Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, PA

Product Name: Direct Marketing
TOI: H02I Individual Health - Accident Only
Sub-TOI: H02I.000 Health - Accident Only
Filing Type: Form/Rate

SERFF Tr Num: AGDE-126035226
SERFF Status: Closed
Co Tr Num: A30329NUFIC-AR
Co Status:
Authors: Jolene Baddick, Wanda Coleman, Wanda Floyd
Date Submitted: 02/13/2009

State: ArkansasLH
State Tr Num: 41559
State Status: Approved-Closed
Reviewer(s): Rosalind Minor
Disposition Date: 03/13/2009
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
Implementation Date:

State Filing Description:

General Information

Project Name: Individual Accident Policy
Project Number: A30329NUFIC-AR
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 03/13/2009

Deemer Date:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 03/13/2009
Corresponding Filing Tracking Number: A30329NUFIC-AR

Filing Description:

RE: National Union Fire Insurance Company of Pittsburgh, Pa.

NAIC # 012-19445, FEIN 25-0687550

Individual Accident and Sickness Insurance

A30329NUFIC-AR – Individual Accident [and Sickness] Policy

A30330NUFIC – Accidental Death Benefit Rider

A30331NUFIC – Accident Medical Expense Benefit Rider

A30332NUFIC – Dislocations and Fractures Benefit Rider

A30333NUFIC – Emergency [Transportation] [and] [Treatment] Benefit Rider

A30334NUFIC – Escalator Benefit Rider

A30335NUFIC – Family Leave Benefit Rider [Version 1]

A30336NUFIC – Family Leave Benefit Rider [Version 2]

A30337NUFIC – Homecare Benefit Rider

A30338NUFIC – In-Hospital Indemnity Daily Benefit Rider

A30339NUFIC – In-Hospital Indemnity Single Payment Benefit Rider

A30340NUFIC – In-Hospital Indemnity Sickness Daily Benefit Rider

A30341NUFIC – In-Hospital Indemnity Sickness Single Payment Benefit Rider

A30342NUFIC – Intensive Care Unit Benefit Rider

A30343NUFIC – Permanent Total Disability Benefit Rider (Monthly Benefit)

A30344NUFIC – Permanent Total Disability Benefit Rider (Single Payment)

A30345NUFIC – Physician's Office Visits Indemnity Benefit Rider

A30346NUFIC – Recuperation Daily Benefit Rider

A30347NUFIC – Recuperation Sickness Daily Benefit Rider

A30348NUFIC – Simultaneous In-Hospital Indemnity Daily Benefit Rider

A30349NUFIC – Total Temporary Disability Accident Benefit Rider

A30363NUFIC-AR – Application

A30364NUFIC-AR – Outline of Coverage

Actuarial Memorandum and Rates

We are submitting the referenced forms for your review and approval along with an Actuarial Memorandum and Rates. These forms are new and are not intended to replace any forms previously approved by your Department.

The referenced Policy is being filed with optional Riders that may be included to accommodate the needs of the client.

When approved, this coverage will be marketed via direct response (via telephone, mail, e-mail or internet) or agent/broker solicitation.

Also enclosed for your review are:

• Replacement Notice

• Explanation of Variables

• Policyholder Service Notice - AR-SERVICE INFO (Rev 09/07)

The variability is explained for the Policy and each Rider in the enclosed Explanation of Variables document. We have included numeric superscripts following the brackets on the forms which correspond to the numbered explanations within the Explanation of Variables document.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed forms (including color, and typeface and font). Please be assured that all other changes will be filed for approval.

We appreciate your attention to this filing and look forward to your approval.

Company and Contact

Filing Contact Information

Jolene Baddick, Regulatory Affairs Analyst
600 King Street
Wilimington, DE 19801
jolene.baddick@aig.com
(800) 225-5244 [Phone]
(302) 594-4810[FAX]

Filing Company Information

National Union Fire Insurance Company of Pittsburgh, PA	CoCode: 19445	State of Domicile: Pennsylvania
70 Pine Street	Group Code: 12	Company Type:
New York, NY 10270	Group Name: AIG	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 25-0687550	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00

SERFF Tracking Number:	*AGDE-126035226*	*State:*	*Arkansas*
Filing Company:	*National Union Fire Insurance Company of Pittsburgh, PA*	*State Tracking Number:*	*41559*
Company Tracking Number:	*A30329NUFIC-AR*		
TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*Direct Marketing*		
Project Name/Number:	*Individual Accident Policy/A30329NUFIC-AR*		

Retaliatory?	No
Fee Explanation:	$50 per filing
Per Company:	No

SERFF Tracking Number:	*AGDE-126035226*	*State:*	*Arkansas*
Filing Company:	*National Union Fire Insurance Company of Pittsburgh, PA*	*State Tracking Number:*	*41559*
Company Tracking Number:	*A30329NUFIC-AR*		
TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*Direct Marketing*		
Project Name/Number:	*Individual Accident Policy/A30329NUFIC-AR*		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of Pittsburgh, PA	$50.00	02/13/2009	25722558

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/13/2009	03/13/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Rosalind Minor	02/17/2009	02/17/2009	Wanda Coleman	03/12/2009	03/12/2009

Disposition

Disposition Date: 03/13/2009
Implementation Date:
Status: Approved-Closed
Comment:

Company Name:	**Overall % Indicated Change:**	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Premium:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**
National Union Fire Insurance Company of Pittsburgh, PA	%	%	$		$	%	%

Item Type	Item Name	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	Replacement Notice	Approved-Closed	Yes
Supporting Document	Explanation of Variables	Approved-Closed	Yes
Supporting Document	Policyholder Service Notice	Approved-Closed	Yes
Form *(revised)*	Individual Accident [and Sickness]Policy	Approved-Closed	Yes
Form	Individual Accident [and Sickness]Policy	Replaced	Yes
Form	Accidental Death Benefit Rider	Approved-Closed	Yes
Form	Accident Medical Expense Benefit Rider	Approved-Closed	Yes
Form	Dislocations and Fractures Benefit Rider	Approved-Closed	Yes
Form	Emergency [Transportation][and][Treatment] Benefit Rider	Approved-Closed	Yes
Form	Escalator Benefit Rider	Approved-Closed	Yes
Form	Family Leave Benefit Rider [Version 1]	Approved-Closed	Yes
Form	Family Leave Benefit Rider [Version 2]	Approved-Closed	Yes
Form	Homecare Benefit Rider	Approved-Closed	Yes
Form	In-Hospital Indemnity Daily Benefit Rider	Approved-Closed	Yes
Form	In-Hospital Indemnity Single Payment Benefit Rider	Approved-Closed	Yes
Form	In-Hospital Indemnity Sickness Daily Benefit Rider	Approved-Closed	Yes
Form	In-Hospital Indemnity Sickness Single Payment Benefit Rider	Approved-Closed	Yes
Form	Intensive Care Unit Benefit Rider	Approved-Closed	Yes
Form	Permanent Total Disability Benefit Rider (Monthly Benefit)	Approved-Closed	Yes
Form	Permanent Total Disability Benefit Rider (Single Payment)	Approved-Closed	Yes
Form	Physician's Office Visits Indemnity Benefit	Approved-Closed	Yes

	Rider		
Form	Recuperation Daily Benefit Rider	Approved-Closed	Yes
Form	Recuperation Sicknes Daily Benefit Rider	Approved-Closed	Yes
Form	Simultaneous In-Hospital Indemnity Daily Benefit Rider	Approved-Closed	Yes
Form	Total Temporary Disability Accident Benefit Rider	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Form *(revised)*	Outline of Coverage	Approved-Closed	Yes
Form	Outline of Coverage	Replaced	Yes
Rate	Actuarial Memorandum and Rates	Approved-Closed	Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	02/17/2009
Submitted Date	02/17/2009
Respond By Date	

Dear Jolene Baddick,

This will acknowledge receipt of the captioned filing.

Objection 1

- Individual Accident [and Sickness]Policy (Form)
- Outline of Coverage (Form)

Comment: Coverage for newborn infants must be for at least 90 days. Refer to ACA 23-79-129.

Objection 2

- Individual Accident [and Sickness]Policy (Form)
- Outline of Coverage (Form)

Comment: With respect to handicapped dependents, ACA 23-85-131 states that coverage shall not terminate, but coverage shall continue so long as the contract remains in force and so long as the dependent remains in such condition. Also, there can be no time limit set for furnishing proof of incapacity. Refer to Bulletin 14-81.

Please feel free to contact me if you have questions.
Sincerely,
Rosalind Minor

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/12/2009
Submitted Date	03/12/2009

Dear Rosalind Minor,

Comments:
This is in response to your February 17, 2009 objection.

Response 1

Comments: Please note that I have revised the Policy and Outline to comply with the 90 day notice requirement with regard to newborn infants.

Related Objection 1

Applies To:

- Individual Accident [and Sickness]Policy (Form)
- Outline of Coverage (Form)

Comment:

Coverage for newborn infants must be for at least 90 days. Refer to ACA 23-79-129.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Individual Accident [and Sickness]Policy	A30329NUFIC-AR		Policy/Contract/Fraternal Certificate	Initial		50	A30329NUFIC-AR-Policy.pdf
Previous Version							
Individual Accident [and Sickness]Policy	*A30329NUFIC-AR*		*Policy/Contract/Fraternal Certificate*	*Initial*		*50*	A30329NUFIC-AR-Policy.pdf
Outline of Coverage	A30364NUFIC-AR		Outline of Coverage	Initial		50	A30364NUFIC-AR-Outline.pdf
Previous Version							
Outline of Coverage	*A30364NUFIC-AR*		*Outline of Coverage*	*Initial*		*50*	A30364NUFIC-AR-Outline.pdf

No Rate/Rule Schedule items changed.

Response 2

Comments: Please note that I have revised the Policy and Outline by deleting the time limit for furnishing proof of incapacity. Please also note that the last paragraph on Page 13 in the Effective and Termination Dates provision, already includes language that will continue eligibility for handicapped dependents beyond the limiting age.

Related Objection 1

Applies To:

- Individual Accident [and Sickness]Policy (Form)
- Outline of Coverage (Form)

Comment:

With respect to handicapped dependents, ACA 23-85-131 states that coverage shall not terminate, but coverage shall continue so long as the contract remains in force and so long as the dependent remains in such condition. Also, there can be no time limit set for furnishing proof of incapacity. Refer to Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Individual Accident [and Sickness]Policy	A30329NUFIC-AR		Policy/Contract/Fraternal Certificate	Initial		50	A30329NUFIC-AR-Policy.pdf
Previous Version							
Individual Accident [and Sickness]Policy	*A30329NUFIC-AR*		*Policy/Contract/Fraternal Certificate*	*Initial*		*50*	A30329NUFIC-AR-Policy.pdf
Outline of Coverage	A30364NUFIC-AR		Outline of Coverage	Initial		50	A30364NUFIC-AR-Outline.pdf

Previous Version

Outline of Coverage	*A30364N UFIC-AR*	*Outline of Coverage*	*Initial*	*50*	A30364N UFIC-AR-Outline.pdf

No Rate/Rule Schedule items changed.

Thank you for your continued review.

Sincerely,
Jolene Baddick, Wanda Coleman, Wanda Floyd

Form Schedule

Lead Form Number: A30329NUFIC-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	A30329NUFIC-AR	Policy/Contract/Fraternal Certificate	Individual Accident [and Sickness]Policy	Initial		50	A30329NUFIC-AR-Policy.pdf
Approved-Closed	A30330NUFIC	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Accidental Death Benefit Rider	Initial		50	A30330NUFIC-Acc-Death.pdf
Approved-Closed	A30331NUFIC	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Accident Medical Expense Benefit Rider	Initial		50	A30331NUFIC-AME.pdf
Approved-Closed	A30332NUFIC	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Dislocations and Fractures Benefit Rider	Initial		51	A30332NUFIC-Dis-Frac.pdf

Approved-Closed	A30333NUFIC	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Emergency [Transportation][and][Treatment] Benefit Rider	Initial	50	A30333NUFIC-ETTB.pdf
Approved-Closed	A30334NUFIC	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Escalator Benefit Rider	Initial	52	A30334NUFIC-ESC.pdf
Approved-Closed	A30335NUFIC	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Family Leave Benefit Rider [Version 1]	Initial	50	A30335NUFIC-FAML1.pdf
Approved-Closed	A30336NUFIC	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Family Leave Benefit Rider [Version 2]	Initial	51	A30336NUFIC-FAML2.pdf
Approved-	A30337NU	Policy/Cont	Homecare Benefit	Initial	51	A30337NUFI

Closed	FIC	ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Rider			C-HC.pdf
Approved-Closed	A30338NUFIC	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	In-Hospital Indemnity Daily Benefit Rider	Initial	53	A30338NUFIC-IHDI.pdf
Approved-Closed	A30339NUFIC	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	In-Hospital Indemnity Single Payment Benefit Rider	Initial	51	A30339NUFIC-IHLI.pdf
Approved-Closed	A30340NUFIC	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	In-Hospital Indemnity Sickness Daily Benefit Rider	Initial	50	A30340NUFIC-IHDS.pdf
Approved-Closed	A30341NUFIC	Policy/Contract/Fratern	In-Hospital Indemnity Sickness Single	Initial	50	A30341NUFIC-IHLS.pdf

		al Certificate: Amendment, Insert Page, Endorsement or Rider	Payment Benefit Rider			
Approved-Closed	A30342NUFIC	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Intensive Care Unit Benefit Rider	Initial	52	A30342NUFIC-ICU.pdf
Approved-Closed	A30343NUFIC	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Permanent Total Disability Benefit Rider (Monthly Benefit)	Initial	52	A30343NUFIC-PTDM.pdf
Approved-Closed	A30344NUFIC	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Permanent Total Disability Benefit Rider (Single Payment)	Initial	51	A30344NUFIC-PTDL.pdf
Approved-Closed	A30345NUFIC	Policy/Contract/Fraternal	Physician's Office Visits Indemnity Benefit Rider	Initial	50	A30345NUFIC-POV.pdf

		Certificate: Amendment, Insert Page, Endorsement or Rider				
Approved-Closed	A30346NUFIC	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Recuperation Daily Benefit Rider	Initial	50	A30346NUFIC-RDI.pdf
Approved-Closed	A30347NUFIC	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Recuperation Sicknes Daily Benefit Rider	Initial	53	A30347NUFIC-RDS.pdf
Approved-Closed	A30348NUFIC	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Simultaneous In-Hospital Indemnity Daily Benefit Rider	Initial	54	A30348NUFIC-SIHDI.pdf
Approved-Closed	A30349NUFIC	Policy/Contract/Fraternal Certificate:	Total Temporary Disability Accident Benefit Rider	Initial	50	A30349NUFIC-TTD.pdf

SERFF Tracking Number:	*AGDE-126035226*	*State:*	*Arkansas*
Filing Company:	*National Union Fire Insurance Company of Pittsburgh, PA*	*State Tracking Number:*	*41559*
Company Tracking Number:	*A30329NUFIC-AR*		
TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*Direct Marketing*		
Project Name/Number:	*Individual Accident Policy/A30329NUFIC-AR*		

Approved-Closed	A30363NUFIC-AR	Amendment, Insert Page, Endorsement or Rider	Application/ Enrollment Form	Application	Initial	0	A30363NUFIC-AR-App.pdf
Approved-Closed	A30364NUFIC-AR	Outline of Coverage	Outline of Coverage		Initial	50	A30364NUFIC-AR-Outline.pdf

AIG Domestic Accident & Health Division

A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000
(a capital stock company, herein referred to as the Company)

INDIVIDUAL ACCIDENT [AND SICKNESS][1] POLICY

This Policy is a legal contract between the Insured and the Company. This Policy is issued in consideration of the statements set forth in the attached Application and the payment of the initial premium.

THIS POLICY IS GUARANTEED RENEWABLE[until the Insured or the Insured Spouse's termination age**]**[2]. We cannot change any of the terms of this Policy on its own, except that, in the future, We may increase the premium You pay.

[COVERAGE TERMINATES AT AGE [65, 70, 75, 80, 85] OR AS OTHERWISE PROVIDED BY THIS POLICY.][2]

IMPORTANT NOTICE: Please read the copy of the Application attached to this Policy and let Us know within 10 days if any information shown is not correct or complete. The Application is part of this Policy and the Policy was issued on the basis that the answers to all questions and the information shown on the Application are correct and complete.

RIGHT TO RETURN POLICY. You may return this Policy for any reason within [the later of: (1)][3] **[30, 60] days after You receive it[; or (2) [30, 60] days after the coverage becomes effective]. It may be returned by mail or in person to Us. Any premium paid will be refunded and this Policy will be treated as if it were never issued.**

This Policy is governed by the laws of the state in which it is delivered.

The President and Secretary of the Company witness this Policy:

President

Secretary

PLEASE READ THIS POLICY CAREFULLY.

Non-Participating Policy

NOTICE TO BUYER: THIS IS A[N ACCIDENT [AND SICKNESS][1] **[ONLY]**[4]**]**[5] **[HOSPITAL CONFINEMENT INDEMNITY]**[6] **POLICY. [IT DOES NOT COVER SICKNESS OR DISEASE.]**[4] **REVIEW THE POLICY CAREFULLY. This policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.**

A30329NUFIC-AR

© American International Group, Inc. All rights reserved.

TABLE OF CONTENTS

Schedule ..... [X][1]

Definitions ..... [X][1]

Effective and Termination Dates ..... [X][1]

Premium ..... [X][1]

Benefits ..... [X][1]

[Accidental Dismemberment Benefit ..... [X][1]][2]

Exclusions ..... [X][1]

Claims Provisions ..... [X][1]

General Provisions ..... [X][1]

SCHEDULE[1]

Insured: [John Doe]
Issue Age: [35]
Address: [124 Anystreet
Anytown, USA]
Type of Coverage: [Insured] [Insured & Spouse] [Insured, Spouse & Children]
Policy #: [123345]
Policy Effective Date: [6/1/00]

[Covered Activities:

1. 24 Hour Accident Coverage. [("24 Hour")][2]
2. While driving or riding as a passenger in a Motor Vehicle. Any Injury sustained must be due to a collision, wrecking, or explosion of such Motor Vehicle. Such collision, wrecking, or explosion must cause physical damage to the Motor Vehicle and leave it in a different condition than before the accident. While standing or walking as a pedestrian on an open public street or highway. Any Injury sustained must be due to being struck by a Motor Vehicle while a pedestrian. [("Motor Vehicle")][2]
3. While riding as a fare-paying passenger on a Common Carrier. [("Common Carrier")][2][3]

Benefit Schedule

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed maximums, and may be less than the maximums under circumstances specified in this Policy. [The Maximum Amounts payable for a loss is less for an Insured Person who is age [65, 70, 75] or older on the date of the accident causing the loss with respect to the Benefits illustrated below.][4]

[Per Accident Maximum Amount [$XXXX].][5]

Benefit	**Maximum Amount**		
	[Class 1]	[Class 2]	[Class 3]
[Accidental Death][6]			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
Motor Vehicle			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
Common Carrier			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4][7]	$[XXXX]	$[XXXX]	$[XXXX]
[Accidental Dismemberment][6]			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			

[Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]
Motor Vehicle [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination[4]]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
Common Carrier [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
[Accident Medical Expense			
[Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]
[**24 Hour** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
Motor Vehicle [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
[Deductible Amount Per Accident :][8] [Per Insured Person in Class 1, 2 and 3 $[XXXX]][8]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]
[Dental [Per Accident:][8]][8] [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
[Dislocations			
[Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]
[**24 Hour** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
Motor Vehicle [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
Fractures			
[Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]
[**24 Hour** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
Motor Vehicle [Ages [64, 69, 74] and under][4]	 $[XXXX]	 $[XXXX]	 $[XXXX]

[Ages [65, 70, 75] to termination][4][7]	$[XXXX]	$[XXXX]	$[XXXX]
Maximum Dislocations/Fractures Benefit][6]	$[XXXX]	$[XXXX]	$[XXXX]
[Emergency Transportation			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
Motor Vehicle			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4][7]	$[XXXX]	$[XXXX]	$[XXXX]
[Maximum of [X] transportation benefits per Insured Person per Calendar Year][8]][6]			
[Emergency Treatment			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
Motor Vehicle			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4][7]	$[XXXX]	$[XXXX]	$[XXXX]
[If Admitted as an In-Patient][8]			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Due to a Fracture][8]			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[For [all other] Injuries][8]			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Maximum of [X] Emergency Treatment benefits per Insured Person per Calendar Year][8]][6]			
[Escalator]	[See Benefit]	[See Benefit]	[See Benefit]
[Family Leave Monthly Maximum Amount [Ages [64, 69, 74] and under][4] $[XXXXXX] [Ages [65, 70, 75] to termination][4] $[XXXXXX]	[[XX]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount]	[[XX]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount]	[[XX]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount/No Benefit]

Maximum Number of Months: [XX]][6]			
[Homecare]	See Benefit	See Benefit	[See Benefit/No Benefit]
[In-Hospital Indemnity Daily			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
Motor Vehicle			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]][7]	$[XXXX]	$[XXXX]	$[XXXX]
Maximum Number of Days: [XXX]][6]			
[In-Hospital Indemnity Single Payment			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
Motor Vehicle			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]][7]	$[XXXX]	$[XXXX]	$[XXXX]
[If Confined for:			
[30-59] Consecutive Days:			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[60-89] Consecutive Days:			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[90-120] Consecutive Days:			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[121-150] Consecutive Days:			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[151 +] Consecutive Days:			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]][8]][6]	$[XXXX]	$[XXXX]	$[XXXX]
[In-Hospital Indemnity Sickness Daily			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]

Motor Vehicle [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7] Maximum Number of Days: [XXX] Payable only [once] during the lifetime of the Insured Person][6]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
[In-Hospital Indemnity Sickness Single [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] [**24 Hour** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] **Motor Vehicle** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7] [If Confined for: [30-59] Consecutive Days: [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] [60-89] Consecutive Days: [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] [90-120] Consecutive Days: [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] [121-150] Consecutive Days: [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] [151 +] Consecutive Days: [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][8]][6]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Intensive Care Unit [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] [**24 Hour** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] **Motor Vehicle** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7]][6] Maximum Number of Days: [XXX]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Permanent Total Disability (Monthly Benefit) Elimination Period: [6, 12] consecutive months			

Maximum Number of Months: [120] [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] [**24 Hour** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] **Motor Vehicle** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7] Maximum Number of Months: [XX]][6]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Permanent Total Disability (Single Payment) Elimination Period: [6, 12, 24] consecutive months [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] [**24 Hour** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] **Motor Vehicle** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4][7][6]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Physician's Office Visits Indemnity [Waiting Period: [1-12] consecutive months][8] [[Routine Well Care Related Visits][8] -Benefit Amount Per Visit: [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] [-Maximum Number of Visits [Per Calendar [Month][8] [Quarter][8] [Year][8]] [Per [1-12] months][8] [Per Insured Person:][8] [Per Family: [X]][8]][8] [-Maximum Benefit Amount [Per Calendar [Month][8] Quarter][8] [Year][8]] [Per [1-12] months][8][Per Insured Person][8]: [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75]to termination][4] [Per Family: $[XXXX]]][8]][8] [Injury Related Visits -Benefit Amount Per Visit: [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75]to termination][4] [-Maximum Number of Visits [Per	 $[XXXX] $[XXXX] [X] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] [X] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] [X] $[XXXX] $[XXXX] $[XXXX] $[XXXX]

Calendar [Month][8] [Quarter][8] [Year][8]][8] [Per [1-12] months][8] [Per Insured Person:][8] [Per Family: [X]][8]][8]	[X]	[X]	[X]
[-Maximum Benefit Amount [Per Calendar [Month][8] [Quarter][8] [Year][8]][8] [Per [1-12] months][8][Per Insured Person][8]:			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75]to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Per Family: $[XXXX]]][8]][8]][8]			
[Sickness Related Visits -Benefit Amount Per Visit:			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75]to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[-Maximum Number of Visits [Per Calendar [Month][8] [Quarter][8] [Year][8]][8] [Per [1-12] months][8] [Per Insured Person:][8] [Per Family: [X]][8]][8]	[X]	[X]	[X]
[-Maximum Benefit Amount [Per Calendar [Month][8] [Quarter][8] [Year][8]][8] [Per [1-12] months][8][Per Insured Person][8]:			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75]to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Per Family: $[XXXX]]][8]][8]][8]			
[Combined Maximum Number of Visits [Per Calendar [Month][8] [Quarter][8] [Year][8]][8] [Per [1-12] months][8][Per Family][8]: [X]][8]			
[Combined Maximum Benefit Amount [Per Calendar [Month][8] [Quarter][8] [Year][8]][8] [Per [1-12] months][8][Per Family][8]: $[XXXX]][8]			
[Lifetime Maximum Number of Visits for all Physician Office Visits [Per Insured Person:][8] [Per Family: [X]][8]][8]	[X]	[X]	[X]
[Lifetime Maximum Benefit Amount for all Physician Office Visits [Per Insured Person][8]: [Per Family: $[XXXX]]][8]][8]][6]	$[XXXX]	$[XXXX]	$[XXXX]
[Recuperation Daily			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75]to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			

[Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] **Motor Vehicle** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7] Maximum Number of Days: [XXX]][6]	$[XXXX] $[XXXX] $[XXXX] $[XXXX]	$[XXXX] $[XXXX] $[XXXX] $[XXXX]	$[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Recuperation Sickness Daily [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75]to termination][4] [**24 Hour** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] **Motor Vehicle** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7] Maximum Number of Days: [XXX]][6]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Simultaneous In-Hospital Indemnity Daily [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] and over][4] [**24 Hour** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] **Motor Vehicle** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7] Maximum Number of Days: [XXX]][6]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Total Temporary Disability Accident Elimination Period: [1-6] consecutive months Maximum Number of Months Payable: [3-24] [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] [**24 Hour** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] **Motor Vehicle** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7]][6]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Additional Rider			

[Ages [64, 69, 74] and under][4] [Ages [65, 70, 75]to termination][4]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]
[24 Hour [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
Motor Vehicle [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4][7][9]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]

	PREMIUM		
	Amount		**Term**
[Insured	**[XXX]**	per	**[XXX]**
Insured & Spouse	**[XXX]**	per	**[XXX]**
Insured, Spouse & Child(ren)][8]	**[XXX]**	per	**[XXX]**

DEFINITIONS

Benefit Schedule. Means the Benefit Schedule section of this Policy.

Covered Activity (ies). Means those activities set out in the Covered Activities section of the Schedule, with respect to which Insured Person(s) are provided accident insurance coverage under this Policy.

[**Domestic Partner.** Means [an opposite][1][or][2][a same][3] sex partner who has met all of the following requirements for at least [6, 12] consecutive months immediately preceding the Policy Effective Date: (1) resides with You; (2) shares financial assets and obligations with You; (3) is not related by blood to You to a degree of closeness that would prohibit a legal marriage; (4) is at least the age of consent in the state in which he or she resides; and (5) neither You nor the Domestic Partner is married to anyone else, nor has any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.][4]

Injury. Means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the injured person's coverage under this Policy is in force; and (2) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss[; and (3) which occurs while such person is participating in a Covered Activity][5].

Insured. The person named in the Schedule for whom coverage is provided under this Policy and for whom premium has been paid.

[**Insured Dependent Child(ren).** The Insured's unmarried child(ren), including natural, step, foster or adopted children from the moment of placement in the home of the Insured, under age 19 (or age 23 if attending an accredited institution of higher learning on a full-time basis) and primarily dependent on the Insured for support and maintenance: (1) whom You have elected to cover under this Policy; (2) for whom premium has been paid when due; and (3) while covered under this Policy.][6]

Insured Person. The Insured, and, if indicated in the Schedule, the Insured Spouse and Insured Dependent Children.

[**Insured Spouse.** The legal spouse [or Domestic Partner][4] of the Insured for whom coverage is provided under this Policy and for whom premium has been paid, if indicated in the Schedule.][7]

Maximum Amount. The amount shown on the Benefit Schedule that is used to determine amounts payable under each Benefit.

[**Motor Vehicle.** Means a motorized pleasure automobile type vehicle or motorcycle, including a truck of three-quarter tons or less[, which is not licensed to carry passengers for hire][4]. Motor Vehicle does not include boats, All Terrain Vehicles or snowmobiles.][8]

Physician. Means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) an Insured Person; or 2) an Immediate Family Member. Immediate Family Member means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), grandparent, brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Policy. This Policy, the Application and any attached Riders and Endorsements.

We, Us, Our, Company. Means National Union Fire Insurance Company of Pittsburgh, PA.

You, Your. Means the Insured.

EFFECTIVE AND TERMINATION DATES

This Policy begins on the Effective Date shown in the Schedule at 12:01 A.M. standard time at Your place of residence. The Effective Date is the date from which policy years and premium due dates will be figured.

[If Insured or Insured & Spouse only coverage is issued and You desire uninterrupted coverage for a newborn , You must notify the Company within 90 days of the child's birth or before the next premium due date, whichever is later. Coverage for adopted children shall begin on the date of the filing of a petition for adoption if the Insured applies for coverage within sixty (60) days after the filing of the petition for adoption. Coverage shall begin from the moment of birth if the petition for adoption and application for coverage is filed within sixty (60) days after the birth of an adopted newborn. Upon notification, We will advise You of the additional premium due. Upon payment of the additional premium due, We will include Dependent Child coverage under this Policy. If Dependent Child coverage is in force, it is not necessary to notify the Company of the birth or adoption of a child and an additional premium payment is not required.][1]

The Insured may terminate this Policy on any premium due date by giving 31 days advance written notice to Us.

This Policy may also at any time be terminated by mutual consent of You and Us.

This Policy terminates automatically on the earlier of: (1) the premium due date if premiums are not paid when due, subject to the Grace Period provision; (2) the date requested by the Insured in writing that coverage be terminated; or (3) the Insured's death. Upon the death of the Insured, if there is an Insured Spouse, such Insured Spouse becomes the Insured and coverage continues.

[If Insured only coverage is indicated in the Schedule, this Policy will terminate automatically on the [monthly][2][quarterly][2] anniversary date of the Effective Date of this Policy next following the date the Insured reaches age [65, 70, 75, 80, 85]. If Spouse coverage is indicated in the Schedule, the coverage for the older of the Insured or the Insured Spouse terminates automatically on the [monthly][2][quarterly][2] anniversary date of the Effective Date of this Policy next following the date the Insured or the Insured Spouse reaches age [65, 70, 75, 80, 85]. However this Policy does not automatically terminate until the [monthly][2][quarterly][2] anniversary date of the Effective Date of this Policy next following the date the younger of the Insured or the Insured Spouse reaches age [65, 70, 75, 80, 85].

If this Policy is terminated due to the Insured or the Insured Spouse reaching age [65, 70, 75, 80, 85] and premiums have been paid and accepted beyond the [monthly][2][quarterly][2] anniversary date of the Effective Date of this Policy next following the date the Insured or the Insured Spouse reaches age [65, 70, 75, 80, 85], coverage shall continue in force, subject to any right of cancellation, until the end of the period for which such premium has been accepted.

[Insured Dependent Child(ren)'s coverage under this Policy ends on the earliest of: (1) the date the Insured's coverage under the Policy ends; (2) the premium due date if premiums for the Insured Dependent Child(ren) are not paid when due, subject to the Grace Period provision; (3) the date the Insured makes a written request that coverage for the Insured Dependent Child(ren) be terminated; or (4) the date the Insured Dependent Child(ren) reaches the limiting age, except as otherwise stated in this Policy.

If coverage is terminated due to the Insured Dependent Child(ren) reaching the limiting age, and premiums have been paid and accepted beyond the [monthly][2][quarterly][2] anniversary date of the Effective Date of this Policy next following that date, coverage shall continue in force, subject to any right of cancellation, until the end of the period for which such premium has been accepted.

