or Physical Therapy - [\$25][\$35] per day up to 10 days per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person requires occupational or physical therapy treatment. Therapy must begin within 60 days after the covered accident and be completed within six months after the covered accident, and a charge must be incurred. Must be prescribed by a doctor and rendered by a licensed physical or occupational therapist and performed in an office or in a hospital on an inpatient or outpatient basis.

Prosthetic Device/Artificial Limb

[\$500][\$750] - One prosthetic device or artificial limb

[\$1,000][\$1,500] - Two or more devices or artificial limbs.

Benefit payable if, as the result of a covered accident, a covered person requires a prosthetic device/artificial limb prescribed by a doctor for functional use when the covered person loses a hand, foot, or sight of an eye. Must be received within one year of the covered accident, and a charge must be incurred. This benefit is not payable for hearing aids, dental aids, including false teeth, eye glasses or for cosmetic prosthesis such as hair wigs. We will not pay for joint replacement such as an artificial hip or knee.

Rehabilitation Unit Confinement - [\$100][\$150] per day, up to 15 days per covered person per covered accident, and a maximum of 30 days per calendar year

Benefit payable if, as the result of a covered accident, a covered person is transferred to a rehabilitation unit immediately after a period of hospital confinement due to a covered accident, and a charge is incurred. We will not pay both the Rehabilitation Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Ruptured Disc - [\$500][\$750]

Benefit payable if, as the result of a covered accident, a covered person receives a ruptured disc in his spine. The ruptured disc must be treated by a doctor within 60 days after the covered accident and repaired through surgery within one year after the accident. A charge must be incurred for the repair.

**Surgery - Cranial, Open Abdominal and Thoracic [\$1,000][\$1,500]
Hernia [\$100][\$150]**

Cranial, open abdominal and thoracic surgery benefit payable if as a result of a covered accident, a covered person undergoes cranial, open abdominal or thoracic surgery other than hernia repair within 72 hours of a covered accident and a charge is incurred. Surgery must be for repair of internal injuries. Hernia surgery benefit payable if, as the result of a covered accident, a covered person undergoes hernia surgery. The hernia must be diagnosed within 30 days, and surgery must be performed within 60 days after the covered accident. A charge must be incurred for the repair. If cranial, open abdominal or thoracic (other than hernia repair) surgery and hernia surgery are performed as a result of the same covered accident, we will pay only the Cranial, Open Abdominal or Thoracic benefit.

Surgery - Exploratory and Arthroscopic - [\$150][\$200]

Payable if any covered person undergoes exploratory or arthroscopic surgery within 60 days of covered accident to explore or repair injuries received as the result of a covered accident. Hernia repair is not covered under this benefit.

Tendon/Ligament/Rotator Cuff

[\$500][\$750] - Repair of one tendon, ligament or rotator cuff

[\$1,000][\$1,500] - Repair of two or more of the above.

Benefit payable if, as the result of a covered accident, a covered person receives a torn, ruptured or severed tendon/ligament/rotator cuff. It must be treated by a doctor within 60 days, and repaired through surgery within one year after the covered accident, and a charge must be incurred.

Transportation - [\$400][\$500][\$600] per round trip up to three round trips per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person must travel more than 50 miles one way for special treatment and confinement in a hospital, and a charge is incurred. Treatment must be prescribed by a doctor and not available locally. This benefit is not payable for transportation by ambulance or air ambulance.

X-ray [\$20][\$30][\$40]

Payable if any covered person incurs a charge for and receives an x-ray as the result of a covered accident. The test must be prescribed by a doctor and performed in a doctor's office or a hospital on an inpatient or outpatient basis and performed within 90 days of the covered accident.

IMPORTANT WORDS IN THE POLICY

Accident means an unintended or unforeseen bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

Confined or **Confinement** means the assignment to a bed as a resident inpatient in a hospital on the advice of a doctor or confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a doctor.

A **Covered Accident** is an accident which: occurs on or after the effective date of the policy; occurs while the policy is in force; is of the Accident Type listed on the Policy Schedule page; and is not excluded by name or specific description in the policy.

A **Doctor or Physician** means a person who: is licensed by the state to practice a healing art; and performs services for a covered person which are allowed by his license. Doctor or physician does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or a business interest with any covered person.

An **Emergency Room** is a specified area within a hospital that is designated for the emergency care of accidental injuries. This area must: be staffed and equipped to handle trauma; be supervised and provide treatment by doctors; and provide care seven days per week, 24 hours per day.

A **Hospital** means a place which: is run according to law on a full-time basis; provides overnight care of injured and sick people; is supervised by a doctor; has full-time nurses supervised by a registered nurse; and has at its locations or uses on a pre-arranged basis: X-ray equipment, a laboratory and an operating room where surgical operations take place.

Notwithstanding the above, a hospital is not: a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation center; a place for alcoholics or drug addicts; or an assisted living facility.

A **Hospital Intensive Care Unit** means a place which: is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and has a doctor assigned to the intensive care unit on a full-time basis.

A hospital intensive care unit is not any of the following step down units: a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit; an observation unit; or any facility not meeting the definition of a hospital intensive care unit as defined in the policy.

A **Hospital Sub-Acute Intensive Care Unit** means a place which: is a specifically designated area of the hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and is under constant and continuous observation by a specially trained nursing staff.

A hospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.

An **Injury** means a wound to a covered person's body that is caused solely by or is the result of a covered accident.

An **Observation Unit** is a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a doctor; and which: is under the direct supervision of a doctor or registered nurse; is staffed by nurses assigned specifically to that unit; and provides care seven days per week, 24 hours per day.

An **Occupational Therapist** is a person, who: possesses the designation "Occupational Therapist Registered (OTR);" is licensed by the state to practice occupational therapy; performs services which are allowed by his license and performs services for which benefits are provided by the policy. For purposes of this definition, occupational therapist does not include any covered person or anyone related to any covered person by blood or marriage.

An **Off-Job Accident** means an accident that occurs while a covered person is not working at any job for pay or benefits.

An **On-Job Accident** means an accident that occurs while a covered person is working at any job for pay or benefits.

A **Physical Therapist** is a person who: is licensed by the state to practice physical therapy; performs services which are allowed by his license; performs services for which benefits are provided by the policy; and practices according to the Code of Ethics of the American Physical Therapy Association. For purposes of this definition, physical therapist does not include any covered person or anyone related to any covered person by blood or marriage.

A **Rehabilitation Unit** means an appropriately licensed facility that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by accidental injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of physicians. The rehabilitation unit may be part of a hospital or a freestanding facility. A rehabilitation unit is not a nursing home, an extended care facility, a skilled nursing facility, a rest home or home for the aged, a hospice care facility, a place for alcoholics or drug addicts, or an assisted living facility.

An **Urgent Care Facility** means a place other than a doctor's office, hospital or emergency room that provides emergency care and treatment for injured people.

WHAT IS NOT COVERED BY THE POLICY

We will not pay benefits for losses that are caused by or are the result of any covered person's:

- engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven or any similar activities.
- committing or attempting to commit a felony or engaging in an illegal occupation.
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test.

- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.
- committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

In addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of:

- injuries to a dependent child received during his birth.
- any covered person's being intoxicated or under the influence of any narcotics unless administered on the advice of his doctor.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
[1200 Colonial Life Boulevard, P.O. Box 1365, Columbia, South Carolina 29202
1.800.325.4368 www.coloniallife.com]
A Stock Company

ACCIDENT ONLY INSURANCE COVERAGE

**THE POLICY PROVIDES LIMITED BENEFITS
BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES.**

OUTLINE OF COVERAGE (Applicable to Policy Form Accident 1.0, and state abbreviations where used.)

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the [Guide to Health Insurance for People with Medicare](#) available from the Company.

Please Read The Policy Carefully. This outline provides a very brief description of the important features of the policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important to READ THE POLICY CAREFULLY.

Renewability. The policy is guaranteed renewable as long as premiums are paid when they are due or within the grace period. The premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

Coverage Provided by The Policy. The policy is designed to provide to covered persons coverage for losses resulting from injuries received from a covered accident only, subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

BENEFITS - All benefits are payable once per covered person per covered accident unless specified otherwise. We will pay these benefits for any covered person who receives injuries as the result of a covered accident:

Accident Emergency Treatment - [\$75][\$100][\$125][\$150][\$175]

Benefit payable if, as the result of a covered accident, a covered person is injured and requires examination and treatment by a doctor in a hospital emergency room, urgent care center, or doctor's office (other than acupuncturist or occupational or physical therapist) within 72 hours after covered accident. A charge must be incurred for the treatment. We will not pay the Accident Emergency Treatment and the Accident Follow-Up Doctor Visit benefits for visits on the same day.

Accident Follow-Up Doctor Visit - [\$50][\$75][\$100], Maximum of [two][three][four] visits per covered person per covered accident

Benefit payable in the amount and up to the maximum number of visits for initial treatment more than 72 hours after the covered accident or follow-up treatment (other than occupational or physical therapy) provided by a doctor in a doctor's office, urgent care facility or emergency room for injuries received due to a covered accident. Treatment must begin within 60 days of the covered accident, be completed with 365 days of the covered accident, not be for routine examination or preventative testing and a charge must be incurred. We will not pay the Accident Emergency Treatment and the Accident Follow-Up Doctor Visit benefits for visits on the same day.

Accidental Death - Named Insured [\$20,000-\$150,000, in \$5,000 increments] Spouse [\$20,000-\$150,000, in \$5,000 increments] Children [\$4,000-\$30,000, in \$1,000 increments]

Benefit payable if a covered person is injured in a covered accident and the injury causes the covered person to die within 90 days after the accident. If we pay this benefit, we will not pay the Accidental Death-Common Carrier benefit.

Accidental Death - Common Carrier - Named Insured [\$80,000-\$300,000, in \$5,000 increments] Spouse [\$80,000-\$300,000, in \$5,000 increments] Children [\$16,000-\$60,000, in \$1,000 increments]

Benefit payable if, as the result of a covered accident, a covered person is injured while a fare-paying passenger on a common carrier and the injury causes the covered person to die within 90 days after the accident. Common carrier means: commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not common carriers. If we pay this benefit, we will not pay the Accidental Death benefit.

Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of An Eye)

[\$600-\$1,950, in \$150 increments] Payable for loss of: one finger or one toe

[\$1,200-\$3,900, in \$300 increments] Payable for loss of: two or more fingers, or two or more toes or any combination of two or more fingers or toes.

[\$6,000-\$19,500, in \$1,500 increments] Payable for loss of: one hand, or one foot, or sight of one eye.

[\$12,000-\$39,000, in \$3,000 increments] Payable for loss of: both hands, or both feet, or the sight of both eyes, any combination of two or more hands, feet, or the sight of an eye.

Benefit payable if the insured loses a finger, toe, hand, foot or sight of an eye within 90 days after the covered accident and a charge is incurred, as the result of a covered accident. If the covered person loses a finger or toe and later loses a hand or foot on the same side of the body as a result of the same covered accident, the amount paid for the loss of a finger or toe benefit will be subtracted from the amount paid for the loss of a hand or foot. Loss of a hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost. Loss of a foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost. Loss of a finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. Loss of a toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. Loss of sight of an eye means that at least 80 percent of vision is permanently lost.

Air Ambulance - [\$1,200][\$2,000]

Benefit payable if a licensed professional air ambulance company transports by air any covered person to or from a hospital or between medical facilities for treatment for injuries received in a covered accident and a charge is incurred. Transportation must occur within 48 hours after the covered accident.

Ambulance - [\$120][\$200]

Benefit payable if a licensed professional ambulance company transports any covered person by ground transportation to or from a hospital or between medical facilities for treatment for injuries received in a covered accident and a charge is incurred. Transportation must occur within 90 days after the covered accident.

Appliance - [\$75][\$100]

Benefit payable if, as the result of a covered accident, an appliance is prescribed by a doctor to aid in personal locomotion or mobility; use must begin within 90 days after covered accident and a charge must be incurred. For purposes of this benefit, appliance means a back brace, cane, crutches, leg brace, walker and wheelchair.

Blood/Plasma/Platelets - \$300

Benefit payable if, as the result of a covered accident, a covered person requires the transfusion, administration, cross matching, typing and processing of blood/plasma/platelets, they are administered within 90 days after the covered accident, and a charge is incurred.

Burn - Benefit payable if, as the result of a covered accident, a covered person is treated by a doctor within 72 hours after the accident for burns as described below, and a charge must be incurred.

\$1,000 - Second degree burns covering a total of at least 36% of the body surface

\$2,000 - Third degree burns covering at least 9 square inches but less than 18 square inches

\$4,000 - Third degree burns covering at least 18 square inches but less than 35 square inches

\$12,000 - Third degree burns covering 35 or more square inches

Burn - Skin Graft - 50% of applicable burn benefit

Payable only for a skin graft for a burn for which a burn benefit was received under the policy and for which a charge is incurred.

Catastrophic Accident - payable once per lifetime per covered person

Accident Occurs:	Covered Person	Benefit Amount
Prior to the covered person's attaining age 65	Named Insured	[\$10,000-\$125,000, in \$2,500 increments]
	Spouse	[\$10,000-\$125,000, in \$2,500 increments]
	Child(ren)	[\$5,000-\$62,500, in \$1,250 increments]
After the covered person's attaining age 65 and prior to the covered person's attaining age 70	Named Insured	[\$5,000-\$62,500, in \$1,250 increments]
	Spouse	[\$5,000-\$62,500, in \$1,250 increments]
	Child(ren)	[\$2,500-\$31,250, in \$625 increments]
After the covered person's attaining age 70	Named Insured	[\$2,500-\$31,250, in \$625 increments]
	Spouse	[\$2,500-\$31,250, in \$625 increments]
	Child(ren)	[\$1,250-\$15,625, in \$312.50 increments]

Benefit payable if any covered person sustains a catastrophic loss as the result of a covered accident and is under the appropriate care of a doctor during the elimination period and remains alive at the end of the elimination period.

Catastrophic loss means an injury that within 365 days of the covered accident results in total and irrecoverable:

- Loss of both hands or both feet; or
- Loss or loss of use of both arms or both legs; or
- Loss of one hand and one foot; or
- Loss or loss of use of one arm and one leg; or
- Loss of the sight of both eyes; or
- Loss of the hearing of both ears; or
- Loss of the ability to speak.

For purposes of this benefit, the following definitions apply. Loss of a hand means that the hand is cut off through or above the wrist joint. Loss of a foot means that the foot is cut off through or above the ankle joint. Loss of an arm means the arm is cut off above the elbow. Loss of a leg means the leg is cut off above the knee. Loss of use of an arm means the loss of function of the entire arm from the shoulder to the hand. Loss of use of a leg means the loss of function of the entire leg from the hip to the foot. Loss of sight of both eyes means at least 80 percent of vision is permanently lost in both eyes, such that it cannot be corrected to any functional degree by any procedure, aid or device. Loss of hearing of both ears means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device. Loss of the ability to speak means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.

Elimination period means the period of 365 days after the date of a covered accident. The catastrophic accident benefit will be payable once per lifetime for each covered person in this policy.

Coma - [\$7,500] [\$10,000] [\$12,500]

Benefit payable if any covered person is diagnosed with or treated for a coma lasting for a period of at least seven consecutive days resulting from a covered accident. The condition must require intubation for respiratory assistance, be diagnosed or treated by a doctor within 90 days after the covered accident, and a charge must be incurred. For purposes of this benefit, coma means a continuous state of profound unconsciousness characterized by the absence of eye opening, motor response and verbal response. The term "coma" does not include any medically induced coma.

Concussion - \$60

Benefit payable if any covered person sustains a concussion diagnosed by a doctor within 72 hours from date of covered accident as the result of a covered accident and a charge is incurred.

Dislocation (Separated Joint)

Complete Dislocation of Joint	Closed Reduction (with Anesthesia)	Open Reduction (with Anesthesia)
Hip	[\$1,800-\$4,400, in \$200 increments]	[\$3,600-\$8,800, in \$400 increments]
Knee (except patella)	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200 increments]
Ankle - bone or bones of the foot (other than toes)	[\$720-\$1,760, in \$80 increments]	[\$1,440-\$3,520, in \$160 increments]
Collarbone (sternoclavicular)	[\$450-\$1,100, in \$50 increments]	[\$900-\$2,200, in \$240 increments]
Lower jaw, shoulder (glenohumeral), elbow, wrist	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Bone or bones of the hand (other than fingers)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Collarbone (acromioclavicular and separation), one toe or finger	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
Incomplete dislocation	25% of applicable amount for closed reduction of joint involved or dislocation reduction without anesthesia.	

Benefit payable if, as the result of a covered accident, any covered person has a dislocation diagnosed by a doctor within 90 days after the accident; reduction must require correction with anesthesia by a doctor, for which a charge is incurred. Benefit payable for more than one dislocation (requiring open or closed reduction) is no more than two times the amount for the joint involved which has the highest benefit amount. An incomplete dislocation is a dislocation in which the joint is not completely separated. Benefit payable only for the first dislocation of a joint after the policy coverage effective date. Subsequent dislocations of the same joint after the policy coverage effective date will not be covered under this benefit.

**Emergency Dental Work - [\$200][\$300][\$400] - Broken tooth repaired with a crown, dentures or implant
[\$50][\$75][\$100] - Broken tooth resulting in extraction**

The specified dental services must be required by a covered person as the result of injuries received in an accident, must begin within 60 days of the covered accident and a charge must be incurred for the services. Each Emergency Dental Work benefit is payable only once per covered person per covered accident, regardless of the number of teeth involved.

Eye Injury - [\$200][\$300]

Benefit payable if, as the result of a covered accident, a covered person requires surgery on or the removal of a foreign object from the eye by a doctor within 90 days after the covered accident and a charge is incurred. An examination with anesthesia will not be considered surgery.

Fracture (Broken Bone)

	Closed reduction	Open reduction
Skull (except bones of face or nose) depressed skull fracture	[\$2,250-\$5,500, in \$250 increments]	[\$4,500-\$11,000, in \$500 increments]
Skull (except bones of face or nose) non-depressed skull fracture	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200 increments]
Hip, thigh (femur)	[\$1,350-\$3,300, in \$150 increments]	[\$2,700-\$6,600, in \$300 increments]
Vertebrae, body of (excluding vertebral processes), pelvis (except coccyx), leg	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]
Bones of face or nose (except mandible or maxilla)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Upper jaw, maxilla (except alveolar process), upper arm between elbow and shoulder	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Lower jaw, mandible (except alveolar process), kneecap, foot (except toes), ankle	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Shoulder blade, collarbone, vertebral processes, forearm, hand, wrist (except fingers)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Rib	[\$225-\$550, in \$25 increments]	[\$450-\$1,100, in \$50 increments]
Coccyx	[\$180-\$440, in \$20 increments]	[\$360-\$880, in \$40 increments]
Finger, Toe	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
Chip Fracture	25% of the applicable amount for closed reduction for the bone involved as listed above.	

Benefit payable if, as the result of a covered accident, a covered person has a fracture diagnosed by a doctor within 90 days after the accident. The fracture must require open (surgical) or closed (non-surgical) reduction by a doctor, and a charge is incurred for the reduction. Benefit payable for more than one fracture (open or closed reduction) is no more than two times the amount for the bone involved which has the highest benefit amount. If a covered person has a fracture and a dislocation in a covered accident, maximum benefit payable will be two times the amount for the bone or joint involved with the highest benefit amount. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

Health Screening - [\$50-\$100, in \$10 increments] per covered person per calendar year

Benefit payable once per calendar year for one of the health screening tests defined in this outline performed after the waiting period and while coverage under the policy is in force. Health screening test is defined as: blood test for triglycerides, bone marrow testing, breast ultrasound, CA 15-3 (blood test for breast cancer), CA125 (blood test for ovarian cancer), carotid doppler, CEA (blood test for colon cancer), chest x-ray, colonoscopy, echocardiogram (ECHO), electrocardiogram (EKG, ECG), fasting blood glucose test, flexible sigmoidoscopy, hemoccult stool analysis, mammography, pap smear, PSA (blood test for prostate cancer), serum cholesterol test to determine level of HDL and LDL, serum protein electrophoresis (blood test for myeloma), stress test on a bicycle or treadmill, skin cancer biopsy, thermography, ThinPrep pap test, virtual colonoscopy. Waiting Period means the first 30 days following any covered person's policy coverage effective date during which time this benefit is not payable.