Any unmarried Insured Dependent Child(ren) of the Insured covered under this Policy before reaching the age limit, who are incapable of self-sustaining employment by reason of mental or physical incapacity, and who are primarily dependent on the Insured for support and maintenance, may continue to be eligible under this Policy beyond the age limit for as long as coverage under this Policy is in force, but only if they remain continuously

covered under this Policy. We may request the submission of satisfactory proof of the Insured Dependent Child(ren)'s incapacity and dependency to Us. If coverage is extended, We may request submission of satisfactory proof of the Insured Dependent Child(ren)'s continued incapacity and dependency on an annual basis after the initial two-year period following attainment of the specified age.][4]

Termination takes effect at 12:01 A.M. Standard Time at Your place of residence on the date of termination.

Termination will not affect a claim for a covered loss that occurred while coverage was in force under this Policy.

Effective Date of Change in Coverage

A change in coverage due to a change in the election of benefits will become effective on the later of the following dates: (1) the date the written request for change in coverage is received by Us; or (2) if the change requires a change in premium, the date the first changed premium is paid when due.

PREMIUM

The initial premium for this Policy must be paid to Us at our Home Office in advance. Subsequent premium payments are due when and as stated in the Schedule. If premiums are not paid when they are due or within the Grace Period, the coverage provided by this Policy will terminate as set forth in the Effective and Termination Dates section.

Premium Term. The premium term is shown in the Schedule. You may change the premium term on any premium due date if We agree.

We reserve the right to change the premiums. Any change in premium will be uniform for all Insured Persons in the same rate class, on all policies bearing this form number in the state where this Policy is issued. We may also change premiums at any time a change affecting rates is made in this Policy. Written notice of any premium change will be mailed to You at Your last known address at least 30 days in advance.

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first. This Policy will terminate on the last day of the Grace Period if You fail to pay all premiums due by the last day of the Grace Period.

No Grace Period will be provided if We receive notice from You to terminate this Policy prior to a premium due date.

Reinstatement. If this Policy terminates because premiums have not been paid, You can request to reinstate this Policy by sending a written request to Us to do so. This Policy can be reinstated on the date all required premiums are paid to Our Home Office.

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 We send to You. All other terms of this Policy remain unchanged.

The reinstated policy shall cover only loss resulting from such accidental Injury as may be sustained after the date of reinstatement [and loss due to such Sickness as may begin more than ten days after that date][1].

Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

BENEFITS

The Maximum Amounts shown in the Benefit Schedule[, subject to the Reduction Schedule,][1] are used to determine amounts payable under each Benefit.

[**Reduction Schedule.** The Maximum Amount for an Insured Person who is under age [65, 70, 75] on the date of the accident causing the loss, will be reduced by a percentage of such Maximum Amount for an Insured Person who [is age [65, 70, 75]][2] [, with respect to Sickness, is age [65, 70, 75] and with respect to Injury, is age [65, 70, 75]][3] or older on the date of the accident causing the loss, as illustrated in the Benefit Schedule. This reduction will apply in accordance with the schedule below, with respect to [all/any of the following][4] Benefits provided by this Policy[: Accidental Death Benefit; Accidental Dismemberment Benefit; Accident Medical Expense Benefit; Dislocations and Fractures Benefit; Emergency [Transportation] [and] [Treatment] Benefit; Family Leave Benefit; Homecare Benefit; In-Hospital Indemnity Daily Benefit; In-Hospital Indemnity Single Payment Benefit; In-Hospital Indemnity Sickness Daily Benefit; In-Hospital Indemnity Sickness Single Payment Benefit; Intensive Care Unit Benefit; Permanent Total Disability Benefit (Monthly Benefit); Permanent Total Disability (Single Payment); Physician's Office Visits Indemnity Benefit; Recuperation Daily Benefit; Simultaneous In-Hospital Indemnity Daily Benefit; Total Temporary Disability Accident Benefit][5].

AGE ON DATE OF ACCIDENT	PERCENTAGE OF UNDER AGE [65, 70, 75] MAXIMUM AMOUNT
[With respect to Sickness,][3][65, 70, 75] or older	Reduced by 50%
[With respect to Injury, [65, 70, 75] or older	Reduced by 50%][3]

Premium for an Insured Person [age [65, 70, 75]][2][, with respect to Sickness age [65, 70, 75] and with respect to Injury age [65, 70, 75]][3] or older is based on 100% of the coverage that would be in effect if the Insured Person were under age [65, 70, 75][2][with respect to Sickness [65, 70, 75] and with respect to Injury [65, 70, 75]][3]. "Age" as used above refers to the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.][6]

[**Accidental Dismemberment Benefit**

If Injury to an Insured Person results[, within [90, 120, 180, 365] days of the date of the accident that caused the Injury,][1] in any one of the Losses specified below, the Company will pay the percentage shown below of the Accidental Dismemberment Benefit Maximum Amount shown in the Benefit Schedule for that Loss:

For Loss of	Percentage of Maximum Amount
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
[Speech and Hearing in Both Ears	100%][2]
One Hand or One Foot	50%
The Sight of One Eye	50%
[Speech or Hearing in Both Ears	50%][2]
[Hearing in One Ear	25%][2]
[Thumb and Index Finger of Same Hand	25%][2]

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye.["Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak.][2]["Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.][2]

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.

In no event will any Reduction Schedule provision or percentage of the Maximum Amount operate to reduce the percentage payable to less than $1,000 for double dismemberment or $500 for single dismemberment.][3]

[LIMITATIONS][1]

[**Limitation on Benefit Payments.** The Maximum Amount payable under this Policy may be reduced if more than one Insured Person insured under this Policy suffers a loss as the result of the same accident, and if amounts are payable under one or more of the following Benefits provided by this Policy: [Accidental Death Benefit, Accidental Dismemberment Benefit, Accident Medical Expense Benefit, Dislocations and Fractures Emergency [Transportation] [and] [Treatment] Benefit, Family Leave Benefit, Homecare Benefit, In-Hospital Indemnity Daily Benefit, In-Hospital Indemnity Single Payment Benefit, Intensive Care Unit Benefit, Permanent Total Disability Benefit (Monthly Benefit), Permanent Total Disability (Single Payment), Physician's Office Visits Indemnity Benefit, Recuperation Daily Benefit, Simultaneous In-Hospital Indemnity Daily Benefit, Total Temporary Disability Accident Benefit.][2] The Maximum Amount payable for all such losses for all Insured Persons insured under this Policy under all those Benefits combined will not exceed the amount shown as the Per Accident Maximum Amount in the Benefit Schedule. If the combined Maximum Amount otherwise payable for all Insured Persons must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual Maximum Amount otherwise payable for each Insured Person or all such losses under all those Benefits combined.][3]

[**Limitation on Multiple Covered Activities.** If an Insured Person's Injury is caused by an accident that occurs while the Insured Person is participating in more than one Covered Activity applicable to that Insured Person, and if the same Benefit applies to that Insured Person with respect to more than one such Covered Activity, then for Policy purposes, the Maximum Amount for that Benefit for that Insured Person for that accident will be determined as though the accident occurred while the Insured Person was participating in only one such Covered Activity, the one with the largest Maximum Amount for that Benefit for that person.][3]

EXCLUSIONS

No coverage shall be provided under this Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury:

1. Suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism;
2. Sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these;
3. The Insured Person's commission of or attempt to commit a felony;
4. Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
5. Declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by this Policy;
6. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-tem National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
7. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
   a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
   b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
   c. riding as a passenger in an aircraft owned, leased or operated by the Insured Person or the Insured Person's employer;
8. The Insured Person being under the influence of intoxicants, unless taken under the advice of and as specified by a Physician;
9. The Insured Person being under the influence of drugs unless taken under the advice of and as specified by a Physician;
10. The medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment;
11. Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
12. The Insured Person riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground;
13. Any loss incurred while outside the United States, its Territories or Canada.

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 20 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at American International Companies®, Accident and Health Claims Division, P. O. Box 15701, Wilmington, DE 19850-5701, with information sufficient to identify the Insured, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company, in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss, within 90 days after the termination of the period for which the Company is liable and in case of claim for any other loss, within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of the Insured will be made to the beneficiary as described in the Beneficiary Designation and Change provision below.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to You unless assigned by You or by operation of law. Any accrued benefits unpaid at Your death will be paid to Your estate.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding $1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately.

[**Subrogation And Right Of Recovery.** As a condition to receiving [Accident Medical Expense][1] benefits under this Policy, the Insured Person (or, if he or she is deceased, an authorized representative of the Insured Person) agrees, except as may be limited or prohibited by applicable law:

1. to reimburse the Company for any such benefits paid to or on behalf of the Insured Person, if such benefits are recovered, in any form, from any Third Party or Coverage; and

2. without limiting the preceding, that the Company is subrogated, for the purpose of the Company's recovery of any such benefits paid to or on behalf of the Insured Person, to any and all claims, causes of action or rights that he or she has or that may rise against any Third Party

who has or may have caused, contributed to or aggravated the injury or condition for which the Insured Person claims an entitlement to Policy benefits, and to any claims, causes of action or rights he or she may have against any Coverage for the injury or condition for which the Insured Person claims an entitlement to Policy benefits.

The Insured Person agrees that he or she will make a decision on pursuing any and all claims, causes of action and rights against any and all Third Parties and Coverage within 30 days of the date the Company requires that the Insured Person provide Notice of Claim for the injury or condition for which such Policy benefits are sought, and within such 30-day period will so notify the Company in writing. In the event the Insured Person decides not to pursue a claim, cause of action or right against a Third Party or Coverage, or fails to notify the Company of his or her intent to do so within such 30-day period, the Insured Person authorizes the Company to pursue, sue, compromise or settle any such claim, cause of action or right in his or her name, authorizes the Company to execute any and all documents necessary to pursue any such claim, cause of action or right, and agrees to cooperate fully with the Company in the prosecution of any such claim, cause of action or right.

If the Insured Person is a minor or is not competent to make this agreement, the legal guardian of the Insured Person's property makes the agreement on the Insured Person's behalf as a condition to receiving [Accident Medical Expense][1] benefits under this Policy on behalf of the Insured Person. If the Insured Person has no guardian for his or her property, the person or persons who, in the Company's opinion, have assumed the custody and support of the minor or responsibility for the incompetent person's affairs make the agreement on the Insured Person's behalf as a condition to receiving such benefits under this Policy on behalf of the Insured Person.

The Company will not pay or be responsible, without its written consent, for any fees or costs associated with the pursuit of a claim, cause of action or right by or on behalf of an Insured Person against any Third Party or Coverage.

Coverage - as used in the Subrogation and Right of Recovery section of this Policy, means no fault motorist coverage, uninsured motorist coverage, underinsured motorist coverage, or any other fund or insurance policy (except this Policy).

Third Party(ies) - as used in this Subrogation and Right of Recovery section of this Policy, means any person, corporation or other entity (except the Insured Person and the Company).][2]

GENERAL PROVISIONS

Entire Contract; Changes. This Policy, the Application, and any attached Riders or Endorsements make up the entire contract. A copy of the Application is attached. In the absence of fraud, all statements made on the Application will be considered representations and not warranties. No written statement made by the Insured will be used in any contest unless a copy of the statement is furnished to the Insured or their personal representatives.

No change in this Policy will be valid until approved by an officer of the Company. The change must be signed by an officer of the Company and attached to this Policy. No agent may change this Policy or waive any of its provisions. Any change that modifies, limits or excludes coverage must contain the Insured's Signature in order for the change to be binding.

Incontestability. The validity of this Policy will not be contested after it has been in force for two years from the Policy Effective Date, except as to nonpayment of premiums.

After two years from the Effective Date, no misstatements made in the Application, except fraudulent misstatements, will be used to void this Policy or contest a claim under this Policy. We may only contest coverage if the misstatement is made in a written instrument containing the Signature of the Insured and the Insured and a copy is given to the Insured.

Beneficiary Designation and Change. The designated beneficiary(ies) is (are) the person(s) named by You as shown on the Company's records kept on the Policy. You may change the beneficiary at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing Us with a written request for change. When the written request is received by Us, whether You are then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to Us on account of any payment made by Us prior to receipt of the request.

If there is no designated beneficiary or no designated beneficiary is living after Your death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: Insured Person's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, Insured Person's estate.

[**Insured Spouse and Dependent Child(ren)'s Beneficiary Designation and Change.** The Insured Spouse and Dependent Child(ren)'s beneficiary is You unless You have named (a) different beneficiary(ies) for the Insured Spouse and Dependent Child(ren)'s coverage as shown on the Company's records kept on this Policy.

If You are over the age of majority and legally competent, You may change the beneficiary designation for the Insured Spouse and Dependent Child(ren)'s coverage at any time, unless an irrevocable beneficiary designation has been made, without their consent or the designated beneficiary(ies) consent, by providing the Company with a written request for change. When the request is received by the Company, whether You or the Insured Spouse or Dependent Child(ren) is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If no beneficiary is living on the date of an Insured Spouse or Dependent Child(ren)'s death, the beneficiary is Your estate.][1]

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions. No action at law or in equity shall be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No

action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Conformity with State Statutes. Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which the Insured resides is hereby amended to conform to the minimum requirements of those statutes.

Workers' Compensation. This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. Clerical error, whether by You, an Insured Person, or the Company, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in this Policy.

Assignment. We will not assume responsibility for determining the validity of an assignment of benefits to a provider of services. No such assignment of benefits will be recognized until We receive notice that You have specifically assigned the benefits of Your Policy.

Misstatement of Age. If premiums for an Insured Person are based on age and the age has been misstated, there will be a fair adjustment of premiums based on the true age. However, if the coverage provided by this Policy would not have become effective, or would have ceased prior to the acceptance of premiums after the limiting or termination age, then We are only liable to refund, upon request, all premiums paid for the period an Insured person should not have been covered under this Policy. If the benefits are based on age and the age has been misstated, there will be an adjustment of said benefit based on the true age. The Company may require satisfactory proof of age before paying any claim.

AIG Domestic Accident & Health Division

A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000
(a capital stock company, herein referred to as the Company)

Insured: [John Doe]
Policy Number: [XXXXXX]
Effective Date: [March 1, 2007]

Accidental Death Benefit Rider

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

If an Insured Person's Injury results in death[within [90,120,180,365] days of the date of the accident that caused the Injury][1], the Company will pay 100% of the Maximum Amount shown in the Benefit Schedule.

In no event will any Reduction Schedule provision or percentage of the Maximum Amount operate to reduce the percentage payable to less than $1,000 for loss of life.

[Exposure and Disappearance

If by reason of an accident occurring while an Insured Person's coverage is in force under this Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under this Policy, the loss will be covered under the terms of this Policy.

If the body of the Insured Person has not been found within [6 months; 1 year] of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured Person has suffered accidental death within the meaning of this Policy.] [2]

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President Secretary

A30330NUFIC

© American International Group, Inc. All rights reserved.

AIG Domestic Accident & Health Division

A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000
(a capital stock company, herein referred to as the Company)

Insured: [John Doe]
Policy Number: [XXXXXX]
Effective Date: [March 1, 2007]

Accident Medical Expense Benefit Rider

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

If an Insured Person suffers an Injury that, within [30, 90,180,365] days of the date of the accident that caused the Injury, requires him or her to be treated by a Physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to the Accident Medical Expense Benefit Maximum Amount shown in the Benefit Schedule per Insured Person for all Injuries caused by the same accident. This benefit is payable only for such charges incurred[after the Deductible has been met and][1] within [26,52,104] weeks after the date of the accident causing that Injury.

Covered Accident Medical Service(s) - as used in this Rider, means any of the following services:

1. Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center;
2. services of a Physician or a registered nurse (R.N.);
3. ambulance service to or from a Hospital;
4. laboratory tests;
5. radiological procedures;
6. anesthetics and the administration of anesthetics;
7. blood, blood products and artificial blood products, and the transfusion thereof;
8. physical therapy and occupational therapy;
9. rental of Durable Medical Equipment;
10. artificial limbs, artificial eyes or other prosthetic appliances; or
11. medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

Ambulatory Medical Center - as used in this Rider, means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

[**Deductible** - as used in this Rider, means the amount of Usual and Customary Charges for Medically Necessary Covered Accident Medical Services that must be incurred by the Insured Person due to Injuries resulting from an accident before Accident Medical Expense benefits become payable due to Injuries resulting from that accident. The amount of the Deductible is the Deductible Amount shown in the Benefit Schedule under the Accident Medical Expense Benefit. Accident Medical Expense benefits are not payable for charges applied to the Deductible.][1]

© American International Group, Inc. All rights reserved.

Durable Medical Equipment - as used in this Rider, refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Hospital - as used in this Rider, means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except for services rendered on an emergency basis where a legal liability for the Insured exists for charges made to them for the services.

Medically Necessary - as used in this Rider, means that a Covered Accident Medical Service is: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Usual and Customary Charge(s) - as used in this Rider, means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

[**Limitation Due to Multiple Insurance Coverage.** The insurance provided by this Policy for the Accident Medical Expense Benefit shall be in excess of all other valid and collectible insurance and indemnity. If, at the time of occurrence of any loss payable under this Policy, there is other valid and collectible insurance and indemnity in place, the Company shall be liable only for the excess amount of the loss over the amount of such other insurance and indemnity [and after satisfaction of any Accident Medical Expense Deductible which applies under this Policy.][2] Covered Accident Medical Expense Benefits incurred and paid under other valid and collectable insurance will [not][3] be used to satisfy any Accident Medical Expense Deductible which applies under this Policy.][3]

Exclusions. In addition to the Exclusions in the Exclusions section of this Policy, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from any of the following:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition.

2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums[, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury[up to the Dental Maximum Amount shown in the Benefit Schedule][3]][3].

3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight.

4. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing.

5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense).

6. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals.

[7. any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.][4]

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President Secretary

AIG® AIG Domestic Accident & Health Division
A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000
(a capital stock company, herein referred to as the Company)

Insured: [John Doe]
Policy Number: [XXXXXX]
Effective Date: [March 1, 2007]

Dislocations and Fractures Benefit Rider

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

1. **Dislocations Benefits**: If an Insured Person suffers an Injury that results in one of the Dislocations specified below within [90,120,180,365] days of the date of the accident that caused the Injury and that Dislocation requires Reduction under anesthesia, the Company will pay the percentage shown below of the Dislocations Benefit Maximum Amount shown in the Benefit Schedule.

   Only one Dislocation benefit is payable for each Dislocation during an Insured Person's lifetime.

2. **Fractures Benefits:** If an Insured Person suffers an Injury that results in one of the Fractures specified below within [90,120,180,365] days of the date of the accident that caused the Injury, the Company will pay the percentage shown below of the Fractures Benefit Maximum Amount shown in the Benefit Schedule.

   Only one Fracture benefit is payable for each Fracture during the Insured Person's lifetime.

Dislocation	Percentage of Maximum Amount
[Hip; Knee; Wrist; Elbow; Ankle; Shoulder blade; Collarbone or Jaw	25%][1]

Fracture	
[Hip	80%][1]
[Pelvis (excluding Coccyx and sacrum)	80%][1]
[Skull (excluding nose, lower jaw and teeth)	50%][1]
[Thigh (excluding kneecap)	40%][1]
[Upper Arm	40%][1]
[Ankle	35%][1]
[Lower Leg (excluding kneecap)	35%][1]
[Heel	40%][1]
[Shoulder Blade	35%][1]
[Lower Jaw	30%][1]
[Collarbone	30%][1]
[Forearm (excluding wrist)	25%][1]

© American International Group, Inc. All rights reserved.

[Wrist.....25%][1]
[Vertebrae (each) – vertebral arch (excluding Coccyx).....20%][1]
[Sternum (breastbone).....15%][1]
[Kneecap.....15%][1]
[Cheekbone.....15%][1]
[Hand (excluding fingers, thumb, and/or wrist) .....10%][1]
[Foot (excluding toes, heel, and/or ankle).....10%][1]
[Coccyx .....25%][1]

Maximum Dislocations/Fractures Benefit. The Maximum Dislocations/Fractures Benefit payable for any one accident is shown in the Benefit Schedule and applies regardless of the number of Injuries caused by that accident.

Definitions

Coccyx. Means four fused vertebrae at the bottom of the spine.

Concussion. Means significant blow to the head that may result in unconsciousness.

Dislocation. Means that one or more bones are out of place, out of joint, or out of position. Dislocation does not include fingers and toes.

Fracture. Means a break or rupture in the continuity of the bone or cartilage and includes, but is not limited to: complete fractures; compound fractures; compression fractures; depressed fractures; open fractures; simple fractures.

Hairline Fracture. Means a break that appears as a narrow crack along the surface of the bone.

Osteoporosis. Means the thinning of bone with reduction in bone mass due to depletion of calcium and bone protein.

Pathological Fracture. Means any Fracture in an area where pre-existing disease has caused weakening of the bone.

Reduction. Means restoration to a normal position, of a Dislocated bone or joint.

Exclusions. In addition to the Exclusions in the Exclusions section, the Dislocations and the Fractures benefits are not payable for:

1. an Injury resulting in a Dislocation or Fracture if Osteoporosis or Pathological Fracture was diagnosed prior to the Insured Person's Effective Date of Coverage.
2. Hairline Fractures.

Special Conditions Relating to Osteoporosis or Pathological Fractures. If an Insured Person's claim is payable for a Dislocation or a Fracture, and either Osteoporosis or bone disease is first diagnosed at the time of such claim or first diagnosed prior to the claim but after the Insured Person's Effective Date, the Company will pay the benefit for that claim. However, no further benefits will be payable for that Insured Person and coverage under this Rider will be terminated for that Insured Person.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President Secretary

AIG Domestic Accident & Health Division

A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000
(a capital stock company, herein referred to as the Company)

Insured: [John Doe]
Policy Number: [XXXXXX]
Effective Date: [March 1, 2007]

Emergency [Transportation][5] [and] [Treatment][6] Benefit Rider

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

[**Emergency Transportation Benefit.** If an Insured Person suffers an Injury that requires Emergency Treatment within [12, 24, 48] hours of the date of the accident that caused the Injury and it is determined that it is Medically Necessary that such Insured Person be transported to a Hospital or a Satellite Emergency Center by Ambulance, the Company will pay 100% of the Emergency Transportation Maximum Amount shown in the Benefit Schedule. Only one Emergency Transportation Benefit is payable for any one accident per Insured Person. [The maximum number of Emergency Transportation Benefits payable per calendar year per Insured Person regardless of the number of accidents incurred, is shown in the Benefit Schedule.][1]][2]

[**Emergency Treatment Benefit.** If an Insured Person suffers an Injury that, within [24,48,72] hours of the date of the accident that caused the Injury, requires him or her to receive Medically Necessary Emergency Treatment in a Hospital emergency room or a Satellite Emergency Center, the Company will pay 100% [of the applicable][3] Emergency Treatment Benefit Maximum Amount shown in the Benefit Schedule. Only one Emergency Treatment Benefit[, the largest,][3] is payable for any one accident per Insured Person. [The maximum number of Emergency Treatment Benefits payable per calendar year per Insured Person regardless of the number of accidents incurred, is shown in the Benefit Schedule.][1]][2]

[If an Insured Person incurs expenses for both Emergency Transportation and Emergency Treatment due to the same accident, only one amount, the highest, will be paid.][4] [A maximum of [1, 2] Emergency Transportation Benefits or Emergency Treatment Benefits are payable per Insured Person per calendar year regardless of the number of accidents incurred in that same calendar year.][1]

Definitions

[**Ambulance** – as used in this Rider, means any publicly or privately owned surface, water or air vehicle, including a helicopter, that is specifically designed and constructed or modified and equipped to be used, maintained or operated primarily for the transportation of individuals who are sick, injured or wounded. Ambulance does not include a surface, water or air vehicle that is owned and operated to accommodate an incapacitated or disabled person who does not require medical monitoring, care or treatment during transport.][5]

© American International Group, Inc. All rights reserved.

Emergency Treatment – as used in this Rider, means treatment for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

1. Placing the health of the person (or with respect to a pregnant woman, the health of her unborn child) in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

[**Fracture** – as used in this Rider means, a) the act or process of breaking or the state of being broken; b) the breaking of hard tissue (as bone); or c) the rupture (as by tearing) of soft tissue.][3]

Hospital - as used in this Rider, means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward room, wing, or other section of the hospital that is used for such purposes.

[**Inpatient -** as used in this Rider, means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.][3]

Medically Necessary – as used in this Rider, means an Emergency [Treatment][6] [or] [Transportation][5] is: (1) essential for the diagnosis, treatment and care of the Injury; (2) meets generally accepted standards of medical practice; [or] (3) is ordered by a Physician and performed under the Physician's care, supervision or order[; or (4) with regard to Emergency Transportation, is subsequently authorized by a Physician as appropriate due to the nature of the Injury][5].

Satellite Emergency Center - as used in this Rider, means a licensed facility providing outpatient care under the direction of a Physician on a 24 hour basis. Available services must include: (1) diagnostic care, including laboratory services and diagnostic x-rays; and (2) treatment or medical care, including availability of the means for stabilization of emergency medical conditions. A Satellite Emergency Center does not include a Hospital or an office maintained by a Physician for the practice of medicine or dentistry.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President Secretary

AIG® **AIG Domestic Accident & Health Division**

A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000
(a capital stock company, herein referred to as the Company)

Insured: [John Doe]
Policy Number: [XXXXXX]
Effective Date: [March 1, 2007]

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to losses that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

Escalator Benefit Rider

The Maximum Amount shown on the Benefit Schedule [for all benefits][1] [for the benefits listed below][2] for each Insured Person who remains continuously covered under this Policy will be increased every [3, 6, 12] Policy Months for [12, 18, 24, 30, 36, 60, 120] Policy Months from the coverage effective date by a dollar amount equal to the Escalator Percentage of the Maximum Amount that was in force on the Policy Effective Date. The increase will be simple, not compound, increase. [The increased Maximum Amount is subject to the Reduction Schedule provision as shown in the Benefits section.][3] Policy Months are measured from the month and day of the coverage effective date.

Benefit	***Escalator Percentage***
[All Benefits][1]	[5, 10, 15, 20, 25]%
Accidental Death	[5, 10, 15, 20, 25]%
Accidental Dismemberment	[5, 10, 15, 20, 25]%
Accident Medical Expense	[5, 10, 15, 20, 25]%
Dislocations and Fractures	[5, 10, 15, 20, 25]%
Emergency Transportation	[5, 10, 15, 20, 25]%
Emergency Treatment	[5, 10, 15, 20, 25]%
Family Leave	[5, 10, 15, 20, 25]%
Homecare	No Escalator.
In-Hospital Indemnity Daily	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Single Payment	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Sickness Daily	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Sickness Single Payment	[5, 10, 15, 20, 25]%
Intensive Care Unit	[5, 10, 15, 20, 25]%
Permanent Total Disability (Monthly)	[5, 10, 15, 20, 25]%
Permanent Total Disability (Single Payment)	[5, 10, 15, 20, 25]%
Physician Office Visits Indemnity	[5 – 25]%
Simultaneous In-Hospital Indemnity	[5 – 25]%
Recuperation Daily	[5 – 25]%
Total Temporary Disability Accident	[5 – 25]%
[Additional Rider	[5 – 25]%][4]

A30334NUFIC

© American International Group, Inc. All rights reserved.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President Secretary

AIG Domestic Accident & Health Division
A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000
(a capital stock company, herein referred to as the Company)

Insured: [John Doe]
Policy Number: [XXXXXX]
Effective Date: [March 1, 2007]

Family Leave Benefit Rider
[Version 1]

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

If:

(1) an Insured [Person][1] is Disabled due to an Injury within [30, 60, 90, 120] days of the date of the accident which caused the Injury; and

(2) an Immediate Family Member takes an unpaid leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care for the Disabled Insured [Person][1] within [30, 60, 90, 120, 180, 365] days of the date of the accident which caused the Insured [Person][1] to be Disabled,

the Company will pay a monthly benefit beginning [30, 60, 90, 120, 180] days from the date the Immediate Family Member ceased receiving wages due to resignation or unpaid leave of absence to provide Continuous Care to the Disabled person.

The amount of the Family Leave Monthly Benefit will be the lesser of:

(1) The Family Leave Monthly Maximum Amount specified in the Benefit Schedule; or
(2) The result of multiplying 1/12th of the Annual Earnings of the Caregiver by the Benefit Percentage reflected in the Family Leave Benefit in the Benefit Schedule.

© American International Group, Inc. All rights reserved.

The benefit is payable monthly as long as the Insured [Person][1] remains continuously Disabled due to that Injury, but ceases on the earliest of:

(1) the date the Disabled person ceases to be Disabled due to that Injury;
(2) the date the Disabled person or the Caregiver dies;
(3) the date the Caregiver ceases to spend [20,30,40] hours per week to provide Continuous Care to the Disabled person for any reason;
(4) the date the Caregiver returns to Full-Time Employment; or
(5) the date the benefit has been paid for the Maximum Number of Months specified for the Family Leave Benefit shown in the Benefit Schedule.

The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured [Person][1] is Disabled for less than a full month. Only one benefit is provided for any one month of Disability, regardless of the number of Injuries causing the Disability. Only one benefit is payable under this policy for any Disability due to the same accident, regardless of [the number of people Disabled,][1] the number of times an Insured [Person][1] is Disabled, or the number of people who resign or take a leave of absence to provide Continuous Care.

The Company reserves the right to request proof of voluntary termination or leave of absence from Full-Time Employment without pay prior to payment of benefits. The Company also reserves the right to request proof of Disability or continuing Disability, on the basis of all facts and circumstances, including, but not limited to, requiring an independent medical examination at the expense of the Company as often as may be reasonably required.

[**Termination:** Coverage under this Rider does not apply to accidents occurring after the Insured [Person's] attained age [70, 75, 80, 85].][9]

Definitions:

Annual Earnings – as used in this Rider, means base annual salary for the 12 months of employment with the same employer immediately preceding resignation or leave of absence to provide Continuous Care for the Disabled person, exclusive of overtime, bonuses, tips, commissions and special compensation.

Caregiver – as used in this Rider, means the person who resigns or takes an unpaid leave of absence to provide Continuous Care.

Continuous Care – as used in this Rider, means activities related to the physical life, health and safety of the Disabled person which may include, but are not limited to: assisting with (1) bathing; (2) dressing; (3) toileting; (4) transferring (moving in and out of bed, chair or wheelchair); (5) eating; (6) preparation of meals and (7) transportation to and from doctor appointments.

Disabled/Disability - as used in this Rider, means that as the result of an Injury, the Insured [Person][1]:

(1) [is unable to perform the material and substantial duties of any occupation for which he or she is qualified for by reason of education, experience or training.][2] [[However, w][3] [W]ith respect to an Insured [Person][1] for whom an occupational definition of Disabled/Disability is not appropriate, Disabled/Disability means the Insured [Person][1] [over age [15][4]][5] is unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training;][6] [or, in the case of a child under age [15][4], is unable to attend school on a full-time or part-time basis;][7] [[or] is unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured [Person][1] immediately prior to the accident][9];
(2) requires the Continuous Care of the Caregiver; and
(3) requires the supervision of a Physician unless the Insured [Person][1] has reached his or her maximum point of recovery.

Full-Time Employment – as used in this Rider, means actively working, for wage or profit, for one employer for at least [20,25,30,35,40] hours per week for at least 12 consecutive months prior to the date of the accidental Injury that caused the Disability.

Immediate Family Member – as used in this Rider, means the Insured [Person]'s[1] [spouse, mother, father, mother in-law, father in-law, step-parent, grandparent, sibling, sibling in-law or child][8]. With regard to an Immediate Family Member who takes a leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care, the Immediate Family Member must be at least 18 years of age.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President Secretary

AIG® **AIG Domestic Accident & Health Division**

A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270

(212) 770-7000

(a capital stock company, herein referred to as the Company)

Insured: [John Doe]
Policy Number: [XXXXXX]
Effective Date: [March 1, 2007]

Family Leave Benefit Rider
[Version 2]

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

If an [Insured] [or/,] [Insured Spouse][1] [or an] [Immediate Family Member][2] is Disabled due to an Injury within [30, 60, 90, 120] days of the date of the accident which caused the Injury, and [

(1)][an Insured [or Insured Spouse][1] takes an unpaid leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care for the Disabled Immediate Family Member][3][; or][
(2)][an Immediate Family Member takes an unpaid leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care for the Disabled Insured [or Insured Spouse][1]] [4]

within [30, 60, 90, 120, 180, 365] days of the date of the accident which caused the [Insured] [or/,] [Insured Spouse][1] [or] [Immediate Family Member][2] to be Disabled, the Company will pay a monthly benefit beginning [30, 60, 90, 120, 180] days from the date the Caregiver ceased receiving wages due to resignation or unpaid leave of absence to provide Continuous Care to the Disabled person.

The amount of the Family Leave Monthly Benefit will be the lesser of:

(1) The Family Leave Monthly Maximum Amount specified in the Benefit Schedule; or
(2) [The result of multiplying 1/12th of the Annual Earnings of the Caregiver by the Benefit Percentage applicable to the Disabled Insured [or Insured Spouse][1] reflected in the Family Leave Benefit in the Benefit Schedule][4] [If the Caregiver is the Insured, the benefit percentage will be determined as specified under 3 below][1][; or] [
(1) The result of multiplying 1/12th of the Annual Earnings by the benefit percentage applicable to the Caregiver. The benefit percentage is reflected under the Family Leave Benefit in the Benefit Schedule][3].

The benefit is payable monthly as long as the [Insured] [or/,] [Insured Spouse][1] [or] [Immediate Family Member][2] remains continuously Disabled due to that Injury, but ceases on the earliest of:

(1) the date the Disabled person ceases to be Disabled due to that Injury;
(2) the date the Disabled person or the Caregiver dies;
(3) the date the Caregiver ceases to spend [20,30,40] hours per week to provide Continuous Care to the Disabled person for any reason;
(4) the date the Caregiver returns to Full-Time Employment; or

© American International Group, Inc. All rights reserved.

(5) the date the benefit has been paid for the Maximum Number of Months specified for the Family Leave Benefit shown in the Benefit Schedule.

The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the [Insured] [or/,] [Insured Spouse][1] [or] [Immediate Family Member][2] is Disabled for less than a full month. Only one benefit is provided for any one month of Disability, regardless of the number of Injuries causing the Disability. Only one benefit is payable under this policy for any Disability due to the same accident, regardless of the [number of people Disabled,][5] the number of times an [Insured] [or/,] [Insured Spouse][1] [or] [Immediate Family Member][2] is Disabled[, or the number of people who resign or take a leave of absence to provide Continuous Care][6].

The Company reserves the right to request proof of voluntary termination or leave of absence from Full-Time Employment without pay prior to payment of benefits. The Company also reserves the right to request proof of Disability or continuing Disability, on the basis of all facts and circumstances, including, but not limited to, requiring an independent medical examination at the expense of the Company as often as may be reasonably required.

[**Termination:** Coverage under this Rider does not apply to accidents occurring after the Insured [or] [Insured Spouse's][1] attained age [70, 75, 80, 85].][13]

Definitions:

Annual Earnings – as used in this Rider, means base annual salary for the 12 months of employment with the same employer immediately preceding resignation or leave of absence to provide Continuous Care for the Disabled person, exclusive of overtime, bonuses, tips, commissions and special compensation.

Caregiver – as used in this Rider, means the person who resigns or takes an unpaid leave of absence to provide Continuous Care.

Continuous Care – as used in this Rider, means activities related to the physical life, health and safety of the Disabled person which may include, but are not limited to: assisting with (1) bathing; (2) dressing; (3) toileting; (4) transferring (moving in and out of bed, chair or wheelchair); (5) eating; (6) preparation of meals and (7) transportation to and from doctor appointments.

Disabled/Disability - as used in this Rider, means that as the result of an Injury, the [Insured] [or/,] [Insured Spouse][1] [or] [Immediate Family Member][2]:

(1) [is unable to perform the material and substantial duties of any occupation for which he or she is qualified for by reason of education, experience or training.][7] [[However, w][8] [W]ith respect to an [Insured] [or/,] [Insured Spouse][1] [or] [Immediate Family Member][2] for whom an occupational definition of Disabled/Disability is not appropriate, Disabled/Disability means the [Insured] [or/,] [Insured Spouse][1] [or] [Immediate Family Member][2] is unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training;][9] [or, in the case of a child under age [15][10], is unable to attend school on a full-time or part-time basis;][11] [[or] is unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the [Insured] [or/,] [Insured Spouse][1] [or] [Immediate Family Member][2] immediately prior to the accident][13];
(2) requires the Continuous Care of the Caregiver; and
(3) requires the supervision of a Physician unless the [Insured] [or/,] [Insured Spouse][1] [or] [Immediate Family Member][2] has reached his or her maximum point of recovery.

Full-Time Employment – as used in this Rider, means actively working, for wage or profit, for one employer for at least [20,25,30,35,40] hours per week for at least 12 consecutive months prior to the date of the accidental Injury that caused the Disability.

Immediate Family Member – as used in this Rider, means [spouse, mother, father, mother in-law, father in-law, grandparent, sibling, sibling in-law or child][12]. [With regard to an Immediate Family Member who takes a leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care, the Immediate Family Member must be at least 18 years of age.][4]

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President Secretary

AIG Domestic Accident & Health Division

A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000
(a capital stock company, herein referred to as the Company)

Insured: [John Doe]
Policy Number: [XXXXXX]
Effective Date: [March 1, 2007]

Homecare Benefit Rider

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

The Company will pay a monthly Homecare benefit as described below, if an Insured [or Insured Spouse][1] [Person][2] is receiving benefits under this Policy for Permanent Total Disability due to an Injury and requires the Continuous Care of a Qualifying Family Member or Homecare Provider in the Insured's home.

Homecare Benefit

[A.] **[Continuous Care provided by Qualified Family Member:**

If Continuous Care is provided by a Qualifying Family Member, the Company will pay a benefit equal to [60%, 70%] of the Qualifying Family Member's Monthly Earnings up to a maximum of [50%, 100%] of the monthly Permanent Total Disability Benefit the Insured [or Insured Spouse][1] [Person][2] is receiving.][3]

[B.] **[Continuous Care Provided by Homecare Provider:**

If Continuous Care is provided by a Homecare Provider, the Company will pay a benefit equal to [50%, 60%] of the monthly Permanent Total Disability benefit the Insured [Insured Spouse][1] [Person][2] is receiving.][5]

Homecare benefits will be payable for the first [6 months, 1, 2, 5, 10 year(s)] the Insured [or Insured Spouse][1] [Person][2] receives monthly Permanent Total Disability benefits but will end on the earliest of: (1) the date the Insured [or Insured Spouse][1] [Person][2] ceases to be Permanently Totally Disabled; (2) the date the Insured [Insured Spouse][1] [Person][2] dies; (3) the date the Qualifying Family Member ceases to spend at least [20,30,40] hours per week, or a Homecare Provider ceases to spend [10,15,20] hours per week, to provide Continuous Care to the Insured [or Insured Spouse][1] [Person][2] for any reason.

The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured [or Insured Spouse][1] [Person][2] is under Continuous Care for less than a full month.

[Only one Homecare Benefit, the largest, is payable for any one month the Insured [or Insured Spouse] [1] [Person][2] receives Continuous Care, regardless of the number of Qualifying Family Members or Homecare Providers providing Continuous Care.][4]

A30337NUFIC

© American International Group, Inc. All rights reserved.

[**Termination:** Coverage under this Rider does not apply to accidents occurring after the Insured [or Insured Spouse's] [Person's] attained age [70, 75, 80, 85].][11]

Definitions

Continuous Care – as used in this Rider, means at least [20,30,40] hours a week of care by a Qualified Family member or at least [10,15,20] hours a week by a Homecare Provider at home for activities related to the physical life, health and safety of the Insured [or Insured Spouse][1] [Person][2] which may include, but are not limited to: assisting with (1) bathing; (2) dressing; (3) toileting; (4) transferring (moving in and out of bed, chair or wheelchair); (5) eating; (6) preparation of meals and (7) transportation to and from doctor appointments.

Full-Time – as used in this Rider means actively working for wage or profit, for one employer for at least [20,25,30,35,40] hours per week.

Homecare Provider – as used in this Benefit, means a licensed home health care professional or registered nurse, and not a Physician.

Monthly Earnings – as used in this Rider, means 1/12th of the base annual salary for the 12 months of employment immediately preceding resignation or a leave of absence to provide Continuous Care for an Insured [or Insured Spouse][2] [Person][2] exclusive of overtime, bonuses, tips, commissions and special compensation.

Permanently Totally Disabled/Permanent Total Disability – as used in this Rider, means that the Insured [or Insured Spouse][1] [Person][2]:

1. has suffered any of the following:

   a. loss of both hands or feet; or
   b. loss of one hand and one foot; or
   c. Hemiplegia; or
   d. Paraplegia; or
   e. Quadriplegia; [or]
   [f. loss of sight in both eyes; [or]]
   [[g. loss of speech and hearing in both ears; or]
   [h. loss of speech or hearing in both ears; or]
   i. Uniplegia;][5]

   ["Loss of a hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of sight in both eyes" means total and irrecoverable loss of the entire sight in both eyes. "Loss of hearing in both ears" means total and irrecoverable loss of the entire ability to hear in both ears. "Loss of speech" means total and irrecoverable loss of the entire ability to speak.][5]

   ["Hemiplegia" means the complete and irreversible paralysis of the upper and lower Limbs of the same side of the body. "Limb(s)" means entire arm or entire leg. "Paraplegia" means the complete and irreversible paralysis of both lower Limbs. "Quadriplegia" means the complete and irreversible paralysis of both upper and both lower Limbs. "Uniplegia" means the complete and irreversible paralysis of one Limb.][5]

   and

2. [is permanently unable to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training.][6] [[However, w][7] [W]ith respect to an Insured [or Insured Spouse][1] [Person][2] for whom an occupational definition of Permanently Totally Disabled/Permanent Total Disability is not appropriate, Permanently Totally Disabled/Permanent Total Disability means, as used in this Benefit, that the Insured [or Insured Spouse][1] [Person][2] is permanently unable to perform the material and substantial duties of any occupation for which he or she could become

qualified for by reason of education, experience or training;][8] [or, in the case of a child under age [15][9], is unable to attend school on a full-time or part-time basis;][10] [[or] is permanently unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured [or Insured Spouse][1] [Person][2] immediately prior to the accident][11] ; and

3. requires the Continuous Care of the Qualifying Family Member or Homecare Provider; and

4. requires the supervision of a Physician, unless the Insured [or Insured Spouse][1] [Person][2] has reached his or her maximum point of recovery.

Qualifying Family Member – as used in this Rider, means the Insured['s or Insured Spouse's][1] [Person's][2] spouse, mother, father, sibling or child who is at least 18 years of age, and who: (1) worked Full-Time during the [90,180,365] day period immediately prior to the date of the accident which caused the Insured [or Insured Spouse][1] [Person][2] to be Permanently Totally Disabled; (2) worked for at least 12 consecutive months prior to the date of the accident which caused the Insured [or Insured Spouse][1] [Person][2] to be Permanently Totally Disabled; (3) took a leave of absence or resigned to care for the Insured [or Insured Spouse][1] [Person][2].

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President Secretary

AIG® AIG Domestic Accident & Health Division
A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000
(a capital stock company, herein referred to as the Company)

Insured: [John Doe]
Policy Number: [XXXXXX]
Effective Date: [March 1, 2007]

In-Hospital Indemnity Daily Benefit Rider

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit [for each Day] [after 1,2,3,4,5,6,7,8,14,30] Day(s) of Medically Necessary Confinement due to that Injury[, retroactive to the first Day of Confinement][1]. No benefit is provided for [the first[2,3,4,5,6,7,8,14,30][2] Day(s) of Confinement or for] [3] any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the Daily Maximum Amount shown for the In-Hospital Indemnity Daily Benefit in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Injury. It is payable [monthly/weekly][4] up to the Maximum Number of Days shown for the In-Hospital Indemnity Daily Benefit in the Benefit Schedule during any one Period of Confinement. Only one benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

Day(s) of Confinement - as used in this Rider, means a day of Hospital confinement as an Inpatient.

Hospital - as used in this Rider, means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s);and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - as used in this Rider, means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary – as used in this Rider, means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Injury; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - as used in this Rider, means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless

© American International Group, Inc. All rights reserved.

the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of In-Hospital Indemnity Daily Benefit coverage to a maximum of 180 days.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President Secretary

AIG® AIG Domestic Accident & Health Division
A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000
(a capital stock company, herein referred to as the Company)

Insured: [John Doe]
Policy Number: [XXXXXX]
Effective Date: [March 1, 2007]

In-Hospital Indemnity Single Payment Benefit Rider

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit [after [30,60,90,120,150,180] consecutive Day(s) of][1][as shown in the Benefit Schedule for][2] Medically Necessary Confinement due to that Injury. No benefit is provided if the Insured Person is confined for less than [30,60,90,120,150,180] consecutive Medically Necessary Days of Confinement. The amount of the benefit is equal to 100% of the Maximum Amount shown for the In-Hospital Indemnity Single Payment Benefit in the Benefit Schedule. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. Only one benefit is provided for any one accident per Insured Person regardless of the number of Injuries for which the confinement is required or the number of times the Insured Person must be confined due to Injuries resulting from the same accident. [The Maximum Amount shown in the Benefit Schedule is not cumulative. Only one amount will be paid.][2]

Day(s) of Confinement - as used in this Rider, means a day of Hospital confinement as an Inpatient.

Hospital - as used in this Rider, means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - as used in this Rider, means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

© American International Group, Inc. All rights reserved.

Medically Necessary – as used in this Rider, means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Injury; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President Secretary

AIG® **AIG Domestic Accident & Health Division**

A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270

(212) 770-7000

(a capital stock company, herein referred to as the Company)

Insured: [John Doe]
Policy Number: [XXXXXX]
Effective Date: [March 1, 2007]

In-Hospital Indemnity Sickness Daily Benefit Rider

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to Sickness that occurs on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

If[, after an Insured Person has been covered under this Policy for at least [1, 3, 6, 9, 12, 18, 24, 36] consecutive months and that][1] [an][2] Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit after [1,2,3,4,5,6,7,8,14,30,60] consecutive Day(s) of Medically Necessary Confinement due to that Sickness [, retroactive to the [first] Day of Confinement][3]. No benefit is provided for [the first[2,3,4,5,6,7,8,14,30,60][4] Day(s) of Confinement or for][5] any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the In-Hospital Indemnity Sickness Daily Benefit shown in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Sickness. The benefit is payable [monthly/weekly][6] up to the Maximum Number of Days shown for the In-Hospital Indemnity Sickness Daily Benefit in the Benefit Schedule during any one Period of Confinement. Only one benefit is provided for any one Day of Confinement, regardless of the number of Sicknesses for which the confinement is required.

[**Pre-Existing Condition Limitation**

Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12] consecutive months from the Insured Person's effective date of coverage or effective date of Reinstatement under this Policy.

A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under this Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under this Policy.][8]

[**Termination:** Coverage under this Rider does not apply to Sickness which occurs after the Insured Person's attained age [65, 70, 75, 80].][8]

Day(s) of Confinement - as used in this Rider, means a day of Hospital confinement as an Inpatient.

© American International Group, Inc. All rights reserved.

Hospital - as used in this Rider, means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - as used in this Rider, means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary – as used in this Rider, means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Sickness; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - as used in this Rider, means a period of consecutive Days of Confinement as an Inpatient for the same Sickness. However, successive confinements as an Inpatient for the same Sickness are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of In-Hospital Indemnity Sickness Daily Benefit coverage to a maximum of 180 days.

If the same Insured Person is again confined due to the same Sickness or a new Sickness and such successive confinement is separated from the admission date for the first confinement by at least [60,90] days and the Insured Person has not been paid the Maximum Number of Days shown in the In-Hospital Indemnity Sickness Daily Benefit for previous Medically Necessary Days of Confinement, benefits will continue to be payable under this benefit for the same Sickness or a new Sickness in accordance with the requirements specified above until the Maximum Number of Days shown in the In-Hospital Indemnity Sickness Daily Benefit in the Benefit Scheduled have been paid for that Insured Person. Once the maximum has been reached, no benefits are payable for any additional confinements due to Sickness for the lifetime of the Insured Person.

Sickness – means an illness or disease which is diagnosed or treated by a Physician [after the effective date of coverage under this Policy][7].

Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President Secretary

AIG® AIG Domestic Accident & Health Division
A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000
(a capital stock company, herein referred to as the Company)

Insured: [John Doe]
Policy Number: [XXXXXX]
Effective Date: [March 1, 2007]

In-Hospital Indemnity Sickness Single Payment Benefit Rider

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to Sickness that occurs on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

If[, after an Insured Person has been covered under this Policy for at least [1, 3, 6, 9, 12, 18, 24, 36] consecutive months and that][1] [an][2] Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit [after [30,60,90,120,150,180] consecutive Day(s) of][3][as shown in the Benefit Schedule for][4] Medically Necessary Confinement due to that Sickness. No benefit is provided if the Insured Person is confined for less than [30,60,90,120,150,180] consecutive Medically Necessary Days of Confinement. The amount of the benefit is equal to 100% of the Maximum Amount shown for the In-Hospital Indemnity Sickness Single Payment Benefit in the Benefit Schedule. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. The benefit is payable only once during the lifetime of the Insured Person. [The Maximum Amount shown in the Benefit Schedule is not cumulative. Only one amount will be paid.][4]

[**Pre-Existing Condition Limitation**

Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12] consecutive months from the Insured Person's effective date of coverage or effective date of Reinstatement under this Policy.

A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under this Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under this Policy.][5]

[**Termination:** Coverage under this Rider does not apply to Sicknesses which occur after the Insured Person's attained age [65, 70, 75, 80].][5]

Day(s) of Confinement - as used in this Rider, means a day of Hospital confinement as an Inpatient.

© American International Group, Inc. All rights reserved.

Hospital - as used in this Rider, means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - as used in this Rider, means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary – as used in this Rider, means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Sickness; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Sickness – means an illness or disease which is diagnosed or treated by a Physician [after the effective date of coverage under this Policy][6].

Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President Secretary

AIG Domestic Accident & Health Division

A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000
(a capital stock company, herein referred to as the Company)

Insured: [John Doe]
Policy Number: [XXXXXX]
Effective Date: [March 1, 2007]

Intensive Care Unit Benefit Rider

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of this Policy except as they are specifically modified by this Rider.

If benefits have become payable for an Insured Person under the In-Hospital Indemnity [Daily][1][or][Single][2] Benefit, and such Insured Person becomes confined in an Intensive Care Unit, the Company will pay an additional benefit equal to the Daily Intensive Care Unit Benefit shown in the Benefit Schedule for each day an Insured Person is confined in and charged for an Intensive Care Unit. The Intensive Care Unit Benefit is payable for up to the Maximum Intensive Care Unit Benefit Period, shown in the Benefit Schedule, for each Period of Confinement. Only one Daily Intensive Care Unit Benefit is provided for any one day of Intensive Care Unit confinement, regardless of the number of [Sicknesses or][3] Injuries for which the confinement is required.

Intensive Care Unit (ICU) as used in this Rider, means a specifically designated facility of the Hospital that provides the highest level of medical care and that is restricted to those patients who are critically ill or injured. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement. The ICU must be permanently equipped with special lifesaving equipment for the care of the critically ill or injured, and the patients must be under constant and continual observation by nursing staffs assigned exclusively to the ICU on a full-time basis. These units must be listed as Intensive Care Units in the current edition of the American Hospital Association Guide or be eligible to be listed therein. This guide lists three types of facilities that meet this definition: (1) Intensive Care Units, (2) Cardiac Intensive Care Units, and (3) Infant (Neonatal) Intensive Care Units.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President Secretary

A30342NUFIC

© American International Group, Inc. All rights reserved.

AIG Domestic Accident & Health Division
A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000
(a capital stock company, herein referred to as the Company)

Insured: [John Doe]
Policy Number: [XXXXXX]
Effective Date: [March 1, 2007]

Permanent Total Disability Benefit Rider (Monthly Benefit)

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

If, as a result of an Injury, an Insured [or Insured Spouse][1] [Person][2] is rendered Permanently Totally Disabled within [90,120,180,365] days of the accident that caused the Injury, and if the Permanent Total Disability due to that Injury continues throughout the Elimination Period as shown in the Benefit Schedule, the Company will pay a monthly benefit equal to the Permanent Total Disability (Monthly Benefit) Maximum Amount shown in the Benefit Schedule starting with the month following the Elimination Period.

The benefit is payable monthly as long as the Insured [or Insured Spouse][1] [Person][2] remains continuously Permanently Totally Disabled due to that Injury, but ceases on the earliest of:

(1) the date the Insured [or Insured Spouse][1] [Person][2] ceases to be Permanently Totally Disabled;
(2) the date the Insured [or Insured Spouse][1] [Person][2] dies; or
(3) the date the benefit has been paid for the Maximum Number of Months specified for the Permanent Total Disability Benefit in the Benefit Schedule.

The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured [or Insured Spouse][1] [Person][2] is Permanently Totally Disabled for less than a full month. Only one benefit is provided for any one month of Permanent Total Disability, regardless of the number of Injuries causing the Permanent Total Disability or the number of losses incurred.

[If the Insured [or Insured Spouse][1] [Person][2] returns to any occupation for which he or she is or becomes qualified for by reason of education, experience or training on a full or part-time basis, [or in the case of a child under age [15][3], returns to school on a full-time or part-time basis][4] he or she may return to Permanent Total Disability status if:

1. the Insured [or Insured Spouse][1] [Person][2] has not been back to work [or school][4] for longer than 30 days; and

2. the Insured [or Insured Spouse][1] [Person][2] is again Permanently Totally Disabled due to the same Injury which caused the original Permanent Total Disability.][5]

© American International Group, Inc. All rights reserved.

[If the Insured [or Insured Spouse][1] [Person][2] engages in any of the usual activities of a person of like age and sex in comparable health, he or she may return to Permanent Total Disability status if:

1. the Insured [or Insured Spouse][1] [Person][2] has not been engaging in such activities for longer than 30 days; and

2. the Insured [or Insured Spouse][1] [Person][2] is again Permanently Totally Disabled due to the same Injury which caused the original Permanent Total Disability.][5]

Periods of Permanent Total Disability separated by less than 30 consecutive days will be considered one period of Permanent Total Disability unless due to separate and unrelated causes.

The Company reserves the right, at the end of the Elimination Period (and as often as it may reasonably require thereafter) to determine, on the basis of all the facts and circumstances, that the Insured [or Insured Spouse][1] [Person][2] is Permanently Totally Disabled, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

Elimination Period as used in this Rider, means the period of consecutive months of Permanent Total Disability for which no benefit is payable. It begins on the first day of Permanent Total Disability.

Permanently Totally Disabled/Permanent Total Disability as used in this Rider, means that the Insured [or Insured Spouse][1] [Person][2]:

1. has suffered any of the following:

   a. loss of both hands or feet; or
   b. loss of one hand and one foot; or
   c. Hemiplegia; or
   d. Paraplegia; or
   e. Quadriplegia; [or]
   [f. loss of sight in both eyes; [or]]
   [[g. loss of speech and hearing in both ears; or]
   [h. loss of speech or hearing in both ears; or]
   i. Uniplegia;][6]

   [“Loss of a hand or foot” means complete severance through or above the wrist or ankle joint. “Loss of sight in both eyes” means total and irrecoverable loss of the entire sight in both eyes. **“**Loss of hearing in both ears” means total and irrecoverable loss of the entire ability to hear in both ears. “Loss of speech” means total and irrecoverable loss of the entire ability to speak.][6]

   [“Hemiplegia” means the complete and irreversible paralysis of the upper and lower Limbs of the same side of the body. “Limb(s)” means entire arm or entire leg. “Paraplegia” means the complete and irreversible paralysis of both lower Limbs. **“**Quadriplegia” means the complete and irreversible paralysis of both upper and both lower Limbs. “Uniplegia” means the complete and irreversible paralysis of one Limb.][6]

   and

1. [is permanently unable to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training.][7][[However, w][8] [W]ith respect to an Insured [or Insured Spouse][1] [Person][2] for whom an occupational definition of Permanently Totally Disabled/Permanent Total Disability is not appropriate, Permanently Totally Disabled/Permanent Total Disability means, as used in this Benefit, that the Insured [or Insured Spouse][1] [Person][2] is permanently unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training;][9] [or, in the case of a child under age [15][3], is

unable to attend school on a full-time or part-time basis;][10] [[or] is permanently unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured [or Insured Spouse][1] [Person][2] immediately prior to the accident;][5] and

2. is under the supervision of a Physician unless the Insured [or Insured Spouse][1] [Person][2] has reached his or her maximum point of recovery.][5]

[**Termination:** Coverage under this Rider does not apply to accidents occurring after the Insured [or Insured Spouse's][1] [Person's][2] attained age [70, 75, 80, 85].][5]

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President Secretary

AIG® **AIG Domestic Accident & Health Division**

A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270

(212) 770-7000

(a capital stock company, herein referred to as the Company)

Insured: [John Doe]
Policy Number: [XXXXXX]
Effective Date: [March 1, 2007]

Permanent Total Disability Benefit Rider (Single Payment)

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

If, as a result of an Injury, an Insured [or Insured Spouse][1] [Person][2] is rendered Permanently Totally Disabled within [90,120,180,365] days of the accident that caused the Injury, the Company will pay 100% of the Permanent Total Disability (Single Payment) Maximum Amount shown in the Benefit Schedule at the end of the Elimination Period as shown in the Benefit Schedule.

The Company reserves the right, at the end of the Elimination Period to determine, on the basis of all the facts and circumstances, that the Insured [or Insured Spouse][1] [Person][2] is Permanently Totally Disabled, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

Elimination Period as used in this Rider, means the period of consecutive months of Permanent Total Disability for which no benefit is payable. It begins on the first day of Permanent Total Disability.

Permanently Totally Disabled/Permanent Total Disability as used in this Rider, means that the Insured [or Insured Spouse][1] [Person][2]:

1. has suffered any of the following:

   a. loss of both hands or feet; or
   b. loss of one hand and one foot; or
   c. Quadriplegia; or
   d. Paraplegia; or
   e. Hemiplegia; [or]
   [f. loss of sight in both eyes; [or]]
   [[g. loss of speech and hearing in both ears; or]
   [h. loss of speech or hearing in both ears; or]
   i. Uniplegia;][3]

   [“Loss of a hand or foot” means complete severance through or above the wrist or ankle joint. “Loss of sight in both eyes” means total and irrecoverable loss of the entire sight in both eyes. **“**Loss of hearing in both ears” means total and irrecoverable loss of the entire ability to hear in both ears. “Loss of speech” means total and irrecoverable loss of the entire ability to speak.][3]

© American International Group, Inc. All rights reserved.

[“Hemiplegia” means the complete and irreversible paralysis of the upper and lower Limbs of the same side of the body. “Limb(s)” means entire arm or entire leg. “Paraplegia” means the complete and irreversible paralysis of both lower Limbs. **“**Quadriplegia” means the complete and irreversible paralysis of both upper and both lower Limbs. “Uniplegia” means the complete and irreversible paralysis of one limb.][3]

and

2. [is permanently unable to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training.][4] [[However, w][5] [W]ith respect to an Insured [or Insured Spouse][1] [Person][2] for whom an occupational definition of Permanently Totally Disabled/Permanent Total Disability is not appropriate, Permanently Totally Disabled/Permanent Total Disability means, as used in this Benefit, that the Insured [or Insured Spouse][1] [Person][2] is permanently unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training;][6] [or, in the case of a child under age [15][7], is unable to attend school on a full-time or part-time basis;][8] [[or] is permanently unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured [or Insured Spouse][1] [Person][2] immediately prior to the accident;][9] and

2. is under the supervision of a Physician unless the Insured [Insured Spouse][1] [Person][2] has reached his or her maximum point of recovery.][9]

[**Termination:** Coverage under this Rider does not apply to accidents occurring after the Insured [or Insured Spouse’s] [Person’s] attained age [70, 75, 80, 85].][9]

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President Secretary

AIG® **AIG Domestic Accident & Health Division**

A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270

(212) 770-7000

(a capital stock company, herein referred to as the Company)

Insured: [John Doe]
Policy Number: [XXXXXX]
Effective Date: [March 1, 2007]

Physician's Office Visits Indemnity Benefit Rider

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to physician's office visits that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

If[, after the Waiting Period as shown in the Benefit Schedule,][1] the Insured Person visits a Physician's office for treatment [of:][5] [[Routine Well Care][2] [or] [an Injury][3] [or] [Sickness][4]][5] while the Insured Person's coverage under this Benefit is in force, the Company will pay a benefit equal to the Per Visit Benefit shown in the Benefit Schedule, subject to the [Maximum [and Combined Maximum][6] Number of Visits][21] [and the][22] [Maximum [and Combined Maximum][7] Benefit Amount][23] shown in the Benefit Schedule. [No benefit is payable if an Insured Person does not incur a Physician's office visit fee.][8] [The Lifetime Maximum Number of Visits is shown in the Benefit Schedule.][9] [The Lifetime Maximum Benefit Amount is shown in the Benefit Schedule.][10]
[**Termination Date.** Coverage under this Benefit ends on [the earlier of:] [[(1)] the date the [Lifetime Maximum Number of Visits [or]the Lifetime Maximum Benefit Amount][11] shown in the Benefit Schedule is met;][12] [or] [[(2)] [[1-5][13] years][14] [[12-60][13] months][14] from the Insured Person's effective date of coverage under this Benefit.][15]][16]

Definitions

Physician - as used in this Rider, means a legally qualified: optometrist, dentist, chiropractor, podiatrist, medical doctor, or doctor of osteopathy who: 1) is licensed by the jurisdiction in which he or she practices; and 2) performs services within the scope of his or her license. A Physician may not be: 1) the Insured Person; 2) an Immediate Family Member; or 3) retained by the Policyholder.

[**Routine Well Care –** as used in this Rider, means a physical examination or appropriate immunization. Service must be under the supervision of or recommended by a Physician.][17]

© American International Group, Inc. All rights reserved.

[**Sickness** – as used in this Rider, means an illness or disease which is diagnosed or treated by a Physician [after the effective date of coverage under this Policy][18].][19]
[**Waiting Period –** as used in this Rider, means the period of consecutive months in which an Insured Person has been covered under this Policy, for which coverage is not effective under this Benefit. It begins on the Insured Person's effective date of coverage under this Benefit.][1]

[The Sickness exclusions in the Exclusions section or as amended shall not apply with respect to benefits payable under the Physician's Office Visits Indemnity Benefit.][20]
The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President Secretary

AIG® **AIG Domestic Accident & Health Division**

A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000
(a capital stock company, herein referred to as the Company)

Insured: [John Doe]
Policy Number: [XXXXXX]
Effective Date: [March 1, 2007]

Recuperation Daily Benefit Rider

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit [for each Day] [after 1,2,3,4,5,6,7,8,14,30 Day(s)] of Medically Necessary Confinement due to that Injury[, retroactive to the first Day of Confinement][1]. No benefit is provided for [the first[2,3,4,5,6,7,8,14,30][2] Day(s) of Confinement or for][3] any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the Daily Maximum Amount shown for the Recuperation Daily Benefit in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Injury up to the Maximum Number of Days shown for the Recuperation Daily Benefit in the Benefit Schedule during any one Period of Confinement. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. Only one benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

Day(s) of Confinement - as used in this Rider, means a day of Hospital confinement as an Inpatient.