Hospital Admission - [\$750-\$1,750, in \$50 increments]

Benefit payable if, as the result of a covered accident, a covered person is confined in a hospital within six months after the accident and a charge is incurred. Payable once per covered accident. We will not pay this benefit for emergency room treatment, outpatient treatment, or a stay of less than 20 hours in an observation unit. We will not pay the Hospital Admission benefit and the Hospital Intensive Care Unit Admission benefit for the same covered accident.

Hospital Confinement - [\$175-\$500, in \$25 increments] per day up to 365 days per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is initially confined in a hospital or a hospital sub-acute intensive care unit within six months after the covered accident, and a charge is incurred. We will not pay this benefit for emergency room treatment, outpatient treatment, or confinement of less than 20 hours to an observation unit. We will not pay the Hospital Confinement benefit and the Hospital Intensive Care Unit confinement benefit concurrently. If the covered person is confined in a hospital intensive care unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day.

Hospital Intensive Care Unit Admission - [\$1,500-\$3,500, in \$100 increments] - one per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is admitted directly to a hospital intensive care unit within 30 days after the covered accident and a charge is incurred; payable once per covered accident. We will not pay this benefit for emergency room treatment, outpatient treatment, or a stay of less than 20 hours in an observation unit. We will not pay the Hospital Intensive Care Unit Admission benefit and the Hospital Admission benefit for the same covered accident.

Hospital Intensive Care Unit Confinement - [\$350-\$1,000, in \$50 increments] per day up to 15 days per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is confined to a hospital intensive care unit. Hospital intensive care unit confinement must begin within 30 days after the accident, and a charge must be incurred. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Knee Cartilage Torn - [\$500][\$750] - one per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is treated by a doctor for a torn knee cartilage within 60 days after the covered accident. The torn knee cartilage must be repaired through surgery within 12 months after the covered accident, and a charge must be incurred for the repair. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), we will pay under the Surgery - Exploratory and Arthroscopic benefit.

Laceration

\$60 - Total of all lacerations is less than two inches long (less than 5.08 centimeters) and repaired by stitches

\$260 - Total of all lacerations is at least two but less than six inches long (5.08 to 15.23 centimeters) and repaired by stitches

\$500 - Total of all lacerations is six inches or longer (15.24 centimeters or longer) and repaired by stitches

\$30 - Laceration(s) with no repair

Benefit payable if, as the result of a covered accident, a covered person has a laceration that is repaired by a doctor within 72 hours after the covered accident, and a charge must be incurred for the repair. If benefits are payable for a laceration on a finger, toe, hand, foot or eye and the insured later loses that finger, toe, hand, foot, or eye as the result of the same covered accident, the amount we paid under the Laceration benefit will be subtracted from the Accidental Dismemberment (Loss of a Finger, Toe, Hand, Foot or Sight of an Eye) benefit.

Lodging - [\$100][\$125][\$150] per night up to 30 days per covered accident

Payable for a companion's motel/hotel stays during the period of time the covered person is confined to the hospital as the result of a covered accident, and a charge is incurred. Hospital must be more than 50 miles from the residence of the covered person.

Medical Imaging Study - [\$100][\$150][\$200] payable once per covered person per covered accident and once per calendar year

Benefit payable if, as the result of a covered accident, a covered person receives one of the following imaging studies. Study must be prescribed by a doctor and performed in an office or in a hospital on an inpatient or outpatient basis, and a charge must be incurred. Studies include: Computed Tomography (CT) imaging or Computed Axial Tomography (CAT Scan), Electroencephalogram (EEG), or Magnetic Resonance (MR) or Magnetic Resonance Imaging (MRI).

Occupational Or Physical Therapy - [\$25][\$35] per day up to 10 days per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person requires occupational or physical therapy treatment. Therapy must begin within 60 days after the covered accident and be completed within six months after the covered accident, and a charge must be incurred. Must be prescribed by a doctor and rendered by a licensed physical or occupational therapist and performed in an office or in a hospital on an inpatient or outpatient basis.

Prosthetic Device/Artificial Limb

[\$500][\$750] - One prosthetic device or artificial limb

[\$1,000][\$1,500] - Two or more devices or artificial limbs.

Benefit payable if, as the result of a covered accident, a covered person requires a prosthetic device/artificial limb prescribed by a doctor for functional use when the covered person loses a hand, foot, or sight of an eye. Must be received within one year of the covered accident, and a charge must be incurred. This benefit is not payable for hearing aids, dental aids, including false teeth, eye glasses or for cosmetic prosthesis such as hair wigs. We will not pay for joint replacement such as an artificial hip or knee.

Rehabilitation Unit Confinement - [\$100][\$150] per day, up to 15 days per covered person per covered accident, and a maximum of 30 days per calendar year

Benefit payable if, as the result of a covered accident, a covered person is transferred to a rehabilitation unit immediately after a period of hospital confinement due to a covered accident, and a charge is incurred. We will not pay both the Rehabilitation Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Ruptured Disc - [\$500][\$750]

Benefit payable if, as the result of a covered accident, a covered person receives a ruptured disc in his spine. The ruptured disc must be treated by a doctor within 60 days after the covered accident and repaired through surgery within one year after the accident. A charge must be incurred for the repair.

**Surgery - Cranial, Open Abdominal and Thoracic [\$1,000][\$1,500]
Hernia [\$100][\$150]**

Cranial, open abdominal and thoracic surgery benefit payable if as a result of a covered accident, a covered person undergoes cranial, open abdominal or thoracic surgery other than hernia repair within 72 hours of a covered accident and a charge is incurred. Surgery must be for repair of internal injuries. Hernia surgery benefit payable if, as the result of a covered accident, a covered person undergoes hernia surgery. The hernia must be diagnosed within 30 days, and surgery must be performed within 60 days after the covered accident. A charge must be incurred for the repair. If cranial, open abdominal or thoracic (other than hernia repair) surgery and hernia surgery are performed as a result of the same covered accident, we will pay only the Cranial, Open Abdominal or Thoracic benefit.

Surgery - Exploratory and Arthroscopic - [\$150][\$200]

Payable if any covered person undergoes exploratory or arthroscopic surgery within 60 days of covered accident to explore or repair injuries received as the result of a covered accident. Hernia repair is not covered under this benefit.

Tendon/Ligament/Rotator Cuff

[\$500][\$750] - Repair of one tendon, ligament or rotator cuff

[\$1,000][\$1,500] - Repair of two or more of the above.

Benefit payable if, as the result of a covered accident, a covered person receives a torn, ruptured or severed tendon/ligament/rotator cuff. It must be treated by a doctor within 60 days, and repaired through surgery within one year after the covered accident, and a charge must be incurred.

Transportation - [\$400][\$500][\$600] per round trip up to three round trips per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person must travel more than 50 miles one way for special treatment and confinement in a hospital, and a charge is incurred. Treatment must be prescribed by a doctor and not available locally. This benefit is not payable for transportation by ambulance or air ambulance.

X-ray [\$20][\$30][\$40]

Payable if any covered person incurs a charge for and receives an x-ray as the result of a covered accident. The test must be prescribed by a doctor and performed in a doctor's office or a hospital on an inpatient or outpatient basis and performed within 90 days of the covered accident.

IMPORTANT WORDS IN THE POLICY

Accident means an unintended or unforeseen bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

Confined or Confinement means the assignment to a bed as a resident inpatient in a hospital on the advice of a doctor or confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a doctor.

A **Covered Accident** is an accident which: occurs on or after the effective date of the policy; occurs while the policy is in force; is of the Accident Type listed on the Policy Schedule page; and is not excluded by name or specific description in the policy.

A **Doctor or Physician** means a person who: is licensed by the state to practice a healing art; and performs services for a covered person which are allowed by his license. Doctor or physician does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or a business interest with any covered person.

An **Emergency Room** is a specified area within a hospital that is designated for the emergency care of accidental injuries. This area must: be staffed and equipped to handle trauma; be supervised and provide treatment by doctors; and provide care seven days per week, 24 hours per day.

A **Hospital** means a place which: is run according to law on a full-time basis; provides overnight care of injured and sick people; is supervised by a doctor; has full-time nurses supervised by a registered nurse; and has at its locations or uses on a pre-arranged basis: X- ray equipment, a laboratory and an operating room where surgical operations take place.

Notwithstanding the above, a hospital is not: a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation center; a place for alcoholics or drug addicts; or an assisted living facility.

A **Hospital Intensive Care Unit** means a place which: is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and has a doctor assigned to the intensive care unit on a full-time basis.

A hospital intensive care unit is not any of the following step down units: a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit; an observation unit; or any facility not meeting the definition of a hospital intensive care unit as defined in the policy.

A **Hospital Sub-Acute Intensive Care Unit** means a place which: is a specifically designated area of the hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and is under constant and continuous observation by a specially trained nursing staff.

A hospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.

An **Injury** means a wound to a covered person's body that is caused solely by or is the result of a covered accident.

An **Observation Unit** is a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a doctor; and which: is under the direct supervision of a doctor or registered nurse; is staffed by nurses assigned specifically to that unit; and provides care seven days per week, 24 hours per day.

An **Occupational Therapist** is a person, who: possesses the designation "Occupational Therapist Registered (OTR);" is licensed by the state to practice occupational therapy; performs services which are allowed by his license and performs services for which benefits are provided by the policy. For purposes of this definition, occupational therapist does not include any covered person or anyone related to any covered person by blood or marriage.

An **Off-Job Accident** means an accident that occurs while a covered person is not working at any job for pay or benefits.

An **On-Job Accident** means an accident that occurs while a covered person is working at any job for pay or benefits.

A **Physical Therapist** is a person who: is licensed by the state to practice physical therapy; performs services which are allowed by his license; performs services for which benefits are provided by the policy; and practices according to the Code of Ethics of the American Physical Therapy Association. For purposes of this definition, physical therapist does not include any covered person or anyone related to any covered person by blood or marriage.

A **Rehabilitation Unit** means an appropriately licensed facility that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by accidental injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of physicians. The rehabilitation unit may be part of a hospital or a freestanding facility. A rehabilitation unit is not a nursing home, an extended care facility, a skilled nursing facility, a rest home or home for the aged, a hospice care facility, a place for alcoholics or drug addicts, or an assisted living facility.

An **Urgent Care Facility** means a place other than a doctor's office, hospital or emergency room that provides emergency care and treatment for injured people.

WHAT IS NOT COVERED BY THE POLICY

We will not pay benefits for losses that are caused by or are the result of any covered person's:

- engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven or any similar activities.
- committing or attempting to commit a felony or engaging in an illegal occupation.
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.
- committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

In addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of:

- injuries to a dependent child received during his birth.
- any covered person's being intoxicated or under the influence of any narcotics unless administered on the advice of his doctor.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
[1200 Colonial Life Boulevard, P.O. Box 1365, Columbia, South Carolina 29202
1.800.325.4368 www.coloniallife.com]
A Stock Company

ACCIDENT ONLY DISABILITY INCOME RIDER
OUTLINE OF COVERAGE (Applicable to Rider Form R-AD-1.0-AR)

THE RIDER IS NOT A MEDICARE SUPPLEMENT RIDER. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

Read Your Rider Carefully. This outline provides a very brief description of the important features of the rider. This is not an insurance contract and only the actual policy and rider provisions will control. The rider sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you **READ YOUR RIDER CAREFULLY**.

Renewability. Your rider is guaranteed renewable to the policy anniversary date on or next following your 70th birthday. Your premium can be changed only if we change it on all riders of this kind in force in the state where the rider was issued. Policy anniversary date occurs annually on the same date and in the same month as the date for which we first received premium.

Disability Income Coverage. Your rider is designed to provide coverage for disabilities that result from a covered accident subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

Coverage Provided By The Rider

Total Disability and Partial Disability: We will pay the applicable Total Disability benefit shown on the Rider Schedule if you become totally disabled and are totally disabled longer than the elimination period shown on the Rider Schedule as the result of a covered accident while the rider is in force.

We will pay the Total Disability benefit for as long as the coverage is in force and you remain totally disabled after the elimination period up to the benefit period and in the amount shown on the Rider Schedule, except as described in the Geographical Limitations provision. If benefits are payable for less than a full month, we will pay benefits in a daily amount. The daily amount is 1/30th of the monthly amount shown on the Rider Schedule.

If you do not have a job when you become totally disabled, we will pay the Total Disability benefit only as long as you are kept at home and cannot perform two of five Activities of Daily Living and are under the regular and appropriate care of a doctor. If you become partially disabled as a result of a covered accident, we will pay up to the benefit period and in the amount shown for a partial disability on the Rider Schedule except as described in the Geographical Limitations provision for as long as this coverage is in force and you remain partially disabled, subject to the following conditions:

- the Total Disability benefit must have been paid for at least one full month immediately prior to your being partially disabled; and
- for a given period of disability, you may receive either a Partial Disability benefit or a Total Disability benefit, but not both.

Recurrent Disability: A recurrent disability will be treated as:

- a continuation of the previous disability, not a new disability, if you have returned to work for less than six months.
- a new disability, if you have returned to work for six months or more, working at least the same number of hours you were working before the previous disability began.
- a new disability, if you did not have a job before the previous disability began and you have ceased to be disabled for six months or more.
- a continuation of the previous disability for any circumstances not specifically listed above.

A new disability is subject to a new elimination period, and a new benefit period applies. A disability that is considered a continuation of a previous disability is not subject to a new elimination period, and a new benefit period does not apply.

Concurrent or Subsequent Disability: During any period in which you are disabled due to more than one condition, whether the conditions are related or unrelated, benefits will be paid as if you are disabled due to only one condition. In no event will your being disabled due to more than one condition extend the benefit period beyond the benefit period shown on the Rider

Schedule. Separate periods of disability resulting from unrelated conditions are considered a continuation of the previous disability, not a new disability, unless:

- they are separated by a minimum of [1][5][7][10][14] calendar days;
- during such time you returned to work performing the material and substantial duties of your job; and
- during such time you are no longer qualified to receive total or Partial Disability benefits.

This coverage will end on the policy anniversary date on or next following your 70th birthday. Coverage ending at age 70 will not affect any disability that began while the rider was in force. The disability benefit will be limited to the payment of the applicable monthly benefit amount for the length of the applicable benefit period shown on the Rider Schedule.

Geographical Limitations

If you become totally disabled as the result of a covered accident while you are outside the covered geographical areas and you are totally disabled longer than the elimination period shown on the Rider Schedule, your maximum benefit period for total disability and partial disability combined while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda, or Jamaica.

After the 60-day period, benefits will not be paid until you return to the covered geographical areas.

If you are still totally or partially disabled as defined in the rider when you return from outside the covered geographical areas, we will determine your remaining applicable benefit period by subtracting the time period for which we have already paid benefits from the benefit period shown on the Rider Schedule. We will pay the monthly benefit amount shown on the Rider Schedule for up to the remaining applicable benefit period.

Waiver of Premium Benefit

After you have been totally disabled or qualify for Partial Disability benefits as the result of a covered accident for more than 90 consecutive days while this rider is in effect, or after the elimination period shown on the Rider Schedule, whichever is greater, we will waive the premium beginning on the next premium due date for the policy and any attached rider(s) for as long as you remain disabled, up to the benefit period shown on the Rider Schedule. You must pay all premiums to keep the policy and any attached rider(s) in force until you have been totally disabled or qualify for Partial Disability benefits for 90 consecutive days while this rider is in effect, or for the elimination period shown on the Rider Schedule, whichever is greater.

You must send us written notice as soon as you are no longer disabled. We will assume you are no longer disabled if:

- you do not send us satisfactory proof of loss when we request it; or
- you notify us that you are no longer disabled.

You must pay all premiums to keep the policy and any attached rider(s) in force beginning with the first premium due after you are no longer disabled or after the expiration of the benefit period shown on the Rider Schedule, whichever occurs first.

The Waiver of Premium Benefit does not apply to any period that you are totally or partially disabled due to an accident or condition which is excluded by name or specific description in the rider.

There is no limit to the number of times you can receive the Waiver of Premium benefit.

Important Words In The Rider

Activities of Daily Living mean the following:

- Dressing - the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn
- Transferring - the ability to move in or out of a chair or bed
- Eating - the ability to get nourishment into the body once it has been prepared
- Preparing meals
- Toileting - the ability to get on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing.

Covered Accident means an accident that:

- occurs on or after the effective date of the rider;
- is of an Accident Type listed on the Rider Schedule;
- occurs while the rider is in force; and
- is not excluded by name or specific description in the rider.

Doctor or Physician means a person who is licensed by the state to practice a healing art, and performs services for you which are allowed by his license. For purposes of this definition, doctor does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or business interest with any covered person.

Elimination Period means the period of time during which no benefits are payable, as shown on the Rider Schedule.

Material and Substantial Duties of Your Job means those job duties that:

- are normally required to perform your regular job; and
- cannot be reasonably modified or omitted.

Performing your job at a particular work site or in a particular building is not a material and substantial duty of your job, provided that your employer will allow you to perform your job at a different worksite or in a different building.

Off-Job Accident means an accident which occurs while you are not working at any job for pay or benefits.

On-Job Accident means an accident which occurs while you are working at any job for pay or benefits.

Partially Disabled means:

- you are unable to perform the material and substantial duties of your job for 20 hours or more per week;
- you are able to work at your job or your place of employment for less than 20 hours per week;
- your employer will allow you to return to your job or place of employment for less than 20 hours per week; and
- you are under the regular and appropriate care of a doctor.

Recurrent Disability means becoming disabled, ceasing to be disabled, then becoming disabled again for the same or related conditions. The latter disability will be considered a recurrent disability.

Totally Disabled means you are:

- unable to perform the material and substantial duties of your job;
- not, in fact, working at any job; and
- under the regular and appropriate care of a doctor.

Under the Regular and Appropriate Care of a Doctor means you are being cared for on a regular basis by a doctor and the care you are receiving is appropriate for the condition(s) that disable(s) you.

You and Your, for the purpose of the rider only, refer to the Named Insured identified on the Rider Schedule.

What Is Not Covered By The Rider

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

- addiction to alcohol or drugs except for drugs taken as prescribed by your doctor;
- engaging in hang gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven; or other similar activities;
- committing or attempting to commit a felony or engaging in an illegal occupation;
- having a psychiatric or psychological condition including neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. However, a covered accident that results from Alzheimer's Disease and other organic senile dementias is covered under the rider;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- practicing for or participating in any semi-professional or professional competitive athletic contest for which you receive any type of compensation or remuneration;
- having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury;
- committing or trying to commit suicide or your injuring yourself intentionally whether you are sane or not;
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

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ACCIDENT SICKNESS DISABILITY INCOME RIDER
OUTLINE OF COVERAGE (Applicable to Rider Form R-ASD-1.0-AR)

THE RIDER IS NOT A MEDICARE SUPPLEMENT RIDER. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

Read Your Rider Carefully. This outline provides a very brief description of the important features of the rider. This is not an insurance contract and only the actual policy and rider provisions will control. The rider sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR RIDER CAREFULLY.

Renewability. Your rider is guaranteed renewable to the policy anniversary date on or next following your 70th birthday. Your premium can be changed only if we change it on all riders of this kind in force in the state where the rider was issued. Policy anniversary date occurs annually on the same date and in the same month as the date for which we first received premium.

Disability Income Coverage. Your rider is designed to provide coverage for disabilities that result from a covered accident or covered sickness subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

Coverage Provided By The Rider.

Total Disability and Partial Disability: We will pay the applicable Total Disability benefit shown on the Rider Schedule if you become totally disabled and are totally disabled longer than the elimination period shown on the Rider Schedule as the result of a covered accident or a covered sickness while the rider is in force.

We will pay the total benefit for as long as the coverage is in force and you remain totally disabled after the elimination period up to the benefit period and in the amount shown on the Rider Schedule, except as described in the Geographical Limitations provision. If benefits are payable for less than a full month, we will pay benefits in a daily amount. The daily amount is 1/30th of the monthly amount shown on the Rider Schedule.

If you do not have a job when you become totally disabled, we will pay the Total Disability benefit only as long as you are kept at home and cannot perform two of five Activities of Daily Living and are under the regular and appropriate care of a doctor.

If you become partially disabled as a result of a covered accident or a covered sickness, we will pay up to the benefit period and in the amount shown for a partial disability on the Rider Schedule except as described in the Geographical Limitations provision for as long as this coverage is in force and you remain partially disabled, subject to the following conditions:

- the Total Disability benefit must have been paid for at least one full month immediately prior to your being partially disabled; and
- for a given period of disability, you may receive either a Partial Disability benefit or a Total Disability benefit, but not both.

Recurrent Disability: A recurrent disability will be treated as:

- a continuation of the previous disability, not a new disability, if you have returned to work for less than six months.
- a new disability, if you have returned to work for six months or more, working at least the same number of hours you were working before the previous disability began.
- a new disability, if you did not have a job before the previous disability began and you have ceased to be disabled for six months or more.
- a continuation of the previous disability for any circumstances not specifically listed above.

A new disability is subject to a new elimination period, and a new benefit period applies. A disability that is considered a continuation of a previous disability is not subject to a new elimination period, and a new benefit period does not apply. Any recurrent disability caused by a pre-existing condition will not be covered if it is treated as a continuation of the previous disability.

If you become disabled because of a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the rider is in force.

Concurrent or Subsequent Disability: During any period in which you are disabled due to more than one condition, whether the conditions are related or unrelated, benefits will be paid as if you are disabled due to only one condition. In no event will your being disabled due to more than one condition extend the benefit period beyond the benefit period shown on the Rider Schedule. Separate periods of disability resulting from unrelated conditions are considered a continuation of the previous disability, not a new disability, unless:

- they are separated by a minimum of [1][5][7][10][14] calendar days;
- during such time you returned to work performing the material and substantial duties of your job; and
- during such time you are no longer qualified to receive Total Disability or Partial Disability benefits.

If you stated you stated your age incorrectly in your application and if, based on your correct age, we would not have issued this rider, then our only responsibility will be to refund the premiums paid for the covered period not covered, if any.

This coverage will end on the policy anniversary date on or next following your 70th birthday. Coverage ending at age 70 will not affect any disability that began while the rider was in force. The disability benefit will be limited to the payment of the applicable monthly benefit amount for the length of the applicable benefit period shown on the Rider Schedule.

Time Limits

After the rider has been in force for 12 months from the effective date of the rider, we will pay benefits for any pre-existing condition not excluded by name or specific description if the covered disability began 12 months after the effective date and the elimination period has been satisfied.

Geographical Limitations

If you become totally disabled as the result of a covered accident or a covered sickness while you are outside the covered geographical areas and you are totally disabled longer than the elimination period shown on the Rider Schedule, your maximum benefit period for total disability and partial disability combined while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda, or Jamaica.

After the 60-day period, benefits will not be paid until you return to the covered geographical areas.

If you are still totally or partially disabled as defined in the rider when you return from outside the covered geographical areas, we will determine your remaining applicable benefit period by subtracting the time period for which we have already paid you benefits from the benefit period shown on the Rider Schedule. We will pay the monthly benefit amount shown on the Rider Schedule for up to the remaining applicable benefit period.

Waiver of Premium Benefit

After you have been totally disabled or qualify for Partial Disability benefits as the result of a covered accident or a covered sickness for more than 90 consecutive days while the rider is in effect, or after the elimination period shown on the Rider Schedule, whichever is greater, we will waive the premium beginning on the next premium due date for the policy and any attached rider(s) for as long as you remain disabled, up to the benefit period shown on the Rider Schedule. You must pay all premiums to keep the policy and any attached rider(s) in force until you have been totally disabled or qualify for Partial Disability benefits for 90 consecutive days while the rider is in effect, or for the elimination period shown on the Rider Schedule, whichever is greater.

You must send us written notice as soon as you are no longer disabled. We will assume you are no longer disabled if:

- you do not send us satisfactory proof of loss when we request it; or
- you notify us that you are no longer disabled.

You must pay all premiums to keep the policy and any attached rider(s) in force beginning with the first premium due after you are no longer disabled or after the expiration of the benefit period shown on the Rider Schedule, whichever occurs first.

The Waiver of Premium Benefit does not apply to any period that you are totally or partially disabled due to an accident or condition which is excluded by name or specific description in the rider.

There is no limit to the number of times you can receive the Waiver of Premium benefit.

Important Words In The Rider

Activities of Daily Living mean the following:

- Dressing - the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn
- Transferring - the ability to move in or out of a chair or bed
- Eating - the ability to get nourishment into the body once it has been prepared
- Preparing meals

- Toileting - the ability to get on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing.

Covered Accident means an accident that:

- occurs on or after the effective date of the rider;
- is of an Accident Type listed on the Rider Schedule;
- occurs while the rider is in force; and
- is not excluded by name or specific description in the rider.

Covered Sickness means an illness, infection, disease or any other abnormal physical condition that:

- occurs on or after the effective date of the rider;
- is of a Sickness Type listed on the Rider Schedule;
- occurs while the rider is in force; and
- is not excluded by name or specific description in the rider.

Doctor or Physician means a person who is licensed by the state to practice a healing art, and performs services for you which are allowed by his license. For purposes of this definition, doctor does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or business interest with any covered person.

Elimination Period means the period of time during which no benefits are payable, as shown on the Rider Schedule.

Material and Substantial Duties of Your Job means those job duties that:

- are normally required to perform your regular job; and
- cannot be reasonably modified or omitted.

Performing your job at a particular work site or in a particular building is not a material and substantial duty of your job, provided that your employer will allow you to perform your job at a different worksite or in a different building.

Off-Job Accident means an accident which occurs while you are not working at any job for pay or benefits.

Off-Job Sickness means a sickness that was not caused by or contributed to by your working at any job for pay or benefits.

On-Job Accident means an accident which occurs while you are working at any job for pay or benefits.

On-Job Sickness means a sickness that was caused by or contributed to by your working at any job for pay or benefits.

Partially Disabled means:

- you are unable to perform the material and substantial duties of your job for 20 hours or more per week;
- you are able to work at your job or your place of employment for less than 20 hours per week;
- your employer will allow you to return to your job or place of employment for less than 20 hours per week; and
- you are under the regular and appropriate care of a doctor.

Pre-existing Condition means a sickness or physical condition for which you were treated, received medical advice or had taken medication within 12 months before the effective date of the rider.

Recurrent Disability means becoming disabled, ceasing to be disabled, then becoming disabled again for the same or related conditions. The latter disability will be considered a recurrent disability.

Totally Disabled means you are:

- unable to perform the material and substantial duties of your job;
- not, in fact, working at any job; and
- under the regular and appropriate care of a doctor.

Under the Regular and Appropriate Care of a Doctor means you are being cared for on a regular basis by a doctor and the care you are receiving is appropriate for the condition(s) that disable(s) you.

You and Your, for the purpose of the rider only, refer to the Named Insured identified on the Rider Schedule.

What Is Not Covered By The Rider

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

- addiction to alcohol or drugs except for drugs taken as prescribed by your doctor;
- giving birth within the first nine months after the effective date of the rider as the result of a normal pregnancy, including Cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness;
- engaging in hang gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven; or other similar activities;
- committing or attempting to commit a felony or engaging in an illegal occupation;
- having a pre-existing condition as defined and limited by the rider;
- having a psychiatric or psychological condition including neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. However, Alzheimer's Disease and other organic senile dementias are covered under the rider;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- practicing for or participating in any semi-professional or professional competitive athletic contest for which you receive any type of compensation or remuneration;
- committing or trying to commit suicide or your injuring yourself intentionally whether you are sane or not; or
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

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SICKNESS - HOSPITAL CONFINEMENT RIDER
OUTLINE OF COVERAGE (Applicable to Rider Form R-SHC-1.0-AR)

THE RIDER IS NOT A MEDICARE SUPPLEMENT RIDER. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

Read Your Rider Carefully. This outline provides a very brief description of the important features of the rider. This is not an insurance contract and only the actual policy and rider provisions will control. The rider sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR RIDER CAREFULLY.

Renewability. The coverage is guaranteed renewable as long as the policy to which it is attached is in force and premiums are paid when they are due. The premium can be changed only if we change it on all riders of this kind in force in the state where the rider was issued.

Your rider is designed to provide coverage ONLY for the benefit listed below.

Coverage Provided By The Rider. The rider is designed to provide coverage if a covered sickness causes any covered person to be confined in a hospital subject to any limitations or exclusions while the rider and the policy to which it is attached is in force. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

Hospital Confinement **[\$50][\$100][\$150][\$200] per day up to 30 days per confinement**

We will pay this benefit for any covered person confined due to a covered sickness, up to the benefit period and in the daily amount shown above. We will only pay for one hospital confinement at a time even if it is caused by more than one sickness. We will not pay this benefit for emergency room treatment, for outpatient treatment confinement, or for a stay of less than 20 hours in an observation unit. If we pay this benefit for a hospital confinement and the covered person becomes confined to a hospital again within 90 days because of the same or related sickness, we will treat this confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of hospital confinement, we will treat this confinement as a new confinement.

Time Limits

After the rider has been in force for 12 months from the effective date of the rider, we will pay benefits for any pre-existing condition not otherwise excluded by name or specific description if the covered confinement began more than 12 months after the effective date of the rider.

Important Words In The Rider

Covered Sickness means an illness, infection, disease or any other abnormal physical condition that:

- occurs on or after the effective date of the rider;
- occurs while the rider is in force, and
- is not excluded by name or specific description in the rider.

Covered sickness also includes care for a covered newborn child in a hospital nursery following the birth of the child.

Pre-existing Condition means a sickness or physical condition for which a covered person was treated, received medical advice or had taken medication within 12 months before the effective date of the rider.

What Is Not Covered By The Rider

We will not pay benefits for a hospital confinement that is caused by or occurs as the result of the covered person's:

- having injuries received in an accident;
- treatment for alcoholism or drug addiction unless the covered person is addicted to a narcotic taken on the advice of a doctor;
- treatment for dental care or dental care procedures;
- having elective procedures and/or cosmetic surgery or reconstructive surgery unless it is a result of trauma, infection, or other diseases;
- having a pre-existing condition as described and limited by the rider; or
- having a psychiatric or psychological condition including neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. However, Alzheimer's Disease and other organic senile dementias are covered.

Giving Birth Limitation

We will not pay benefits for hospital confinement due to any covered person giving birth within the first nine (9) months after the effective date of the rider as a result of a normal pregnancy, including Cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness.

benefit amounts on the Policy Schedule are designed to meet customer needs. We are including a Statement of Variability that explains every variable amount.

Rider form R-SHC-1.0 provides benefits for hospital confinement due to sickness only.

Rider for R-AD-1.0 provides disability income benefits for on/off job and off job only accidental injuries only.

Rider form R-ASD-1.0 provides disability income benefits for on/off job and off job only accidental injuries as well as disability due to sickness.

These forms have been filed in South Carolina, our state of domicile, but have not yet been approved.

To apply for coverage, we will be using the application AcchHth-AR or All App 08-AR, which were approved by your department on April 7, 2005 and January 11, 2008, respectively.

An actuarial memorandum is included in this submission.

Enrollment methods include agent-assisted situations, in person or via call centers, and self-enrolled situations, using paper or electronic application processes, such as web-based. Electronic application processes may also be used in agent-assisted situations.

If acceptable, we shall appreciate your notifying us via SERFF. If you have any questions, please contact me at (800) 845-7330, extension 5173. My email address is ajmctier@coloniallife.com. The fax number is (803) 750-7341.

Sincerely,

A handwritten signature in cursive script that reads "AJMctier".

Angela J. McTier
Senior Compliance Contract Consultant

Statement of Variability

Accident 1.0-HS, including state variations where applicable.

Face Page

Officers' signatures and titles may change in the future.

Policy Schedule

Named Insured	Will change with each policyholder
Policy Number	Will change with each policyholder
Policy Coverage Effective Date	Will change with each policyholder
Monthly Policy Premium	Will change based on plan selected
Accident Type	Both variables are on the Policy Schedule. The Accident Type will be either On & Off Job or Off Job Only
Beneficiary	Will change with each policyholder
Coverage Type	All variables are on the Policy Schedule. The options are Named Insured, Named Insured and Spouse, One-Parent Family Coverage or Two-Parent Family Coverage
BENEFITS	All variables are included below.
Accident Emergency Treatment	[\$75] [\$100] [\$125] [\$150] [\$175] One of these benefit amounts will be in each plan.
Accident Follow Up Doctor Visit	[\$50] [\$75] [\$100] Each plan will contain one of these amounts. Maximum of [two] [three] [four] visits per covered person per covered accident One frequency will be in each plan.
Accidental Death	Named Insured [\$20,000-\$150,000, in \$5,000 increments] One amount will be chosen from within this range. [Spouse [\$20,000-\$150,000, in \$5,000 increments]] If spouse coverage is not selected, the entire line will not appear. If spouse coverage is selected, one amount will be chosen from within this range. [Child(ren) [\$4,000-\$30,000, in \$1,000 increments]] If child coverage is not selected, the entire line will not appear. If child coverage is selected, one amount will be chosen from within this range.
Accidental Death-Common Carrier	Named Insured [\$80,000-\$300,000, in \$5,000 increments] One amount will be chosen from within this range. [Spouse [\$80,000-\$300,000, in \$5,000 increments]] If spouse coverage is not selected, the entire line will not appear. If spouse coverage is selected, one amount will be chosen from within this range. [Child(ren) [\$16,000-\$60,000, in \$1,000 increments]] If child coverage is not selected, the entire line will not appear. If child coverage is selected, one amount will be chosen from within this range.
Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of an Eye)	This benefit is unitized. The number of units selected will apply to each of the components of this benefit. <ul style="list-style-type: none"> • Loss of one finger or one toe [\$600-\$1,950 in \$150 increments] • Loss of two or more fingers; or two or more toes; or any combination of two or more fingers or toes [\$1,200-\$3,900, in \$300 increments] • Loss of one hand; or one foot; or sight of one eye [\$6,000-\$19,500, in \$1,500 increments] • Loss of both hands; or both feet; or the sight of both eyes; or any combination of two or more listed. [\$12,000-\$39,000, in \$3,000 increments]

Air Ambulance		[\$1,200] [\$2,000] Each plan will contain one of these amounts.
Ambulance		[\$120] [\$200] Each plan will contain one of these amounts.
Appliance		[\$75] [\$100] Each plan will contain one of these amounts.
Blood/Plasma/Platelets		No variability
Burn		No variability
Burn – Skin Graft		No variability
Catastrophic Accident		
Prior to the covered person's attaining age 65	Named Insured [Spouse [Child(ren)	[\$10,000-\$125,000, in \$2,500 increments] One amount will be chosen from within this range. [\$10,000-\$125,000, in \$2,500 increments]] This line will not appear if spouse coverage is not selected. If spouse coverage is selected, one amount will be chosen from within this range. [\$5,000-\$62,500, in \$1,250 increments]] This line will not appear if child coverage is not selected. If child coverage is selected, one amount will be chosen from within this range.
After the covered person's attaining Age 65 and prior to the covered person's attaining age 70	Named Insured [Spouse [Child(ren)	[\$5,000-\$62,500, in \$1,250 increments] One amount will be chosen from within this range. [\$5,000-\$62,500, in \$1,250 increments]] This line will not appear if spouse coverage is not selected. If spouse coverage is selected, one amount will be chosen from within this range. [\$2,500-\$31,250, in \$625 increments]] This line will not appear if child coverage is not selected. If child coverage is selected, one amount will be chosen from within this range.
After the covered person's attaining Age 70	Named Insured [Spouse [Child(ren)	[\$2,500-\$31,250, in \$625 increments] One amount will be chosen from within this range. [\$2,500-\$31,250, in \$625 increments]] This line will not appear if spouse coverage is not selected. If spouse coverage is selected, one amount will be chosen from within this range. [\$1,250-\$15,625, in \$312.50 increments]] This line will not appear if child coverage is not selected. If child coverage is selected, one amount will be chosen from within this range.
Coma		[\$7,500] [\$10,000] [\$12,500] Each plan will contain one of these amounts.

Concussion	No variable	
Dislocation (Separated Joint)	This benefit is unitized. The number of units selected will apply to each of the components of this benefit.	
Joint	Closed Reduction	Open Reduction
Hip	[\$1,800-\$4,400, in \$200 increments]	[\$3,600-\$8,800, in \$400 increments]
Knee (except patella)	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200 increments]
Ankle – bone or bones of the foot (other than toes)	[\$720-\$1,760, in \$80 increments]	[\$1,440-\$3,520, in \$160 increments]
Collarbone (sternoclavicular)	[\$450-\$1,100, in \$50 increments]	[\$900-\$2,200, in \$100 increments]
Lower jaw	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Shoulder (glenohumeral)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Elbow	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Wrist	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Bone or bones of the hand (other than fingers)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Collarbone (acromioclavicular and separation)	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
One toe or finger	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
	Incomplete dislocation or dislocation reduction without anesthesia	No variable
Emergency Dental Work	Broken tooth repaired with a crown, denture or implant [\$200] [\$300] [\$400] Each plan will contain one of these amounts. Broken tooth resulting in extraction [\$50] [\$75] [\$100] Each plan will contain one of these amounts.	
Eye Injury	[\$200] [\$300] Each plan will contain one of these amounts.	
Fracture (Broken Bone)	This benefit is unitized. The number of units selected will apply to each of the components of this benefit.	
Bone	Closed reduction	Open reduction
Skull (except bones of face or nose), depressed skull fracture	[\$2,250-\$5,500, in \$250 increments]	[\$4,500-\$11,000, in \$500 increments]
Skull (except bones of face or nose), simple non-depressed skull fracture	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200 increments]
Hip, thigh (femur)	[\$1,350-\$3,300, in \$150 increments]	[\$2,700-\$6,600, in \$300 increments]
Vertebrae, body of (excluding vertebral processes)	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]
Pelvis (includes ilium, ischium, pubis,	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]

acetabulum except coccyx)		
Leg (tibia and/or fibula)	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]
Bones of face or nose (except mandible or maxilla)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Upper jaw, maxilla (except alveolar process)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Upper arm between elbow and shoulder (humerus)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Lower jaw, mandible (except alveolar process)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Shoulder blade (scapula), collarbone (clavicle, sternum)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Vertebral processes	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Forearm (radius and/or ulna), hand, wrist (except fingers)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Kneecap (patella)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Foot (except toes)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Ankle	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Rib	[\$225-\$550, in \$25 increments]	[\$450-\$1,100, in \$50 increments]
Coccyx	[\$180-\$440, in \$20 increments]	[\$360-\$880, in \$40 increments]
Finger, toe	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
Chip Fracture	No variable	
Health Screening	[\$50-\$100, in \$10 increments] One amount will be chosen from within this range.	
Hospital Admission	[\$750-\$1,750, in \$50 increments] One amount will be chosen from within this range.	
Hospital Confinement	[\$175-500, in \$25 increments] One amount will be chosen from within this range.	
Hospital Intensive Care Unit Admission	[1,500-\$3,500, in \$100 increments] One amount will be chosen from within this range.	
Hospital Intensive Care Unit Confinement	[\$350-\$1,000, in \$50 increments] One amount will be chosen from within this range.	
Knee Cartilage – Torn	[\$500] [\$750] Each plan will contain one of these amounts.	

Laceration	No variable
Lodging	[\$100] [\$125] [\$150] Each plan will contain one of these amounts.
Medical Imaging Study	[\$100] [\$150] [\$200] Each plan will contain one of these amounts.
Occupation or Physical Therapy	[\$25] [\$35] Each plan will contain one of these amounts.
Prosthetic Device/Artificial Limb	One device/limb [\$500] [\$750] Each plan will contain one of these amounts. Two or more devices/limbs [\$1,000] [\$1,500] Each plan will contain one of these amounts.
Rehabilitation Unit Confinement	[\$100] [\$150] Each plan will contain one of these amounts.
Ruptured Disc with Surgical Repair	[\$500] [\$750] Each plan will contain one of these amounts.
Surgery – Cranial, Open Abdominal and Thoracic/Hernia	Cranial, open abdominal and thoracic (other than hernia repair) [\$1,000] [\$1,500] Each plan will contain one of these amounts. Hernia [\$100] [\$150] Each plan will contain one of these amounts.
Surgery – Exploratory and Arthroscopic	[\$150] [\$200] Each plan will contain one of these amounts.
Tendon/Ligament/Rotator Cuff	One [\$500] [\$750] Each plan will contain one of these amounts. Two or more [\$1,000] [\$1,500] Each plan will contain one of these amounts.
Transportation	[\$400] [\$500] [\$600] Each plan will contain one of these amounts.
X-Ray	[\$20] [\$30] [\$40] Each plan will contain one of these amounts.