Hospital - as used in this Rider, means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

© American International Group, Inc. All rights reserved.

Inpatient - as used in this Rider, means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary – as used in this Rider, means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Injury; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - as used in this Rider, means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of Recuperation Daily Benefit coverage to a maximum of 180 days.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President Secretary

AIG® **AIG Domestic Accident & Health Division**

A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000
(a capital stock company, herein referred to as the Company)

Insured: [John Doe]
Policy Number: [XXXXXX]
Effective Date: [March 1, 2007]

Recuperation Sickness Daily Benefit Rider

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to Sickness that occurs on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

If an Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit [for each Day] [after 1,2,3,4,5,6,7,8,14,30 Day(s)] of Medically Necessary Confinement due to that Sickness [, retroactive to the first Day of Confinement][1]. No benefit is provided for [the first[2,3,4,5,6,7,8,14,30][2] Day(s) of Confinement or for][3] any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the Daily Maximum Amount shown for the Recuperation Sickness Daily Benefit in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Sickness up to the Maximum Number of Days shown for the Recuperation Sickness Daily Benefit in the Benefit Schedule during any one Period of Confinement. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. Only one benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

[**Pre-Existing Condition Limitation**

Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12] consecutive months from the Insured Person's effective date of coverage or effective date of Reinstatement under this Policy.

A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under this Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under this Policy.][4]

[**Termination:** Coverage under this Rider does not apply to Sickness which occurs after the Insured Person's attained age [65, 70, 75, 80].][6]

Day(s) of Confinement - as used in this Rider, means a day of Hospital confinement as an Inpatient.

© American International Group, Inc. All rights reserved.

Hospital - as used in this Rider, means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - as used in this Rider, means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary – as used in this Rider, means that confinement as an In-patient in a Hospital is: (1) essential for the diagnosis, treatment and care of the Sickness; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - as used in this Rider, means a period of consecutive Days of Confinement as an Inpatient for the same Sickness. However, successive confinements as an Inpatient for the same Sickness are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of Recuperation Sickness Daily Benefit coverage to a maximum of 180 days.

Sickness – as used in this Rider, means an illness or disease which is diagnosed or treated by a Physician [after the effective date of coverage under this Policy.][5]

The Sickness exclusions in the Exclusions section or as amended shall not apply with respect to benefits payable under this Recuperation Sickness Daily Benefit.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President Secretary

AIG® **AIG Domestic Accident & Health Division**

A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270

(212) 770-7000

(a capital stock company, herein referred to as the Company)

Insured: [John Doe]
Policy Number: [XXXXXX]
Effective Date: [March 1, 2007]

Simultaneous In-Hospital Indemnity Daily Benefit Rider

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

If an Insured Person and their Insured Spouse each suffer an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires both to be confined in a Hospital as Inpatients at the same time, the Company will pay a benefit [for each Day] [after 1,2,3] Day(s) of Medically Necessary Confinement due to that Injury[, retroactive to the first Day of Confinement][1]. No benefit is provided for [the first[2,3][2] Day(s) of Confinement or for] [3] any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the Daily Maximum Amount shown for the Simultaneous In-Hospital Indemnity Daily Benefit in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Injury. It is payable [monthly/weekly][4] up to the Maximum Number of Days shown for the Simultaneous In-Hospital Indemnity Daily Benefit in the Benefit Schedule during any one Period of Confinement. Only one benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

Day(s) of Confinement - as used in this Rider, means a day of Hospital confinement as an Inpatient.

Hospital - as used in this Rider, means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

© American International Group, Inc. All rights reserved.

Inpatient - as used in this Rider, means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary – as used in this Rider, means that confinement as an In-patient in a Hospital is: (1) essential for the diagnosis, treatment and care of the Injury; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - as used in this Rider, means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of Simultaneous In-Hospital Indemnity Daily Benefit coverage to a maximum of 180 days.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President Secretary

AIG® **AIG Domestic Accident & Health Division**

A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270

(212) 770-7000

(a capital stock company, herein referred to as the Company)

Insured: [John Doe]
Policy Number: [XXXXXX]
Effective Date; [March 1, 2007]

Total Temporary Disability Accident Benefit Rider

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

If, as a result of an Injury, an Insured Person is rendered Temporarily Totally Disabled within 90 days of the date of the accident that caused the Injury, and if the Temporary Total Disability due to that Injury continues throughout the Elimination Period as shown in the Benefit Schedule, the Company will pay a monthly benefit beginning in the month following the Elimination Period. The monthly benefit is equal to 100% of the Total Temporary Disability Accident Maximum Amount as shown in the Benefit Schedule. The Benefit is payable as long as the Insured Person remains continuously Temporarily Totally Disabled due to that Injury, but ceases on the earliest of: (1) the date the Insured Person ceases to be Temporarily Totally Disabled due to that Injury; (2) the date the Insured Person dies; or (3) the date this Benefit has been paid for the Maximum Number of Months Payable as shown in the Benefit Schedule. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured Person is Temporarily Totally Disabled for less than a full month. Only one benefit is provided for any one month of Temporary Total Disability, regardless of the number of Injuries causing the Temporary Total Disability or the number of losses incurred.

[**Benefit Offsets.** The Total Temporary Disability Benefit will be reduced by amounts paid to an Insured Person, due to the same Temporary Total Disability, under any of the following: [other group insurance plans;][1] [salary continuance, accumulated sick leave;][1] [wage benefits under Workers' Compensation and similar laws;][1] [state statutory disability benefit laws][1][2].

Recurrent Disability. Recurrent periods of Temporary Total Disability, due to the same or a related Injury, will be considered one period of Temporary Total Disability if separated by less than [90, 180] consecutive days of: (1) return to any full time work, if an occupational definition of Temporary Total Disability applies; or (2) performing the usual activities of a person of like age and sex whose health is comparable to that of the Insured Person immediately prior to the accident, if an occupational definition of Temporary Total Disability does not apply.

Termination Date. Coverage under this Benefit Rider ends on the date the Insured Person attains age [70, 75, 80, 85].

Definitions

Elimination Period – as used in this Rider means the period of consecutive months of Temporary Total Disability for which no benefit is payable. It begins on the first day of Temporary Total Disability.

© American International Group, Inc. All rights reserved.

Temporarily Totally Disabled/Temporary Total Disability - as used in this Rider, means: (1) [disability that prevents an Insured Person from performing the material and substantial duties of his or her own occupation][3] [disability that prevents an Insured Person from performing the material and substantial duties of any occupation for which he or she is qualified by reason of education, training or experience.][4] [However, with respect to an Insured Person for whom an occupational definition of Temporarily Totally Disabled/Temporary Total Disability is not appropriate, Temporarily Totally Disabled means][5] that the Insured Person is temporarily unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured Person immediately prior to the accident; and (2) requires that the Insured Person is under the supervision of a Physician unless the Insured Person has reached his or her maximum point of recovery.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President Secretary

AIG®

AIG Domestic Accident & Health Division

A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000
(a capital stock company, herein referred to as the Company)

Application for Accident Insurance (Insert Policy Series Here)

Applicant's Name
_____DOB_____Sex _____
Last First MI Month/Day/Year

Applicant's Address_____
Street or Post Office Box Apt. No.

City_____State_____ZIP_____

Is the purchase of this coverage intended to replace any other health insurance now in force? ☐ Yes ☐ No. If yes, please read and sign the Replacement Notice, if applicable, provided by your associate/agent and provide the Policy number here _____

Is the Applicant the Proposed Insured? ☐ Yes ☐ No. **If No, complete Proposed Insured Information. Note:** The Applicant will be considered the Insured for purposes of premium payments only.

Proposed Insured's Name
_____DOB_____Sex _____
Last First MI Month/Day/Year

Proposed Insured's Address_____
Street or Post Office Box Apt. No.

City_____State_____ZIP_____

Coverage Applied For:

[☐ Individual]

[☐ Individual & Spouse]

[☐ Individual & Family]

Select Plan Option:

[☐ Plan A] [plan description]

[☐ Plan B] [plan description]

[☐ [Plan C] [plan description]

[☐ [Plan D] [plan description]

[☐ [Plan E] [plan description]

APPLICANT'S STATEMENTS AND AGREEMENTS

I acknowledge that I have received and understand the following, if applicable:

☐ Replacement Notice ☐ *Guide to Health Insurance for People With Medicare*

☐ Outline of Coverage ☐ Privacy Notice

Please sign me up for the insurance plan I have selected above. The information on this Application is complete and true to the best of my knowledge and belief. I authorize my financial institution and its service provider to automatically [debit][charge][collect from] my account [monthly, quarterly, semi-annually, annually]. I understand that coverage is effective upon payment of premium and issuance of a Policy.

Any person who knowingly presents a false or fraudulent claim for payment of 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.

Applicant's Signature _____ Date _____

THE POLICY PROVIDES LIMITED BENEFITS. REVIEW YOUR POLICY CAREFULLY.

[PLEASE CHOOSE ONE OF THE FOLLOWING CONVENIENT PAYMENT METHODS:

- ☐ **Please deduct my premiums from my checking account. I have attached a voided check.**
- ☐ **Please charge my premiums to my credit card account.**
  __MasterCard __Visa __Discover __American Express
  Account Number_____ Expiration Date ___/_____

A30363NUFIC-AR

© American International Group, Inc. All rights reserved.

- ☐ **I have enclosed a check or money order. Make check or money order payable to NUFIC.**
- ☐ **Bill me]**

[For policies that provide benefits for expenses incurred for an accidental injury only.

IMPORTANT NOTICE TO PERSONS ON MEDICARE:

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE.

Some health care services paid for by Medicare may also trigger the payment of benefits from this Policy.

This insurance provides limited benefits, if you meet the Policy conditions, for hospital or medical expenses that result from accidental injury. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them.

These include:

- hospitalization
- physician services
- other approved items and services

This Policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance:

- Check the coverage in **all** health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.

For help in understanding you health insurance, contact your state insurance department or state senior insurance counseling.]

© American International Group, Inc. All rights reserved.

AIG® **AIG Domestic Accident & Health Division**

A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270

[(212) 770-7000]

(a capital stock company, herein referred to as the Company, We, Our, or Us)

INDIVIDUAL ACCIDENT [AND SICKNESS] [ONLY][HOSPITAL CONFINEMENT INDEMNITY] INSURANCE COVERAGE

THE POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

OUTLINE OF COVERAGE

Read your Policy Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

[Accident] [and Sickness] [only] [Hospital Confinement Indemnity] coverage is designed to provide, to persons insured, [coverage for certain losses resulting from a covered accident [or sickness] [ONLY],][and][coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness,] subject to any limitations contained in the policy. Coverage is not provided for [basic hospital, basic medical-surgical, or major medical expenses] [or] [any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit described below].

THE POLICY IS GUARANTEED RENEWABLE[until You or Your Insured Spouse's termination age]. We cannot change any of the terms of the Policy on its own, except that, in the future, We may increase the premium You pay.

[COVERAGE TERMINATES AT AGE [65, 70, 75, 80, 85] OR AS OTHERWISE PROVIDED BY THE POLICY.]

© American International Group, Inc. All rights reserved.

TABLE OF CONTENTS

Schedule ..... [X]

Definitions ..... [X]

Effective and Termination Dates ..... [X]

Premium ..... [X]

Benefits ..... [X]

[Accidental Dismemberment Benefit ..... [X]]

Exclusions ..... [X]

Claims Provisions ..... [X]

General Provisions ..... [X]

SCHEDULE

Insured: [John Doe]
Issue Age: [35]
Address: [124 Anystreet
Anytown, USA]
Type of Coverage: [Insured] [Insured & Spouse] [Insured & Child(ren)][Insured, Spouse & Children]
Policy #: [123345]
Policy Effective Date: [6/1/00]

[**Covered Activities:**

1. 24 Hour Accident Coverage. [("24 Hour")]
2. While driving or riding as a passenger in a Motor Vehicle. Any Injury sustained must be due to a collision, wrecking, or explosion of such Motor Vehicle. Such collision, wrecking, or explosion must cause physical damage to the Motor Vehicle and leave it in a different condition than before the accident. While standing or walking as a pedestrian on an open public street or highway. Any Injury sustained must be due to being struck by a Motor Vehicle while a pedestrian. [("Motor Vehicle")]
3. While riding as a fare-paying passenger on a Common Carrier. [("Common Carrier")]]

Benefit Schedule

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed maximums, and may be less than the maximums under circumstances specified in the Policy. [The Maximum Amounts payable for a loss is less for an Insured Person who is age [65, 70, 75] or older on the date of the accident causing the loss with respect to the Benefits illustrated below.]

[**Per Accident Maximum Amount** [$XXXX].]

Benefit	**Maximum Amount**		
	[Class 1]	[Class 2]	[Class 3]
[Accidental Death]			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
Motor Vehicle			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
Common Carrier			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]]	$[XXXX]	$[XXXX]	$[XXXX]
[Accidental Dismemberment]			

[Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Common Carrier** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]]	$[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	$[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	$[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Accident Medical Expense [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]] [Deductible Amount Per Accident :] [Per Insured Person in Class 1, 2 and 3 $[XXXX]] [Dental [Per Accident:]] [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Dislocations [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]] Fractures [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [**24 Hour**	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]

[Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]] Maximum Dislocations/Fractures Benefit]	$[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	$[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	$[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Emergency Transportation [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under][Ages [65, 70, 75] to termination]] [Maximum of [X] transportation benefits per Insured Person per Calendar Year]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Emergency Treatment [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]] [If Admitted as an In-Patient] [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [Due to a Fracture] [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [For [all other] Injuries] [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [Maximum of [X] Emergency Treatment benefits per Insured Person per Calendar Year]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Escalator]	[See Benefit]	[See Benefit]	[See Benefit]

[Family Leave Monthly Maximum Amount [Ages [64, 69, 74] and under] $[XXXXXX] [Ages [65, 70, 75] to termination]$[XXXXXX] Maximum Number of Months: [XX]]	[[XX]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount]	[[XX]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount]	[[XX]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount/No Benefit]
[Homecare]	See Benefit	See Benefit	[See Benefit/No Benefit]
[In-Hospital Indemnity Daily			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
Motor Vehicle			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]]	$[XXXX]	$[XXXX]	$[XXXX]
Maximum Number of Days: [XXX]]			
[In-Hospital Indemnity Single Payment			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
Motor Vehicle			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]]	$[XXXX]	$[XXXX]	$[XXXX]
[If Confined for:			
[30-59] Consecutive Days:			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
[60-89] Consecutive Days:			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
[90-120] Consecutive Days:			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
[121-150] Consecutive Days:			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
[151 +] Consecutive Days:			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]]]	$[XXXX]	$[XXXX]	$[XXXX]
[In-Hospital Indemnity Sickness Daily			

[Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]
[**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
Motor Vehicle [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
Maximum Number of Days: [XXX] Payable only [once] during the lifetime of the Insured Person]			
[In-Hospital Indemnity Sickness Single			
[Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]
[**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
Motor Vehicle [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
[If Confined for: [30-59] Consecutive Days: [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [60-89] Consecutive Days: [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [90-120] Consecutive Days: [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [121-150] Consecutive Days: [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [151 +] Consecutive Days: [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Intensive Care Unit			
[Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]
[**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
Motor Vehicle			

[Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]]] Maximum Number of Days: [XXX]]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]
[Permanent Total Disability (Monthly Benefit) Elimination Period: [6, 12] consecutive months Maximum Number of Months: [120] [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]] Maximum Number of Months: [XX]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Permanent Total Disability (Single Payment) Elimination Period: [6, 12, 24] consecutive months [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Physician's Office Visits Indemnity [Waiting Period: [1-12] consecutive months] [[Routine Well Care Related Visits] -Benefit Amount Per Visit: [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [-Maximum Number of Visits [Per Calendar [Month] [Quarter][Year]] [Per [1-12] months] [Per Insured Person:] [Per Family: [X]]] [-Maximum Benefit Amount [Per Calendar [Month] Quarter][Year]] [Per [1-12] months][Per Insured Person]: [Ages [64, 69, 74] and under]	 $[XXXX] $[XXXX] [X] $[XXXX]	 $[XXXX] $[XXXX] [X] $[XXXX]	 $[XXXX] $[XXXX] [X] $[XXXX]

[Ages [65, 70, 75]to termination] [Per Family: $[XXXX]]]]	$[XXXX]	$[XXXX]	$[XXXX]
[Injury Related Visits -Benefit Amount Per Visit: [Ages [64, 69, 74] and under] [Ages [65, 70, 75]to termination]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
[-Maximum Number of Visits [Per Calendar [Month] [Quarter] [Year]] [Per [1-12] months] [Per Insured Person:] [Per Family: [X]]]	[X]	[X]	[X]
[-Maximum Benefit Amount [Per Calendar [Month] [Quarter] [Year]][Per [1-12] months][Per Insured Person]: [Ages [64, 69, 74] and under] [Ages [65, 70, 75]to termination] [Per Family: $[XXXX]]]]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
[Sickness Related Visits -Benefit Amount Per Visit: [Ages [64, 69, 74] and under] [Ages [65, 70, 75]to termination]	 $[XXXX]	 $[XXXX]	 $[XXXX]
[-Maximum Number of Visits [Per Calendar [Month] [Quarter] [Year]] [Per [1-12] months] [Per Insured Person:] [Per Family: [X]]]	$[XXXX] [X]	$[XXXX] [X]	$[XXXX] [X]
[-Maximum Benefit Amount [Per Calendar [Month] [Quarter] [Year]] [Per [1-12] months][Per Insured Person]: [Ages [64, 69, 74] and under] [Ages [65, 70, 75]to termination] [Per Family: $[XXXX]]]]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
[Combined Maximum Number of Visits [Per Calendar [Month] [Quarter][Year]] [Per [1-12] months][Per Family]: [X]]			
[Combined Maximum Benefit Amount [Per Calendar [Month] [Quarter] [Year]] [Per [1-12] months][Per Family]: $[XXXX]]			
[Lifetime Maximum Number of Visits for all Physician Office Visits [Per Insured Person:] [Per Family: [X]]]	[X]	[X]	[X]
[Lifetime Maximum Benefit Amount for all Physician Office Visits [Per Insured Person]: [Per Family: $[XXXX]]]]			

	$[XXXX]	$[XXXX]	$[XXXX]
[Recuperation Daily [Ages [64, 69, 74] and under] [Ages [65, 70, 75]to termination] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]] Maximum Number of Days: [XXX]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Recuperation Sickness Daily [Ages [64, 69, 74] and under] [Ages [65, 70, 75]to termination] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]] Maximum Number of Days: [XXX]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Simultaneous In-Hospital Indemnity Daily [Ages [64, 69, 74] and under] [Ages [65, 70, 75] and over] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]] Maximum Number of Days: [XXX]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Total Temporary Disability Accident Elimination Period: [1-6] consecutive months Maximum Number of Months Payable: [3-24] [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]

[**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Additional Rider [Ages [64, 69, 74] and under] [Ages [65, 70, 75]to termination] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]

	PREMIUM		
	Amount		**Term**
[Insured	**[XXX]**	per	**[XXX]**
Insured & Spouse	**[XXX]**	per	**[XXX]**
Insured, Spouse & Child(ren)]	**[XXX]**	per	**[XXX]**

DEFINITIONS

Benefit Schedule. Means the Benefit Schedule section of this Outline of Coverage.

Covered Activity (ies). Means those activities set out in the Covered Activities section of the Schedule, with respect to which Insured Person(s) are provided accident insurance coverage under the Policy.

[**Domestic Partner.** Means [an opposite][or][a same] sex partner who has met all of the following requirements for at least [6, 12] consecutive months immediately preceding the Policy Effective Date: (1) resides with You; (2) shares financial assets and obligations with You; (3) is not related by blood to You to a degree of closeness that would prohibit a legal marriage; (4) is at least the age of consent in the state in which he or she resides; and (5) neither You nor the Domestic Partner is married to anyone else, nor has any other Domestic Partner. We require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.]

Injury. Means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the injured person's coverage under the Policy is in force; and (2) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss[; and (3) which occurs while such person is participating in a Covered Activity].

Insured. The person named in the Schedule for whom coverage is provided under the Policy and for whom premium has been paid.

[**Insured Dependent Child(ren).** Your unmarried child(ren), including natural, step, foster or adopted children from the moment of placement in Your home, under age 19 (or age 23 if attending an accredited institution of higher learning on a full-time basis) and primarily dependent on You for support and maintenance: (1) whom You have elected to cover under the Policy; (2) for whom premium has been paid when due; and (3) while covered under the Policy.]

Insured Person. You, and, if indicated in the Schedule, Your Insured Spouse and Insured Dependent Children.

[**Insured Spouse.** Your legal spouse [or Domestic Partner] for whom coverage is provided under the Policy and for whom premium has been paid, if indicated in the Schedule.]

Maximum Amount. The amount shown on the Benefit Schedule that is used to determine amounts payable under each Benefit.

[**Motor Vehicle.** Means a motorized pleasure automobile type vehicle or motorcycle, including a truck of three-quarter tons or less[, which is not licensed to carry passengers for hire]. Motor Vehicle does not include boats, All Terrain Vehicles or snowmobiles.]

Physician. Means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) an Insured Person; or 2) an Immediate Family Member. Immediate Family Member means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), grandparent, brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Policy. The Policy, Application and any attached Riders and Endorsements.

We, Us, Our, Company. Means National Union Fire Insurance Company of Pittsburgh, PA.

You, Your. Means the Insured.

EFFECTIVE AND TERMINATION DATES

The Policy begins on the Effective Date shown in the Schedule at 12:01 A.M. standard time at Your place of residence. The Effective Date is the date from which policy years and premium due dates will be figured.

[If Insured or Insured & Spouse only coverage is issued and You desire uninterrupted coverage for a newborn , You must notify Us within 90 days of the child's birth or before the next premium due date, whichever is later. Coverage for adopted children shall begin on the date of the filing of a petition for adoption if You apply for coverage within sixty (60) days after the filing of the petition for adoption. Coverage shall begin from the moment of birth if the petition for adoption and application for coverage is filed within sixty (60) days after the birth of an adopted newborn. Upon notification, We will advise You of the additional premium due. Upon payment of the additional premium due, We will include Dependent Child coverage under the Policy. If Dependent Child coverage is in force, it is not necessary to notify Us of the birth or adoption of a child and an additional premium payment is not required.]

You may terminate the Policy on any premium due date by giving 31 days advance written notice to Us.

The Policy may also at any time be terminated by mutual consent of You and Us.

The Policy terminates automatically on the earlier of: (1) the premium due date if premiums are not paid when due, subject to the Grace Period provision; (2) the date You requested in writing that coverage be terminated; or (3) Your death. Upon Your death, if there is an Insured Spouse, such Insured Spouse becomes the Insured and coverage continues.

[If Insured only coverage is indicated in the Schedule, the Policy will terminate automatically on the [monthly][quarterly] anniversary date of the Effective Date of the Policy next following the date You reach age [65, 70, 75, 80, 85]. If Spouse coverage is indicated in the Schedule, the coverage for the older of You or Your Insured Spouse terminates automatically on the [monthly][quarterly] anniversary date of the Effective Date of the Policy next following the date You or Your Insured Spouse reach age [65, 70, 75, 80, 85]. However the Policy does not automatically terminate until the [monthly][quarterly] anniversary date of the Effective Date of the Policy next following the date the younger of You or Your Insured Spouse reaches age [65, 70, 75, 80, 85].

If the Policy is terminated due to You or Your Insured Spouse reaching age [65, 70, 75, 80, 85] and premiums have been paid and accepted beyond the [monthly][quarterly] anniversary date of the Effective Date of the Policy next following the date You or Your Insured Spouse reach age [65, 70, 75, 80, 85], coverage shall continue in force, subject to any right of cancellation, until the end of the period for which such premium has been accepted.

[Insured Dependent Child(ren)'s coverage under the Policy ends on the earliest of: (1) the date Your coverage under the Policy ends; (2) the premium due date if premiums for Your Insured Dependent Child(ren) are not paid when due, subject to the Grace Period provision; (3) the date You make a written request that coverage for Your Insured Dependent Child(ren) be terminated; or (4) the date Your Insured Dependent Child(ren) reach(es) the limiting age, except as otherwise stated in the Policy.

If coverage is terminated due to Your Insured Dependent Child(ren) reaching the limiting age, and premiums have been paid and accepted beyond the [monthly][quarterly] anniversary date of the Effective Date of the Policy next following that date, coverage shall continue in force, subject to any right of cancellation, until the end of the period for which such premium has been accepted.

Any of Your unmarried Insured Dependent Child(ren) covered under the Policy before reaching the age limit, who are incapable of self-sustaining employment by reason of mental or physical incapacity, and who are primarily dependent on You for support and maintenance, may continue to be eligible under the Policy beyond the age limit for as long as coverage under the Policy is in force, but only if they remain continuously covered under the Policy. We may request the submission of satisfactory proof of Your Insured Dependent Child(ren)'s incapacity and dependency to Us. If coverage is extended, We may request submission of satisfactory proof of Your Insured Dependent Child(ren)'s continued incapacity and dependency on an annual basis after the initial two-year period following attainment of the specified age.]

Termination takes effect at 12:01 A.M. Standard Time at Your place of residence on the date of termination.

Termination will not affect a claim for a covered loss that occurred while coverage was in force under the Policy.

Effective Date of Change in Coverage

A change in coverage due to a change in the election of benefits will become effective on the later of the following dates: (1) the date the written request for change in coverage is received by Us; or (2) if the change requires a change in premium, the date the first changed premium is paid when due.

PREMIUM

The initial premium for the Policy must be paid to Us at our Home Office in advance. Subsequent premium payments are due when and as stated in the Schedule. If premiums are not paid when they are due or within the Grace Period, the coverage provided by the Policy will terminate as set forth in the Effective and Termination Dates section.

Premium Term. The premium term is shown in the Schedule. You may change the premium term on any premium due date if We agree.

We reserve the right to change the premiums. Any change in premium will be uniform for all Insured Persons in the same rate class, on all policies bearing this form number in the state where the Policy is issued. We may also change premiums at any time a change affecting rates is made in the Policy. Written notice of any premium change will be mailed to You at Your last known address at least 30 days in advance.

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first. The Policy will terminate on the last day of the Grace Period if You fail to pay all premiums due by the last day of the Grace Period.

No Grace Period will be provided if We receive notice from You to terminate the Policy prior to a premium due date.

Reinstatement. If the Policy terminates because premiums have not been paid, You can request to reinstate the Policy by sending a written request to Us to do so. The Policy can be reinstated on the date all required premiums are paid to Our Home Office.

We have the right to make changes in the Policy before We reinstate it. Any changes will be made in or attached to the reinstated policy We send to You. All other terms of the Policy remain unchanged.

The reinstated policy shall cover only loss resulting from such accidental Injury as may be sustained after the date of reinstatement [and loss due to such Sickness as may begin more than ten days after that date].

Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

BENEFITS

The Maximum Amounts shown in the Benefit Schedule[, subject to the Reduction Schedule,] are used to determine amounts payable under each Benefit.

[**Reduction Schedule.** The Maximum Amount for an Insured Person who is under age [65, 70, 75] on the date of the accident causing the loss, will be reduced by a percentage of such Maximum Amount for an Insured Person who [is age [65, 70, 75]] [, with respect to Sickness, is age [65, 70, 75] and with respect to Injury, is age [65, 70, 75]] or older on the date of the accident causing the loss, as illustrated in the Benefit Schedule. This reduction will apply in accordance with the schedule below, with respect to [all/any of the following] Benefits provided by the Policy[: Accidental Death Benefit; Accidental Dismemberment Benefit; Accident Medical Expense Benefit; Dislocations and Fractures Benefit; Emergency [Transportation] [and] [Treatment] Benefit; Family Leave Benefit; Homecare Benefit; In-Hospital Indemnity Daily Benefit; In-Hospital Indemnity Single Payment Benefit; In-Hospital Indemnity Sickness Daily Benefit; In-Hospital Indemnity Sickness Single Payment Benefit; Intensive Care Unit Benefit; Permanent Total Disability Benefit (Monthly Benefit); Permanent Total Disability (Single Payment); Physician's Office Visits Indemnity Benefit; Recuperation Daily Benefit; Simultaneous In-Hospital Indemnity Daily Benefit; Total Temporary Disability Accident Benefit].

AGE ON DATE OF ACCIDENT	PERCENTAGE OF UNDER AGE [65, 70, 75] MAXIMUM AMOUNT
[With respect to Sickness,][3]65, 70, 75] or older	Reduced by [50%]
[With respect to Injury, [65, 70, 75] or older	Reduced by [50%]]

Premium for an Insured Person [age [65, 70, 75]][, with respect to Sickness age [65, 70, 75] and with respect to Injury age [65, 70, 75]] or older is based on 100% of the coverage that would be in effect if the Insured Person were under age [65, 70, 75][with respect to Sickness [65, 70, 75] and with respect to Injury [65, 70, 75]]. "Age" as used above refers to the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.]

[**Accidental Dismemberment Benefit.** If Injury to an Insured Person results[, within [90, 120, 180, 365] days of the date of the accident that caused the Injury,] in any one of the Losses specified below, We will pay the percentage shown below of the Accidental Dismemberment Benefit Maximum Amount shown in the Benefit Schedule for that Loss:

For Loss of	Percentage of Maximum Amount
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
[Speech and Hearing in Both Ears	100%]
One Hand or One Foot	50%
The Sight of One Eye	50%
[Speech or Hearing in Both Ears	50%]
[Hearing in One Ear	25%]
[Thumb and Index Finger of Same Hand	25%]

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye.["Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak.][" Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.] If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid. In no event will any Reduction Schedule provision or percentage of the Maximum Amount operate to reduce the percentage payable to less than $1,000 for double dismemberment or $500 for single dismemberment.]

[**Accidental Death Benefit.** If an Insured Person's Injury results in death[within [90,120,180,365] days of the date of the accident that caused the Injury], We will pay 100% of the Maximum Amount shown in the Benefit Schedule. In no event will any Reduction Schedule provision or percentage of the Maximum Amount operate to reduce the percentage payable to less than $1,000 for loss of life.

[Exposure and Disappearance**.** If by reason of an accident occurring while an Insured Person's coverage is in force under the Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under the Policy, the loss will be covered under the terms of the Policy. If the body of the Insured Person has not been found within [6 months; 1 year] of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that the Insured Person has suffered accidental death within the meaning of the Policy.]]

[**Accident Medical Expense Benefit.** If an Insured Person suffers an Injury that, within [30, 90,180,365] days of the date of the accident that caused the Injury, requires him or her to be treated by a PhysicianWe will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to the Accident Medical Expense Benefit Maximum Amount shown in the Benefit Schedule per Insured Person for all Injuries caused by the same accident. This benefit is payable only for such charges incurred[after the Deductible has been met and] within [26,52,104] weeks after the date of the accident causing that Injury.

Covered Accident Medical Service(s) - means any of the following services: (1)_Hospital semi-private room and board (or room and board in an intensive care unit); (2) Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center; (3) services of a Physician or a registered nurse (R.N.); (4) ambulance service to or from a Hospital; (5) laboratory tests; (6) radiological procedures; (7) anesthetics and the administration of anesthetics; (8) blood, blood products and artificial blood products, and the transfusion thereof; (9) physical therapy and occupational therapy; (10) rental of Durable Medical Equipment; (11) artificial limbs, artificial eyes or other prosthetic appliances; or (12) medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

Ambulatory Medical Center - means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

[*Deductible* - means the amount of Usual and Customary Charges for Medically Necessary Covered Accident Medical Services that must be incurred by the Insured Person due to Injuries resulting from an accident before Accident Medical Expense benefits become payable due to Injuries resulting from that accident. The amount of the Deductible is the Deductible Amount shown in the Benefit Schedule under the Accident Medical Expense Benefit. Accident Medical Expense benefits are not payable for charges applied to the Deductible.]