Accident 1.0-HS-O, including state variations where applicable.

BENEFITS	
Accident Emergency Treatment	[\$75] [\$100] [\$125] [\$150] [\$175] Each plan will contain one of these amounts.
Accident Follow Up Doctor Visit	[\$50] [\$75] [\$100], Each plan will contain one of these amounts. Maximum of [two] [three] [four] visits One benefit limit will be in each plan.
Accidental Death	Named Insured [\$20,000-\$150,000, in \$5,000 increments] One amount will be chosen from within this range. Spouse [\$20,000-\$150,000, in \$5,000 increments] One amount will be chosen from within this range. Children [4,000-\$30,000, in \$1,000 increments] One amount will be chosen from within this range.
Accidental Death-Common Carrier	Named Insured [\$80,000-\$300,000, in \$5,000 increments] One amount will be chosen from within this range. Spouse [\$80,000-\$300,000, in \$5,000 increments] One amount will be chosen from within this range. Children [16,000-\$60,000, in \$1,000 increments] One amount will be chosen from within this range.

Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of an Eye)	<ul style="list-style-type: none"> Loss of one finger or one toe [\$600-\$1,950 in \$150 increments] One amount will be chosen from within this range. Loss of two or more fingers; or two or more toes; or any combination of two or more fingers or toes [\$1,200-\$3,900, in \$300 increments] One amount will be chosen from within this range. Loss of one hand; or one foot; or sight of one eye [\$6,000-\$19,500, in \$1,500 increments] One amount will be chosen from within this range. Loss of both hands; or both feet; or the sight of both eyes; or any combination of two or more listed. [\$12,000-\$39,000, in \$3,000 increments] One amount will be chosen from within each range. 	
Air Ambulance	[\$1,200] [\$2,000] Each plan will contain one of these amounts.	
Ambulance	[\$120] [\$200] Each plan will contain one of these amounts.	
Appliance	[\$75] [\$100] Each plan will contain one of these amounts.	
Blood/Plasma/Platelets	No variable	
Burn	No variable	
Burn – Skin Graft	No variable	
Catastrophic Accident		
Prior to the covered person’s attaining age 65	Named Insured	[\$10,000-\$125,000, in \$2,500 increments] One amount will be chosen from within this range.
	Spouse	[\$10,000-\$125,000, in \$2,500 increments] One amount will be chosen from within this range.
	Child(ren)	[\$5,000-\$62,500, in \$1,250 increments] One amount will be chosen from within this range.
After the covered person’s attaining age 65 and prior to the covered person’s attaining age 70	Named Insured	[\$5,000-\$62,500, in \$1,250 increments] One amount will be chosen from within this range.
	Spouse	[\$5,000-\$62,500, in \$1,250 increments] One amount will be chosen from within this range.
	Child(ren)	[\$2,500-\$31,250, in \$625 increments] One amount will be chosen from within this range.
After the covered person’s attaining age 70	Named Insured	[\$2,500-\$31,250, in \$625 increments] One amount will be chosen from within this range.
	Spouse	[\$2,500-\$31,250, in \$625 increments] One amount will be chosen from within this range.

	Child(ren)	[\$1,250-\$15,625, in \$312.50 increments] One amount will be chosen from within this range.
Coma	[\$7,500] [\$10,000] [\$12,500] Each plan will contain one of these amounts.	
Concussion	No variable	
Dislocation (Separated Joint)	Closed Reduction	Open Reduction
Hip	[\$1,800-\$4,400, in \$200 increments] One amount will be chosen from within this range.	[\$3,600-\$8,800, in \$400 increments] One amount will be chosen from within this range.
Knee (except patella)	[\$900-\$2,200, in \$100 increments] One amount will be chosen from within this range.	[\$1,800-\$4,400, in \$200 increments] One amount will be chosen from within this range.
Ankle – bone or bones of the foot (other than toes)	[\$720-\$1,760, in \$80 increments] One amount will be chosen from within this range.	[\$1,440-\$3,520, in \$160 increments] One amount will be chosen from within this range.
Collarbone (sternoclavicular)	[\$450-\$1,100, in \$50 increments] One amount will be chosen from within this range.	[\$900-\$2,200, in \$240 increments] One amount will be chosen from within this range.
Lower jaw, shoulder (glenohumeral), elbow, wrist	[\$270-\$660, in \$30 increments] One amount will be chosen from within this range.	[\$540-\$1,320, in \$60 increments] One amount will be chosen from within this range.
Bone or bones of the hand (other than fingers)	[\$270-\$660, in \$30 increments] One amount will be chosen from within this range.	[\$540-\$1,320, in \$60 increments] One amount will be chosen from within this range.
Collarbone (acromioclavicular and separation), one toe or finger	[\$90-\$220, in \$10 increments] One amount will be chosen from within this range.	[\$180-\$440, in \$20 increments] One amount will be chosen from within this range.
Incomplete dislocation	No variable	
Emergency Dental Work	Broken tooth repaired with a crown, denture or implant [\$200] [\$300] [\$400] Each plan will contain one of these amounts. Broken tooth resulting in extraction [\$50] [\$75] [\$100] Each plan will contain one of these amounts.	
Eye Injury	[\$200] [\$300] Each plan will contain one of these amounts.	
Fracture (Broken Bone)	Closed Reduction	Open Reduction
Skull (except bones of face or nose) depressed skull fracture	[\$2,250-\$5,500, in \$250 increments] One amount will be chosen from within this range.	[\$4,500-\$11,000, in \$500 increments] One amount will be chosen from within this range.
Skull (except bones of face or nose) non-depressed	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200

skull fracture	One amount will be chosen from within this range.	increments] One amount will be chosen from within this range.
Hip, thigh (femur)	[\$1,350-\$3,300, in \$150 increments] One amount will be chosen from within this range.	[\$2,700-\$6,600, in \$300 increments] One amount will be chosen from within this range.
Vertebrae, body of (excluding vertebral processes), pelvis (except coccyx), leg	[\$675-\$1,650, in \$75 increments] One amount will be chosen from within this range.	[\$1,350-\$3,300, in \$150 increments] One amount will be chosen from within this range.
Bones of face or nose (except mandible or maxilla)	[\$315-\$770, in \$35 increments] One amount will be chosen from within this range.	[\$630-\$1,540, in \$70 increments] One amount will be chosen from within this range.
Upper jaw, maxilla (except alveolar process), upper arm between elbow and shoulder	[\$315-\$770, in \$35 increments] One amount will be chosen from within this range.	[\$630-\$1,540, in \$70 increments] One amount will be chosen from within this range.
Lower jaw, mandible (except alveolar process), kneecap, foot (except toes), ankle	[\$270-\$660, in \$30 increments] One amount will be chosen from within this range.	[\$540-\$1,320, in \$60 increments] One amount will be chosen from within this range.
Shoulder blade, collarbone, vertebral processes, forearm, hand, wrist (except fingers)	[\$270-\$660, in \$30 increments] One amount will be chosen from within this range.	[\$540-\$1,320, in \$60 increments] One amount will be chosen from within this range.
Rib	[\$225-\$550, in \$25 increments] One amount will be chosen from within this range.	[\$450-\$1,100, in \$50 increments] One amount will be chosen from within this range.
Coccyx	[\$180-\$440, in \$20 increments] One amount will be chosen from within this range.	[\$360-\$880, in \$40 increments] One amount will be chosen from within this range.
Finger, Toe	[\$90-\$220, in \$10 increments] One amount will be chosen from within this range.	[\$180-\$440, in \$20 increments] One amount will be chosen from within this range.
Health Screening	[\$50-\$100, in \$10 increments] One amount will be chosen from within this range.	
Hospital Admission	[\$750-\$1,750, in \$50 increments] One amount will be chosen from within this range.	
Hospital Confinement	[\$175-\$500, in \$25 increments] One amount will be chosen from within this range.	
Hospital Intensive Care Unit Admission	[\$1,500-\$3,500, in \$100 increments] One amount will be chosen from within this range.	
Hospital Intensive Care Unit Confinement	[\$350-\$1,000, in \$50 increments] One amount will be chosen from within this range.	

Knee Cartilage – Torn	[\$500] [\$750] Each plan will contain one of these amounts.
Laceration	No variable
Lodging	[\$100] [\$125] [\$150] Each plan will contain one of these amounts.
Medical Imaging Study	[\$100] [\$150] [\$200] Each plan will contain one of these amounts.
Occupation or Physical Therapy	[\$25] [\$35] Each plan will contain one of these amounts.
Prosthetic Device/Artificial Limb	One device/limb [\$500] [\$750] Each plan will contain one of these amounts. Two or more devices/limbs [\$1,000] [\$1,500] Each plan will contain one of these amounts.
Rehabilitation Unit Confinement	[\$100] [\$150] Each plan will contain one of these amounts.
Ruptured Disc	[\$500] [\$750] Each plan will contain one of these amounts.
Surgery – Cranial, Open Abdominal and Thoracic/Hernia	Cranial, open abdominal and thoracic (other than hernia repair) [\$1,000] [\$1,500] Each plan will contain one of these amounts. Hernia [\$100] [\$150] Each plan will contain one of these amounts.
Surgery – Exploratory and Arthroscopic	[\$150] [\$200] Each plan will contain one of these amounts.
Tendon/Ligament/Rotator Cuff	One [\$500] [\$750] Each plan will contain one of these amounts. Two or more [\$1,000] [\$1,500] Each plan will contain one of these amounts.
Transportation	[\$400] [\$500] [\$600] Each plan will contain one of these amounts.
X-Ray	[\$20] [\$30] [\$40] Each plan will contain one of these amounts.

R-SHC-1.0, including state variations where applicable.

Named Insured	Will change with each policyholder
Policy Number	Will change with each policyholder
Coverage Level	Will change with each policyholder
Age at Issue	Will change with each policyholder
Rider Effective Date	Will change with each policyholder
Monthly Rider Premium	Will change depending on the plan selected
Hospital Confinement Benefit	[\$50] [\$100] [\$150] [\$200] Per Day Each plan will contain one of these amounts.
Officers' signature and title may change in the future.	

R-SHC-1.0-O, including state variations where applicable.

Hospital Confinement	[\$50] [\$100] [\$150] [\$200] per day Each plan will contain one of these amounts.

R-ASD-1.0, including state variations where applicable.

Named Insured	Will change with each policyholder
Policy Number	Will change with each policyholder
Age at Issue	Will change with each policyholder
Rider Effective Date	Will change with each policyholder
Monthly Rider Premium	Will change depending on the plan selected
Accident Type	Will be either On-Off-Job, or Off-Job Only
Total Disability Benefit	
Benefit Period	[3 Months] [6 Months] [12 Months] [24 Months] Each plan will contain one of these benefit periods.
Elimination Period	[0 Days] [7 Days] [14 Days] [30 Days] [60 Days] [90 Days] [180 Days] Each plan will contain one of these elimination periods for Accidents
Monthly Benefit Amount	[On-job [\$200-\$2,500, in \$50 increments]] On-job coverage will be available in some plans, but not in others. If available, each policy will contain one of these benefit amounts. Off-Job [Only] [\$400-\$5,000, in \$100 increments] One amount will be chosen from within this range.
Partial Disability Benefit	
Benefit Period	No variable
Monthly Benefit Amount	[On-job [\$100-\$1,250, in \$50 increments]] On-job coverage will be available in some plans, but not in others. If available, one amount will be chosen from within this range. Off-job [\$200-\$2,500, in \$50 increments] One amount will be chosen from within this range.
Sickness Type	Will be either On-Off-Job, or Off-Job Only
Total Disability Benefit	
Benefit Period	[3 Months] [6 Months] [12 Months] [24 Months] Each plan will contain one of these benefit periods.
Elimination Period	[7 Days] [14 Days] [30 Days] [60 Days] [90 Days] [180 Days] Each plan will contain one of these elimination periods for Sicknesses.
Monthly Benefit Amount	[On-Job] [\$200-\$2,500, in \$50 increments] On-job coverage will be available in some plans, but not in others. If available, one amount will be chosen from within this range. Off-Job [Only] [\$400-\$5,000, in \$100 increments] One amount will be chosen from within this range.
Partial Disability Benefit	
Benefit Period	No variable
Monthly Benefit Amount	[On-job [\$100-\$1,250, in \$50 increments]] On-job coverage will be available in some plans, but not in others. If available, one amount will be chosen from within this range. Off-job [\$200-\$2,500, in \$100 increments]

Coverage Provided by This Rider	
Concurrent or Subsequent Disability	Minimum number of calendar days between covered disabilities may vary. The variables are [1] [5] [7] [10] [14]
Officers' signature and title may change in the future.	

R-ASD-1.0-O, including state variations where applicable.

Coverage Provided by The Rider	
Concurrent or Subsequent Disability	Minimum number of calendar days between covered disabilities may vary. The variables are [1] [5] [7] [10] [14]

R-AD-1.0, including state variations where applicable.

Named Insured	Will change with each policyholder
Policy Number	Will change with each policyholder
Age at Issue	Will change with each policyholder
Rider Effective Date	Will change with each policyholder
Monthly Rider Premium	Will change depending on the plan selected
Accident Type	Will be either On-Off-Job, or Off-Job Only
Total Disability Benefit	
Benefit Period	[6 Months] [12 Months] Each plan will contain one of these benefit periods.
Elimination Period	[0 Days] [7 Days] [14 Days] [30 Days] Each plan will contain one of these elimination periods for Sicknesses.
Monthly Benefit Amount	[On-Job] [\$200-\$2,500, in \$50 increments] One amount will be chosen from within this range. Off-Job [Only] [\$400-\$5,000, in \$100 increments] One amount will be chosen from within this range.
Partial Disability Benefit	
Benefit Period	No variable
Monthly Benefit Amount	[\$100-\$1,250, in \$50 increments] One amount will be chosen from within this range.
Coverage Provided by This Rider	
Concurrent or Subsequent Disability	Minimum number of calendar days between covered disabilities may vary. The variables are [1] [5] [7] [10] [14]
Officers' signature and title may change in the future.	

R-AD-1.0-O, including state variations where applicable

Coverage Provided by The Rider	
Concurrent or Subsequent Disability	Minimum number of calendar days between covered disabilities may vary. The variables are [1] [5] [7] [10] [14]

Statement of Variability

Accident 1.0-NS, including state variations where applicable.

Face Page

Officers' signatures and titles may change in the future.

Policy Schedule

Named Insured	Will change with each policyholder
Policy Number	Will change with each policyholder
Policy Coverage Effective Date	Will change with each policyholder
Monthly Policy Premium	Will change based on plan selected
Accident Type	Both variables are on the Policy Schedule. The Accident Type will be either On & Off Job or Off Job Only
Beneficiary	Will change with each policyholder
Coverage Type	All variables are on the Policy Schedule. The options are Named Insured, Named Insured and Spouse, One-Parent Family Coverage or Two-Parent Family Coverage
BENEFITS	All variables are included below.
Accident Emergency Treatment	[\$75] [\$100] [\$125] [\$150] [\$175] One of these benefit amounts will be in each plan.
Accident Follow Up Doctor Visit	[\$50] [\$75] [\$100] Each plan will contain one of these amounts. Maximum of [two] [three] [four] visits per covered person per covered accident One frequency will be in each plan.
Accidental Death	Named Insured [\$20,000-\$150,000, in \$5,000 increments] One amount will be chosen from within this range. [Spouse [\$20,000-\$150,000, in \$5,000 increments]] If spouse coverage is not selected, the entire line will not appear. If spouse coverage is selected, one amount will be chosen from within this range. [Child(ren) [\$4,000-\$30,000, in \$1,000 increments]] If child coverage is not selected, the entire line will not appear. If child coverage is selected, one amount will be chosen from within this range.
Accidental Death-Common Carrier	Named Insured [\$80,000-\$300,000, in \$5,000 increments] One amount will be chosen from within this range. [Spouse [\$80,000-\$300,000, in \$5,000 increments]] If spouse coverage is not selected, the entire line will not appear. If spouse coverage is selected, one amount will be chosen from within this range. [Child(ren) [\$16,000-\$60,000, in \$1,000 increments]] If child coverage is not selected, the entire line will not appear. If child coverage is selected, one amount will be chosen from within this range.
Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of an Eye)	This benefit is unitized. The number of units selected will apply to each of the components of this benefit. <ul style="list-style-type: none"> • Loss of one finger or one toe [\$600-\$1,950 in \$150 increments] • Loss of two or more fingers; or two or more toes; or any combination of two or more fingers or toes [\$1,200-\$3,900, in \$300 increments] • Loss of one hand; or one foot; or sight of one eye [\$6,000-\$19,500, in \$1,500 increments] • Loss of both hands; or both feet; or the sight of both eyes; or any combination of two or more listed. [\$12,000-\$39,000, in \$3,000 increments]

Air Ambulance		[\$1,200] [\$2,000] Each plan will contain one of these amounts.
Ambulance		[\$120] [\$200] Each plan will contain one of these amounts.
Appliance		[\$75] [\$100] Each plan will contain one of these amounts.
Blood/Plasma/Platelets		No variability
Burn		No variability
Burn – Skin Graft		No variability
Catastrophic Accident		
Prior to the covered person's attaining age 65	Named Insured [Spouse [Child(ren)	[\$10,000-\$125,000, in \$2,500 increments] One amount will be chosen from within this range. [\$10,000-\$125,000, in \$2,500 increments]] This line will not appear if spouse coverage is not selected. If spouse coverage is selected, one amount will be chosen from within this range. [\$5,000-\$62,500, in \$1,250 increments]] This line will not appear if child coverage is not selected. If child coverage is selected, one amount will be chosen from within this range.
After the covered person's attaining Age 65 and prior to the covered person's attaining age 70	Named Insured [Spouse [Child(ren)	[\$5,000-\$62,500, in \$1,250 increments] One amount will be chosen from within this range. [\$5,000-\$62,500, in \$1,250 increments]] This line will not appear if spouse coverage is not selected. If spouse coverage is selected, one amount will be chosen from within this range. [\$2,500-\$31,250, in \$625 increments]] This line will not appear if child coverage is not selected. If child coverage is selected, one amount will be chosen from within this range.
After the covered person's attaining Age 70	Named Insured [Spouse [Child(ren)	[\$2,500-\$31,250, in \$625 increments] One amount will be chosen from within this range. [\$2,500-\$31,250, in \$625 increments]] This line will not appear if spouse coverage is not selected. If spouse coverage is selected, one amount will be chosen from within this range. [\$1,250-\$15,625, in \$312.50 increments]] This line will not appear if child coverage is not selected. If child coverage is selected, one amount will be chosen from within this range.
Coma		[\$7,500] [\$10,000] [\$12,500] Each plan will contain one of these amounts.

Concussion	No variable	
Dislocation (Separated Joint)	This benefit is unitized. The number of units selected will apply to each of the components of this benefit.	
Joint	Closed Reduction	Open Reduction
Hip	[\$1,800-\$4,400, in \$200 increments]	[\$3,600-\$8,800, in \$400 increments]
Knee (except patella)	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200 increments]
Ankle – bone or bones of the foot (other than toes)	[\$720-\$1,760, in \$80 increments]	[\$1,440-\$3,520, in \$160 increments]
Collarbone (sternoclavicular)	[\$450-\$1,100, in \$50 increments]	[\$900-\$2,200, in \$100 increments]
Lower jaw	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Shoulder (glenohumeral)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Elbow	[\$270-\$660, in \$30 increments]	[\$540-\$1,320 in \$60 increments]
Wrist	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Bone or bones of the hand (other than fingers)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Collarbone (acromioclavicular and separation)	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
One toe or finger	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
	Incomplete dislocation or dislocation reduction without anesthesia	No variable
Emergency Dental Work	Broken tooth repaired with a crown, denture or implant [\$200] [\$300] [\$400] Each plan will contain one of these amounts. Broken tooth resulting in extraction [\$50] [\$75] [\$100] Each plan will contain one of these amounts.	
Eye Injury	[\$200] [\$300] Each plan will contain one of these amounts.	
Fracture (Broken Bone)	This benefit is unitized. The number of units selected will apply to each of the components of this benefit.	
Bone	Closed reduction	Open reduction
Skull (except bones of face or nose), depressed skull fracture	[\$2,250-\$5,500, in \$250 increments]	[\$4,500-\$11,000, in \$500 increments]
Skull (except bones of face or nose), simple non-depressed skull fracture	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200 increments]
Hip, thigh (femur)	[\$1,350-\$3,300, in \$150 increments]	[\$2,700-\$6,600, in \$300 increments]
Vertebrae, body of (excluding vertebral processes)	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]
Pelvis (includes ilium, ischium, pubis,	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]

acetabulum except coccyx)		
Leg (tibia and/or fibula)	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]
Bones of face or nose (except mandible or maxilla)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Upper jaw, maxilla (except alveolar process)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Upper arm between elbow and shoulder (humerus)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Lower jaw, mandible (except alveolar process)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Shoulder blade (scapula), collarbone (clavicle, sternum)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Vertebral processes	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Forearm (radius and/or ulna), hand, wrist (except fingers)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Kneecap (patella)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Foot (except toes)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Ankle	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Rib	[\$225-\$550, in \$25 increments]	[\$450-\$1,100, in \$50 increments]
Coccyx	[\$180-\$440, in \$20 increments]	[\$360-\$880, in \$40 increments]
Finger, toe	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
Chip Fracture	No variable	
Hospital Admission	[\$750-\$1,750, in \$50 increments]	One amount will be chosen from within this range.
Hospital Confinement	[\$175-500, in \$25 increments]	One amount will be chosen from within this range.
Hospital Intensive Care Unit Admission	[1,500-\$3,500, in \$100 increments]	One amount will be chosen from within this range.
Hospital Intensive Care Unit Confinement	[\$350-\$1,000, in \$50 increments]	One amount will be chosen from within this range.
Knee Cartilage – Torn	[\$500] [\$750]	Each plan will contain one of these amounts.
Laceration	No variable	
Lodging	[\$100] [\$125] [\$150]	Each plan will contain one of these amounts.

Medical Imaging Study	[\$100] [\$150] [\$200] Each plan will contain one of these amounts.
Occupation or Physical Therapy	[\$25] [\$35] Each plan will contain one of these amounts.
Prosthetic Device/Artificial Limb	One device/limb [\$500] [\$750] Each plan will contain one of these amounts. Two or more devices/limbs [\$1,000] [\$1,500] Each plan will contain one of these amounts.
Rehabilitation Unit Confinement	[\$100] [\$150] Each plan will contain one of these amounts.
Ruptured Disc with Surgical Repair	[\$500] [\$750] Each plan will contain one of these amounts.
Surgery – Cranial, Open Abdominal and Thoracic/Hernia	Cranial, open abdominal and thoracic (other than hernia repair) [\$1,000] [\$1,500] Each plan will contain one of these amounts. Hernia [\$100] [\$150] Each plan will contain one of these amounts.
Surgery – Exploratory and Arthroscopic	[\$150] [\$200] Each plan will contain one of these amounts.
Tendon/Ligament/Rotator Cuff	One [\$500] [\$750] Each plan will contain one of these amounts. Two or more [\$1,000] [\$1,500] Each plan will contain one of these amounts.
Transportation	[\$400] [\$500] [\$600] Each plan will contain one of these amounts.
X-Ray	[\$20] [\$30] [\$40] Each plan will contain one of these amounts.

Accident 1.0-NS-O, including state variations where applicable.

BENEFITS	
Accident Emergency Treatment	[\$75] [\$100] [\$125] [\$150] [\$175] Each plan will contain one of these amounts.
Accident Follow Up Doctor Visit	[\$50] [\$75] [\$100], Each plan will contain one of these amounts. Maximum of [two] [three] [four] visits One benefit limit will be in each plan.
Accidental Death	Named Insured [\$20,000-\$150,000, in \$5,000 increments] One amount will be chosen from within this range. Spouse [\$20,000-\$150,000, in \$5,000 increments] One amount will be chosen from within this range. Children [4,000-\$30,000, in \$1,000 increments] One amount will be chosen from within this range.
Accidental Death-Common Carrier	Named Insured [\$80,000-\$300,000, in \$5,000 increments] One amount will be chosen from within this range. Spouse [\$80,000-\$300,000, in \$5,000 increments] One amount will be chosen from within this range. Children [16,000-\$60,000, in \$1,000 increments] One amount will be chosen from within this range.
Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of an Eye)	<ul style="list-style-type: none"> Loss of one finger or one toe [\$600-\$1,950 in \$150 increments] One amount will be chosen from within this range. Loss of two or more fingers; or two or more toes; or any combination of two

	<p>or more fingers or toes [\$1,200-\$3,900, in \$300 increments] One amount will be chosen from within this range.</p> <ul style="list-style-type: none"> Loss of one hand; or one foot; or sight of one eye [\$6,000-\$19,500, in \$1,500 increments] One amount will be chosen from within this range. Loss of both hands; or both feet; or the sight of both eyes; or any combination of two or more listed. [\$12,000-\$39,000, in \$3,000 increments] One amount will be chosen from within each range. 	
Air Ambulance	[\$1,200] [\$2,000] Each plan will contain one of these amounts.	
Ambulance	[\$120] [\$200] Each plan will contain one of these amounts.	
Appliance	[\$75] [\$100] Each plan will contain one of these amounts.	
Blood/Plasma/Platelets	No variable	
Burn	No variable	
Burn – Skin Graft	No variable	
Catastrophic Accident		
Prior to the covered person's attaining age 65	Named Insured	[\$10,000-\$125,000, in \$2,500 increments] One amount will be chosen from within this range.
	Spouse	[\$10,000-\$125,000, in \$2,500 increments] One amount will be chosen from within this range.
	Child(ren)	[\$5,000-\$62,500, in \$1,250 increments] One amount will be chosen from within this range.
After the covered person's attaining age 65 and prior to the covered person's attaining age 70	Named Insured	[\$5,000-\$62,500, in \$1,250 increments] One amount will be chosen from within this range.
	Spouse	[\$5,000-\$62,500, in \$1,250 increments] One amount will be chosen from within this range.
	Child(ren)	[\$2,500-\$31,250, in \$625 increments] One amount will be chosen from within this range.
After the covered person's attaining age 70	Named Insured	[\$2,500-\$31,250, in \$625 increments] One amount will be chosen from within this range.
	Spouse	[\$2,500-\$31,250, in \$625 increments] One amount will be chosen from within this range.
	Child(ren)	[\$1,250-\$15,625, in \$312.50 increments] One amount will be chosen from

		within this range.
Coma	[\$7,500] [\$10,000] [\$12,500] Each plan will contain one of these amounts.	
Concussion	No variable	
Dislocation (Separated Joint)	Closed Reduction	Open Reduction
Hip	[\$1,800-\$4,400, in \$200 increments] One amount will be chosen from within this range.	[\$3,600-\$8,800, in \$400 increments] One amount will be chosen from within this range.
Knee (except patella)	[\$900-\$2,200, in \$100 increments] One amount will be chosen from within this range.	[\$1,800-\$4,400, in \$200 increments] One amount will be chosen from within this range.
Ankle – bone or bones of the foot (other than toes)	[\$720-\$1,760, in \$80 increments] One amount will be chosen from within this range.	[\$1,440-\$3,520, in \$160 increments] One amount will be chosen from within this range.
Collarbone (sternoclavicular)	[\$450-\$1,100, in \$50 increments] One amount will be chosen from within this range.	[\$900-\$2,200, in \$240 increments] One amount will be chosen from within this range.
Lower jaw, shoulder (glenohumeral), elbow, wrist	[\$270-\$660, in \$30 increments] One amount will be chosen from within this range.	[\$540-\$1,320, in \$60 increments] One amount will be chosen from within this range.
Bone or bones of the hand (other than fingers)	[\$270-\$660, in \$30 increments] One amount will be chosen from within this range.	[\$540-\$1,320, in \$60 increments] One amount will be chosen from within this range.
Collarbone (acromioclavicular and separation), one toe or finger	[\$90-\$220, in \$10 increments] One amount will be chosen from within this range.	[\$180-\$440, in \$20 increments] One amount will be chosen from within this range.
Incomplete dislocation	No variable	
Emergency Dental Work	Broken tooth repaired with a crown, denture or implant [\$200] [\$300] [\$400] Each plan will contain one of these amounts. Broken tooth resulting in extraction [\$50] [\$75] [\$100] Each plan will contain one of these amounts.	
Eye Injury	[\$200] [\$300] Each plan will contain one of these amounts.	
Fracture (Broken Bone)	Closed Reduction	Open Reduction
Skull (except bones of face or nose) depressed skull fracture	[\$2,250-\$5,500, in \$250 increments] One amount will be chosen from within this range.	[\$4,500-\$11,000, in \$500 increments] One amount will be chosen from within this range.
Skull (except bones of face or nose) non-depressed skull fracture	[\$900-\$2,200, in \$100 increments] One amount will be chosen from within this range.	[\$1,800-\$4,400, in \$200 increments] One amount will be chosen from within this range.

Hip, thigh (femur)	[\$1,350-\$3,300, in \$150 increments] One amount will be chosen from within this range.	[\$2,700-\$6,600, in \$300 increments] One amount will be chosen from within this range.
Vertebrae, body of (excluding vertebral processes), pelvis (except coccyx), leg	[\$675-\$1,650, in \$75 increments] One amount will be chosen from within this range.	[\$1,350-\$3,300, in \$150 increments] One amount will be chosen from within this range.
Bones of face or nose (except mandible or maxilla)	[\$315-\$770, in \$35 increments] One amount will be chosen from within this range.	[\$630-\$1,540, in \$70 increments] One amount will be chosen from within this range.
Upper jaw, maxilla (except alveolar process), upper arm between elbow and shoulder	[\$315-\$770, in \$35 increments] One amount will be chosen from within this range.	[\$630-\$1,540, in \$70 increments] One amount will be chosen from within this range.
Lower jaw, mandible (except alveolar process), kneecap, foot (except toes), ankle	[\$270-\$660, in \$30 increments] One amount will be chosen from within this range.	[\$540-\$1,320, in \$60 increments] One amount will be chosen from within this range.
Shoulder blade, collarbone, vertebral processes, forearm, hand, wrist (except fingers)	[\$270-\$660, in \$30 increments] One amount will be chosen from within this range.	[\$540-\$1,320, in \$60 increments] One amount will be chosen from within this range.
Rib	[\$225-\$550, in \$25 increments] One amount will be chosen from within this range.	[\$450-\$1,100, in \$50 increments] One amount will be chosen from within this range.
Coccyx	[\$180-\$440, in \$20 increments] One amount will be chosen from within this range.	[\$360-\$880, in \$40 increments] One amount will be chosen from within this range.
Finger, Toe	[\$90-\$220, in \$10 increments] One amount will be chosen from within this range.	[\$180-\$440, in \$20 increments] One amount will be chosen from within this range.
Hospital Admission	[\$750-\$1,750, in \$50 increments] One amount will be chosen from within this range.	
Hospital Confinement	[\$175-\$500, in \$25 increments] One amount will be chosen from within this range.	
Hospital Intensive Care Unit Admission	[\$1,500-\$3,500, in \$100 increments] One amount will be chosen from within this range.	
Hospital Intensive Care Unit Confinement	[\$350-\$1,000, in \$50 increments] One amount will be chosen from within this range.	
Knee Cartilage – Torn	[\$500] [\$750] Each plan will contain one of these amounts.	
Laceration	No variable	
Lodging	[\$100] [\$125] [\$150] Each plan will contain one of these amounts.	

Medical Imaging Study	[\$100] [\$150] [\$200] Each plan will contain one of these amounts.
Occupation or Physical Therapy	[\$25] [\$35] Each plan will contain one of these amounts.
Prosthetic Device/Artificial Limb	One device/limb [\$500] [\$750] Each plan will contain one of these amounts. Two or more devices/limbs [\$1,000] [\$1,500] Each plan will contain one of these amounts.
Rehabilitation Unit Confinement	[\$100] [\$150] Each plan will contain one of these amounts.
Ruptured Disc	[\$500] [\$750] Each plan will contain one of these amounts.
Surgery – Cranial, Open Abdominal and Thoracic/Hernia	Cranial, open abdominal and thoracic (other than hernia repair) [\$1,000] [\$1,500] Each plan will contain one of these amounts. Hernia [\$100] [\$150] Each plan will contain one of these amounts.
Surgery – Exploratory and Arthroscopic	[\$150] [\$200] Each plan will contain one of these amounts.
Tendon/Ligament/Rotator Cuff	One [\$500] [\$750] Each plan will contain one of these amounts. Two or more [\$1,000] [\$1,500] Each plan will contain one of these amounts.
Transportation	[\$400] [\$500] [\$600] Each plan will contain one of these amounts.
X-Ray	[\$20] [\$30] [\$40] Each plan will contain one of these amounts.

R-SHC-1.0, including state variations where applicable.

Named Insured	Will change with each policyholder
Policy Number	Will change with each policyholder
Coverage Level	Will change with each policyholder
Age at Issue	Will change with each policyholder
Rider Effective Date	Will change with each policyholder
Monthly Rider Premium	Will change depending on the plan selected
Hospital Confinement Benefit	[\$50] [\$100] [\$150] [\$200] Per Day Each plan will contain one of these amounts.
Officers' signature and title may change in the future.	

R-SHC-1.0-O, including state variations where applicable.

Hospital Confinement	[\$50] [\$100] [\$150] [\$200] per day Each plan will contain one of these amounts.

R-ASD-1.0, including state variations where applicable.

Named Insured	Will change with each policyholder
Policy Number	Will change with each policyholder
Age at Issue	Will change with each policyholder
Rider Effective Date	Will change with each policyholder

Monthly Rider Premium	Will change depending on the plan selected
Accident Type	Will be either On-Off-Job, or Off-Job Only
Total Disability Benefit	
Benefit Period	[3 Months] [6 Months] [12 Months] [24 Months] Each plan will contain one of these benefit periods.
Elimination Period	[0 Days] [7 Days] [14 Days] [30 Days] [60 Days] [90 Days] [180 Days] Each plan will contain one of these elimination periods for Accidents
Monthly Benefit Amount	[On-job [\$200-\$2,500, in \$50 increments]] On-job coverage will be available in some plans, but not in others. If available, each policy will contain one of these benefit amounts. Off-Job [Only] [\$400-\$5,000, in \$100 increments] One amount will be chosen from within this range.
Partial Disability Benefit	
Benefit Period	No variable
Monthly Benefit Amount	[On-job [\$100-\$1,250, in \$50 increments]] On-job coverage will be available in some plans, but not in others. If available, one amount will be chosen from within this range. Off-job [\$200-\$2,500, in \$50 increments] One amount will be chosen from within this range.
Sickness Type	Will be either On-Off-Job, or Off-Job Only
Total Disability Benefit	
Benefit Period	[3 Months] [6 Months] [12 Months] [24 months] Each plan will contain one of these benefit periods.
Elimination Period	[7 Days] [14 Days] [30 Days] [60 Days] [90 Days] [180 Days] Each plan will contain one of these elimination periods for Sicknesses.
Monthly Benefit Amount	[On-Job] [\$200-\$2,500, in \$50 increments] On-job coverage will be available in some plans, but not in others. If available, one amount will be chosen from within this range. Off-Job [Only] [\$400-\$5,000, in \$100 increments] One amount will be chosen from within this range.
Partial Disability Benefit	
Benefit Period	No variable
Monthly Benefit Amount	[On-job [\$100-\$1,250, in \$50 increments]] On-job coverage will be available in some plans, but not in others. If available, one amount will be chosen from within this range. Off-job [\$200-\$2,500, in \$100 increments]
Coverage Provided by This Rider	
Concurrent or Subsequent Disability	Minimum number of calendar days between covered disabilities may vary. The variables are [1] [5] [7] [10] [14]
Officers' signature and title may change in the future.	

R-ASD-1.0-O, including state variations where applicable.

Coverage Provided by The Rider	
Concurrent or Subsequent Disability	Minimum number of calendar days between covered disabilities may vary. The variables are [1] [5] [7] [10] [14]

R-AD-1.0, including state variations where applicable.

Named Insured	Will change with each policyholder
Policy Number	Will change with each policyholder
Age at Issue	Will change with each policyholder
Rider Effective Date	Will change with each policyholder
Monthly Rider Premium	Will change depending on the plan selected
Accident Type	Will be either On-Off-Job, or Off-Job Only
Total Disability Benefit	
Benefit Period	[6 Months] [12 Months] Each plan will contain one of these benefit periods.
Elimination Period	[0 Days] [7 Days] [14 Days] [30 Days] Each plan will contain one of these elimination periods for Sicknesses.
Monthly Benefit Amount	[On-Job] [\$200-\$2,500, in \$50 increments] One amount will be chosen from within this range. Off-Job [Only] [\$400-\$5,000, in \$100 increments] One amount will be chosen from within this range.
Partial Disability Benefit	
Benefit Period	No variable
Monthly Benefit Amount	[\$100-\$1,250, in \$50 increments] One amount will be chosen from within this range.
Coverage Provided by This Rider	
Concurrent or Subsequent Disability	Minimum number of calendar days between covered disabilities may vary. The variables are [1] [5] [7] [10] [14]
Officers' signature and title may change in the future.	

R-AD-1.0-O, including state variations where applicable

Coverage Provided by The Rider	
Concurrent or Subsequent Disability	Minimum number of calendar days between covered disabilities may vary. The variables are [1] [5] [7] [10] [14]

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Colonial Life & Accident Insurance Company 1200 Colonial Life Blvd. Columbia, SC 29210	SC		565	62049	57-0144607	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Cathy Brooks P.O. Box 1365 Columbia, SC 29202	800-845-7330 Ext. 6227	803-750-7341	cbrooks@unum.com

5.	Requested Filing Mode	<input checked="" 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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6.	Company Tracking Number	Accident 1.0
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <hr/> <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance (TOI)	H02I Individual Health-Accident Only
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10.	Sub-Type of Insurance (Sub-TOI)	H02I.000 Accident Only
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11.	Submitted Documents	<p>x FORMS</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Policy</td> <td><input checked="" type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input checked="" type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Rates</p> <p><input checked="" type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate</p> <p><input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____</p> <p>SUPPORTING DOCUMENTATION</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input type="checkbox"/> Certifications</td> </tr> <tr> <td><input checked="" type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Policy	<input checked="" type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate	<input type="checkbox"/> Application/Enrollment	<input checked="" type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other		<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization	<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements	<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications	<input checked="" type="checkbox"/> Actuarial Memorandum		<input type="checkbox"/> Other _____	
<input checked="" type="checkbox"/> Policy	<input checked="" type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate																			
<input type="checkbox"/> Application/Enrollment	<input checked="" type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising																			
<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other																				
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<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements																				
<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications																				
<input checked="" type="checkbox"/> Actuarial Memorandum																					
<input type="checkbox"/> Other _____																					

12.	Filing Submission Date	July 10, 2009	
13	Filing Fee (If required)	Amount <u>\$100.00</u>	Check Date <u>N/A</u>
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number <u>EFT Transaction</u>
14.	Date of Domiciliary Approval	Pending	
15.	Filing Description:		

16.	Certification (If required)
I HEREBY CERTIFY 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> .	
Print Name <u>Wendy Smith</u>	Title <u>Assistant Secretary</u>
Signature <u></u>	Date: <u>7/10/2009</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		Accident 1.0
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Accident Only Policy	Accident 1.0-NS-AR	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Accident Only Policy with Health Screening	Accident 1.0-HS-AR	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	Accident Disability Rider	R-AD-1.0-AR	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04	Accident Sickness Disability Rider	R-ASD-1.0-AR	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05	Sickness Hospital Confinement Rider	R-SHC-1.0-AR	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06	Accident Only Outline of Coverage	Accident 1.0-NS-O	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07	Accident Only Outline of Coverage with Health Screening	Accident 1.0-HS-O	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08	Accident Disability Rider Outline	R-AD-1.0-O-AR	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09	Accident Sickness Disability Rider Outline	R-ASD-1.0-O-AR	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10	Sickness Hospital Confinement Rider Outline	R-SHC-1.0-O-AR	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1

SERFF Tracking Number: UNUM-126207587 State: Arkansas
 Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 42906
 Company Tracking Number: ACCIDENT 1.0
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: Accident Only
 Project Name/Number: Accident Only/Accident 1.0

Superseded Schedule Items

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.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/10/2009	Form	Accident Sickness Disability Rider	10/07/2009	R-ASD-1.0-AR.pdf (Superseded)
07/10/2009	Supporting Document	Statements of Variability	10/07/2009	Statement of Variability- HS.pdf (Superseded) Statement of Variability- NS.pdf (Superseded)

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

ACCIDENT SICKNESS DISABILITY INCOME RIDER SCHEDULE

Named Insured: [John Doe]

Policy Number: [1234567890
E9999999999]

This Rider Provides The Coverage Shown on the Schedule below.