Durable Medical Equipment - refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Hospital - means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except for services rendered on an emergency basis where a legal liability for the Insured exists for charges made to them for the services.

Medically Necessary - means that a Covered Accident Medical Service is: (1) is essential for diagnosis,

treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Usual and Customary Charge(s) - means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

[Limitation Due to Multiple Insurance Coverage**.** The insurance provided by the Policy for the Accident Medical Expense Benefit shall be in excess of all other valid and collectible insurance and indemnity. If, at the time of occurrence of any loss payable under the Policy, there is other valid and collectible insurance and indemnity in place, We shall be liable only for the excess amount of the loss over the amount of such other insurance and indemnity [and after satisfaction of any Accident Medical Expense Deductible which applies under the Policy.] Covered Accident Medical Expense Benefits incurred and paid under other valid and collectable insurance will [not] be used to satisfy any Accident Medical Expense Deductible which applies under the Policy.]

Exclusions. In addition to the Exclusions in the Exclusions section of the Policy, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from any of the following: (1) repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition; (2) new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums[, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury[up to the Dental Maximum Amount shown in the Benefit Schedule]]; (3) new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight; (4) new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing; (5) rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in Our sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, We may, but are not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense); (6) personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals; [(7) any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.]]

[Dislocations and Fractures Benefit.

Dislocations Benefits: If an Insured Person suffers an Injury that results in one of the Dislocations specified below within [90,120,180,365] days of the date of the accident that caused the Injury and that Dislocation requires Reduction under anesthesia, We will pay the percentage shown below of the Dislocations Benefit Maximum Amount shown in the Benefit Schedule. Only one Dislocation benefit is payable for each Dislocation during an Insured Person's lifetime.

Fractures Benefits: If an Insured Person suffers an Injury that results in one of the Fractures specified below within [90,120,180,365] days of the date of the accident that caused the Injury, We will pay the percentage shown below of the Fractures Benefit Maximum Amount shown in the Benefit Schedule. Only one Fracture benefit is payable for each Fracture during the Insured Person's lifetime.

Dislocation	Percentage of Maximum Amount
[Hip; Knee; Wrist; Elbow; Ankle; Shoulder blade; Collarbone or Jaw	25%]

Fracture

[Hip.....80%]
[Pelvis (excluding Coccyx and sacrum) .....80%]
[Skull (excluding nose, lower jaw and teeth).....50%]
[Thigh (excluding kneecap).....40%]
[Upper Arm.....40%]
[Ankle .....35%]
[Lower Leg (excluding kneecap) .....35%]
[Heel.....40%]
[Shoulder Blade .....35%]
[Lower Jaw.....30%]
[Collarbone.....30%]
[Forearm (excluding wrist) .....25%]
[Wrist.....25%]
[Vertebrae (each) – vertebral arch (excluding Coccyx).....20%]
[Sternum (breastbone) .....15%]
[Kneecap.....15%]
[Cheekbone.....15%]
[Hand (excluding fingers, thumb, and/or wrist) .....10%]
[Foot (excluding toes, heel, and/or ankle).....10%]
[Coccyx .....25%]

Maximum Dislocations/Fractures Benefit. The Maximum Dislocations/Fractures Benefit payable for any one accident is shown in the Benefit Schedule and applies regardless of the number of Injuries caused by that accident.

Coccyx - means four fused vertebrae at the bottom of the spine.

Concussion - means significant blow to the head that may result in unconsciousness.

Dislocation - means that one or more bones are out of place, out of joint, or out of position. Dislocation does not include fingers and toes.

Fracture - means a break or rupture in the continuity of the bone or cartilage and includes, but is not limited to: complete fractures; compound fractures; compression fractures; depressed fractures; open fractures; simple fractures.

Hairline Fracture - means a break that appears as a narrow crack along the surface of the bone.

Osteoporosis - means the thinning of bone with reduction in bone mass due to depletion of calcium and bone protein.

Pathological Fracture - means any Fracture in an area where pre-existing disease has caused weakening of the bone.

Reduction - means restoration to a normal position, of a Dislocated bone or joint.

Exclusions. In addition to the Exclusions in the Exclusions section, the Dislocations and the Fractures benefits are not payable for: (1) an Injury resulting in a Dislocation or Fracture if Osteoporosis or Pathological Fracture was diagnosed prior to the Insured Person's Effective Date of Coverage; (2) Hairline Fractures.

Special Conditions Relating to Osteoporosis or Pathological Fractures. If an Insured Person's claim is payable for a Dislocation or a Fracture, and either Osteoporosis or bone disease is first diagnosed at the time of such claim or first diagnosed prior to the claim but after the Insured Person's Effective Date, We will pay the benefit for that claim. However, no further benefits will be payable for that Insured Person and coverage under this Rider will be terminated for that Insured Person.]

[Emergency [Transportation] [and] [Treatment] Benefit .

[Emergency Transportation Benefit. If an Insured Person suffers an Injury that requires Emergency Treatment

within [12, 24, 48] hours of the date of the accident that caused the Injury and it is determined that it is Medically Necessary that such Insured Person be transported to a Hospital or a Satellite Emergency Center by Ambulance, We will pay 100% of the Emergency Transportation Maximum Amount shown in the Benefit Schedule. Only one Emergency Transportation Benefit is payable for any one accident per Insured Person. [The maximum number of Emergency Transportation Benefits payable per calendar year per Insured Person regardless of the number of accidents incurred, is shown in the Benefit Schedule.]]

[Emergency Treatment Benefit. If an Insured Person suffers an Injury that, within [24,48,72] hours of the date of the accident that caused the Injury, requires him or her to receive Medically Necessary Emergency Treatment in a Hospital emergency room or a Satellite Emergency Center, We will pay 100% [of the applicable] Emergency Treatment Benefit Maximum Amount shown in the Benefit Schedule. Only one Emergency Treatment Benefit[, the largest,] is payable for any one accident per Insured Person. [The maximum number of Emergency Treatment Benefits payable per calendar year per Insured Person regardless of the number of accidents incurred, is shown in the Benefit Schedule.]]

[If an Insured Person incurs expenses for both Emergency Transportation and Emergency Treatment due to the same accident, only one amount, the highest, will be paid.] [A maximum of [2] Emergency Transportation Benefits or Emergency Treatment Benefits are payable per Insured Person per calendar year regardless of the number of accidents incurred in that same calendar year.]

[*Ambulance* –means any publicly or privately owned surface, water or air vehicle, including a helicopter, that is specifically designed and constructed or modified and equipped to be used, maintained or operated primarily for the transportation of individuals who are sick, injured or wounded. Ambulance does not include a surface, water or air vehicle that is owned and operated to accommodate an incapacitated or disabled person who does not require medical monitoring, care or treatment during transport.]

Emergency Treatment –means treatment for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in: (1) Placing the health of the person (or with respect to a pregnant woman, the health of her unborn child) in serious jeopardy; (2) Serious impairment to bodily functions; or (3) Serious dysfunction of any bodily organ or part.

[*Fracture* –a) the act or process of breaking or the state of being broken; b) the breaking of hard tissue (as bone); or c) the rupture (as by tearing) of soft tissue.]

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward room, wing, or other section of the hospital that is used for such purposes.

[*Inpatient* –means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.]

Medically Necessary –means an Emergency [Treatment] [or] [Transportation] is: (1) essential for the diagnosis, treatment and care of the Injury; (2) meets generally accepted standards of medical practice; [or] (3) is ordered by a Physician and performed under the Physician's care, supervision or order[; or (4) with regard to Emergency Transportation, is subsequently authorized by a Physician as appropriate due to the nature of the Injury].

Satellite Emergency Center – means a licensed facility providing outpatient care under the direction of a Physician on a 24 hour basis. Available services must include: (1) diagnostic care, including laboratory services and diagnostic x-rays; and (2) treatment or medical care, including availability of the means for stabilization of emergency medical conditions. A Satellite Emergency Center does not include a Hospital or an office maintained by a Physician for the practice of medicine or dentistry.]

[**Escalator Benefit Rider.** The Maximum Amount shown on the Benefit Schedule [for all benefits] [for the benefits listed below] for each Insured Person who remains continuously covered under the Policy will be increased every [3, 6, 12] Policy Months for [12, 18, 24, 30, 36, 60, 120] Policy Months from the coverage effective date by a dollar amount equal to the Escalator Percentage of the Maximum Amount that was in force on the Policy Effective Date. The increase will be simple, not compound, increase. [The increased Maximum Amount is subject to the Reduction Schedule provision as shown in the Benefits section.] Policy Months are measured from the month and day of the coverage effective date.

Benefit	***Escalator Percentage***
[All Benefits]	[5, 10, 15, 20, 25]%
Accidental Death	[5, 10, 15, 20, 25]%
Accidental Dismemberment	[5, 10, 15, 20, 25]%
Accident Medical Expense	[5, 10, 15, 20, 25]%
Dislocations and Fractures	[5, 10, 15, 20, 25]%
Emergency Transportation	[5, 10, 15, 20, 25]%
Emergency Treatment	[5, 10, 15, 20, 25]%
Family Leave	[5, 10, 15, 20, 25]%
Homecare	No Escalator.
In-Hospital Indemnity Daily	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Single Payment	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Sickness Daily	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Sickness Single Payment	[5, 10, 15, 20, 25]%
Intensive Care Unit	[5, 10, 15, 20, 25]%
Permanent Total Disability (Monthly)	[5, 10, 15, 20, 25]%
Permanent Total Disability (Single Payment)	[5, 10, 15, 20, 25]%
Physician Office Visits Indemnity	[5 – 25]%
Simultaneous In-Hospital Indemnity	[5 – 25]%
Recuperation Daily	[5 – 25]%
Total Temporary Disability Accident	[5 – 25]%
[Additional Rider	[5 – 25]%]]

[**Family Leave Benefit [Version 1].** If: (1) an Insured [Person] is Disabled due to an Injury within [30, 60, 90, 120] days of the date of the accident which caused the Injury; and (2) an Immediate Family Member takes an unpaid leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care for the Disabled Insured [Person] within [30, 60, 90, 120, 180, 365] days of the date of the accident which caused the Insured [Person][1] to be Disabled, We will pay a monthly benefit beginning [30, 60, 90, 120, 180] days from the date the Immediate Family Member ceased receiving wages due to resignation or unpaid leave of absence to provide Continuous Care to the Disabled person.

The amount of the Family Leave Monthly Benefit will be the lesser of: (1) The Family Leave Monthly Maximum Amount specified in the Benefit Schedule; or (2) The result of multiplying 1/12th of the Annual Earnings of the Caregiver by the Benefit Percentage reflected in the Family Leave Benefit in the Benefit Schedule.

The benefit is payable monthly as long as the Insured [Person] remains continuously Disabled due to that Injury, but ceases on the earliest of: (1) the date the Disabled person ceases to be Disabled due to that Injury; (2) the date the Disabled person or the Caregiver dies; (3) the date the Caregiver ceases to spend [20,30,40] hours per week to provide Continuous Care to the Disabled person for any reason; (4) the date the Caregiver returns to Full-Time Employment; or (5) the date the benefit has been paid for the Maximum Number of Months specified for the Family Leave Benefit shown in the Benefit Schedule.

We will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which We are liable when the Insured [Person] is Disabled for less than a full month. Only one benefit is provided for any one month of Disability, regardless of the number of Injuries causing the Disability. Only one benefit is payable

under the Policy for any Disability due to the same accident, regardless of [the number of people Disabled,] the number of times an Insured [Person] is Disabled, or the number of people who resign or take a leave of absence to provide Continuous Care.

We reserve the right to request proof of voluntary termination or leave of absence from Full-Time Employment without pay prior to payment of benefits. We also reserve the right to request proof of Disability or continuing Disability, on the basis of all facts and circumstances, including, but not limited to, requiring an independent medical examination at Our expense as often as may be reasonably required.

[Termination. Coverage under this Benefit does not apply to accidents occurring after the Insured [Person's] attained age [70, 75, 80, 85].]

Annual Earnings –means base annual salary for the 12 months of employment with the same employer immediately preceding resignation or leave of absence to provide Continuous Care for the Disabled person, exclusive of overtime, bonuses, tips, commissions and special compensation.

Caregiver –means the person who resigns or takes an unpaid leave of absence to provide Continuous Care.

Continuous Care –means activities related to the physical life, health and safety of the Disabled person which may include, but are not limited to: assisting with (1) bathing; (2) dressing; (3) toileting; (4) transferring (moving in and out of bed, chair or wheelchair); (5) eating; (6) preparation of meals and (7) transportation to and from doctor appointments.

Disabled/Disability - means that as the result of an Injury, the Insured [Person]: (1) [is unable to perform the material and substantial duties of any occupation for which he or she is qualified for by reason of education, experience or training.] [[However, w] [W]ith respect to an Insured [Person] for whom an occupational definition of Disabled/Disability is not appropriate, Disabled/Disability means the Insured [Person] [over age [15]] is unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training;] [or, in the case of a child under age [15], is unable to attend school on a full-time or part-time basis;] [[or] is unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured [Person][1] immediately prior to the accident]; (2) requires the Continuous Care of the Caregiver; and (3) requires the supervision of a Physician unless the Insured [Person] has reached his or her maximum point of recovery.

Full-Time Employment –means actively working, for wage or profit, for one employer for at least [20,25,30,35,40] hours per week for at least 12 consecutive months prior to the date of the accidental Injury that caused the Disability.

Immediate Family Member –means the Insured [Person]'s [spouse, mother, father, mother in-law, father in-law, step-parent, grandparent, sibling, sibling in-law or child]. With regard to an Immediate Family Member who takes a leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care, the Immediate Family Member must be at least 18 years of age.]

[**Family Leave Benefit [Version 2].** If an [Insured] [or/,] [Insured Spouse] [or an] [Immediate Family Member] is Disabled due to an Injury within [30, 60, 90, 120] days of the date of the accident which caused the Injury, and [(1)][an Insured [or Insured Spouse] takes an unpaid leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care for the Disabled Immediate Family Member] [; or][(2)][an Immediate Family Member takes an unpaid leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care for the Disabled Insured [or Insured Spouse]] within [30, 60, 90, 120, 180, 365] days of the date of the accident which caused the [Insured] [or/,] [Insured Spouse] [or] [Immediate Family Member] to be Disabled, We will pay a monthly benefit beginning [30, 60, 90, 120, 180] days from the date the Caregiver ceased receiving wages due to resignation or unpaid leave of absence to provide Continuous Care to the Disabled person.

The amount of the Family Leave Monthly Benefit will be the lesser of: (1) The Family Leave Monthly Maximum Amount specified in the Benefit Schedule; or (2) [The result of multiplying 1/12th of the Annual Earnings of the Caregiver by the Benefit Percentage applicable to the Disabled Insured [or Insured Spouse] reflected in the Family Leave Benefit in the Benefit Schedule] [If the Caregiver is the Insured, the benefit percentage will be determined as specified under 3 below][; or] [(3) The result of multiplying 1/12th of the Annual Earnings by the

benefit percentage applicable to the Caregiver. The benefit percentage is reflected under the Family Leave Benefit in the Benefit Schedule].

The benefit is payable monthly as long as the [Insured] [or/,] [Insured Spouse] [or] [Immediate Family Member] remains continuously Disabled due to that Injury, but ceases on the earliest of: (1) the date the Disabled person ceases to be Disabled due to that Injury; (2) the date the Disabled person or the Caregiver dies; (3) the date the Caregiver ceases to spend [20,30,40] hours per week to provide Continuous Care to the Disabled person for any reason; (4) the date the Caregiver returns to Full-Time Employment; or (5) the date the benefit has been paid for the Maximum Number of Months specified for the Family Leave Benefit shown in the Benefit Schedule.

We will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which We are liable when the [Insured] [or/,] [Insured Spouse] [or] [Immediate Family Member] is Disabled for less than a full month. Only one benefit is provided for any one month of Disability, regardless of the number of Injuries causing the Disability. Only one benefit is payable under the Policy for any Disability due to the same accident, regardless of the [number of people Disabled,] the number of times an [Insured] [or/,] [Insured Spouse] [or] [Immediate Family Member] is Disabled[, or the number of people who resign or take a leave of absence to provide Continuous Care].

We reserve the right to request proof of voluntary termination or leave of absence from Full-Time Employment without pay prior to payment of benefits. We also reserve the right to request proof of Disability or continuing Disability, on the basis of all facts and circumstances, including, but not limited to, requiring an independent medical examination at Our expense as often as may be reasonably required.

[Termination. Coverage under this Benefit does not apply to accidents occurring after the Insured [or] [Insured Spouse's] attained age [70, 75, 80, 85].]

Annual Earnings –means base annual salary for the 12 months of employment with the same employer immediately preceding resignation or leave of absence to provide Continuous Care for the Disabled person, exclusive of overtime, bonuses, tips, commissions and special compensation.

Caregiver –means the person who resigns or takes an unpaid leave of absence to provide Continuous Care.

Continuous Care –means activities related to the physical life, health and safety of the Disabled person which may include, but are not limited to: assisting with (1) bathing; (2) dressing; (3) toileting; (4) transferring (moving in and out of bed, chair or wheelchair); (5) eating; (6) preparation of meals and (7) transportation to and from doctor appointments.

Disabled/Disability - means that as the result of an Injury, the [Insured] [or/,] [Insured Spouse] [or] [Immediate Family Member]: (1) [is unable to perform the material and substantial duties of any occupation for which he or she is qualified for by reason of education, experience or training.] [[However, w] [W]ith respect to an [Insured] [or/,] [Insured Spouse] [or] [Immediate Family Member] for whom an occupational definition of Disabled/Disability is not appropriate, Disabled/Disability means the [Insured] [or/,] [Insured Spouse] [or] [Immediate Family Member] is unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training;] [or, in the case of a child under age [15] , is unable to attend school on a full-time or part-time basis;] [[or] is unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the [Insured] [or/,] [Insured Spouse] [or] [Immediate Family Member] immediately prior to the accident]; (2) requires the Continuous Care of the Caregiver; and (3) requires the supervision of a Physician unless the [Insured] [or/,] [Insured Spouse] [or] [Immediate Family Member] has reached his or her maximum point of recovery.

Full-Time Employment –means actively working, for wage or profit, for one employer for at least [20,25,30,35,40] hours per week for at least 12 consecutive months prior to the date of the accidental Injury that caused the Disability.

Immediate Family Member –means [spouse, mother, father, mother in-law, father in-law, grandparent, sibling, sibling in-law or child]. [With regard to an Immediate Family Member who takes a leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care, the Immediate Family Member must be at least 18 years of age.]]

[**Homecare Benefit.** We will pay a monthly Homecare benefit as described below, if an Insured [or Insured Spouse] [Person] is receiving benefits under the Policy for Permanent Total Disability due to an Injury and requires the Continuous Care of a Qualifying Family Member or Homecare Provider in the Insured's home.

Homecare Benefit. {A.}[Continuous Care provided by Qualified Family Member: If Continuous Care is provided by a Qualifying Family Member, We will pay a benefit equal to [60%] of the Qualifying Family Member's Monthly Earnings up to a maximum of [50%] of the monthly Permanent Total Disability Benefit the Insured [or Insured Spouse] [Person] is receiving.] [B.] [Continuous Care Provided by Homecare Provider:If Continuous Care is provided by a Homecare Provider, We will pay a benefit equal to [50%] of the monthly Permanent Total Disability benefit the Insured [Insured Spouse] [Person] is receiving.]

Homecare benefits will be payable for the first [6] months the Insured [or Insured Spouse] [Person] receives monthly Permanent Total Disability benefits but will end on the earliest of: (1) the date the Insured [or Insured Spouse] [Person] ceases to be Permanently Totally Disabled; (2) the date the Insured [Insured Spouse] [Person] dies; (3) the date the Qualifying Family Member ceases to spend at least [20,30,40] hours per week, or a Homecare Provider ceases to spend [10,15,20] hours per week, to provide Continuous Care to the Insured [or Insured Spouse] [Person] for any reason.

We will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which We are liable when the Insured [or Insured Spouse] [Person] is under Continuous Care for less than a full month.

[Only one Homecare Benefit, the largest, is payable for any one month the Insured [or Insured Spouse] [Person] receives Continuous Care, regardless of the number of Qualifying Family Members or Homecare Providers providing Continuous Care.]

[Termination: Coverage under this Benefit does not apply to accidents occurring after the Insured [or Insured Spouse's] [Person's] attained age [70, 75, 80, 85].]

Continuous Care –means at least [20,30,40] hours a week of care by a Qualified Family member or at least [10,15,20] hours a week by a Homecare Provider at home for activities related to the physical life, health and safety of the Insured [or Insured Spouse] [Person] which may include, but are not limited to: assisting with (1) bathing; (2) dressing; (3) toileting; (4) transferring (moving in and out of bed, chair or wheelchair); (5) eating; (6) preparation of meals and (7) transportation to and from doctor appointments.

Full-Time –means actively working for wage or profit, for one employer for at least [20,25,30,35,40] hours per week.

Homecare Provider –means a licensed home health care professional or registered nurse, and not a Physician.

Monthly Earnings –means 1/12th of the base annual salary for the 12 months of employment immediately preceding resignation or a leave of absence to provide Continuous Care for an Insured [or Insured Spouse] [Person] exclusive of overtime, bonuses, tips, commissions and special compensation.

Permanently Totally Disabled/Permanent Total Disability –means that the Insured [or Insured Spouse] [Person]: (1.) has suffered any of the following: (a) loss of both hands or feet; or (b) loss of one hand and one foot; or (c) Hemiplegia; or (d) Paraplegia; or (e) Quadriplegia; [or] [(f) loss of sight in both eyes; [or]] [[(g) loss of speech and hearing in both ears; or] [(h) loss of speech or hearing in both ears; or] (i) Uniplegia;] [("Loss of a hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of sight in both eyes" means total and irrecoverable loss of the entire sight in both eyes. "Loss of hearing in both ears" means total and irrecoverable loss of the entire ability to hear in both ears. "Loss of speech" means total and irrecoverable loss of the entire ability to speak.)] [("Hemiplegia" means the complete and irreversible paralysis of the upper and lower Limbs of the same side of the body. "Limb(s)" means entire arm or entire leg. "Paraplegia" means the complete and irreversible paralysis of both lower Limbs. "Quadriplegia" means the complete and irreversible paralysis of both upper and both lower Limbs. "Uniplegia" means the complete and irreversible paralysis of one Limb.)] and (2.) [is permanently unable to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training.] [[However, w] [W]ith respect to an Insured [or Insured Spouse] [Person] for whom an occupational definition of Permanently Totally Disabled/Permanent Total Disability is not appropriate, Permanently Totally Disabled/Permanent Total Disability means, as used in this Benefit, that the Insured [or Insured Spouse]

[Person] is permanently unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training;] [or, in the case of a child under age [15], is unable to attend school on a full-time or part-time basis;] [[or] is permanently unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured [or Insured Spouse] [Person] immediately prior to the accident] ; and (3.) requires the Continuous Care of the Qualifying Family Member or Homecare Provider; and (4.) requires the supervision of a Physician, unless the Insured [or Insured Spouse] [Person] has reached his or her maximum point of recovery.

Qualifying Family Member –means the Insured['s or Insured Spouse's] [Person's] spouse, mother, father, sibling or child who is at least 18 years of age, and who: (1) worked Full-Time during the [90,180,365] day period immediately prior to the date of the accident which caused the Insured [or Insured Spouse] [Person] to be Permanently Totally Disabled; (2) worked for at least 12 consecutive months prior to the date of the accident which caused the Insured [or Insured Spouse] [Person] to be Permanently Totally Disabled; (3) took a leave of absence or resigned to care for the Insured [or Insured Spouse] [Person].]

[**In-Hospital Indemnity Daily Benefit.** If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, We will pay a benefit [for each Day] [after 1,2,3,4,5,6,7,8,14,30] Day(s) of Medically Necessary Confinement due to that Injury[, retroactive to the first Day of Confinement]. No benefit is provided for [the first[2,3,4,5,6,7,8,14,30][2] Day(s) of Confinement or for] any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the Daily Maximum Amount shown for the In-Hospital Indemnity Daily Benefit in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Injury. It is payable [monthly/weekly] up to the Maximum Number of Days shown for the In-Hospital Indemnity Daily Benefit in the Benefit Schedule during any one Period of Confinement. Only one benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Injury; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of In-Hospital Indemnity Daily Benefit coverage to a maximum of 180 days.]

[**In-Hospital Indemnity Single Payment Benefit.** If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, We will pay a benefit [after [30,60,90,120,150,180] consecutive Day(s) of] [as shown in the Benefit Schedule for] Medically Necessary Confinement due to that Injury. No benefit is

provided if the Insured Person is confined for less than [30,60,90,120,150,180] consecutive Medically Necessary Days of Confinement. The amount of the benefit is equal to 100% of the Maximum Amount shown for the In-Hospital Indemnity Single Payment Benefit in the Benefit Schedule. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. Only one benefit is provided for any one accident per Insured Person regardless of the number of Injuries for which the confinement is required or the number of times the Insured Person must be confined due to Injuries resulting from the same accident. [The Maximum Amount shown in the Benefit Schedule is not cumulative. Only one amount will be paid.]

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Injury; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.]

[**In-Hospital Indemnity Sickness Daily Benefit.** If[, after an Insured Person has been covered under the Policy for at least [36] consecutive months and that] [an] Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, We will pay a benefit after [1,2,3,4,5,6,7,8,14,30,60] consecutive Day(s) of Medically Necessary Confinement due to that Sickness [, retroactive to the [first] Day of Confinement]. No benefit is provided for [the first[2,3,4,5,6,7,8,14,30,60] Day(s) of Confinement or for] any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the In-Hospital Indemnity Sickness Daily Benefit shown in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Sickness. The benefit is payable [monthly/weekly] up to the Maximum Number of Days shown for the In-Hospital Indemnity Sickness Daily Benefit in the Benefit Schedule during any one Period of Confinement. Only one benefit is provided for any one Day of Confinement, regardless of the number of Sicknesses for which the confinement is required.

[Pre-Existing Condition Limitation. Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12] consecutive months from the Insured Person's effective date of coverage or effective date of Reinstatement under the Policy. A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy.]

[Termination: Coverage under this Benefit does not apply to Sickness which occurs after the Insured Person's attained age [65, 70, 75, 80].]

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Sickness; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - means a period of consecutive Days of Confinement as an Inpatient for the same Sickness. However, successive confinements as an Inpatient for the same Sickness are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of In-Hospital Indemnity Sickness Daily Benefit coverage to a maximum of 180 days. If the same Insured Person is again confined due to the same Sickness or a new Sickness and such successive confinement is separated from the admission date for the first confinement by at least [60,90] days and the Insured Person has not been paid the Maximum Number of Days shown in the In-Hospital Indemnity Sickness Daily Benefit for previous Medically Necessary Days of Confinement, benefits will continue to be payable under this benefit for the same Sickness or a new Sickness in accordance with the requirements specified above until the Maximum Number of Days shown in the In-Hospital Indemnity Sickness Daily Benefit in the Benefit Scheduled have been paid for that Insured Person. Once the maximum has been reached, no benefits are payable for any additional confinements due to Sickness for the lifetime of the Insured Person.

Sickness – means an illness or disease which is diagnosed or treated by a Physician [after the effective date of coverage under the Policy].

Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.]

[**In-Hospital Indemnity Sickness Single Payment Benefit.** If[, after an Insured Person has been covered under the Policy for at least [36] consecutive months and that] [an] Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, We will pay a benefit [after [30,60,90,120,150,180] consecutive Day(s) of] [as shown in the Benefit Schedule for] Medically Necessary Confinement due to that Sickness. No benefit is provided if the Insured Person is confined for less than [30,60,90,120,150,180] consecutive Medically Necessary Days of Confinement. The amount of the benefit is equal to 100% of the Maximum Amount shown for the In-Hospital Indemnity Sickness Single Payment Benefit in the Benefit Schedule. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. The benefit is payable only once during the lifetime of the Insured Person. [The Maximum Amount shown in the Benefit Schedule is not cumulative. Only one amount will be paid.]

[<u>Pre-Existing Condition Limitation.</u> Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12, 24] consecutive months from the Insured Person's effective date of coverage or effective date of Reinstatement under the Policy. A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy.]

[<u>Termination:</u> Coverage under this Benefit does not apply to Sicknesses which occur after the Insured Person's attained age [65, 70, 75, 80].]

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a

rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Sickness; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Sickness – means an illness or disease which is diagnosed or treated by a Physician [after the effective date of coverage under the Policy].

Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.]

[**Intensive Care Unit Benefit.** If benefits have become payable for an Insured Person under the In-Hospital Indemnity [Daily] [or][Single] Benefit, and such Insured Person becomes confined in an Intensive Care Unit, We will pay an additional benefit equal to the Daily Intensive Care Unit Benefit shown in the Benefit Schedule for each day an Insured Person is confined in and charged for an Intensive Care Unit. The Intensive Care Unit Benefit is payable for up to the Maximum Intensive Care Unit Benefit Period, shown in the Benefit Schedule, for each Period of Confinement. Only one Daily Intensive Care Unit Benefit is provided for any one day of Intensive Care Unit confinement, regardless of the number of [Sicknesses or] Injuries for which the confinement is required.

Intensive Care Unit (ICU) - means a specifically designated facility of the Hospital that provides the highest level of medical care and that is restricted to those patients who are critically ill or injured. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement. The ICU must be permanently equipped with special lifesaving equipment for the care of the critically ill or injured, and the patients must be under constant and continual observation by nursing staffs assigned exclusively to the ICU on a full-time basis. These units must be listed as Intensive Care Units in the current edition of the American Hospital Association Guide or be eligible to be listed therein. This guide lists three types of facilities that meet this definition: (1) Intensive Care Units, (2) Cardiac Intensive Care Units, and (3) Infant (Neonatal) Intensive Care Units.]

[**Permanent Total Disability Benefit (Monthly Benefit).** If, as a result of an Injury, an Insured [or Insured Spouse] [Person] is rendered Permanently Totally Disabled within [90,120,180,365] days of the accident that caused the Injury, and if the Permanent Total Disability due to that Injury continues throughout the Elimination Period as shown in the Benefit Schedule, We will pay a monthly benefit equal to the Permanent Total Disability (Monthly Benefit) Maximum Amount shown in the Benefit Schedule starting with the month following the Elimination Period.

The benefit is payable monthly as long as the Insured [or Insured Spouse] [Person] remains continuously Permanently Totally Disabled due to that Injury, but ceases on the earliest of: (1) the date the Insured [or Insured Spouse] [Person] ceases to be Permanently Totally Disabled; (2) the date the Insured [or Insured Spouse] [Person] dies; or (3) the date the benefit has been paid for the Maximum Number of Months specified for the Permanent Total Disability Benefit in the Benefit Schedule.

We will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which We are liable when the Insured [or Insured Spouse] [Person] is Permanently Totally Disabled for less than a full month. Only one benefit is provided for any one month of Permanent Total Disability, regardless of the number of Injuries causing the Permanent Total Disability or the number of losses incurred.

[If the Insured [or Insured Spouse] [Person] returns to any occupation for which he or she is or becomes qualified for by reason of education, experience or training on a full or part-time basis, [or in the case of a child under age [15], returns to school on a full-time or part-time basis] he or she may return to Permanent Total

Disability status if: (1) the Insured [or Insured Spouse] [Person] has not been back to work [or school] for longer than 30 days; and (2) the Insured [or Insured Spouse] [Person] is again Permanently Totally Disabled due to the same Injury which caused the original Permanent Total Disability.]