Accident Sickness Disability Income Rider

Age At Issue: [35]

Rider Effective Date: [May 15, 2009]

Monthly Rider Premium: [\$ 8.28]

Accident Type	[On-Job]	Off-Job [Only]
Total Disability Benefit		
Benefit Period:	[3 Months][6 Months][12 Months][24 Months]	
Elimination Period:	[0 Days][7 Days][14 Days][30 Days][60 Days][90 Days][180 Days]	
Monthly Benefit Amount	[\$200-\$2,500, in \$50 increments]	[\$400-\$5,000, in \$100 increments]
Partial Disability Benefit		
Benefit Period: 3 Months		
Monthly Benefit Amount	[\$100-\$1,250]	[\$200-\$2,500]

Sickness Type	[On-Job]	Off-Job [Only]
Total Disability Benefit		
Benefit Period:	[3 Months][6 Months][12 Months]	
Elimination Period:	[7 Days][14 Days][30 Days][60 Days][90 Days][180 Days]	
Monthly Benefit Amount	[\$200-\$2,500, in \$50 increments]	[\$400-\$5,000, in \$100 increments]
Partial Disability Benefit		
Benefit Period: 3 Months		
Monthly Benefit Amount	[\$100-\$1,250]	[\$200-\$2,500]

The Total Disability benefit must have been paid for at least one full month immediately prior to your being partially disabled to receive the Partial Disability benefit. For a given period of disability, you may receive either the Partial Disability benefit or the Total Disability benefit, but not both.

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COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
[1200 Colonial Life Boulevard, P.O. Box 1365, Columbia, South Carolina 29202
1-800-325-4368 www.coloniallife.com]
A Stock Company

ACCIDENT SICKNESS DISABILITY INCOME RIDER

All terms, explanations of terms, conditions and limitations stated in the policy to which this rider is attached will also apply to this rider unless we state otherwise in this rider.

Important Words In This Rider

Activities of Daily Living means the following:

- Dressing - the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn
- Transferring - the ability to move in or out of a chair or bed
- Eating - the ability to get nourishment into the body once it has been prepared
- Preparing meals
- Toileting - the ability to get on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing

Covered Accident means an accident that:

- occurs on or after the effective date of this rider;
- is of an Accident Type listed on the Rider Schedule;
- occurs while this rider is in force; and
- is not excluded by name or specific description in this rider.

Covered Sickness means an illness, infection, disease or any other abnormal physical condition that:

- occurs on or after the effective date of this rider;
- is of a Sickness Type listed on the Rider Schedule;
- occurs while this rider is in force; and
- is not excluded by name or specific description in this rider.

Doctor or Physician means a person who is licensed by the state to practice a healing art, and performs services for you which are allowed by his license. For purposes of this definition, doctor does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or business interest with any covered person.

Elimination Period means the period of time during which no benefits are payable, as shown on the Rider Schedule.

Material and Substantial Duties of Your Job means those job duties that:

- are normally required to perform your regular job; and
- cannot be reasonably modified or omitted.

Performing your job at a particular work site or in a particular building is not a material and substantial duty of your job, provided that your employer will allow you to perform your job at a different worksite or in a different building.

Off-Job Accident means an accident that occurs while you are not working at any job for pay or benefits.

Off-Job Sickness means a sickness that was not caused by or contributed to by your working at any job for pay or benefits.

On-Job Accident means an accident that occurs while you are working at any job for pay or benefits.

On-Job Sickness means a sickness that was caused by or contributed to by your working at any job for pay or benefits.

Partially Disabled means:

- you are unable to perform the material and substantial duties of your job for 20 hours or more per week;
- you are able to work at your job or your place of employment for less than 20 hours per week;
- your employer will allow you to return to your job or place of employment for less than 20 hours per week; and
- you are under the regular and appropriate care of a doctor.

Pre-existing Condition means a sickness or physical condition for which you were treated, received medical advice or had taken medication within 12 months before the effective date of this rider.

Recurrent Disability means becoming disabled, ceasing to be disabled, then becoming disabled again for the same or related conditions. The latter disability will be considered a recurrent disability.

Totally Disabled means you are:

- unable to perform the material and substantial duties of your job;
- not, in fact, working at any job; and
- under the regular and appropriate care of a doctor.

Under the Regular and Appropriate Care of a Doctor means you are being cared for on a regular basis by a doctor and the care you are receiving is appropriate for the condition(s) that disable(s) you.

You and Your, for the purpose of this rider only, refer to the Named Insured identified on the Rider Schedule.

Renewability

This rider is guaranteed renewable to the policy anniversary date on or next following your 70th birthday. Your premium can be changed only if we change it on all riders of this kind in force in the state where the rider was issued. Policy anniversary date occurs annually on the same date and in the same month as the date for which we first received premium.

Coverage Provided By This Rider

Total and Partial Disability: We will pay the applicable Total Disability benefit shown on the Rider Schedule if you become totally disabled and are totally disabled longer than the elimination period shown on the Rider Schedule as the result of a covered accident or a covered sickness while this rider is in force.

We will pay the Total Disability benefit for as long as this coverage is in force and you remain totally disabled after the elimination period up to the benefit period and in the amount shown on the Rider Schedule, except as described in the Geographical Limitations provision. If the benefits are payable for less than a full month, we will pay benefits in a daily amount. The daily amount is 1/30th of the monthly amount shown on the Rider Schedule.

If you do not have a job when you become totally disabled, we will pay the Total Disability benefit only as long as you are kept at home and cannot perform two of five Activities of Daily Living and are under the regular and appropriate care of a doctor.

If you become partially disabled as a result of a covered accident or a covered sickness, we will pay up to the benefit period and in the amount shown for a partial disability on the Rider Schedule except as described in the Geographical Limitations provision for as long as this coverage is in force and you remain partially disabled, subject to the following conditions:

- the Total Disability benefit must have been paid for at least one full month immediately prior to your being partially disabled; and
- for a given period of disability, you may receive either a Partial Disability benefit or a Total Disability benefit, but not both.

Recurrent Disability: A recurrent disability will be treated as:

- a continuation of the previous disability, not a new disability, if you have returned to work for less than six months.

- a new disability, if you have returned to work for six months or more, working at least the same number of hours you were working before the previous disability began.
- a new disability, if you did not have a job before the previous disability began and you have ceased to be disabled for six months or more.
- a continuation of the previous disability for any circumstances not specifically listed above.

A new disability is subject to a new elimination period, and a new benefit period applies. A disability that is considered a continuation of a previous disability is not subject to a new elimination period, and a new benefit period does not apply.

Any recurrent disability caused by a pre-existing condition will not be covered if it is treated as a continuation of the previous disability.

If you become disabled because of a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the rider is in force.

Concurrent or Subsequent Disability: During any period in which you are disabled due to more than one condition, whether the conditions are related or unrelated, benefits will be paid as if you are disabled due to only one condition. In no event will your being disabled due to more than one condition extend the benefit period beyond the benefit period shown on the Rider Schedule. Separate periods of disability resulting from unrelated conditions are considered a continuation of the previous disability, not a new disability, unless:

- they are separated by a minimum of [1][5][7][10][14] calendar days;
- during such time you returned to work performing the material and substantial duties of your job; and
- during such time you are no longer qualified to receive Total Disability or Partial Disability benefits.

If you stated your age incorrectly in your application and if, based on your correct age, we would not have issued this rider, then our only responsibility will be to refund the premiums paid for the period not covered, if any.

Coverage ending at age 70 will not affect any disability that began while this rider was in force. The disability benefit will be limited to the payment of the applicable monthly benefit amount for the length of the applicable benefit period shown on the Rider Schedule.

Time Limits

After this rider has been in force for 12 months from the effective date of this rider, we will pay benefits for any pre-existing condition not excluded by name or specific description if the covered disability began 12 months after the effective date and the elimination period has been satisfied.

Geographical Limitations

If you become totally disabled as the result of a covered accident or a covered sickness while you are outside the covered geographical areas and you are totally disabled longer than the elimination period shown on the Rider Schedule, your maximum benefit period for total disability and partial disability combined while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda, or Jamaica.

After the 60-day period, benefits will not be paid until you return to the covered geographical areas.

If you are still totally or partially disabled as defined in this rider when you return from outside the covered geographical areas, we will determine your remaining applicable benefit period by subtracting the time period for which we have already paid you benefits from the benefit period shown on the Rider Schedule. We will pay the monthly benefit amount shown on the Rider Schedule for up to the remaining applicable benefit period.

Waiver of Premium Benefit

After you have been totally disabled or qualify for Partial Disability benefits as the result of a covered accident or a covered sickness for more than 90 consecutive days while this rider is in effect, or after the elimination period shown on the Rider Schedule, whichever is greater, we will waive the premium beginning on the next premium due date for the policy and any attached rider(s) for as long as you remain disabled, up to the benefit period shown on the Rider Schedule. You must pay all

premiums to keep the policy and any attached rider(s) in force until you have been totally disabled or qualify for Partial Disability benefits for 90 consecutive days while this rider is in effect, or for the elimination period shown on the Rider Schedule, whichever is greater.

You must send us written notice as soon as you are no longer disabled. We will assume you are no longer disabled if:

- you do not send us satisfactory proof of loss when we request it; or
- you notify us that you are no longer disabled.

You must pay all premiums to keep the policy and any attached rider(s) in force beginning with the first premium due after you are no longer disabled or after the expiration of the benefit period shown on the Rider Schedule, whichever occurs first.

The Waiver of Premium Benefit does not apply to any period that you are totally or partially disabled due to an accident or condition which is excluded by name or specific description in this rider.

There is no limit to the number of times you can receive the Waiver of Premium benefit.

Proof of Loss

You must send written proof of loss to our home office within 90 days after the covered loss begins. Written proof of loss, provided at your expense and in English or Spanish, must show:

- your employer's statement verifying your last day of work, job title, duties and the number of hours you were working per week; and
- your attending doctor's statement verifying dates of disability, dates of treatment, diagnosis, and restrictions and limitations preventing you from performing your job.

We reserve the right to have you interviewed by an authorized company representative.

If you are self-employed when you become totally disabled, we will require that you provide a valid business license and/or filed federal tax returns as proof you are self-employed. We also reserve the right to require verification of any such information that you provide.

We can require written proof of loss at reasonable periods for a continuing disability covered by this rider. However, you must give us proof no later than 90 days after the end of a period of loss for which we owe you benefits. If this rider provides benefits for up to two years for a period of loss, we will be responsible only for the six-month period for which you give us written proof of loss. This means that we will not pay benefits for a loss unless you continue to give us written proof of loss as required.

If you are not able to give us written proof of loss within 90 days, it will not have a bearing on your claim if proof is given to us as soon as it is reasonably possible. In any event, proof must be given no later than one year from the time stated unless you are legally unable to do so.

Physical Evaluation

We will have the right and opportunity, at our own expense, to have you examined by a doctor, other health professional, vocational expert or rehabilitation expert of our choice. This right may be used as often as it is reasonably necessary while a claim is pending.

Reinstatement

If the premium is not paid by the end of the grace period, this rider will no longer be in force. However, the policy and the rider may be put back in force. This is called *reinstatement*. You can ask us or one of our agents about reinstatement. If our home office accepts the premium and does not require a reinstatement application, the policy and rider will be reinstated on the date the premium is received.

If we do require a reinstatement application at the time we accept the premium, a conditional receipt will be given for the premium. If we approve the reinstatement application, the policy and rider will be reinstated on the date we approve it. If we do not notify you that we have approved or disapproved the reinstatement application, the policy and rider will be reinstated on the 45th day after the date on the conditional receipt.

The reinstated rider will cover only losses that result from:

- covered accidents that occur after the reinstatement date; or
- covered sicknesses that begin more than 10 days after the reinstatement date.

We have the right to make changes in the policy and rider before we reinstate it. Any changes will be made in or attached to the reinstated policy and rider that we send to you. In every other way, your rights and our rights will be the same.

Termination

This rider will terminate on the earliest of:

- the date the policy to which this rider is attached terminates;
- the date premium for this rider is not paid by the end of the grace period;
- the date we receive your written request to terminate this rider; or
- the policy anniversary date on or next following your 70th birthday.

What Is Not Covered By This Rider

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

Alcoholism or Drug Addiction - addiction to alcohol or drugs except for drugs taken as prescribed by your doctor;

Felonies or Illegal Occupations - committing or attempting to commit a felony or engaging in an illegal occupation;

Giving Birth - giving birth within the first nine months after the effective date of this rider as the result of a normal pregnancy, including Cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness;

Hazardous Avocations - engaging in hang gliding; bungee jumping; parachuting; sailgliding; parasailing; parakiting; jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven; or any similar activities;

Pre-Existing Conditions - having a pre-existing condition as defined and limited by the rider;

Psychiatric or Psychological Conditions - having a psychiatric or psychological condition including neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. However, Alzheimer's Disease and other organic senile dementias are covered under this rider;

Racing - riding in or driving any motor-driven vehicle in a race, stunt show or speed test;

Semi-Professional or Professional Sports - practicing for or participating in any semi-professional or professional competitive athletic contest for which you receive any type of compensation or remuneration;

Suicide or Self-Inflicted Injuries - committing or trying to commit suicide or your injuring yourself intentionally whether you are sane or not;

War or Armed Conflict - being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

[



Secretary]

Statement of Variability

Accident 1.0-HS, including state variations where applicable.

Face Page

Officers' signatures and titles may change in the future.

Policy Schedule

Named Insured	Will change with each policyholder
Policy Number	Will change with each policyholder
Policy Coverage Effective Date	Will change with each policyholder
Monthly Policy Premium	Will change based on plan selected
Accident Type	Both variables are on the Policy Schedule. The Accident Type will be either On & Off Job or Off Job Only
Beneficiary	Will change with each policyholder
Coverage Type	All variables are on the Policy Schedule. The options are Named Insured, Named Insured and Spouse, One-Parent Family Coverage or Two-Parent Family Coverage
BENEFITS	All variables are included below.
Accident Emergency Treatment	[\$75] [\$100] [\$125] [\$150] [\$175] One of these benefit amounts will be in each plan.
Accident Follow Up Doctor Visit	[\$50] [\$75] [\$100] Each plan will contain one of these amounts. Maximum of [two] [three] [four] visits per covered person per covered accident One frequency will be in each plan.
Accidental Death	Named Insured [\$20,000-\$150,000, in \$5,000 increments] One amount will be chosen from within this range. [Spouse [\$20,000-\$150,000, in \$5,000 increments]] If spouse coverage is not selected, the entire line will not appear. If spouse coverage is selected, one amount will be chosen from within this range. [Child(ren) [\$4,000-\$30,000, in \$1,000 increments]] If child coverage is not selected, the entire line will not appear. If child coverage is selected, one amount will be chosen from within this range.
Accidental Death-Common Carrier	Named Insured [\$80,000-\$300,000, in \$5,000 increments] One amount will be chosen from within this range. [Spouse [\$80,000-\$300,000, in \$5,000 increments]] If spouse coverage is not selected, the entire line will not appear. If spouse coverage is selected, one amount will be chosen from within this range. [Child(ren) [\$16,000-\$60,000, in \$1,000 increments]] If child coverage is not selected, the entire line will not appear. If child coverage is selected, one amount will be chosen from within this range.
Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of an Eye)	This benefit is unitized. The number of units selected will apply to each of the components of this benefit. <ul style="list-style-type: none"> • Loss of one finger or one toe [\$600-\$1,950 in \$150 increments] • Loss of two or more fingers; or two or more toes; or any combination of two or more fingers or toes [\$1,200-\$3,900, in \$300 increments] • Loss of one hand; or one foot; or sight of one eye [\$6,000-\$19,500, in \$1,500 increments] • Loss of both hands; or both feet; or the sight of both eyes; or any combination of two or more listed. [\$12,000-\$39,000, in \$3,000 increments]

Air Ambulance		[\$1,200] [\$2,000] Each plan will contain one of these amounts.
Ambulance		[\$120] [\$200] Each plan will contain one of these amounts.
Appliance		[\$75] [\$100] Each plan will contain one of these amounts.
Blood/Plasma/Platelets		No variability
Burn		No variability
Burn – Skin Graft		No variability
Catastrophic Accident		
Prior to the covered person's attaining age 65	Named Insured [Spouse [Child(ren)	[\$10,000-\$125,000, in \$2,500 increments] One amount will be chosen from within this range. [\$10,000-\$125,000, in \$2,500 increments]] This line will not appear if spouse coverage is not selected. If spouse coverage is selected, one amount will be chosen from within this range. [\$5,000-\$62,500, in \$1,250 increments]] This line will not appear if child coverage is not selected. If child coverage is selected, one amount will be chosen from within this range.
After the covered person's attaining Age 65 and prior to the covered person's attaining age 70	Named Insured [Spouse [Child(ren)	[\$5,000-\$62,500, in \$1,250 increments] One amount will be chosen from within this range. [\$5,000-\$62,500, in \$1,250 increments]] This line will not appear if spouse coverage is not selected. If spouse coverage is selected, one amount will be chosen from within this range. [\$2,500-\$31,250, in \$625 increments]] This line will not appear if child coverage is not selected. If child coverage is selected, one amount will be chosen from within this range.
After the covered person's attaining Age 70	Named Insured [Spouse [Child(ren)	[\$2,500-\$31,250, in \$625 increments] One amount will be chosen from within this range. [\$2,500-\$31,250, in \$625 increments]] This line will not appear if spouse coverage is not selected. If spouse coverage is selected, one amount will be chosen from within this range. [\$1,250-\$15,625, in \$312.50 increments]] This line will not appear if child coverage is not selected. If child coverage is selected, one amount will be chosen from within this range.
Coma		[\$7,500] [\$10,000] [\$12,500] Each plan will contain one of these amounts.

Concussion	No variable	
Dislocation (Separated Joint)	This benefit is unitized. The number of units selected will apply to each of the components of this benefit.	
Joint	Closed Reduction	Open Reduction
Hip	[\$1,800-\$4,400, in \$200 increments]	[\$3,600-\$8,800, in \$400 increments]
Knee (except patella)	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200 increments]
Ankle – bone or bones of the foot (other than toes)	[\$720-\$1,760, in \$80 increments]	[\$1,440-\$3,520, in \$160 increments]
Collarbone (sternoclavicular)	[\$450-\$1,100, in \$50 increments]	[\$900-\$2,200, in \$100 increments]
Lower jaw	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Shoulder (glenohumeral)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Elbow	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Wrist	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Bone or bones of the hand (other than fingers)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Collarbone (acromioclavicular and separation)	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
One toe or finger	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
	Incomplete dislocation or dislocation reduction without anesthesia	No variable
Emergency Dental Work	Broken tooth repaired with a crown, denture or implant [\$200] [\$300] [\$400] Each plan will contain one of these amounts. Broken tooth resulting in extraction [\$50] [\$75] [\$100] Each plan will contain one of these amounts.	
Eye Injury	[\$200] [\$300] Each plan will contain one of these amounts.	
Fracture (Broken Bone)	This benefit is unitized. The number of units selected will apply to each of the components of this benefit.	
Bone	Closed reduction	Open reduction
Skull (except bones of face or nose), depressed skull fracture	[\$2,250-\$5,500, in \$250 increments]	[\$4,500-\$11,000, in \$500 increments]
Skull (except bones of face or nose), simple non-depressed skull fracture	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200 increments]
Hip, thigh (femur)	[\$1,350-\$3,300, in \$150 increments]	[\$2,700-\$6,600, in \$300 increments]
Vertebrae, body of (excluding vertebral processes)	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]
Pelvis (includes ilium, ischium, pubis,	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]

acetabulum except coccyx)		
Leg (tibia and/or fibula)	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]
Bones of face or nose (except mandible or maxilla)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Upper jaw, maxilla (except alveolar process)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Upper arm between elbow and shoulder (humerus)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Lower jaw, mandible (except alveolar process)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Shoulder blade (scapula), collarbone (clavicle, sternum)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Vertebral processes	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Forearm (radius and/or ulna), hand, wrist (except fingers)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Kneecap (patella)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Foot (except toes)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Ankle	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Rib	[\$225-\$550, in \$25 increments]	[\$450-\$1,100, in \$50 increments]
Coccyx	[\$180-\$440, in \$20 increments]	[\$360-\$880, in \$40 increments]
Finger, toe	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
Chip Fracture	No variable	
Health Screening	[\$50-\$100, in \$10 increments] One amount will be chosen from within this range.	
Hospital Admission	[\$750-\$1,750, in \$50 increments] One amount will be chosen from within this range.	
Hospital Confinement	[\$175-500, in \$25 increments] One amount will be chosen from within this range.	
Hospital Intensive Care Unit Admission	[1,500-\$3,500, in \$100 increments] One amount will be chosen from within this range.	
Hospital Intensive Care Unit Confinement	[\$350-\$1,000, in \$50 increments] One amount will be chosen from within this range.	
Knee Cartilage – Torn	[\$500] [\$750] Each plan will contain one of these amounts.	