[If the Insured [or Insured Spouse] [Person] engages in any of the usual activities of a person of like age and sex in comparable health, he or she may return to Permanent Total Disability status if: (1) the Insured [or Insured Spouse] [Person] has not been engaging in such activities for longer than 30 days; and (2) the Insured [or Insured Spouse] [Person] is again Permanently Totally Disabled due to the same Injury which caused the original Permanent Total Disability.]

Periods of Permanent Total Disability separated by less than 30 consecutive days will be considered one period of Permanent Total Disability unless due to separate and unrelated causes.

We reserve the right, at the end of the Elimination Period (and as often as it may reasonably require thereafter) to determine, on the basis of all the facts and circumstances, that the Insured [or Insured Spouse] [Person] is Permanently Totally Disabled, including, but not limited to, requiring an independent medical examination provided at Our expense.

Elimination Period - means the period of consecutive months of Permanent Total Disability for which no benefit is payable. It begins on the first day of Permanent Total Disability.

Permanently Totally Disabled/Permanent Total Disability - means that the Insured [or Insured Spouse] [Person]: (1.) has suffered any of the following: (a) loss of both hands or feet; or (b) loss of one hand and one foot; or (c)Hemiplegia; or (d) Paraplegia; or (e) Quadriplegia; [or] [(f) loss of sight in both eyes; [or]] [[(g) loss of speech and hearing in both ears; or] [(h) loss of speech or hearing in both ears; or] (i) Uniplegia;] [("Loss of a hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of sight in both eyes" means total and irrecoverable loss of the entire sight in both eyes. **"**Loss of hearing in both ears" means total and irrecoverable loss of the entire ability to hear in both ears. "Loss of speech" means total and irrecoverable loss of the entire ability to speak.)][("Hemiplegia" means the complete and irreversible paralysis of the upper and lower Limbs of the same side of the body. "Limb(s)" means entire arm or entire leg. "Paraplegia" means the complete and irreversible paralysis of both lower Limbs. **"**Quadriplegia" means the complete and irreversible paralysis of both upper and both lower Limbs. "Uniplegia" means the complete and irreversible paralysis of one Limb.)] and (2.) [is permanently unable to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training.][[However, w] [W]ith respect to an Insured [or Insured Spouse] [Person] for whom an occupational definition of Permanently Totally Disabled/Permanent Total Disability is not appropriate, Permanently Totally Disabled/Permanent Total Disability means, as used in this Benefit, that the Insured [or Insured Spouse] [Person] is permanently unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training;] [or, in the case of a child under age [15], is unable to attend school on a full-time or part-time basis;] [[or] is permanently unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured [or Insured Spouse] [Person] immediately prior to the accident;] and (3) is under the supervision of a Physician unless the Insured [or Insured Spouse] [Person] has reached his or her maximum point of recovery.]

[<u>Termination:</u> Coverage under this Benefit does not apply to accidents occurring after the Insured [or Insured Spouse's] [Person's] attained age [70, 75, 80, 85].]]

[**Permanent Total Disability Benefit (Single Payment).** If, as a result of an Injury, an Insured [or Insured Spouse] [Person] is rendered Permanently Totally Disabled within [90,120,180,365] days of the accident that caused the Injury, We will pay 100% of the Permanent Total Disability (Single Payment) Maximum Amount shown in the Benefit Schedule at the end of the Elimination Period as shown in the Benefit Schedule. We reserve the right, at the end of the Elimination Period to determine, on the basis of all the facts and circumstances, that the Insured [or Insured Spouse] [Person] is Permanently Totally Disabled, including, but not limited to, requiring an independent medical examination provided Our expense.

Elimination Period - means the period of consecutive months of Permanent Total Disability for which no benefit is payable. It begins on the first day of Permanent Total Disability.

Permanently Totally Disabled/Permanent Total Disability- means that the Insured [or Insured Spouse]

[Person]: (1.) has suffered any of the following: (a) loss of both hands or feet; or (b) loss of one hand and one foot; or (c) Quadriplegia; or (d) Paraplegia; or (e) Hemiplegia; [or] [(f) loss of sight in both eyes; [or]] [[(g) loss of speech and hearing in both ears; or] [(h) loss of speech or hearing in both ears; or] (i) Uniplegia;] [("Loss of a hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of sight in both eyes" means total and irrecoverable loss of the entire sight in both eyes. "Loss of hearing in both ears" means total and irrecoverable loss of the entire ability to hear in both ears. "Loss of speech" means total and irrecoverable loss of the entire ability to speak.)] [("Hemiplegia" means the complete and irreversible paralysis of the upper and lower Limbs of the same side of the body. "Limb(s)" means entire arm or entire leg. "Paraplegia" means the complete and irreversible paralysis of both lower Limbs. "Quadriplegia" means the complete and irreversible paralysis of both upper and both lower Limbs. "Uniplegia" means the complete and irreversible paralysis of one limb.)] and (2.) [is permanently unable to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training.] [[However, w] [W]ith respect to an Insured [or Insured Spouse] [Person] for whom an occupational definition of Permanently Totally Disabled/Permanent Total Disability is not appropriate, Permanently Totally Disabled/Permanent Total Disability means, as used in this Benefit, that the Insured [or Insured Spouse] [Person] is permanently unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training;] [or, in the case of a child under age [15], is unable to attend school on a full-time or part-time basis;] [[or] is permanently unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured [or Insured Spouse] [Person] immediately prior to the accident;] and (3.) is under the supervision of a Physician unless the Insured [Insured Spouse] [Person] has reached his or her maximum point of recovery.]

[Termination: Coverage under this Benefit does not apply to accidents occurring after the Insured [or Insured Spouse's] [Person's] attained age [70, 75, 80, 85].]]

[**Physician's Office Visits Indemnity Benefit.** If[, after the Waiting Period as shown in the Benefit Schedule,] the Insured Person visits a Physician's office for treatment of: [[Routine Well Care] [or] [an Injury] [or] [Sickness]] while the Insured Person's coverage under this Benefit is in force, We will pay a benefit equal to the Per Visit Benefit shown in the Benefit Schedule, subject to the [Maximum [and Combined Maximum] Number of Visits] [and the] [Maximum [and Combined Maximum] Benefit Amount] shown in the Benefit Schedule. [No benefit is payable if an Insured Person does not incur a Physician's office visit fee.] [The Lifetime Maximum Number of Visits is shown in the Benefit Schedule.] [The Lifetime Maximum Benefit Amount is shown in the Benefit Schedule.]

[Termination Date: Coverage under this Benefit ends on [the earlier of:] [[(1)] the date the [Lifetime Maximum Number of Visits [or]the Lifetime Maximum Benefit Amount] shown in the Benefit Schedule is met;] [or] [[(2)] [[1-5] years] [[12-60] months] from the Insured Person's effective date of coverage under this Benefit.]]

Physician - means a legally qualified: optometrist, dentist, chiropractor, podiatrist, medical doctor, or doctor of osteopathy who: 1) is licensed by the jurisdiction in which he or she practices; and 2) performs services within the scope of his or her license. A Physician may not be: 1) the Insured Person; 2) an Immediate Family Member; or 3) retained by the Policyholder.

[*Routine Well Care* –means a physical examination or appropriate immunization. Service must be under the supervision of or recommended by a Physician.]

[*Sickness* –means an illness or disease which is diagnosed or treated by a Physician [after the effective date of coverage under the Policy].]

[*Waiting Period* –means the period of consecutive months in which an Insured Person has been covered under the Policy, for which coverage is not effective under this Benefit. It begins on the Insured Person's effective date of coverage under this Benefit.]

[The Sickness exclusions in the Exclusions section or as amended shall not apply with respect to benefits payable under the Physician's Office Visits Indemnity Benefit.]]

[**Recuperation Daily Benefit.** If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an

Inpatient, We will pay a benefit [for each Day] [after 1,2,3,4,5,6,7,8,14,30 Day(s)] of Medically Necessary Confinement due to that Injury[, retroactive to the first Day of Confinement]. No benefit is provided for [the first[2,3,4,5,6,7,8,14,30] Day(s) of Confinement or for] any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the Daily Maximum Amount shown for the Recuperation Daily Benefit in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Injury up to the Maximum Number of Days shown for the Recuperation Daily Benefit in the Benefit Schedule during any one Period of Confinement. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. Only one benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Injury; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of Recuperation Daily Benefit coverage to a maximum of 180 days.]

[**Recuperation Sickness Daily Benefit.** If an Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, We will pay a benefit [for each Day] [after 1,2,3,4,5,6,7,8,14,30 Day(s)] of Medically Necessary Confinement due to that Sickness [, retroactive to the first Day of Confinement]. No benefit is provided for [the first[2,3,4,5,6,7,8,14,30] Day(s) of Confinement or for] any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the Daily Maximum Amount shown for the Recuperation Sickness Daily Benefit in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Sickness up to the Maximum Number of Days shown for the Recuperation Sickness Daily Benefit in the Benefit Schedule during any one Period of Confinement. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. Only one benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

[<u>Pre-Existing Condition Limitation.</u> Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12] consecutive months from the Insured Person's effective date of coverage or effective date of Reinstatement under the Policy. A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy.]

[<u>Termination:</u> Coverage under this Benefit does not apply to Sickness which occurs after the Insured Person's attained age [65, 70, 75, 80].]

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Sickness; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - means a period of consecutive Days of Confinement as an Inpatient for the same Sickness. However, successive confinements as an Inpatient for the same Sickness are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of Recuperation Sickness Daily Benefit coverage to a maximum of 180 days.

Sickness – means an illness or disease which is diagnosed or treated by a Physician [after the effective date of coverage under the Policy].

The Sickness exclusions in the Exclusions section or as amended shall not apply with respect to benefits payable under this Recuperation Sickness Daily Benefit.]

[**Simultaneous In-Hospital Indemnity Daily Benefit.** If an Insured Person and their Insured Spouse each suffer an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires both to be confined in a Hospital as Inpatients at the same time, We will pay a benefit [for each Day] [after 1,2,3] Day(s) of Medically Necessary Confinement due to that Injury[, retroactive to the first Day of Confinement]. No benefit is provided for [the first[2,3] Day(s) of Confinement or for] any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the Daily Maximum Amount shown for the Simultaneous In-Hospital Indemnity Daily Benefit in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Injury. It is payable [monthly/weekly] up to the Maximum Number of Days shown for the Simultaneous In-Hospital Indemnity Daily Benefit in the Benefit Schedule during any one Period of Confinement. Only one benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Injury; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of Simultaneous In-Hospital Indemnity Daily Benefit coverage to a maximum of 180 days.]

[**Total Temporary Disability Accident Benefit.** If, as a result of an Injury, an Insured Person is rendered Temporarily Totally Disabled within 90 days of the date of the accident that caused the Injury, and if the Temporary Total Disability due to that Injury continues throughout the Elimination Period as shown in the Benefit Schedule, We will pay a monthly benefit beginning in the month following the Elimination Period. The monthly benefit is equal to 100% of the Total Temporary Disability Accident Maximum Amount as shown in the Benefit Schedule. The Benefit is payable as long as the Insured Person remains continuously Temporarily Totally Disabled due to that Injury, but ceases on the earliest of: (1) the date the Insured Person ceases to be Temporarily Totally Disabled due to that Injury; (2) the date the Insured Person dies; or (3) the date this Benefit has been paid for the Maximum Number of Months Payable as shown in the Benefit Schedule. We will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which We are liable when the Insured Person is Temporarily Totally Disabled for less than a full month. Only one benefit is provided for any one month of Temporary Total Disability, regardless of the number of Injuries causing the Temporary Total Disability or the number of losses incurred.

[Benefit Offsets. The Total Temporary Disability Benefit will be reduced by amounts paid to an Insured Person, due to the same Temporary Total Disability, under any of the following: [other group insurance plans;] [salary continuance, accumulated sick leave;] [wage benefits under Workers' Compensation and similar laws;][state statutory disability benefit laws]].

Recurrent Disability. Recurrent periods of Temporary Total Disability, due to the same or a related Injury, will be considered one period of Temporary Total Disability if separated by less than [90, 180] consecutive days of: (1) return to any full time work, if an occupational definition of Temporary Total Disability applies; or (2) performing the usual activities of a person of like age and sex whose health is comparable to that of the Insured Person immediately prior to the accident, if an occupational definition of Temporary Total Disability does not apply.

Termination Date. Coverage under this Benefit ends on the date the Insured Person attains age [70, 75, 80, 85].

Elimination Period –means the period of consecutive months of Temporary Total Disability for which no benefit is payable. It begins on the first day of Temporary Total Disability.

Temporarily Totally Disabled/Temporary Total Disability - means: (1) [disability that prevents an Insured Person from performing the material and substantial duties of his or her own occupation] [disability that prevents an Insured Person from performing the material and substantial duties of any occupation for which he or she is qualified by reason of education, training or experience.] [However, with respect to an Insured Person for whom an occupational definition of Temporarily Totally Disabled/Temporary Total Disability is not appropriate, Temporarily Totally Disabled means] that the Insured Person is temporarily unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured Person immediately prior to the accident; and (2) requires that the Insured Person is under the supervision of a Physician unless the Insured Person has reached his or her maximum point of recovery.]

[**LIMITATIONS**]

[**Limitation on Benefit Payments.** The Maximum Amount payable under the Policy may be reduced if more than one Insured Person insured under the Policy suffers a loss as the result of the same accident, and if amounts are payable under one or more of the following Benefits provided by the Policy: [Accidental Death Benefit, Accidental Dismemberment Benefit, Accident Medical Expense Benefit, Dislocations and Fractures Emergency [Transportation] [and] [Treatment] Benefit, Family Leave Benefit, Homecare Benefit, In-Hospital Indemnity Daily Benefit, In-Hospital Indemnity Single Payment Benefit, Intensive Care Unit Benefit, Permanent Total Disability Benefit (Monthly Benefit), Permanent Total Disability (Single Payment), Physician's Office Visits Indemnity Benefit, Recuperation Daily Benefit, Simultaneous In-Hospital Indemnity Daily Benefit, Total Temporary Disability Accident Benefit.] The Maximum Amount payable for all such losses for all Insured Persons insured under the Policy under all those Benefits combined will not exceed the amount shown as the Per Accident Maximum Amount in the Benefit Schedule. If the combined Maximum Amount otherwise payable for all Insured Persons must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual Maximum Amount otherwise payable for each Insured Person or all such losses under all those Benefits combined.]

[**Limitation on Multiple Covered Activities.** If an Insured Person's Injury is caused by an accident that occurs while the Insured Person is participating in more than one Covered Activity applicable to that Insured Person, and if the same Benefit applies to that Insured Person with respect to more than one such Covered Activity, then for Policy purposes, the Maximum Amount for that Benefit for that Insured Person for that accident will be determined as though the accident occurred while the Insured Person was participating in only one such Covered Activity, the one with the largest Maximum Amount for that Benefit for that person.]

EXCLUSIONS

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury:

1. Suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism;
2. Sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these;
3. The Insured Person's commission of or attempt to commit a felony;
4. Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
5. Declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy;
6. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-tem National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
7. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
   a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
   b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
   c. riding as a passenger in an aircraft owned, leased or operated by the Insured Person or the Insured Person's employer;
8. The Insured Person being under the influence of intoxicants, unless taken under the advice of and as specified by a Physician;
9. The Insured Person being under the influence of drugs unless taken under the advice of and as specified by a Physician;
10. The medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment;
11. Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
12. The Insured Person riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground;
13. Any loss incurred while outside the United States, its Territories or Canada.

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to Us within 20 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to Us at American International Companies®, Accident and Health Claims Division, P. O. Box 15701, Wilmington, DE 19850-5701, with information sufficient to identify the Insured, is deemed notice to Us.

Claim Forms. We will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include Your name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to Us, in case of claim for loss for which the Policy provides any periodic payment contingent upon continuing loss, within 90 days after the termination of the period for which We are liable and in case of claim for any other loss, within 90 days after the date of the loss. If the loss is one for which the Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as We may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of death, payment for Your loss of life will be made to the beneficiary as described in the Beneficiary Designation and Change provision below.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to You unless assigned by You or by operation of law. Any accrued benefits unpaid at Your death will be paid to Your estate.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding $1,000 may be made, at Our option, to any relative by blood or connection by marriage of the payee who, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. Any payment We make in good faith fully discharges Our liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon Our receipt of due written proof of the loss. Subject to Our receipt of written proof of loss, all accrued benefits for loss for which the Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which We are liable and any balance remaining unpaid upon termination of liability will be paid immediately.

[**Subrogation And Right Of Recovery.** As a condition to receiving [Accident Medical Expense] benefits under the Policy, the Insured Person (or, if he or she is deceased, an authorized representative of the Insured Person) agrees, except as may be limited or prohibited by applicable law:

1. to reimburse Us for any such benefits paid to or on behalf of the Insured Person, if such benefits are recovered, in any form, from any Third Party or Coverage; and
2. without limiting the preceding, that We are subrogated, for the purpose of Our recovery of any such benefits paid to or on behalf of the Insured Person, to any and all claims, causes of action or rights that he or she has or that may rise against any Third Party who has or may have caused, contributed to or aggravated the injury or condition for which the Insured Person claims an entitlement to Policy benefits, and to any claims, causes of action or rights he or she may have against any Coverage for the injury or condition for which the Insured Person claims an entitlement to Policy benefits.

The Insured Person agrees that he or she will make a decision on pursuing any and all claims, causes of action and rights against any and all Third Parties and Coverage within 30 days of the date We require that the Insured Person provide Notice of Claim for the injury or condition for which such Policy benefits are sought, and within such 30-day period will so notify Us in writing. In the event the Insured Person decides not to pursue a claim, cause of action or right against a Third Party or Coverage, or fails to notify Us of his or her intent to do so within such 30-day period, the Insured Person authorizes Us to pursue, sue, compromise or settle any such claim, cause of action or right in his or her name, authorizes Us to execute any and all documents necessary to pursue any such claim, cause of action or right, and agrees to cooperate fully with Us in the prosecution of any such claim, cause of action or right.

If the Insured Person is a minor or is not competent to make this agreement, the legal guardian of the Insured Person's property makes the agreement on the Insured Person's behalf as a condition to receiving [Accident Medical Expense] benefits under the Policy on behalf of the Insured Person. If the Insured Person has no guardian for his or her property, the person or persons who, in Our opinion, have assumed the custody and support of the minor or responsibility for the incompetent person's affairs make the agreement on the Insured Person's behalf as a condition to receiving such benefits under the Policy on behalf of the Insured Person.

We will not pay or be responsible, without its written consent, for any fees or costs associated with the pursuit of a claim, cause of action or right by or on behalf of an Insured Person against any Third Party or Coverage.

Coverage - as used in the Subrogation and Right of Recovery section of the Policy, means no fault motorist coverage, uninsured motorist coverage, underinsured motorist coverage, or any other fund or insurance policy (except the Policy).

Third Party(ies) - as used in this Subrogation and Right of Recovery section of the Policy, means any person, corporation or other entity (except the Insured Person and Us).]

GENERAL PROVISIONS

Entire Contract; Changes. The Policy, the Application, and any attached Riders or Endorsements make up the entire contract. A copy of the Application is attached. In the absence of fraud, all statements made on the Application will be considered representations and not warranties. No written statement made by the Insured will be used in any contest unless a copy of the statement is furnished to the Insured or their personal representatives.

No change in the Policy will be valid until approved by an officer of the Company. The change must be signed by an officer of the Company and attached to the Policy. No agent may change the Policy or waive any of its provisions. Any change that modifies, limits or excludes coverage must contain the Insured's Signature in order for the change to be binding.

Incontestability. The validity of the Policy will not be contested after it has been in force for two years from the Policy Effective Date, except as to nonpayment of premiums.

After two years from the Effective Date, no misstatements made in the Application, except fraudulent misstatements, will be used to void the Policy or contest a claim under the Policy. We may only contest coverage if the misstatement is made in a written instrument containing the Signature of the Insured and the Insured and a copy is given to the Insured.

Beneficiary Designation and Change. The designated beneficiary(ies) is (are) the person(s) named by You as shown on the Company's records kept on the Policy. You may change the beneficiary at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing Us with a written request for change. When the written request is received by Us, whether You are then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to Us on account of any payment made by Us prior to receipt of the request.

If there is no designated beneficiary or no designated beneficiary is living after Your death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: Insured Person's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, Insured Person's estate.

[**Insured Spouse and Dependent Child(ren)'s Beneficiary Designation and Change.** The Insured Spouse and Dependent Child(ren)'s beneficiary is You unless You have named (a) different beneficiary(ies) for the Insured Spouse and Dependent Child(ren)'s coverage as shown on the Company's records kept on the Policy.

If You are over the age of majority and legally competent, You may change the beneficiary designation for the Insured Spouse and Dependent Child(ren)'s coverage at any time, unless an irrevocable beneficiary designation has been made, without their consent or the designated beneficiary(ies) consent, by providing Us with a written request for change. When the request is received by Us, whether You or the Insured Spouse or Dependent Child(ren) is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to Us on account of any payment made by it prior to receipt of the request.

If no beneficiary is living on the date of an Insured Spouse or Dependent Child(ren)'s death, the beneficiary is Your estate.]

Physical Examination and Autopsy. At Our own expense, We have the right and opportunity to examine the person of any individual whose loss is the basis of claim under the Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions. No action at law or in equity shall be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the Policy. No action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Conformity with State Statutes. Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which You reside is hereby amended to conform to the minimum requirements of those statutes.

Workers' Compensation. The Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. Clerical error, whether by You, an Insured Person, or Us, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in the Policy.

Assignment. We will not assume responsibility for determining the validity of an assignment of benefits to a provider of services. No such assignment of benefits will be recognized until We receive notice that You have specifically assigned the benefits of Your Policy.

Misstatement of Age. If premiums for an Insured Person are based on age and the age has been misstated, there will be a fair adjustment of premiums based on the true age. However, if the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of premiums after the limiting or termination age, then We are only liable to refund, upon request, all premiums paid for the period an Insured Person should not have been covered under the Policy. If the benefits are based on age and the age has been misstated, there will be an adjustment of said benefit based on the true age. We may require satisfactory proof of age before paying any claim.

Rate Information

Rate data applies to filing.

Filing Method: Review and Approval

Rate Change Type:

Overall Percentage of Last Rate Revision:

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
National Union Fire Insurance Company of Pittsburgh, PA	%	%				%	%

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate ActionInformation:	Attachments
Approved-Closed	Actuarial Memorandum and Rates	A30329NUFIC-AR et al	New		Actuarial-Memo-Rates-50LR.pdf

National Union Fire Insurance Company of Pittsburgh, PA

Actuarial Memorandum

Individual Accident and Sickness Policy Form A30329NUFIC
Accidental Death Benefit Rider Form A30330NUFIC
Accident Medical Expense Benefit Rider Form A30331NUFIC
Dislocations and Fractures Benefit Rider Form A30332NUFIC
Emergency Transportation and Treatment Benefit Rider Form A30333NUVIC
Escalator Benefit Rider Form A30334NUFIC
Family Leave Benefit Rider (Version 1) Form A30335NUFIC
Family Leave Benefit Rider (Version 2) Form A30336NUFIC
Homecare Benefit Rider Form A30337NUFIC
In-Hospital Indemnity Daily Benefit Rider Form A30338NUFIC
In-Hospital Indemnity Single Payment Benefit Rider Form A30339NUFIC
In-Hospital Indemnity Sickness Daily Benefit Rider Form A30340NUFIC
In-Hospital Indemnity Sickness Single Payment Benefit Rider Form A30341NUFIC
Intensive Care Unit Benefit Rider Form A30342NUFIC
Permanent Total Disability Benefit Rider (Monthly Benefit) Form A30343NUFIC
Permanent Total Disability Benefit Rider (Single Payment) Form A30344NUFIC
Physician's Office Visits Indemnity Benefit Rider Form A30345NUFIC
Recuperation Daily Benefit Rider Form A30346NUFIC
Recuperation Sickness Daily Benefit Rider Form A30347NUFIC
Simultaneous In-Hospital Indemnity Daily Benefit Rider Form A30348NUFIC
Total Temporary Disability Accident Benefit Rider Form A30349NUFIC

1. Scope & Purpose

This Actuarial Memorandum describes the benefits provided in this new policy form and associated riders. This memorandum supports the rates being filed. These are new forms. This memorandum is not intended to be used for any other purpose.

2. Benefit Description

This section contains a brief description of the benefits provided by the policy and associated riders. A detailed description of the benefits and limitations are identified in the policy and associated riders.

Benefits are payable for covered activities specified in the policy. A covered activity means the activity with respect to which insured person(s) are provided insurance coverage under the policy. The available covered activities are 24 hour, motor vehicle accident, and common carrier. The 24 hour option pays benefits if the covered injury and/or sickness occurs at any time. The motor vehicle accident option pays benefits if the covered injury and/or sickness occurs while the covered person is driving or riding as a passenger in a motor vehicle or while standing or walking as a pedestrian

on an open public street or highway. The common carrier option pays benefits if the covered injury and/or sickness occurs while riding as a fare-paying passenger on a common carrier.

Accidental Dismemberment Benefit: Pays a specified percentage of the accidental dismemberment benefit maximum amount shown on the benefit schedule if an insured person's injury results in a covered dismemberment within a certain number of days of the date of the accident that caused the injury.

Accidental Death Benefit Rider: Pays a specified percentage of the maximum amount shown on the benefit schedule if an insured person's injury results in death within a certain number of days of the date of the accident that caused the injury.

Accident Medical Expense Benefit Rider: Pays the usual and customary charges incurred for a medically necessary covered accident medical service received due to an injury, up to the accident medical expense benefit maximum amount shown in the benefit schedule per insured person if an insured person suffers and injury that, within a certain number of days of the accident that caused the injury, requires him or her to be treated by a physician.

Dislocations and Fractures Benefit Rider: Pays a specified percentage of the dislocations benefit maximum amount or the fractures benefit maximum amount shown on the benefit schedule if an insured person's injury results in a covered dislocation or fracture within a certain number of days of the date of the accident that caused the injury.

Emergency Transportation and Treatment Benefit Rider: Pays a specified percentage of the emergency transportation maximum amount or the emergency treatment benefit maximum amount shown on the benefit schedule if an insured person suffers an injury that requires emergency treatment or requires him or her to receive medically necessary emergency treatment in a hospital emergency room or a satellite emergency center within a certain number of days of the accident that caused the injury.

Escalator Benefit Rider: Increases the maximum amount shown on the benefit schedule at specified intervals and for specified durations for each insured person who remains continuously covered under this policy by a dollar amount equal to the escalator percentage of the maximum amount that was in force on the policy effective date. This increase will be a simple, not compound, increase.

Family Leave Benefit Rider (Version 1): Pays a monthly benefit if an insured person is disabled due to an injury within a certain number of days of the date of the accident which caused the injury and an immediate family member takes an unpaid leave of absence or resigns from his or her full-

time employment to provide continuous care for the disabled insured person.

Family Leave Benefit Rider (Version 2): Pays a monthly benefit if an insured person is disabled due to an injury within a certain number of days of the date of the accident which caused the injury and an immediate family member takes an unpaid leave of absence or resigns from his or her full-time employment to provide continuous care for the disabled insured person.

Homecare Benefit Rider: Pays a monthly homecare benefit if an insured person is receiving benefits for permanent total disability due to an injury and requires the continuous care of a qualifying family member or homecare provider in the insured's home.

In-Hospital Indemnity Daily Benefit Rider: Pays a benefit for medically necessary confinement if an insured person suffers an injury that, within a certain number of days of the date of the accident that caused the injury, requires him or her to be confined in a hospital as an inpatient. A modal payment is made after a specified number of days of medically necessary confinement up to the maximum number or days shown in the benefit schedule during any one period of confinement.

In-Hospital Indemnity Single Payment Benefit Rider: Pays a benefit for medically necessary confinement if an insured person suffers an injury that, within a certain number of days of the date of the accident that caused the injury, requires him or her to be confined in a hospital as an inpatient. The benefit is payable after a specified number of days of medically necessary confinement in one lump sum upon the insured person's discharge from the hospital.

In-Hospital Indemnity Sickness Daily Benefit Rider: Pays a benefit for medically necessary confinement if an insured person suffers a sickness that requires him or her to be confined in a hospital as an inpatient. The insured person must have been covered under the policy for a specified number of months in order to receive the benefit. A modal payment is made after a specified number of days of medically necessary confinement up to the maximum number or days shown in the benefit schedule during any one period of confinement.

In-Hospital Indemnity Sickness Single Payment Benefit Rider: Pays a benefit for medically necessary confinement if an insured person suffers a sickness that requires him or her to be confined in a hospital as an inpatient. The insured person must have been covered under the policy for a specified number of months in order to receive the benefit. The benefit is payable after a specified number of days of medically necessary confinement in one lump sum upon the insured person's discharge from the hospital.

Intensive Care Unit Benefit Rider: Pays a benefit equal to the daily intensive care unit benefit shown in the benefit schedule for each day an insured person is confined in and charged for an intensive care unit if benefits have also become payable for an insured person under the In-Hospital Indemnity Benefit.

Permanent Total Disability Benefit Rider (Monthly Benefit): Pays a monthly benefit equal to the permanent total disability monthly benefit shown in the benefit schedule if, as a result of an injury, an insured person is rendered permanently totally disabled within a specified number of days of the accident that caused the injury, and if the permanent total disability due to that injury continues for a specified number of days.

Permanent Total Disability Benefit Rider (Single Payment): Pays a specified percentage of the permanent total disability (single payment) benefit shown in the benefit schedule if, as a result of an injury, an insured person is rendered permanently totally disabled within a specified number of days of the accident that caused the injury, and if the permanent total disability due to that injury continues for a specified number of days.

Physician's Office Visits Indemnity Benefit Rider: Pays a benefit equal to the per visit benefit shown in the benefit schedule if, the insured person visits a physician's office for specified treatments shown in the benefit schedule while the insured person's coverage under this benefit is in force.

Recuperation Daily Benefit Rider: Pays a benefit for medically necessary confinement if an insured person suffers an injury that, within a specified number of days of the date of the accident that caused the injury, requires him or her to be confined in a hospital as an inpatient. The benefit is payable after a specified number of days of medically necessary confinement in one lump sum upon the insured person's discharge from the hospital.

Recuperation Sickness Daily Benefit Rider: Pays a benefit for medically necessary confinement if an insured person suffers a sickness that requires him or her to be confined in a hospital as an inpatient. The benefit is payable after a specified number of days of medically necessary confinement in one lump sum upon the insured person's discharge from the hospital.

Simultaneous In-Hospital Indemnity Daily Benefit Rider: Pays a benefit for medically necessary confinement if an insured person and their insured spouse each suffer an injury that, within a specified number of days of the date of the accident that caused the injury, requires both to be confined in a hospital as inpatients at the same time. A modal payment is made after a specified number of days of medically necessary confinement up to the maximum number or days shown in the benefit schedule during any one period of confinement.

Total Temporary Disability Accident Benefit Rider: Pays a monthly benefit if, as a result of an injury, an insured person is rendered temporarily totally disabled within a specified number of days of the date of the accident that caused the injury, and if the temporarily total disability due to that injury continues through the elimination period shown in the benefit schedule.

3. Renewability

This policy and associated riders are guaranteed renewable until the coverage termination age specified in the policy.

4. Applicability

This filing is for new policies. There are no policies currently in force on these form numbers.

5. Morbidity

The morbidity assumptions were developed using the sources show below.