Laceration	No variable
Lodging	[\$100] [\$125] [\$150] Each plan will contain one of these amounts.
Medical Imaging Study	[\$100] [\$150] [\$200] Each plan will contain one of these amounts.
Occupation or Physical Therapy	[\$25] [\$35] Each plan will contain one of these amounts.
Prosthetic Device/Artificial Limb	One device/limb [\$500] [\$750] Each plan will contain one of these amounts. Two or more devices/limbs [\$1,000] [\$1,500] Each plan will contain one of these amounts.
Rehabilitation Unit Confinement	[\$100] [\$150] Each plan will contain one of these amounts.
Ruptured Disc with Surgical Repair	[\$500] [\$750] Each plan will contain one of these amounts.
Surgery – Cranial, Open Abdominal and Thoracic/Hernia	Cranial, open abdominal and thoracic (other than hernia repair) [\$1,000] [\$1,500] Each plan will contain one of these amounts. Hernia [\$100] [\$150] Each plan will contain one of these amounts.
Surgery – Exploratory and Arthroscopic	[\$150] [\$200] Each plan will contain one of these amounts.
Tendon/Ligament/Rotator Cuff	One [\$500] [\$750] Each plan will contain one of these amounts. Two or more [\$1,000] [\$1,500] Each plan will contain one of these amounts.
Transportation	[\$400] [\$500] [\$600] Each plan will contain one of these amounts.
X-Ray	[\$20] [\$30] [\$40] Each plan will contain one of these amounts.

Accident 1.0-O, including state variations where applicable.

BENEFITS	
Accident Emergency Treatment	[\$75] [\$100] [\$125] [\$150] [\$175] Each plan will contain one of these amounts.
Accident Follow Up Doctor Visit	[\$50] [\$75] [\$100], Each plan will contain one of these amounts. Maximum of [two] [three] [four] visits One benefit limit will be in each plan.
Accidental Death	Named Insured [\$20,000-\$150,000, in \$5,000 increments] One amount will be chosen from within this range. Spouse [\$20,000-\$150,000, in \$5,000 increments] One amount will be chosen from within this range. Children [4,000-\$30,000, in \$1,000 increments] One amount will be chosen from within this range.
Accidental Death-Common Carrier	Named Insured [\$80,000-\$300,000, in \$5,000 increments] One amount will be chosen from within this range. Spouse [\$80,000-\$300,000, in \$5,000 increments] One amount will be chosen from within this range. Children [16,000-\$60,000, in \$1,000 increments] One amount will be chosen from within this range.

Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of an Eye)	<ul style="list-style-type: none"> Loss of one finger or one toe [\$600-\$1,950 in \$150 increments] One amount will be chosen from within this range. Loss of two or more fingers; or two or more toes; or any combination of two or more fingers or toes [\$1,200-\$3,900, in \$300 increments] One amount will be chosen from within this range. Loss of one hand; or one foot; or sight of one eye [\$6,000-\$19,500, in \$1,500 increments] One amount will be chosen from within this range. Loss of both hands; or both feet; or the sight of both eyes; or any combination of two or more listed. [\$12,000-\$39,000, in \$3,000 increments] One amount will be chosen from within each range. 	
Air Ambulance	[\$1,200] [\$2,000] Each plan will contain one of these amounts.	
Ambulance	[\$120] [\$200] Each plan will contain one of these amounts.	
Appliance	[\$75] [\$100] Each plan will contain one of these amounts.	
Blood/Plasma/Platelets	No variable	
Burn	No variable	
Burn – Skin Graft	No variable	
Catastrophic Accident		
Prior to the covered person's attaining age 65	Named Insured	[\$10,000-\$125,000, in \$2,500 increments] One amount will be chosen from within this range.
	Spouse	[\$10,000-\$125,000, in \$2,500 increments] One amount will be chosen from within this range.
	Child(ren)	[\$5,000-\$62,500, in \$1,250 increments] One amount will be chosen from within this range.
After the covered person's attaining age 65 and prior to the covered person's attaining age 70	Named Insured	[\$5,000-\$62,500, in \$1,250 increments] One amount will be chosen from within this range.
	Spouse	[\$5,000-\$62,500, in \$1,250 increments] One amount will be chosen from within this range.
	Child(ren)	[\$2,500-\$31,250, in \$625 increments] One amount will be chosen from within this range.
After the covered person's attaining age 70	Named Insured	[\$2,500-\$31,250, in \$625 increments] One amount will be chosen from within this range.
	Spouse	[\$2,500-\$31,250, in \$625 increments] One amount will be chosen from within this range.

	Child(ren)	[\$1,250-\$15,625, in \$312.50 increments] One amount will be chosen from within this range.
Coma	[\$7,500] [\$10,000] [\$12,500] Each plan will contain one of these amounts.	
Concussion	No variable	
Dislocation (Separated Joint)	Closed Reduction	Open Reduction
Hip	[\$1,800-\$4,400, in \$200 increments] One amount will be chosen from within this range.	[\$3,600-\$8,800, in \$400 increments] One amount will be chosen from within this range.
Knee (except patella)	[\$900-\$2,200, in \$100 increments] One amount will be chosen from within this range.	[\$1,800-\$4,400, in \$200 increments] One amount will be chosen from within this range.
Ankle – bone or bones of the foot (other than toes)	[\$720-\$1,760, in \$80 increments] One amount will be chosen from within this range.	[\$1,440-\$3,520, in \$160 increments] One amount will be chosen from within this range.
Collarbone (sternoclavicular)	[\$450-\$1,100, in \$50 increments] One amount will be chosen from within this range.	[\$900-\$2,200, in \$240 increments] One amount will be chosen from within this range.
Lower jaw, shoulder (glenohumeral), elbow, wrist	[\$270-\$660, in \$30 increments] One amount will be chosen from within this range.	[\$540-\$1,320, in \$60 increments] One amount will be chosen from within this range.
Bone or bones of the hand (other than fingers)	[\$270-\$660, in \$30 increments] One amount will be chosen from within this range.	[\$540-\$1,320, in \$60 increments] One amount will be chosen from within this range.
Collarbone (acromioclavicular and separation), one toe or finger	[\$90-\$220, in \$10 increments] One amount will be chosen from within this range.	[\$180-\$440, in \$20 increments] One amount will be chosen from within this range.
Incomplete dislocation	No variable	
Emergency Dental Work	Broken tooth repaired with a crown, denture or implant [\$200] [\$300] [\$400] Each plan will contain one of these amounts. Broken tooth resulting in extraction [\$50] [\$75] [\$100] Each plan will contain one of these amounts.	
Eye Injury	[\$200] [\$300] Each plan will contain one of these amounts.	
Fracture (Broken Bone)	Closed Reduction	Open Reduction
Skull (except bones of face or nose) depressed skull fracture	[\$2,250-\$5,500, in \$250 increments] One amount will be chosen from within this range.	[\$4,500-\$11,000, in \$500 increments] One amount will be chosen from within this range.
Skull (except bones of face or nose) non-depressed	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200

skull fracture	One amount will be chosen from within this range.	increments] One amount will be chosen from within this range.
Hip, thigh (femur)	[\$1,350-\$3,300, in \$150 increments] One amount will be chosen from within this range.	[\$2,700-\$6,600, in \$300 increments] One amount will be chosen from within this range.
Vertebrae, body of (excluding vertebral processes), pelvis (except coccyx), leg	[\$675-\$1,650, in \$75 increments] One amount will be chosen from within this range.	[\$1,350-\$3,300, in \$150 increments] One amount will be chosen from within this range.
Bones of face or nose (except mandible or maxilla)	[\$315-\$770, in \$35 increments] One amount will be chosen from within this range.	[\$630-\$1,540, in \$70 increments] One amount will be chosen from within this range.
Upper jaw, maxilla (except alveolar process), upper arm between elbow and shoulder	[\$315-\$770, in \$35 increments] One amount will be chosen from within this range.	[\$630-\$1,540, in \$70 increments] One amount will be chosen from within this range.
Lower jaw, mandible (except alveolar process), kneecap, foot (except toes), ankle	[\$270-\$660, in \$30 increments] One amount will be chosen from within this range.	[\$540-\$1,320, in \$60 increments] One amount will be chosen from within this range.
Shoulder blade, collarbone, vertebral processes, forearm, hand, wrist (except fingers)	[\$270-\$660, in \$30 increments] One amount will be chosen from within this range.	[\$540-\$1,320, in \$60 increments] One amount will be chosen from within this range.
Rib	[\$225-\$550, in \$25 increments] One amount will be chosen from within this range.	[\$450-\$1,100, in \$50 increments] One amount will be chosen from within this range.
Coccyx	[\$180-\$440, in \$20 increments] One amount will be chosen from within this range.	[\$360-\$880, in \$40 increments] One amount will be chosen from within this range.
Finger, Toe	[\$90-\$220, in \$10 increments] One amount will be chosen from within this range.	[\$180-\$440, in \$20 increments] One amount will be chosen from within this range.
Health Screening	[\$50-\$100, in \$10 increments] One amount will be chosen from within this range.	
Hospital Admission	[\$750-\$1,750, in \$50 increments] One amount will be chosen from within this range.	
Hospital Confinement	[\$175-\$500, in \$25 increments] One amount will be chosen from within this range.	
Hospital Intensive Care Unit Admission	[\$1,500-\$3,500, in \$100 increments] One amount will be chosen from within this range.	
Hospital Intensive Care Unit Confinement	[\$350-\$1,000, in \$50 increments] One amount will be chosen from within this range.	

Knee Cartilage – Torn	[\$500] [\$750] Each plan will contain one of these amounts.
Laceration	No variable
Lodging	[\$100] [\$125] [\$150] Each plan will contain one of these amounts.
Medical Imaging Study	[\$100] [\$150] [\$200] Each plan will contain one of these amounts.
Occupation or Physical Therapy	[\$25] [\$35] Each plan will contain one of these amounts.
Prosthetic Device/Artificial Limb	One device/limb [\$500] [\$750] Each plan will contain one of these amounts. Two or more devices/limbs [\$1,000] [\$1,500] Each plan will contain one of these amounts.
Rehabilitation Unit Confinement	[\$100] [\$150] Each plan will contain one of these amounts.
Ruptured Disc	[\$500] [\$750] Each plan will contain one of these amounts.
Surgery – Cranial, Open Abdominal and Thoracic/Hernia	Cranial, open abdominal and thoracic (other than hernia repair) [\$1,000] [\$1,500] Each plan will contain one of these amounts. Hernia [\$100] [\$150] Each plan will contain one of these amounts.
Surgery – Exploratory and Arthroscopic	[\$150] [\$200] Each plan will contain one of these amounts.
Tendon/Ligament/Rotator Cuff	One [\$500] [\$750] Each plan will contain one of these amounts. Two or more [\$1,000] [\$1,500] Each plan will contain one of these amounts.
Transportation	[\$400] [\$500] [\$600] Each plan will contain one of these amounts.
X-Ray	[\$20] [\$30] [\$40] Each plan will contain one of these amounts.

R-SHC-1.0, including state variations where applicable.

Named Insured	Will change with each policyholder
Policy Number	Will change with each policyholder
Coverage Level	Will change with each policyholder
Age at Issue	Will change with each policyholder
Rider Effective Date	Will change with each policyholder
Monthly Rider Premium	Will change depending on the plan selected
Hospital Confinement Benefit	[\$50] [\$100] [\$150] [\$200] Per Day Each plan will contain one of these amounts.
Officers' signature and title may change in the future.	

R-SHC-1.0-O, including state variations where applicable.

Hospital Confinement	[\$50] [\$100] [\$150] [\$200] per day Each plan will contain one of these amounts.

R-ASD-1.0, including state variations where applicable.

Named Insured	Will change with each policyholder
Policy Number	Will change with each policyholder
Age at Issue	Will change with each policyholder
Rider Effective Date	Will change with each policyholder
Monthly Rider Premium	Will change depending on the plan selected
Accident Type	Will be either On-Off-Job, or Off-Job Only
Total Disability Benefit	
Benefit Period	[3 Months] [6 Months] [12 Months] [24 Months] Each plan will contain one of these benefit periods.
Elimination Period	[0 Days] [7 Days] [14 Days] [30 Days] [60 Days] [90 Days] [180 Days] Each plan will contain one of these elimination periods for Accidents
Monthly Benefit Amount	[On-job [\$200-\$2,500, in \$50 increments]] On-job coverage will be available in some plans, but not in others. If available, each policy will contain one of these benefit amounts. Off-Job [Only] [\$400-\$5,000, in \$100 increments] One amount will be chosen from within this range.
Partial Disability Benefit	
Benefit Period	No variable
Monthly Benefit Amount	[On-job [\$100-\$1,250, in \$50 increments]] On-job coverage will be available in some plans, but not in others. If available, one amount will be chosen from within this range. Off-job [\$200-\$2,500, in \$50 increments] One amount will be chosen from within this range.
Sickness Type	Will be either On-Off-Job, or Off-Job Only
Total Disability Benefit	
Benefit Period	[3 Months] [6 Months] [12 Months] Each plan will contain one of these benefit periods.
Elimination Period	[7 Days] [14 Days] [30 Days] [60 Days] [90 Days] [180 Days] Each plan will contain one of these elimination periods for Sicknesses.
Monthly Benefit Amount	[On-Job] [\$200-\$2,500, in \$50 increments] On-job coverage will be available in some plans, but not in others. If available, one amount will be chosen from within this range. Off-Job [Only] [\$400-\$5,000, in \$100 increments] One amount will be chosen from within this range.
Partial Disability Benefit	
Benefit Period	No variable
Monthly Benefit Amount	[On-job [\$100-\$1,250, in \$50 increments]] On-job coverage will be available in some plans, but not in others. If available, one amount will be chosen from within this range. Off-job [\$200-\$2,500, in \$100 increments]

Coverage Provided by This Rider	
Concurrent or Subsequent Disability	Minimum number of calendar days between covered disabilities may vary. The variables are [1] [5] [7] [10] [14]
Officers' signature and title may change in the future.	

R-ASD-1.0-O, including state variations where applicable.

Coverage Provided by The Rider	
Concurrent or Subsequent Disability	Minimum number of calendar days between covered disabilities may vary. The variables are [1] [5] [7] [10] [14]

R-AD-1.0, including state variations where applicable.

Named Insured	Will change with each policyholder
Policy Number	Will change with each policyholder
Age at Issue	Will change with each policyholder
Rider Effective Date	Will change with each policyholder
Monthly Rider Premium	Will change depending on the plan selected
Accident Type	Will be either On-Off-Job, or Off-Job Only
Total Disability Benefit	
Benefit Period	[6 Months] [12 Months] Each plan will contain one of these benefit periods.
Elimination Period	[0 Days] [7 Days] [14 Days] [30 Days] Each plan will contain one of these elimination periods for Sicknesses.
Monthly Benefit Amount	[On-Job] [\$200-\$2,500, in \$50 increments] One amount will be chosen from within this range. Off-Job [Only] [\$400-\$5,000, in \$100 increments] One amount will be chosen from within this range.
Partial Disability Benefit	
Benefit Period	No variable
Monthly Benefit Amount	[\$100-\$1,250, in \$50 increments] One amount will be chosen from within this range.
Coverage Provided by This Rider	
Concurrent or Subsequent Disability	Minimum number of calendar days between covered disabilities may vary. The variables are [1] [5] [7] [10] [14]
Officers' signature and title may change in the future.	

R-AD-1.0-O, including state variations where applicable

Coverage Provided by The Rider	
Concurrent or Subsequent Disability	Minimum number of calendar days between covered disabilities may vary. The variables are [1] [5] [7] [10] [14]

Statement of Variability

Accident 1.0-NS, including state variations where applicable.

Face Page

Officers' signatures and titles may change in the future.

Policy Schedule

Named Insured	Will change with each policyholder
Policy Number	Will change with each policyholder
Policy Coverage Effective Date	Will change with each policyholder
Monthly Policy Premium	Will change based on plan selected
Accident Type	Both variables are on the Policy Schedule. The Accident Type will be either On & Off Job or Off Job Only
Beneficiary	Will change with each policyholder
Coverage Type	All variables are on the Policy Schedule. The options are Named Insured, Named Insured and Spouse, One-Parent Family Coverage or Two-Parent Family Coverage
BENEFITS	All variables are included below.
Accident Emergency Treatment	[\$75] [\$100] [\$125] [\$150] [\$175] One of these benefit amounts will be in each plan.
Accident Follow Up Doctor Visit	[\$50] [\$75] [\$100] Each plan will contain one of these amounts. Maximum of [two] [three] [four] visits per covered person per covered accident One frequency will be in each plan.
Accidental Death	Named Insured [\$20,000-\$150,000, in \$5,000 increments] One amount will be chosen from within this range. [Spouse [\$20,000-\$150,000, in \$5,000 increments]] If spouse coverage is not selected, the entire line will not appear. If spouse coverage is selected, one amount will be chosen from within this range. [Child(ren) [\$4,000-\$30,000, in \$1,000 increments]] If child coverage is not selected, the entire line will not appear. If child coverage is selected, one amount will be chosen from within this range.
Accidental Death-Common Carrier	Named Insured [\$80,000-\$300,000, in \$5,000 increments] One amount will be chosen from within this range. [Spouse [\$80,000-\$300,000, in \$5,000 increments]] If spouse coverage is not selected, the entire line will not appear. If spouse coverage is selected, one amount will be chosen from within this range. [Child(ren) [\$16,000-\$60,000, in \$1,000 increments]] If child coverage is not selected, the entire line will not appear. If child coverage is selected, one amount will be chosen from within this range.
Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of an Eye)	This benefit is unitized. The number of units selected will apply to each of the components of this benefit. <ul style="list-style-type: none"> • Loss of one finger or one toe [\$600-\$1,950 in \$150 increments] • Loss of two or more fingers; or two or more toes; or any combination of two or more fingers or toes [\$1,200-\$3,900, in \$300 increments] • Loss of one hand; or one foot; or sight of one eye [\$6,000-\$19,500, in \$1,500 increments] • Loss of both hands; or both feet; or the sight of both eyes; or any combination of two or more listed. [\$12,000-\$39,000, in \$3,000 increments]

Air Ambulance		[\$1,200] [\$2,000] Each plan will contain one of these amounts.
Ambulance		[\$120] [\$200] Each plan will contain one of these amounts.
Appliance		[\$75] [\$100] Each plan will contain one of these amounts.
Blood/Plasma/Platelets		No variability
Burn		No variability
Burn – Skin Graft		No variability
Catastrophic Accident		
Prior to the covered person's attaining age 65	Named Insured [Spouse [Child(ren)	[\$10,000-\$125,000, in \$2,500 increments] One amount will be chosen from within this range. [\$10,000-\$125,000, in \$2,500 increments]] This line will not appear if spouse coverage is not selected. If spouse coverage is selected, one amount will be chosen from within this range. [\$5,000-\$62,500, in \$1,250 increments]] This line will not appear if child coverage is not selected. If child coverage is selected, one amount will be chosen from within this range.
After the covered person's attaining Age 65 and prior to the covered person's attaining age 70	Named Insured [Spouse [Child(ren)	[\$5,000-\$62,500, in \$1,250 increments] One amount will be chosen from within this range. [\$5,000-\$62,500, in \$1,250 increments]] This line will not appear if spouse coverage is not selected. If spouse coverage is selected, one amount will be chosen from within this range. [\$2,500-\$31,250, in \$625 increments]] This line will not appear if child coverage is not selected. If child coverage is selected, one amount will be chosen from within this range.
After the covered person's attaining Age 70	Named Insured [Spouse [Child(ren)	[\$2,500-\$31,250, in \$625 increments] One amount will be chosen from within this range. [\$2,500-\$31,250, in \$625 increments]] This line will not appear if spouse coverage is not selected. If spouse coverage is selected, one amount will be chosen from within this range. [\$1,250-\$15,625, in \$312.50 increments]] This line will not appear if child coverage is not selected. If child coverage is selected, one amount will be chosen from within this range.
Coma		[\$7,500] [\$10,000] [\$12,500] Each plan will contain one of these amounts.

Concussion	No variable	
Dislocation (Separated Joint)	This benefit is unitized. The number of units selected will apply to each of the components of this benefit.	
Joint	Closed Reduction	Open Reduction
Hip	[\$1,800-\$4,400, in \$200 increments]	[\$3,600-\$8,800, in \$400 increments]
Knee (except patella)	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200 increments]
Ankle – bone or bones of the foot (other than toes)	[\$720-\$1,760, in \$80 increments]	[\$1,440-\$3,520, in \$160 increments]
Collarbone (sternoclavicular)	[\$450-\$1,100, in \$50 increments]	[\$900-\$2,200, in \$100 increments]
Lower jaw	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Shoulder (glenohumeral)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Elbow	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Wrist	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Bone or bones of the hand (other than fingers)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Collarbone (acromioclavicular and separation)	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
One toe or finger	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
	Incomplete dislocation or dislocation reduction without anesthesia	No variable
Emergency Dental Work	Broken tooth repaired with a crown, denture or implant [\$200] [\$300] [\$400] Each plan will contain one of these amounts. Broken tooth resulting in extraction [\$50] [\$75] [\$100] Each plan will contain one of these amounts.	
Eye Injury	[\$200] [\$300] Each plan will contain one of these amounts.	
Fracture (Broken Bone)	This benefit is unitized. The number of units selected will apply to each of the components of this benefit.	
Bone	Closed reduction	Open reduction
Skull (except bones of face or nose), depressed skull fracture	[\$2,250-\$5,500, in \$250 increments]	[\$4,500-\$11,000, in \$500 increments]
Skull (except bones of face or nose), simple non-depressed skull fracture	[\$900-\$2,200, in \$100 increments]	[\$1,800-\$4,400, in \$200 increments]
Hip, thigh (femur)	[\$1,350-\$3,300, in \$150 increments]	[\$2,700-\$6,600, in \$300 increments]
Vertebrae, body of (excluding vertebral processes)	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]
Pelvis (includes ilium, ischium, pubis,	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]

acetabulum except coccyx)		
Leg (tibia and/or fibula)	[\$675-\$1,650, in \$75 increments]	[\$1,350-\$3,300, in \$150 increments]
Bones of face or nose (except mandible or maxilla)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Upper jaw, maxilla (except alveolar process)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Upper arm between elbow and shoulder (humerus)	[\$315-\$770, in \$35 increments]	[\$630-\$1,540, in \$70 increments]
Lower jaw, mandible (except alveolar process)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Shoulder blade (scapula), collarbone (clavicle, sternum)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Vertebral processes	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Forearm (radius and/or ulna), hand, wrist (except fingers)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Kneecap (patella)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Foot (except toes)	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Ankle	[\$270-\$660, in \$30 increments]	[\$540-\$1,320, in \$60 increments]
Rib	[\$225-\$550, in \$25 increments]	[\$450-\$1,100, in \$50 increments]
Coccyx	[\$180-\$440, in \$20 increments]	[\$360-\$880, in \$40 increments]
Finger, toe	[\$90-\$220, in \$10 increments]	[\$180-\$440, in \$20 increments]
Chip Fracture	No variable	
Hospital Admission	[\$750-\$1,750, in \$50 increments]	One amount will be chosen from within this range.
Hospital Confinement	[\$175-500, in \$25 increments]	One amount will be chosen from within this range.
Hospital Intensive Care Unit Admission	[1,500-\$3,500, in \$100 increments]	One amount will be chosen from within this range.
Hospital Intensive Care Unit Confinement	[\$350-\$1,000, in \$50 increments]	One amount will be chosen from within this range.
Knee Cartilage – Torn	[\$500] [\$750]	Each plan will contain one of these amounts.
Laceration	No variable	
Lodging	[\$100] [\$125] [\$150]	Each plan will contain one of these amounts.

Medical Imaging Study	[\$100] [\$150] [\$200] Each plan will contain one of these amounts.
Occupation or Physical Therapy	[\$25] [\$35] Each plan will contain one of these amounts.
Prosthetic Device/Artificial Limb	One device/limb [\$500] [\$750] Each plan will contain one of these amounts. Two or more devices/limbs [\$1,000] [\$1,500] Each plan will contain one of these amounts.
Rehabilitation Unit Confinement	[\$100] [\$150] Each plan will contain one of these amounts.
Ruptured Disc with Surgical Repair	[\$500] [\$750] Each plan will contain one of these amounts.
Surgery – Cranial, Open Abdominal and Thoracic/Hernia	Cranial, open abdominal and thoracic (other than hernia repair) [\$1,000] [\$1,500] Each plan will contain one of these amounts. Hernia [\$100] [\$150] Each plan will contain one of these amounts.
Surgery – Exploratory and Arthroscopic	[\$150] [\$200] Each plan will contain one of these amounts.
Tendon/Ligament/Rotator Cuff	One [\$500] [\$750] Each plan will contain one of these amounts. Two or more [\$1,000] [\$1,500] Each plan will contain one of these amounts.
Transportation	[\$400] [\$500] [\$600] Each plan will contain one of these amounts.
X-Ray	[\$20] [\$30] [\$40] Each plan will contain one of these amounts.

Accident 1.0-NS-O, including state variations where applicable.

BENEFITS	
Accident Emergency Treatment	[\$75] [\$100] [\$125] [\$150] [\$175] Each plan will contain one of these amounts.
Accident Follow Up Doctor Visit	[\$50] [\$75] [\$100], Each plan will contain one of these amounts. Maximum of [two] [three] [four] visits One benefit limit will be in each plan.
Accidental Death	Named Insured [\$20,000-\$150,000, in \$5,000 increments] One amount will be chosen from within this range. Spouse [\$20,000-\$150,000, in \$5,000 increments] One amount will be chosen from within this range. Children [4,000-\$30,000, in \$1,000 increments] One amount will be chosen from within this range.
Accidental Death-Common Carrier	Named Insured [\$80,000-\$300,000, in \$5,000 increments] One amount will be chosen from within this range. Spouse [\$80,000-\$300,000, in \$5,000 increments] One amount will be chosen from within this range. Children [16,000-\$60,000, in \$1,000 increments] One amount will be chosen from within this range.
Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of an Eye)	<ul style="list-style-type: none"> Loss of one finger or one toe [\$600-\$1,950 in \$150 increments] One amount will be chosen from within this range. Loss of two or more fingers; or two or more toes; or any combination of two

	<p>or more fingers or toes [\$1,200-\$3,900, in \$300 increments] One amount will be chosen from within this range.</p> <ul style="list-style-type: none"> Loss of one hand; or one foot; or sight of one eye [\$6,000-\$19,500, in \$1,500 increments] One amount will be chosen from within this range. Loss of both hands; or both feet; or the sight of both eyes; or any combination of two or more listed. [\$12,000-\$39,000, in \$3,000 increments] One amount will be chosen from within each range. 	
Air Ambulance	[\$1,200] [\$2,000] Each plan will contain one of these amounts.	
Ambulance	[\$120] [\$200] Each plan will contain one of these amounts.	
Appliance	[\$75] [\$100] Each plan will contain one of these amounts.	
Blood/Plasma/Platelets	No variable	
Burn	No variable	
Burn – Skin Graft	No variable	
Catastrophic Accident		
Prior to the covered person's attaining age 65	Named Insured	[\$10,000-\$125,000, in \$2,500 increments] One amount will be chosen from within this range.
	Spouse	[\$10,000-\$125,000, in \$2,500 increments] One amount will be chosen from within this range.
	Child(ren)	[\$5,000-\$62,500, in \$1,250 increments] One amount will be chosen from within this range.
After the covered person's attaining age 65 and prior to the covered person's attaining age 70	Named Insured	[\$5,000-\$62,500, in \$1,250 increments] One amount will be chosen from within this range.
	Spouse	[\$5,000-\$62,500, in \$1,250 increments] One amount will be chosen from within this range.
	Child(ren)	[\$2,500-\$31,250, in \$625 increments] One amount will be chosen from within this range.
After the covered person's attaining age 70	Named Insured	[\$2,500-\$31,250, in \$625 increments] One amount will be chosen from within this range.
	Spouse	[\$2,500-\$31,250, in \$625 increments] One amount will be chosen from within this range.
	Child(ren)	[\$1,250-\$15,625, in \$312.50 increments] One amount will be chosen from

		within this range.
Coma	[\$7,500] [\$10,000] [\$12,500] Each plan will contain one of these amounts.	
Concussion	No variable	
Dislocation (Separated Joint)	Closed Reduction	Open Reduction
Hip	[\$1,800-\$4,400, in \$200 increments] One amount will be chosen from within this range.	[\$3,600-\$8,800, in \$400 increments] One amount will be chosen from within this range.
Knee (except patella)	[\$900-\$2,200, in \$100 increments] One amount will be chosen from within this range.	[\$1,800-\$4,400, in \$200 increments] One amount will be chosen from within this range.
Ankle – bone or bones of the foot (other than toes)	[\$720-\$1,760, in \$80 increments] One amount will be chosen from within this range.	[\$1,440-\$3,520, in \$160 increments] One amount will be chosen from within this range.
Collarbone (sternoclavicular)	[\$450-\$1,100, in \$50 increments] One amount will be chosen from within this range.	[\$900-\$2,200, in \$240 increments] One amount will be chosen from within this range.
Lower jaw, shoulder (glenohumeral), elbow, wrist	[\$270-\$660, in \$30 increments] One amount will be chosen from within this range.	[\$540-\$1,320, in \$60 increments] One amount will be chosen from within this range.
Bone or bones of the hand (other than fingers)	[\$270-\$660, in \$30 increments] One amount will be chosen from within this range.	[\$540-\$1,320, in \$60 increments] One amount will be chosen from within this range.
Collarbone (acromioclavicular and separation), one toe or finger	[\$90-\$220, in \$10 increments] One amount will be chosen from within this range.	[\$180-\$440, in \$20 increments] One amount will be chosen from within this range.
Incomplete dislocation	No variable	
Emergency Dental Work	Broken tooth repaired with a crown, denture or implant [\$200] [\$300] [\$400] Each plan will contain one of these amounts. Broken tooth resulting in extraction [\$50] [\$75] [\$100] Each plan will contain one of these amounts.	
Eye Injury	[\$200] [\$300] Each plan will contain one of these amounts.	
Fracture (Broken Bone)	Closed Reduction	Open Reduction
Skull (except bones of face or nose) depressed skull fracture	[\$2,250-\$5,500, in \$250 increments] One amount will be chosen from within this range.	[\$4,500-\$11,000, in \$500 increments] One amount will be chosen from within this range.
Skull (except bones of face or nose) non-depressed skull fracture	[\$900-\$2,200, in \$100 increments] One amount will be chosen from within this range.	[\$1,800-\$4,400, in \$200 increments] One amount will be chosen from within this range.

Hip, thigh (femur)	[\$1,350-\$3,300, in \$150 increments] One amount will be chosen from within this range.	[\$2,700-\$6,600, in \$300 increments] One amount will be chosen from within this range.
Vertebrae, body of (excluding vertebral processes), pelvis (except coccyx), leg	[\$675-\$1,650, in \$75 increments] One amount will be chosen from within this range.	[\$1,350-\$3,300, in \$150 increments] One amount will be chosen from within this range.
Bones of face or nose (except mandible or maxilla)	[\$315-\$770, in \$35 increments] One amount will be chosen from within this range.	[\$630-\$1,540, in \$70 increments] One amount will be chosen from within this range.
Upper jaw, maxilla (except alveolar process), upper arm between elbow and shoulder	[\$315-\$770, in \$35 increments] One amount will be chosen from within this range.	[\$630-\$1,540, in \$70 increments] One amount will be chosen from within this range.
Lower jaw, mandible (except alveolar process), kneecap, foot (except toes), ankle	[\$270-\$660, in \$30 increments] One amount will be chosen from within this range.	[\$540-\$1,320, in \$60 increments] One amount will be chosen from within this range.
Shoulder blade, collarbone, vertebral processes, forearm, hand, wrist (except fingers)	[\$270-\$660, in \$30 increments] One amount will be chosen from within this range.	[\$540-\$1,320, in \$60 increments] One amount will be chosen from within this range.
Rib	[\$225-\$550, in \$25 increments] One amount will be chosen from within this range.	[\$450-\$1,100, in \$50 increments] One amount will be chosen from within this range.
Coccyx	[\$180-\$440, in \$20 increments] One amount will be chosen from within this range.	[\$360-\$880, in \$40 increments] One amount will be chosen from within this range.
Finger, Toe	[\$90-\$220, in \$10 increments] One amount will be chosen from within this range.	[\$180-\$440, in \$20 increments] One amount will be chosen from within this range.
Hospital Admission	[\$750-\$1,750, in \$50 increments] One amount will be chosen from within this range.	
Hospital Confinement	[\$175-\$500, in \$25 increments] One amount will be chosen from within this range.	
Hospital Intensive Care Unit Admission	[\$1,500-\$3,500, in \$100 increments] One amount will be chosen from within this range.	
Hospital Intensive Care Unit Confinement	[\$350-\$1,000, in \$50 increments] One amount will be chosen from within this range.	
Knee Cartilage – Torn	[\$500] [\$750] Each plan will contain one of these amounts.	
Laceration	No variable	
Lodging	[\$100] [\$125] [\$150] Each plan will contain one of these amounts.	

Medical Imaging Study	[\$100] [\$150] [\$200] Each plan will contain one of these amounts.
Occupation or Physical Therapy	[\$25] [\$35] Each plan will contain one of these amounts.
Prosthetic Device/Artificial Limb	One device/limb [\$500] [\$750] Each plan will contain one of these amounts. Two or more devices/limbs [\$1,000] [\$1,500] Each plan will contain one of these amounts.
Rehabilitation Unit Confinement	[\$100] [\$150] Each plan will contain one of these amounts.
Ruptured Disc	[\$500] [\$750] Each plan will contain one of these amounts.
Surgery – Cranial, Open Abdominal and Thoracic/Hernia	Cranial, open abdominal and thoracic (other than hernia repair) [\$1,000] [\$1,500] Each plan will contain one of these amounts. Hernia [\$100] [\$150] Each plan will contain one of these amounts.
Surgery – Exploratory and Arthroscopic	[\$150] [\$200] Each plan will contain one of these amounts.
Tendon/Ligament/Rotator Cuff	One [\$500] [\$750] Each plan will contain one of these amounts. Two or more [\$1,000] [\$1,500] Each plan will contain one of these amounts.
Transportation	[\$400] [\$500] [\$600] Each plan will contain one of these amounts.
X-Ray	[\$20] [\$30] [\$40] Each plan will contain one of these amounts.

R-SHC-1.0, including state variations where applicable.

Named Insured	Will change with each policyholder
Policy Number	Will change with each policyholder
Coverage Level	Will change with each policyholder
Age at Issue	Will change with each policyholder
Rider Effective Date	Will change with each policyholder
Monthly Rider Premium	Will change depending on the plan selected
Hospital Confinement Benefit	[\$50] [\$100] [\$150] [\$200] Per Day Each plan will contain one of these amounts.
Officers' signature and title may change in the future.	

R-SHC-1.0-O, including state variations where applicable.

Hospital Confinement	[\$50] [\$100] [\$150] [\$200] per day Each plan will contain one of these amounts.

R-ASD-1.0, including state variations where applicable.

Named Insured	Will change with each policyholder
Policy Number	Will change with each policyholder
Age at Issue	Will change with each policyholder
Rider Effective Date	Will change with each policyholder

Monthly Rider Premium	Will change depending on the plan selected
Accident Type	Will be either On-Off-Job, or Off-Job Only
Total Disability Benefit	
Benefit Period	[3 Months] [6 Months] [12 Months] [24 Months] Each plan will contain one of these benefit periods.
Elimination Period	[0 Days] [7 Days] [14 Days] [30 Days] [60 Days] [90 Days] [180 Days] Each plan will contain one of these elimination periods for Accidents
Monthly Benefit Amount	[On-job [\$200-\$2,500, in \$50 increments]] On-job coverage will be available in some plans, but not in others. If available, each policy will contain one of these benefit amounts. Off-Job [Only] [\$400-\$5,000, in \$100 increments] One amount will be chosen from within this range.
Partial Disability Benefit	
Benefit Period	No variable
Monthly Benefit Amount	[On-job [\$100-\$1,250, in \$50 increments]] On-job coverage will be available in some plans, but not in others. If available, one amount will be chosen from within this range. Off-job [\$200-\$2,500, in \$50 increments] One amount will be chosen from within this range.
Sickness Type	Will be either On-Off-Job, or Off-Job Only
Total Disability Benefit	
Benefit Period	[3 Months] [6 Months] [12 Months] Each plan will contain one of these benefit periods.
Elimination Period	[7 Days] [14 Days] [30 Days] [60 Days] [90 Days] [180 Days] Each plan will contain one of these elimination periods for Sicknesses.
Monthly Benefit Amount	[On-Job] [\$200-\$2,500, in \$50 increments] On-job coverage will be available in some plans, but not in others. If available, one amount will be chosen from within this range. Off-Job [Only] [\$400-\$5,000, in \$100 increments] One amount will be chosen from within this range.
Partial Disability Benefit	
Benefit Period	No variable
Monthly Benefit Amount	[On-job [\$100-\$1,250, in \$50 increments]] On-job coverage will be available in some plans, but not in others. If available, one amount will be chosen from within this range. Off-job [\$200-\$2,500, in \$100 increments]
Coverage Provided by This Rider	
Concurrent or Subsequent Disability	Minimum number of calendar days between covered disabilities may vary. The variables are [1] [5] [7] [10] [14]
Officers' signature and title may change in the future.	

R-ASD-1.0-O, including state variations where applicable.

Coverage Provided by The Rider	
Concurrent or Subsequent Disability	Minimum number of calendar days between covered disabilities may vary. The variables are [1] [5] [7] [10] [14]

R-AD-1.0, including state variations where applicable.

Named Insured	Will change with each policyholder
Policy Number	Will change with each policyholder
Age at Issue	Will change with each policyholder
Rider Effective Date	Will change with each policyholder
Monthly Rider Premium	Will change depending on the plan selected
Accident Type	Will be either On-Off-Job, or Off-Job Only
Total Disability Benefit	
Benefit Period	[6 Months] [12 Months] Each plan will contain one of these benefit periods.
Elimination Period	[0 Days] [7 Days] [14 Days] [30 Days] Each plan will contain one of these elimination periods for Sicknesses.
Monthly Benefit Amount	[On-Job] [\$200-\$2,500, in \$50 increments] One amount will be chosen from within this range. Off-Job [Only] [\$400-\$5,000, in \$100 increments] One amount will be chosen from within this range.
Partial Disability Benefit	
Benefit Period	No variable
Monthly Benefit Amount	[\$100-\$1,250, in \$50 increments] One amount will be chosen from within this range.
Coverage Provided by This Rider	
Concurrent or Subsequent Disability	Minimum number of calendar days between covered disabilities may vary. The variables are [1] [5] [7] [10] [14]
Officers' signature and title may change in the future.	

R-AD-1.0-O, including state variations where applicable

Coverage Provided by The Rider	
Concurrent or Subsequent Disability	Minimum number of calendar days between covered disabilities may vary. The variables are [1] [5] [7] [10] [14]