- CDC NCHS - Vital and Health Statistics
- CDC NCHS - National Health Survey
- National Safety Council - Injury Facts
- 1985 CIDA Table
- Spinal Cord Injury Information Network
- Other Sources

6. Mortality

There is no specific mortality assumption used in developing the claim costs for this policy and riders.

7. Persistency

The assumed termination rates for this policy and riders are:

Duration	Termination
1	70%
2	35%
3	25%
4+	20%

8. Expenses

Expenses, commissions, premium tax, and profit and contingency are 50% of the premium.

9. Marketing Method

These products will be marketed by direct agents or through direct response methods.

10. Underwriting

No health underwriting will be done.

11. Premium Classes

Premiums will vary by family composition. The family composition classes are "Insured", "Insured + Spouse", "Insured + Child(ren)", and "Insured + Spouse and Child(ren)". Premium rates do not vary by age or gender. The premium schedule has been attached in Exhibit I.

12. Issue Age Range

Benefits will be offered to issue ages 18 to 80.

13. Area Factors

There are no area factors for these forms. The rates will be the same throughout the state.

14. Average Annual Premium

The average annual premium for the policy is $239.40.

15. Premium Modalization Rules

The modal premium factors to be applied to annual premium rates are:

Mode	Factor
Monthly	0.083
Quarterly	0.250
Semi-Annual	0.500
Annual	1.000

16. Claim Liability and Reserves

Claim reserves will be set using appropriate actuarial methodology. There are currently no claim reserves held since these are new forms.

17. Active Life Reserves

Active life reserves will be set using appropriate actuarial methodology. There are currently no active life reserves held since these are new forms.

18. Trend Assumptions

No trend has been assumed in this filing.

19. Minimum Loss Ratio

The minimum acceptable loss ratio is 50%.

20. Anticipated Loss Ratio

The anticipated loss ratio is assumed to be not less than the minimum acceptable loss ratio. The loss ratio is not expected to vary by duration.

21. Contingency and Risk Margins

These forms are expected to produce, based upon the expected claims, an overall contingency margin that is consistent with other products written by the company.

22. Experience - Past and Future

As these are new products, no historical experience is available.

23. Lifetime Loss Ratio

Because these are new forms with no prior experience, the lifetime loss ratio is assumed to be not less than the minimum acceptable loss ratio.

24. History of Rate Adjustments

As these are new forms, there have been no rate adjustments.

25. Number of Policyholders

As these are new forms, there are no current policyholders.

26. Proposed Effective Date

The rates are to become effective upon approval by your Department of Insurance. No policies will be sold until the forms and rates have been submitted and/or approved as required by your regulations.

27. Actuarial Certification

I, Patrick J. Reilly, am a Member of the American Academy of Actuaries and meet its qualification standards for preparing rate filings. This actuarial memorandum has been prepared to describe the rates intended to be used for this product. This memorandum has been prepared in conformity with applicable Actuarial Standards of Practice (ASOP), including ASOP No. 8. This actuarial memorandum has been prepared for the sole purpose of demonstrating that the proposed rate schedule is reasonable and the memorandum may not be appropriate for other purposes.

In my opinion, the rates included in the actuarial memorandum are developed using reasonable assumptions and in accordance with generally accepted actuarial principles and are neither excessive nor unfair. These rates are appropriate for the class of risks for which they are intended. This filing is in compliance with state law and regulation.

Emerging experience should be carefully monitored relative to the assumptions and appropriate adjustments made to the premiums in a timely manner.

Patrick J. Reilly, ASA, MAAA
Associate, Society of Actuaries
Member, American Academy of Actuaries
September 8, 2008

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Individual Accident and Sickness Policy A30329NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity)		
		24 Hour	Motor Vehicle	Common Carrier
Accidental Dismemberment	$1,000	$0.05421	$0.02146	$0.00053

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	90 Days	120 Days	180 Days	365 Days
Adjustment Factor	95.0%	95.5%	96.5%	100.0%

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Accidental Death Benefit Rider A30330NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity)		
		24 Hour	Motor Vehicle	Common Carrier
Accidental Death	$1,000	$0.60095	$0.23793	$0.00584

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	90 Days	120 Days	180 Days	365 Days
Adjustment Factor	95.0%	95.5%	96.5%	100.0%

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Accident Medical Expense Benefit Rider A30331NUFIC
Annual Premiums

Benefit	Annual Premium (by Covered Activity) 24 Hour	Motor Vehicle
Corridor Deductible		
50K Max Ben, 10K Deductible	$8.19099	$0.86661
50K Max Ben, 25K Deductible	2.65324	0.28071
50K Max Ben, 50K Deductible	0.75758	0.08015
100K Max Ben, 10K Deductible	8.55822	0.90546
100K Max Ben, 25K Deductible	3.01266	0.31874
100K Max Ben, 50K Deductible	0.97467	0.10312
250K Max Ben, 10K Deductible	8.97122	0.94916
250K Max Ben, 25K Deductible	3.14389	0.33262
250K Max Ben, 50K Deductible	1.00466	0.10629
500K Max Ben, 10K Deductible	9.46639	1.00154
500K Max Ben, 25K Deductible	3.31741	0.35098
500K Max Ben, 50K Deductible	1.06012	0.11216
1M Max Ben, 10K Deductible	9.90091	1.04752
1M Max Ben, 25K Deductible	3.46969	0.36709
1M Max Ben, 50K Deductible	1.10878	0.11731
2M Max Ben, 5K Deductible	18.89748	1.99935
2M Max Ben, 10K Deductible	10.35538	1.09560
2M Max Ben, 25K Deductible	3.62895	0.38394
2M Max Ben, 50K Deductible	1.15967	0.12269
Integrated Deductible		
50K Max Ben, 10K Deductible	40.41766	4.27619
50K Max Ben, 25K Deductible	25.27799	2.67441
50K Max Ben, 50K Deductible	16.65287	1.76187
100K Max Ben, 10K Deductible	41.17525	4.35634
100K Max Ben, 25K Deductible	26.03557	2.75456
100K Max Ben, 50K Deductible	17.41045	1.84203
250K Max Ben, 10K Deductible	42.66595	4.51406
250K Max Ben, 25K Deductible	27.06043	2.86299
250K Max Ben, 50K Deductible	18.16993	1.92238
500K Max Ben, 10K Deductible	45.02089	4.76321
500K Max Ben, 25K Deductible	28.55403	3.02102
500K Max Ben, 50K Deductible	19.17282	2.02848
1M Max Ben, 10K Deductible	47.08742	4.98185
1M Max Ben, 25K Deductible	29.86471	3.15969
1M Max Ben, 50K Deductible	20.05288	2.12159
2M Max Ben, 5K Deductible	72.82604	7.70500
2M Max Ben, 10K Deductible	49.24881	5.21052
2M Max Ben, 25K Deductible	31.23555	3.30472
2M Max Ben, 50K Deductible	20.97334	2.21898

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Accident Medical Expense Benefit Rider A30331NUFIC
Annual Premiums

Adjustment Factor for Injury Incurral Periods Following Accident

Time for Loss to Occur	30 Days	90 Days	180 Days	365 Days
Adjustment Factor	99.0%	100.0%	102.0%	105.0%

Adjustment Factor for Medical Incurral Periods from Date of the Accident

Time for Medical Expense to Occur	26 Weeks	52 Weeks	104 Weeks
Adjustment Factor	95.0%	100.0%	115.0%

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Dislocations and Fractures Benefit Rider A30332NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity)	
		24 Hour	Motor Vehicle
Dislocation Benefits (all)	$100	$0.02764	$0.00343
Fractures - Pelvis	100	0.08865	0.01099
Fractures - Skull	100	0.09940	0.01233
Fractures - Thigh	100	0.05825	0.00722
Fractures - Upper Arm	100	0.07937	0.00984
Fractures - Ankle	100	0.12402	0.01538
Fractures - Lower Leg	100	0.08534	0.01058
Fractures - Heel	100	0.00378	0.00047
Fractures - Shoulder Blade	100	0.02753	0.00341
Fractures - Lower Jaw	100	0.07486	0.00928
Fractures - Collarbone	100	0.02464	0.00306
Fractures - Forearm	100	0.08664	0.01074
Fractures - Wrist	100	0.00811	0.00101
Fractures - Vertebrae	100	0.09342	0.01158
Fractures - Sternum	100	0.01554	0.00193
Fractures - Kneecap	100	0.01931	0.00239
Fractures - Cheekbone	100	0.07486	0.00928
Fractures - Hand	100	0.01420	0.00176
Fractures - Foot	100	0.03938	0.00488
Fractures - Coccyx	100	0.01592	0.00197

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	60 Days	90 Days	120 Days	180 Days	365 Days	No Limit
Adjustment Factor	98.0%	98.5%	99.0%	99.3%	99.5%	100.0%	102.0%

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Emergency Transportation and Treatment Benefit Rider A30333NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity)	
		24 Hour	Motor Vehicle
All Injuries	$100	$4.73793	$0.58681
Fracture and Hospital Admission	100	0.05526	0.00684
Fracture or Ambulance	100	0.99556	0.12330
Fracture or Hospital Admission	100	0.97757	0.12108
Hospital Admission or Ambulance	100	1.11725	0.13838
Injuries arriving by Ambulance	100	0.60605	0.07506
Injuries resulting in Hospital Admission	100	0.58618	0.07260
Injuries that are Fractures	100	0.44665	0.05532

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Escalator Benefit Rider A30334NUFIC
Benefit Factors (Excluding AME) - Simple Interest

	Period After Which Increase Occurs														
	3					6					12				
Benefit Period	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%
12	1.13	1.27	1.40	1.53	1.67	1.06	1.12	1.19	1.25	1.31	1.03	1.05	1.08	1.11	1.14
18	1.18	1.36	1.54	1.72	1.89	1.08	1.17	1.25	1.33	1.42	1.03	1.05	1.08	1.11	1.14
24	1.22	1.43	1.65	1.87	2.08	1.10	1.20	1.30	1.41	1.51	1.04	1.09	1.13	1.18	1.22
30	1.25	1.49	1.74	1.99	2.24	1.12	1.23	1.35	1.46	1.58	1.04	1.09	1.13	1.18	1.22
36	1.27	1.55	1.82	2.09	2.37	1.13	1.26	1.39	1.52	1.64	1.06	1.11	1.17	1.23	1.29
60	1.35	1.70	2.04	2.39	2.74	1.16	1.33	1.49	1.66	1.82	1.07	1.15	1.22	1.30	1.37
120	1.43	1.86	2.29	2.72	3.15	1.20	1.41	1.61	1.82	2.02	1.09	1.19	1.28	1.37	1.46

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Escalator Benefit Rider A30334NUFIC
Benefit Factors (Only AME) - Simple Interest

Corridor/Max benefit =50,000

		Period After Which Increase Occurs														
		3					6					12				
Benefit Period	Deductible	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%
12	2,500	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	5,000	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	10,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	25,000	1.02	1.04	1.05	1.07	1.09	1.01	1.02	1.03	1.03	1.04	1.00	1.01	1.01	1.01	1.02
	50,000	1.04	1.08	1.11	1.15	1.19	1.02	1.04	1.05	1.07	1.09	1.01	1.02	1.02	1.03	1.04
18	2,500	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	5,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.00	1.01
	10,000	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.00	1.01
	25,000	1.02	1.05	1.07	1.09	1.09	1.01	1.02	1.03	1.05	1.06	1.00	1.01	1.01	1.01	1.02
	50,000	1.05	1.10	1.15	1.18	1.19	1.02	1.05	1.07	1.10	1.12	1.01	1.02	1.02	1.03	1.04
24	2,500	1.01	1.01	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	5,000	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.01	1.01
	10,000	1.01	1.02	1.03	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	25,000	1.03	1.06	1.08	1.09	1.10	1.01	1.03	1.04	1.05	1.07	1.01	1.01	1.02	1.02	1.03
	50,000	1.06	1.12	1.17	1.18	1.20	1.03	1.06	1.09	1.12	1.15	1.01	1.03	1.04	1.05	1.06
36	2,500	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
	5,000	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	10,000	1.01	1.02	1.03	1.04	1.04	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01
	25,000	1.04	1.07	1.08	1.09	1.10	1.02	1.03	1.05	1.06	1.07	1.01	1.02	1.02	1.03	1.04
	50,000	1.08	1.14	1.17	1.19	1.20	1.04	1.07	1.11	1.13	1.15	1.02	1.03	1.05	1.07	1.08
60	2,500	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.01	1.01	1.01
	5,000	1.01	1.02	1.03	1.03	1.04	1.01	1.01	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.01
	10,000	1.02	1.03	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.02
	25,000	1.05	1.07	1.09	1.10	1.11	1.02	1.04	1.06	1.07	1.07	1.01	1.02	1.03	1.04	1.05
	50,000	1.10	1.14	1.17	1.19	1.21	1.05	1.09	1.12	1.14	1.15	1.02	1.04	1.06	1.08	1.10
120	2,500	1.01	1.02	1.02	1.03	1.04	1.01	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	5,000	1.01	1.02	1.03	1.04	1.04	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01
	10,000	1.02	1.03	1.04	1.05	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
	25,000	1.05	1.07	1.09	1.10	1.11	1.03	1.05	1.06	1.07	1.08	1.01	1.03	1.03	1.04	1.05
	50,000	1.10	1.15	1.17	1.20	1.21	1.06	1.10	1.12	1.14	1.15	1.03	1.05	1.07	1.09	1.10

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Escalator Benefit Rider A30334NUFIC
Benefit Factors (Only AME) - Simple Interest

Integrated/Max benefit =50,000

		Period After Which Increase Occurs														
		3					6					12				
Benefit Period	Deductible	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%
12	2,500	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	5,000	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	10,000	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01	1.00	1.00	1.00	1.00	1.00
	25,000	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	50,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
18	2,500	1.00	1.00	1.00	1.01	1.01	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	5,000	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01	1.00	1.00	1.00	1.00	1.00
	10,000	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	25,000	1.01	1.01	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	50,000	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
24	2,500	1.00	1.00	1.00	1.01	1.01	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	5,000	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	10,000	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	25,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
	50,000	1.01	1.02	1.03	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
36	2,500	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	5,000	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	10,000	1.01	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	25,000	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.01	1.01	1.01
	50,000	1.01	1.02	1.03	1.04	1.04	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01
60	2,500	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	5,000	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	10,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.01	1.01
	25,000	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	50,000	1.02	1.03	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.02
120	2,500	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	5,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	10,000	1.01	1.01	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.01	1.01	1.01
	25,000	1.01	1.02	1.03	1.03	1.04	1.01	1.01	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.01
	50,000	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Escalator Benefit Rider A30334NUFIC
Benefit Factors (Only AME) - Simple Interest

Corridor/Max benefit =100,000

		Period After Which Increase Occurs														
		3					6					12				
Benefit Period	Deductible	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%
12	2,500	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	5,000	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	10,000	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	25,000	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	50,000	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.01	1.01	1.00	1.00	1.00	1.00	1.00
18	2,500	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	5,000	1.01	1.01	1.02	1.02	1.03	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	10,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	25,000	1.01	1.01	1.02	1.02	1.03	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	50,000	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
24	2,500	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	5,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.01	1.01
	10,000	1.01	1.01	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
	25,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.01	1.01
	50,000	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
36	2,500	1.01	1.01	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
	5,000	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
	10,000	1.01	1.02	1.03	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	25,000	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
	50,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
60	2,500	1.01	1.02	1.03	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	5,000	1.01	1.02	1.03	1.04	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	10,000	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	25,000	1.01	1.02	1.03	1.04	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	50,000	1.01	1.01	1.02	1.03	1.04	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
120	2,500	1.01	1.02	1.03	1.04	1.04	1.01	1.01	1.02	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	5,000	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01
	10,000	1.01	1.03	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01
	25,000	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01
	50,000	1.01	1.02	1.03	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Escalator Benefit Rider A30334NUFIC
Benefit Factors (Only AME) - Simple Interest

Integrated/Max benefit =100,000

		Period After Which Increase Occurs														
		3					6					12				
Benefit Period	Deductible	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%
12	2,500	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	5,000	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	10,000	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	25,000	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	50,000	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
18	2,500	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	5,000	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	10,000	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	25,000	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	50,000	1.01	1.01	1.02	1.02	1.03	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
24	2,500	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.00
	5,000	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	10,000	1.01	1.01	1.02	1.02	1.03	1.00	1.00	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	25,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	50,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.01	1.01
36	2,500	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	5,000	1.01	1.01	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.01	1.01
	10,000	1.01	1.01	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
	25,000	1.01	1.01	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
	50,000	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
60	2,500	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
	5,000	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	10,000	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	25,000	1.01	1.02	1.03	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	50,000	1.01	1.02	1.03	1.04	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
120	2,500	1.01	1.02	1.03	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	5,000	1.01	1.02	1.03	1.04	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	10,000	1.01	1.02	1.03	1.04	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	25,000	1.01	1.02	1.03	1.04	1.04	1.01	1.01	1.02	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	50,000	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Escalator Benefit Rider A30334NUFIC
Benefit Factors (Only AME) - Simple Interest

Corridor/Max benefit =250,000

		Period After Which Increase Occurs														
		3					6					12				
Benefit Period	Deductible	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%
12	2,500	1.01	1.01	1.02	1.03	1.04	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
	5,000	1.01	1.01	1.02	1.03	1.04	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
	10,000	1.01	1.01	1.02	1.03	1.04	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
	25,000	1.01	1.01	1.02	1.03	1.04	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
	50,000	1.01	1.01	1.02	1.03	1.04	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
18	2,500	1.01	1.02	1.03	1.04	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.01	1.01
	5,000	1.01	1.02	1.03	1.04	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.01	1.01
	10,000	1.01	1.02	1.03	1.04	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.01	1.01
	25,000	1.01	1.02	1.03	1.04	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.01	1.01
	50,000	1.01	1.02	1.03	1.04	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.01	1.01
24	2,500	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.00	1.01	1.01	1.01
	5,000	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.00	1.01	1.01	1.01
	10,000	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.00	1.01	1.01	1.01
	25,000	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.00	1.01	1.01	1.01
	50,000	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.00	1.01	1.01	1.01
36	2,500	1.02	1.03	1.04	1.05	1.05	1.01	1.01	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
	5,000	1.02	1.03	1.04	1.05	1.05	1.01	1.01	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
	10,000	1.02	1.03	1.04	1.05	1.05	1.01	1.01	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
	25,000	1.02	1.03	1.04	1.05	1.05	1.01	1.01	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
	50,000	1.02	1.03	1.04	1.05	1.05	1.01	1.01	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
60	2,500	1.02	1.03	1.04	1.05	1.06	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02
	5,000	1.02	1.03	1.04	1.05	1.06	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02
	10,000	1.02	1.03	1.04	1.05	1.06	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02
	25,000	1.02	1.03	1.04	1.05	1.06	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02
	50,000	1.02	1.03	1.04	1.05	1.06	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02
120	2,500	1.02	1.04	1.05	1.05	1.06	1.01	1.02	1.03	1.03	1.04	1.01	1.01	1.01	1.02	1.02
	5,000	1.02	1.04	1.05	1.05	1.06	1.01	1.02	1.03	1.03	1.04	1.01	1.01	1.01	1.02	1.02
	10,000	1.02	1.04	1.05	1.05	1.06	1.01	1.02	1.03	1.03	1.04	1.01	1.01	1.01	1.02	1.02
	25,000	1.02	1.04	1.05	1.05	1.06	1.01	1.02	1.03	1.03	1.04	1.01	1.01	1.01	1.02	1.02
	50,000	1.02	1.04	1.05	1.05	1.06	1.01	1.02	1.03	1.03	1.04	1.01	1.01	1.01	1.02	1.02

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Escalator Benefit Rider A30334NUFIC
Benefit Factors (Only AME) - Simple Interest

Integrated/Max benefit =250,000

		Period After Which Increase Occurs														
		3					6					12				
Benefit Period	Deductible	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%
12	2,500	1.01	1.01	1.02	1.03	1.04	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
	5,000	1.01	1.01	1.02	1.03	1.04	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
	10,000	1.01	1.01	1.02	1.03	1.04	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
	25,000	1.01	1.01	1.02	1.03	1.04	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
	50,000	1.01	1.01	1.02	1.03	1.04	1.00	1.01	1.01	1.01	1.02	1.00	1.00	1.00	1.01	1.01
18	2,500	1.01	1.02	1.03	1.04	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.01	1.01
	5,000	1.01	1.02	1.03	1.04	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.01	1.01
	10,000	1.01	1.02	1.03	1.04	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.01	1.01
	25,000	1.01	1.02	1.03	1.04	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.01	1.01
	50,000	1.01	1.02	1.03	1.04	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.01	1.01
24	2,500	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.00	1.01	1.01	1.01
	5,000	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.00	1.01	1.01	1.01
	10,000	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.00	1.01	1.01	1.01
	25,000	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.00	1.01	1.01	1.01
	50,000	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.00	1.01	1.01	1.01
36	2,500	1.02	1.03	1.04	1.05	1.05	1.01	1.01	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
	5,000	1.02	1.03	1.04	1.05	1.05	1.01	1.01	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
	10,000	1.02	1.03	1.04	1.05	1.05	1.01	1.01	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
	25,000	1.02	1.03	1.04	1.05	1.05	1.01	1.01	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
	50,000	1.02	1.03	1.04	1.05	1.05	1.01	1.01	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
60	2,500	1.02	1.03	1.04	1.05	1.06	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02
	5,000	1.02	1.03	1.04	1.05	1.06	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02
	10,000	1.02	1.03	1.04	1.05	1.06	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02
	25,000	1.02	1.03	1.04	1.05	1.06	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02
	50,000	1.02	1.03	1.04	1.05	1.06	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02
120	2,500	1.02	1.04	1.05	1.05	1.06	1.01	1.02	1.03	1.03	1.04	1.01	1.01	1.01	1.02	1.02
	5,000	1.02	1.04	1.05	1.05	1.06	1.01	1.02	1.03	1.03	1.04	1.01	1.01	1.01	1.02	1.02
	10,000	1.02	1.04	1.05	1.05	1.06	1.01	1.02	1.03	1.03	1.04	1.01	1.01	1.01	1.02	1.02
	25,000	1.02	1.04	1.05	1.05	1.06	1.01	1.02	1.03	1.03	1.04	1.01	1.01	1.01	1.02	1.02
	50,000	1.02	1.04	1.05	1.05	1.06	1.01	1.02	1.03	1.03	1.04	1.01	1.01	1.01	1.02	1.02

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Escalator Benefit Rider A30334NUFIC
Benefit Factors (Only AME) - Simple Interest

Corridor/Max benefit =500,000

		Period After Which Increase Occurs														
		3					6					12				
Benefit Period	Deductible	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%
12	2,500	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	5,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	10,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	25,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	50,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
18	2,500	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
	5,000	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
	10,000	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
	25,000	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
	50,000	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
24	2,500	1.01	1.02	1.03	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	5,000	1.01	1.02	1.03	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	10,000	1.01	1.02	1.03	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	25,000	1.01	1.02	1.03	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	50,000	1.01	1.02	1.03	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
36	2,500	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01
	5,000	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01
	10,000	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01
	25,000	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01
	50,000	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01
60	2,500	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
	5,000	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
	10,000	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
	25,000	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
	50,000	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
120	2,500	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02
	5,000	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02
	10,000	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02
	25,000	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02
	50,000	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Escalator Benefit Rider A30334NUFIC
Benefit Factors (Only AME) - Simple Interest

Integrated/Max benefit =500,000

		Period After Which Increase Occurs														
		3					6					12				
Benefit Period	Deductible	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%
12	2,500	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	5,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	10,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	25,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	50,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
18	2,500	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
	5,000	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
	10,000	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
	25,000	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
	50,000	1.01	1.02	1.02	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
24	2,500	1.01	1.02	1.03	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	5,000	1.01	1.02	1.03	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	10,000	1.01	1.02	1.03	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	25,000	1.01	1.02	1.03	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	50,000	1.01	1.02	1.03	1.03	1.04	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
36	2,500	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01
	5,000	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01
	10,000	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01
	25,000	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01
	50,000	1.01	1.02	1.03	1.04	1.05	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01
60	2,500	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
	5,000	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
	10,000	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
	25,000	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
	50,000	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.01	1.02
120	2,500	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02
	5,000	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02
	10,000	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02
	25,000	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02
	50,000	1.02	1.03	1.04	1.04	1.05	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Escalator Benefit Rider A30334NUFIC
Benefit Factors (Only AME) - Simple Interest

Corridor/Max benefit =1,000,000

		Period After Which Increase Occurs														
		3					6					12				
Benefit Period	Deductible	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%
12	2,500	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	5,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	10,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	25,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	50,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
18	2,500	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
	5,000	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
	10,000	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
	25,000	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
	50,000	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
24	2,500	1.01	1.02	1.03	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	5,000	1.01	1.02	1.03	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	10,000	1.01	1.02	1.03	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	25,000	1.01	1.02	1.03	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	50,000	1.01	1.02	1.03	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
36	2,500	1.01	1.02	1.03	1.03	1.03	1.01	1.01	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.01
	5,000	1.01	1.02	1.03	1.03	1.03	1.01	1.01	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.01
	10,000	1.01	1.02	1.03	1.03	1.03	1.01	1.01	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.01
	25,000	1.01	1.02	1.03	1.03	1.03	1.01	1.01	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.01
	50,000	1.01	1.02	1.03	1.03	1.03	1.01	1.01	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.01
60	2,500	1.02	1.02	1.03	1.03	1.03	1.01	1.02	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.02
	5,000	1.02	1.02	1.03	1.03	1.03	1.01	1.02	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.02
	10,000	1.02	1.02	1.03	1.03	1.03	1.01	1.02	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.02
	25,000	1.02	1.02	1.03	1.03	1.03	1.01	1.02	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.02
	50,000	1.02	1.02	1.03	1.03	1.03	1.01	1.02	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.02
120	2,500	1.02	1.02	1.03	1.03	1.03	1.01	1.02	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.02
	5,000	1.02	1.02	1.03	1.03	1.03	1.01	1.02	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.02
	10,000	1.02	1.02	1.03	1.03	1.03	1.01	1.02	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.02
	25,000	1.02	1.02	1.03	1.03	1.03	1.01	1.02	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.02
	50,000	1.02	1.02	1.03	1.03	1.03	1.01	1.02	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.02

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Escalator Benefit Rider A30334NUFIC
Benefit Factors (Only AME) - Simple Interest

Integrated/Max benefit =1,000,000

		Period After Which Increase Occurs														
		3					6					12				
Benefit Period	Deductible	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%	5%	10%	15%	20%	25%
12	2,500	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	5,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	10,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	25,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
	50,000	1.01	1.01	1.02	1.02	1.03	1.00	1.01	1.01	1.01	1.01	1.00	1.00	1.00	1.00	1.01
18	2,500	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
	5,000	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
	10,000	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
	25,000	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
	50,000	1.01	1.02	1.02	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.00	1.00	1.01
24	2,500	1.01	1.02	1.03	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	5,000	1.01	1.02	1.03	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	10,000	1.01	1.02	1.03	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	25,000	1.01	1.02	1.03	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
	50,000	1.01	1.02	1.03	1.03	1.03	1.00	1.01	1.01	1.02	1.02	1.00	1.00	1.01	1.01	1.01
36	2,500	1.01	1.02	1.03	1.03	1.03	1.01	1.01	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.01
	5,000	1.01	1.02	1.03	1.03	1.03	1.01	1.01	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.01
	10,000	1.01	1.02	1.03	1.03	1.03	1.01	1.01	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.01
	25,000	1.01	1.02	1.03	1.03	1.03	1.01	1.01	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.01
	50,000	1.01	1.02	1.03	1.03	1.03	1.01	1.01	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.01
60	2,500	1.02	1.02	1.03	1.03	1.03	1.01	1.02	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.02
	5,000	1.02	1.02	1.03	1.03	1.03	1.01	1.02	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.02
	10,000	1.02	1.02	1.03	1.03	1.03	1.01	1.02	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.02
	25,000	1.02	1.02	1.03	1.03	1.03	1.01	1.02	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.02
	50,000	1.02	1.02	1.03	1.03	1.03	1.01	1.02	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.02
120	2,500	1.02	1.02	1.03	1.03	1.03	1.01	1.02	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.02
	5,000	1.02	1.02	1.03	1.03	1.03	1.01	1.02	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.02
	10,000	1.02	1.02	1.03	1.03	1.03	1.01	1.02	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.02
	25,000	1.02	1.02	1.03	1.03	1.03	1.01	1.02	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.02
	50,000	1.02	1.02	1.03	1.03	1.03	1.01	1.02	1.02	1.02	1.02	1.00	1.01	1.01	1.01	1.02

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Family Leave Benefit Rider (Version 1) A30335NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity)	
		24 Hour	Motor Vehicle
6 months benefit period	10.0%	$1.32529	$0.14022
12 months benefit period	10.0%	2.18147	0.23080
24 months benefit period	10.0%	3.52545	0.37299
36 months benefit period	10.0%	4.71664	0.49902
48 months benefit period	10.0%	5.80775	0.61446
60 months benefit period	10.0%	6.81755	0.72130
120 months benefit period	10.0%	10.95284	1.15881

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	60 Days	90 Days	120 Days
Adjustment Factor	100.0%	100.5%	101.0%	101.3%

Adjustment Factor for Time after Accident that Wages Cease for Caregiver Receives Benefits

Time for Benefits to Start	30 Days	60 Days	90 Days	120 Days	180 Days
Adjustment Factor	130.0%	115.0%	100.0%	85.0%	70.0%

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Family Leave Benefit Rider (Version 2) A30336NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity)	
		24 Hour	Motor Vehicle
6 months benefit period	10.0%	$0.33132	$0.03505
12 months benefit period	10.0%	0.54537	0.05770
24 months benefit period	10.0%	0.88136	0.09325
36 months benefit period	10.0%	1.17916	0.12476
48 months benefit period	10.0%	1.45194	0.15361
60 months benefit period	10.0%	1.70439	0.18032
120 months benefit period	10.0%	2.73821	0.28970

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	60 Days	90 Days	120 Days
Adjustment Factor	100.0%	100.5%	101.0%	101.3%

Adjustment Factor for Time after Accident that Wages Cease for Caregiver Receives Benefits

Time for Benefits to Start	30 Days	60 Days	90 Days	120 Days	180 Days
Adjustment Factor	130.0%	115.0%	100.0%	85.0%	70.0%

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Homecare Benefit Rider A30337NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity)	
		24 Hour	Motor Vehicle
Without Loss of Sight			
3 Months EP/9 Months Ben	$1,000	$0.08416	$0.02981
6 Months EP/6 Months Ben	1,000	0.05564	0.01971
9 Months EP/3 Months Ben	1,000	0.02759	0.00977
With Loss of Sight			
3 Months EP/9 Months Ben	1,000	0.15074	0.03503
6 Months EP/6 Months Ben	1,000	0.09966	0.02316
9 Months EP/3 Months Ben	1,000	0.04942	0.01148

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
In-Hospital Indemnity Daily Benefit Rider A30338NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity) 24 Hour	Motor Vehicle
Non-Retro			
0 Days EP	$10	$0.41367	$0.04376
1 Days EP	10	0.33645	0.03559
2 Days EP	10	0.27596	0.02922
3 Days EP	10	0.23167	0.02450
4 Days EP	10	0.19887	0.02105
5 Days EP	10	0.17344	0.01833
6 Days EP	10	0.15325	0.01620
7 Days EP	10	0.13698	0.01448
8 Days EP	10	0.12357	0.01308
14 Days EP	10	0.07749	0.00817
30 Days EP	10	0.04336	0.00458
60 Days EP	10	0.02032	0.00212
180 Days EP	10	0.01374	0.00146
Retro			
0 Days EP	10	0.41367	0.04376
1 Days EP	10	0.39233	0.04150
2 Days EP	10	0.35780	0.03785
3 Days EP	10	0.32265	0.03413
4 Days EP	10	0.29252	0.03094
5 Days EP	10	0.26678	0.02822
6 Days EP	10	0.24356	0.02576
7 Days EP	10	0.22347	0.02364
8 Days EP	10	0.20652	0.02185
14 Days EP	10	0.12868	0.01361
30 Days EP	10	0.08474	0.00896
60 Days EP	10	0.04394	0.00465
180 Days EP	10	0.07972	0.00843

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	60 Days	90 Days	120 Days	180 Days	365 Days
Adjustment Factor	100.0%	100.5%	101.0%	101.3%	101.5%	102.0%

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
In-Hospital Indemnity Single Payment Benefit Rider A30339NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity)	
		24 Hour	Motor Vehicle
30 days in hospital	$1,000	$0.15816	$0.01673
60 days in hospital	1,000	0.04522	0.00478
90 days in hospital	1,000	0.02258	0.00239

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	60 Days	90 Days	120 Days	180 Days	365 Days
Adjustment Factor	100.0%	100.5%	101.0%	101.3%	101.5%	102.0%

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
In-Hospital Indemnity Sickness Daily Benefit Rider A30340NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity)	
		24 Hour	Motor Vehicle
Non-Retro			
0 Days EP	$10	$3.52628	$3.52628
1 Days EP	10	2.86804	2.86804
2 Days EP	10	2.35233	2.35233
3 Days EP	10	1.97474	1.97474
4 Days EP	10	1.69497	1.69497
5 Days EP	10	1.47851	1.47851
6 Days EP	10	1.30631	1.30631
7 Days EP	10	1.16775	1.16775
8 Days EP	10	1.05310	1.05310
14 Days EP	10	0.66046	0.66046
30 Days EP	10	0.36963	0.36963
60 Days EP	10	0.17308	0.17308
180 Days EP	10	0.11731	0.11731
Retro			
0 Days EP	10	3.52628	3.52628
1 Days EP	10	3.34435	3.34435
2 Days EP	10	3.05005	3.05005
3 Days EP	10	2.75039	2.75039
4 Days EP	10	2.49355	2.49355
5 Days EP	10	2.27416	2.27416
6 Days EP	10	2.07617	2.07617
7 Days EP	10	1.90494	1.90494
8 Days EP	10	1.76047	1.76047
14 Days EP	10	1.09695	1.09695
30 Days EP	10	0.72238	0.72238
60 Days EP	10	0.37457	0.37457
180 Days EP	10	0.67957	0.67957

Adjustment Factor for Pre-Existing Conditions

Pre-Ex	Factor
6/12	95.0%
12/12	94.0%
24/12	91.0%

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
In-Hospital Indemnity Sickness Single Payment Benefit Rider A30341NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity)	
		24 Hour	Motor Vehicle
30 days in hospital	$1,000	$1.34819	$1.34819
60 days in hospital	1,000	0.38545	0.38545
90 days in hospital	1,000	0.19243	0.19243

Adjustment Factor for Pre-Existing Conditions

Pre-Ex	Factor
6/12	95.0%
12/12	94.0%
24/12	91.0%

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Intensive Care Unit Benefit Rider A30342NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity)	
		24 Hour	Motor Vehicle
Accident	$100	$0.14297	$0.01773
Sickness	100	1.76331	0.21865

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	60 Days	90 Days	120 Days	180 Days	365 Days	No Limit
Adjustment Factor	98.0%	98.5%	99.0%	99.3%	99.5%	100.0%	102.0%

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Permanent Total Disability Benefit Rider (Monthly Benefit) A30343NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity)	
		24 Hour	Motor Vehicle
Without Loss of Sight			
3 Months EP/9 Months Ben	1,000	0.09488	0.03361
6 Months EP/6 Months Ben	1,000	0.06273	0.02222
6 Months EP/ 12 Months Ben	1,000	0.12987	0.04601
6 Months EP/ 24 Months Ben	1,000	0.25973	0.09201
6 Months EP/ 36 Months Ben	1,000	0.36962	0.13094
6 Months EP/ 48 Months Ben	1,000	0.47951	0.16987
6 Months EP/ 60 Months Ben	1,000	0.57941	0.20526
6 Months EP/ 72 Months Ben	1,000	0.67931	0.24065
6 Months EP/ 84 Months Ben	1,000	0.76921	0.27250
6 Months EP/ 96 Months Ben	1,000	0.84913	0.30081
6 Months EP/ 108 Months Ben	1,000	0.92905	0.32912
6 Months EP/ 120 Months Ben	1,000	0.99898	0.35390
9 Months EP/3 Months Ben	1,000	0.03111	0.01102
12 Months EP/ 12 Months Ben	1,000	0.11806	0.04182
12 Months EP/ 24 Months Ben	1,000	0.23612	0.08365
12 Months EP/ 36 Months Ben	1,000	0.33602	0.11904
12 Months EP/ 48 Months Ben	1,000	0.43592	0.15443
12 Months EP/ 60 Months Ben	1,000	0.52673	0.18660
12 Months EP/ 72 Months Ben	1,000	0.61755	0.21877
12 Months EP/ 84 Months Ben	1,000	0.69929	0.24773
12 Months EP/ 96 Months Ben	1,000	0.77194	0.27347
12 Months EP/ 108 Months Ben	1,000	0.84459	0.29920
12 Months EP/ 120 Months Ben	1,000	0.90816	0.32172
24 Months EP/ 12 Months Ben	1,000	0.10626	0.03764
24 Months EP/ 24 Months Ben	1,000	0.21251	0.07528
24 Months EP/ 36 Months Ben	1,000	0.30242	0.10713
24 Months EP/ 48 Months Ben	1,000	0.39233	0.13899
24 Months EP/ 60 Months Ben	1,000	0.47406	0.16794
24 Months EP/ 72 Months Ben	1,000	0.55580	0.19690
24 Months EP/ 84 Months Ben	1,000	0.62936	0.22296
24 Months EP/ 96 Months Ben	1,000	0.69475	0.24612
24 Months EP/ 108 Months Ben	1,000	0.76013	0.26928
24 Months EP/ 120 Months Ben	1,000	0.81735	0.28955

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Permanent Total Disability Benefit Rider (Monthly Benefit) A30343NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity) 24 Hour	Motor Vehicle
With Loss of Sight			
3 Months EP/9 Months Ben	1,000	0.16994	0.03949
6 Months EP/6 Months Ben	1,000	0.11236	0.02611
6 Months EP/ 12 Months Ben	1,000	0.23261	0.05405
6 Months EP/ 24 Months Ben	1,000	0.46522	0.10811
6 Months EP/ 36 Months Ben	1,000	0.66205	0.15385
6 Months EP/ 48 Months Ben	1,000	0.85888	0.19958
6 Months EP/ 60 Months Ben	1,000	1.03781	0.24116
6 Months EP/ 72 Months Ben	1,000	1.21674	0.28274
6 Months EP/ 84 Months Ben	1,000	1.37778	0.32017
6 Months EP/ 96 Months Ben	1,000	1.52093	0.35343
6 Months EP/ 108 Months Ben	1,000	1.66407	0.38669
6 Months EP/ 120 Months Ben	1,000	1.78932	0.41580
9 Months EP/3 Months Ben	1,000	0.05571	0.01295
12 Months EP/ 12 Months Ben	1,000	0.21147	0.04914
12 Months EP/ 24 Months Ben	1,000	0.42293	0.09828
12 Months EP/ 36 Months Ben	1,000	0.60186	0.13986
12 Months EP/ 48 Months Ben	1,000	0.78080	0.18144
12 Months EP/ 60 Months Ben	1,000	0.94346	0.21924
12 Months EP/ 72 Months Ben	1,000	1.10613	0.25704
12 Months EP/ 84 Months Ben	1,000	1.25253	0.29106
12 Months EP/ 96 Months Ben	1,000	1.38266	0.32130
12 Months EP/ 108 Months Ben	1,000	1.51279	0.35154
12 Months EP/ 120 Months Ben	1,000	1.62666	0.37800
24 Months EP/ 12 Months Ben	1,000	0.19032	0.04423
24 Months EP/ 24 Months Ben	1,000	0.38064	0.08845
24 Months EP/ 36 Months Ben	1,000	0.54168	0.12587
24 Months EP/ 48 Months Ben	1,000	0.70272	0.16330
24 Months EP/ 60 Months Ben	1,000	0.84912	0.19732
24 Months EP/ 72 Months Ben	1,000	0.99552	0.23134
24 Months EP/ 84 Months Ben	1,000	1.12727	0.26195
24 Months EP/ 96 Months Ben	1,000	1.24439	0.28917
24 Months EP/ 108 Months Ben	1,000	1.36151	0.31639
24 Months EP/ 120 Months Ben	1,000	1.46399	0.34020

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	90 Days	120 Days	180 Days	365 Days
Adjustment Factor	95.0%	95.5%	96.5%	100.0%

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Permanent Total Disability Benefit Rider (Single Payment) A30344NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity)	
		24 Hour	Motor Vehicle
Without Loss of Sight			
6 Months EP	$1,000	$0.01130	$0.00400
12 Months EP	1,000	0.01027	0.00363
With Loss of Sight			
6 Months EP	1,000	0.02022	0.00469
12 Months EP	1,000	0.01838	0.00427

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	90 Days	120 Days	180 Days	365 Days
Adjustment Factor	95.0%	95.5%	96.5%	100.0%

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Physician's Office Visits Indemnity Benefit Rider A30345NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity)	
		24 Hour	Motor Vehicle
Accident	$1	$1.39500	$0.17298
Sickness	1	12.23892	1.51763
Wellness	1	1.36608	0.16939

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Recuperation Daily Benefit Rider A30346NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity) 24 Hour	Motor Vehicle
Non-Retro			
0 Days EP	$10	$0.41367	$0.04376
1 Days EP	10	0.33645	0.03559
2 Days EP	10	0.27596	0.02922
3 Days EP	10	0.23167	0.02450
4 Days EP	10	0.19887	0.02105
5 Days EP	10	0.17344	0.01833
6 Days EP	10	0.15325	0.01620
7 Days EP	10	0.13698	0.01448
8 Days EP	10	0.12357	0.01308
14 Days EP	10	0.07749	0.00817
30 Days EP	10	0.04336	0.00458
60 Days EP	10	0.02032	0.00212
180 Days EP	10	0.01374	0.00146
Retro			
0 Days EP	10	0.41367	0.04376
1 Days EP	10	0.39233	0.04150
2 Days EP	10	0.35780	0.03785
3 Days EP	10	0.32265	0.03413
4 Days EP	10	0.29252	0.03094
5 Days EP	10	0.26678	0.02822
6 Days EP	10	0.24356	0.02576
7 Days EP	10	0.22347	0.02364
8 Days EP	10	0.20652	0.02185
14 Days EP	10	0.12868	0.01361
30 Days EP	10	0.08474	0.00896
60 Days EP	10	0.04394	0.00465
180 Days EP	10	0.07972	0.00843

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	60 Days	90 Days	120 Days	180 Days	365 Days
Adjustment Factor	100.0%	100.5%	101.0%	101.3%	101.5%	102.0%

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Recuperation Sickness Daily Benefit Rider A30347NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity) 24 Hour	Motor Vehicle
Non-Retro			
0 Days EP	$10	$3.52628	$3.52628
1 Days EP	10	2.86804	2.86804
2 Days EP	10	2.35233	2.35233
3 Days EP	10	1.97474	1.97474
4 Days EP	10	1.69497	1.69497
5 Days EP	10	1.47851	1.47851
6 Days EP	10	1.30631	1.30631
7 Days EP	10	1.16775	1.16775
8 Days EP	10	1.05310	1.05310
14 Days EP	10	0.66046	0.66046
30 Days EP	10	0.36963	0.36963
60 Days EP	10	0.17308	0.17308
180 Days EP	10	0.11731	0.11731
Retro			
0 Days EP	10	3.52628	3.52628
1 Days EP	10	3.34435	3.34435
2 Days EP	10	3.05005	3.05005
3 Days EP	10	2.75039	2.75039
4 Days EP	10	2.49355	2.49355
5 Days EP	10	2.27416	2.27416
6 Days EP	10	2.07617	2.07617
7 Days EP	10	1.90494	1.90494
8 Days EP	10	1.76047	1.76047
14 Days EP	10	1.09695	1.09695
30 Days EP	10	0.72238	0.72238
60 Days EP	10	0.37457	0.37457
180 Days EP	10	0.67957	0.67957

Adjustment Factor for Pre-Existing Conditions

Pre-Ex	Factor
6/12	95.0%
12/12	94.0%
24/12	91.0%

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Simultaneous In-Hospital Indemnity Daily Benefit Rider A30348NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity)	
		24 Hour	Motor Vehicle
Non-Retro			
0 Days EP	$100	$0.10869	$0.08152
1 Days EP	100	0.05017	0.03763
2 Days EP	100	0.01422	0.01067
3 Days EP	100	0.00238	0.00179
Retro			
0 Days EP	100	0.10869	0.08152
1 Days EP	100	0.08612	0.06459
2 Days EP	100	0.03789	0.02842
3 Days EP	100	0.00879	0.00659

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	60 Days	90 Days	120 Days	180 Days	365 Days	No Limit
Adjustment Factor	98.0%	98.5%	99.0%	99.3%	99.5%	100.0%	102.0%

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Total Temporary Disability Accident Benefit Rider A30349NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity)	
		24 Hour	Motor Vehicle
1 Month EP			
3 Months Ben	$1,000	$23.33632	$2.59292
4 Months Ben	1,000	29.00081	3.22231
5 Months Ben	1,000	34.11055	3.79006
6 Months Ben	1,000	38.80389	4.31154
7 Months Ben	1,000	43.19454	4.79939
8 Months Ben	1,000	47.36047	5.26227
9 Months Ben	1,000	51.35551	5.70617
10 Months Ben	1,000	55.21042	6.13449
11 Months Ben	1,000	58.94090	6.54899
12 Months Ben	1,000	62.56318	6.95146
13 Months Ben	1,000	66.09346	7.34372
14 Months Ben	1,000	69.54189	7.72688
15 Months Ben	1,000	72.91753	8.10195
16 Months Ben	1,000	76.23111	8.47012
17 Months Ben	1,000	79.49151	8.83239
18 Months Ben	1,000	82.70569	9.18952
19 Months Ben	1,000	85.88028	9.54225
20 Months Ben	1,000	89.01975	9.89108
21 Months Ben	1,000	92.12742	10.23638
22 Months Ben	1,000	95.20571	10.57841
23 Months Ben	1,000	98.25621	10.91736
24 Months Ben	1,000	101.28382	11.25376
2 Months EP			
3 Months Ben	1,000	19.71039	2.19004
4 Months Ben	1,000	24.82013	2.75779
5 Months Ben	1,000	29.51347	3.27927
6 Months Ben	1,000	33.90413	3.76713
7 Months Ben	1,000	38.07006	4.23001
8 Months Ben	1,000	42.06510	4.67390
9 Months Ben	1,000	45.92001	5.10222
10 Months Ben	1,000	49.65048	5.51672
11 Months Ben	1,000	53.27277	5.91920
12 Months Ben	1,000	56.80304	6.31145
13 Months Ben	1,000	60.25148	6.69461
14 Months Ben	1,000	63.62712	7.06968
15 Months Ben	1,000	66.94070	7.43786
16 Months Ben	1,000	70.20109	7.80012
17 Months Ben	1,000	73.41527	8.15725

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Total Temporary Disability Accident Benefit Rider A30349NUFIC
Annual Premiums

Benefit	Unit	Annual Premium per Unit (by Covered Activity)	
		24 Hour	Motor Vehicle
18 Months Ben	1,000	76.58987	8.50999
19 Months Ben	1,000	79.72934	8.85882
20 Months Ben	1,000	82.83701	9.20411
21 Months Ben	1,000	85.91530	9.54614
22 Months Ben	1,000	88.96580	9.88509
23 Months Ben	1,000	91.99340	10.22149
24 Months Ben	1,000	95.00232	10.55581
3 Months EP			
3 Months Ben	1,000	6.03920	0.67102
4 Months Ben	1,000	7.73965	0.85996
5 Months Ben	1,000	9.33208	1.03690
6 Months Ben	1,000	10.84485	1.20498
7 Months Ben	1,000	12.29722	1.36636
8 Months Ben	1,000	13.70022	1.52225
9 Months Ben	1,000	15.05953	1.67328
10 Months Ben	1,000	16.38089	1.82010
11 Months Ben	1,000	17.66991	1.96332
12 Months Ben	1,000	18.93016	2.10335
13 Months Ben	1,000	20.16481	2.24053
14 Months Ben	1,000	21.37761	2.37529
15 Months Ben	1,000	22.57168	2.50796
16 Months Ben	1,000	23.74946	2.63883
17 Months Ben	1,000	24.91327	2.76814
18 Months Ben	1,000	26.06467	2.89607
19 Months Ben	1,000	27.20481	3.02276
20 Months Ben	1,000	28.33455	3.14828
21 Months Ben	1,000	29.45442	3.27271
22 Months Ben	1,000	30.56618	3.39624
23 Months Ben	1,000	31.67137	3.51904
24 Months Ben	1,000	32.77004	3.64112

Exhibit I

National Union Fire Insurance Company of Pittsburgh, PA
Total Temporary Disability Accident Benefit Rider A30349NUFIC
Annual Premiums

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	60 Days	90 Days	120 Days	180 Days	365 Days
Adjustment Factor	98.0%	98.5%	99.0%	99.3%	99.5%	100.0%

Supporting Document Schedules

Satisfied -Name: Flesch Certification
Review Status: Approved-Closed 03/13/2009
Comments:
Attachment:
Readability Cert - officer signed.pdf

Satisfied -Name: Application
Review Status: Approved-Closed 03/13/2009
Comments:
Application attached to Form Schedule tab.

Satisfied -Name: Outline of Coverage
Review Status: Approved-Closed 03/13/2009
Comments:
Outline of Coverage attached to the Form Schedule tab.

Satisfied -Name: Replacement Notice
Review Status: Approved-Closed 03/13/2009
Comments:
Attachment:
Indiv-Acc-Replacement-Notice.pdf

Satisfied -Name: Explanation of Variables
Review Status: Approved-Closed 03/13/2009
Comments:
Attachment:
Indiv-Acc-EOV.pdf

Satisfied -Name: Policyholder Service Notice
Review Status: Approved-Closed 03/13/2009
Comments:

SERFF Tracking Number:	*AGDE-126035226*	*State:*	*Arkansas*
Filing Company:	*National Union Fire Insurance Company of Pittsburgh, PA*	*State Tracking Number:*	*41559*
Company Tracking Number:	*A30329NUFIC-AR*		
TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*Direct Marketing*		
Project Name/Number:	*Individual Accident Policy/A30329NUFIC-AR*		

Attachment:

AR-Service Info.pdf

CERTIFICATION OF READABILITY

The National Union Fire Insurance Co of Pittsburgh, PA hereby certifies that the following forms have attained a Flesch reading ease score of:

FLESCH SCORE	FORM NUMBER
50.1	A30329NUFIC (Policy)
50.1	A30330NUFIC (Accidental Death)
50.0	A30331NUFIC (AME)
51.3	A30332NUFIC (Dislocations & Fractures)
50.0	A30333NUFIC (ETTB)
51.6	A30334NUFIC (ESC)
50.1	A30335NUFIC (FAML-1)
50.6	A30336NUFIC (FAML-2)
50.9	A30337NUFIC (HC)
53.1	A30338NUFIC (IHDI)
51.3	A30339NUFIC (IHLI)
50.0	A30340NUFIC (IHDS)
50.3	A30341NUFIC (IHLS)
52.2	A30342NUFIC (ICU)
52.4	A30343NUFIC (PTDM)
50.6	A30344NUFIC (PTDL)
50.5	A30345NUFIC (POV)
50.0	A30346NUFIC (RDI)
52.9	A30347NUFIC (RDS)
53.9	A30348NUFIC (SIHDI)
50.4	A30349NUFIC (TTD)
50.0	A30364NUFIC (Outline)

September 26, 2008

Date

Adam C. Reed, Assistant Vice President

NOTICE TO APPLICANT REGARDING REPLACEMENT

OF ACCIDENT AND SICKNESS INSURANCE

According to Your application You intend to lapse or otherwise terminate existing accident and sickness insurance and replace it with the Policy delivered herewith issued by National Union Fire Insurance Company of Pittsburgh, PA. Your new Policy provides [thirty, sixty] days within which You may decide without cost whether You desire to keep the Policy. For Your own information and protection You should be aware of and seriously consider certain factors that may affect the insurance protection available to You under the new Policy.

(1) Health conditions that You may presently have, (preexisting conditions) may not be immediately or fully covered under the new Policy. This could result in denial or delay of a claim for benefits under the new Policy, whereas a similar claim might have been payable under Your present Policy.

(2) You may wish to secure the advice of Your present insurer or its agent regarding the proposed replacement of Your present policy. This is not only Your right, but it is also in Your best interests to make sure You understand all the relevant factors involved in replacing Your present coverage.

(3) If, after due consideration, You still wish to terminate Your present policy and replace it with new coverage, read the copy of the application attached to Your new Policy and be sure that all questions are answered fully and correctly. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to National Union Fire Insurance Company of Pittsburgh, PA at [Program Administrator, Dept. SD, 100 West Bay Street, Jacksonville, FL 32202] within ten days if any information is not correct and complete, or if any past medical history has been left out of the application.

National Union Fire Insurance Company of Pittsburgh, PA.

Individual Accident Insurance Policy A30329NUFIC et al
Explanation of Variables

POLICY

- Brackets around numbers or alphas in a listing and punctuation or words such as “and”/”or” in a listing will be included or deleted as needed in order to make the statement read correctly.

- The Policyholder Name and Policyholder Number will vary on a case-by-case basis.

Note that the above variables will not be explained everywhere they appear.

FACE PAGE.
1. This language will be included if the Policy is written to include Sickness coverage.
2. This language will be included if the Policy is to terminate at a specific age.
3. This language will be included if the free-look period is to run from the later of the coverage effective date or the date of receipt of the policy.
4. This language will be included if the Policy is written to include Accident only coverage.
5. This language will be deleted if the Policy is written to include In-Hospital Confinement coverage only.
6. This language will be included if the Policy is written to include In-Hospital Confinement coverage only.

TABLE OF CONTENTS.
1. The actual page number for the sections will be provided for the issued certificate in lieu of X.
2. The references will only be included in the Table of Contents if included in the issued Policy.

SCHEDULE.
1. The schedule is considered variable in its entirety. It contains sample language for “John Doe” filing purposes.
2. This language will only be included if the Covered Activity varies by benefit.
3. The Policy may include all three Covered Activities. The Covered Activity may vary by benefit. The Covered Activity may vary by Maximum Amount. The Common Carrier Covered Activity will be included to apply to the Accidental Death and/or the Accidental Dismemberment Benefits only.
4. This language will be included if the Reduction Schedule provision in the Benefits section is included.
5. A Per Accident maximum Amount will be included if the Limitation on Benefit payments provision in the Limitations section is included.
6. The Benefit Riders are optional and will be included as agreed upon between the Policyholder and Us.
7. This language will be included if the Covered Activity varies by benefit.
8. This language will be included or deleted based on plan design as agreed upon between the Policyholder and Us.
9. As new Benefit Riders are filed and approved for use with the Policy, they will be added.

DEFINITIONS.
1. This language will be included if the definition of Domestic Partner is intended to include members of the opposite sex.
2. This language will be included if the definition of Domestic Partner is intended to include members of the opposite or same sex.
3. This language will be included if the definition of Domestic Partner is intended to include a same sex partnership.
4. This language will be included or deleted based on plan design as agreed upon between the Policyholder and Us.
5. This language will be included in the definition of Injury if the policy is to be Covered Activity driven.
6. This definition will be included if Dependent Child coverage is included.
7. This definition will be included if Dependent Spouse coverage is included.
8. This definition will be included if the Motor Vehicle Covered Activity is included.

EFFECTIVE AND TERMINATION DATES.
1. This paragraph regarding coverage for a newborn or adopted child will be included on a case by case basis.
2. This language will be included or deleted based on plan design.
3. This language will be deleted if the Policy is designed not to include a termination date.
4. This language will be included if Dependent Child coverage is included.

REINSTATEMENT.

1. This language will be included if Sickness coverage is included in the Policy.

BENEFITS.

1. The reference to Reduction Schedule will only be included if the Reduction Schedule applies.
2. This language will be included if the reduction is not vary by Sickness versus Injury.
3. This language will be included if the reduction is intended to vary by Sickness versus Injury.
4. When supported by the rate manual, the policyholder may elect to have some but not all benefits provided under the policy reduce at a specified age. "All" will be used when all benefits provided under the policy are to be reduced. "Any of the following" will be used when specific benefits under the policy are subject to reduction.
5. Only the Benefits within the brackets that are available under the Policy will be included in this listing.
6. This language will be included on a case-by-case basis.

OPTIONAL BENEFITS/RIDERS

General Explanation of Variables in Each Rider:

- With regard to each Rider, the Policyholder Name and Policyholder Number will be filled in on a case-by-case basis.

- With regard to the first paragraph of each Rider, the description of the Rider's effective date will either be the Policy Effective Date, the Insured's Coverage effective date, or the date the rider is added to the policy if the Policyholder chooses to add the benefit or coverage after the insurance is already in effect.

Note that the above variables will not be explained everywhere they appear

Accidental Dismemberment Benefit

1. The inclusion and length of an incurral period will vary on a case-by-case basis.
2. This language will be included on a case-by-case basis.
3. This Benefit will be included on a case-by-case basis.

Accidental Death Benefit Rider

1. The inclusion and length of an incurral period will vary on a case-by-case basis.
2. The Exposure and Disappearance Benefit will be included on a case-by-case basis.

Accident Medical Expense Benefit Rider

1. This language will be included on a case-by-case basis if a deductible is to apply to this benefit.
2. This language will be included only if a deductible applies and if the deductible must be satisfied by out-of-pocket expenses of the insured before benefits are payable under the policy.
3. This language will be included on a case-by-case basis.
4. The Workers' Compensation exclusion must be included if the same exclusion does not appear in the Exclusions section of the Certificate.

Dislocations and Fractures Benefit Rider

1. This language will be included on a case-by-case basis.

Emergency [Transportation] [and] [Treatment] Benefit Rider

1. This language will be included on a case-by-case and only if a calendar year maximum applies.
2. Either the Emergency Transportation Benefit provision or the Emergency Treatment Benefit provision or both benefits will be included on a case-by-case basis.
3. This language will be included on a case-by-case basis and only if the Schedule reflects that Emergency Treatment benefits are payable a different levels.
4. This language will be included on a case-by-case basis and only if both Emergency Transportation and Treatment benefits are included in the issued policy and payment of benefits for both services should be limited to the highest amount payable.
5. This language will be included only if Emergency Transportation Benefits apply.
6. This language will be included only if Emergency Treatment Benefits apply.

Escalator Benefit Rider

1. This language will be included if an increase is to apply to all of the benefits included under the Policy and the Escalator Percentage does not vary by benefit.
2. This language will be included if an increase is to apply to specific benefits only or if the Escalator Percentage varies.
3. This language will be included if the Reduction Schedule provision is to apply to this Escalator Benefit.
4. New Benefit Riders will be included as they are filed and approved.

Family Leave Benefit Rider – Version 1

1. This language will be included on a case-by-case basis and only when Dependent Coverage applies.
2. This language will be included on a case-by-case basis when the occupational definition of Permanently Totally Disabled/Permanent Total Disability is used.
3. This language will be included on a case-by-case basis when both the occupational and non-occupational definition of Permanently Totally Disabled/permanent Total Disability is used.
4. The age limit will vary on a case-by-case basis.
5. This language will be included on a case-by-case basis.
6. This language will be included on a case-by-case basis when the non-occupational definition of Permanently Totally Disabled/Permanent Total Disability is used.
7. This language will be included on a case-by-case basis and only when Dependent Child coverage is included.
8. The family members included in the definition of Immediate Family member will vary on a case-by-case basis.
9. This language will be included on a case-by-case basis.

Family Leave Benefit Rider – Version 2

1. This language will be included on a case-by-case basis and only when Dependent Spouse Coverage applies.
2. The Policyholder may choose to limit this benefit to disability of an Insured, Insured Spouse or an Immediate Family Member or may choose to include disability of an Insured, Insured Spouse and Immediate Family Member. In which case, only the appropriate references will be reflected.
3. This language will be included on a case-by-case basis and only if disability of an immediate family member is elected.
4. This language will be included on a case-by-case basis and only when disability of an Insured or Insured Spouse is elected.
5. This language will be included on a case-by-case basis when disability can apply to an Insured Spouse or an Immediate Family Member.
6. This language will be included on a case-by-case basis for all disability options except when resignation or leave of absence of an Insured is the only option is elected.
7. This language will be included on a case-by-case basis when the occupational definition of Permanently Totally Disabled/Permanent Total Disability is used.
8. This language will be included on a case-by-case basis when both the occupational and non-occupational definition of Permanently Totally Disabled/Permanent Total Disability is used.
9. This language will be included on a case-by-case basis when the non-occupational definition of Permanently Totally Disabled/Permanent Total Disability is used.
10. The age limit will vary on a case-by-case basis.
11. This language will be included on a case by case basis and only when the definition of immediate family member includes a child.
12. The family members included in the definition of Immediate Family member will vary on a case-by-case basis.
13. This language will be included on a case-by-case basis.

Homecare Benefit Rider

1. This language will be included on a case-by-case basis if the Policyholder has decided to limit this benefit for the Insured and Insured Spouse only.
2. This language will be included on a case-by-case basis and only when the benefit should only to all Insureds under the issued policy.
3. This language will be included on a case-by-case basis.
4. This language will be included on a case-by-case basis and only if both the Continuous Care by a Qualifying Family Member and Continuous Care Provided by Homecare Provider options are included.
5. The losses/paralysis covered will vary on a case-by-case basis.
6. This language will be included on a case-by-case basis when the occupational definition of Permanently Totally Disabled/Permanent Total Disability is used.
7. This language will be included on a case-by-case basis when both the occupational and the non-occupation definition of Permanently Totally Disabled/Permanent Total Disability are used.
8. This language will be included on a case-by-case basis when the non-occupation definition of Permanently Totally Disabled/Permanent Total Disability is used.
9. The age limit will vary on a case-by-case basis.
10. This language will be included on a case by case basis and only when the definition of Insured Person includes a child.

11. This language will be included on a case-by-case basis.

In-Hospital Indemnity Daily Benefit Rider

1. This language will be included if the policyholder chooses to offer this benefit retroactively to the first day of confinement.
2. The range will be deleted if the elimination period is one day.
3. This language will be included if the Policyholder chooses to have this benefit paid only after the elimination period.
4. The payment frequency, weekly or monthly, will vary on a case-by-case basis.

In-Hospital Indemnity Single Payment Benefit Rider

1. This language will be included if an elimination period is to apply.
2. This language will be included when the benefit amount varies by the number of days confined. This will be shown on the Schedule.

In-Hospital Indemnity Sickness Daily Benefit Rider

1. This language will be included if a waiting period is included.
2. This language will be included if a waiting period is not included.
3. This language will be included if the policyholder chooses to offer this benefit retroactively to the first day of confinement.
4. The range will be deleted if the elimination period is one day.
5. This language will be included if the Policyholder chooses to have this benefit paid only after the elimination period.
6. The payment frequency, weekly or monthly, will vary on a case-by-case basis.
7. The Policyholder may choose to limit this benefit for any sickness after the effective date of coverage, in which case the reference to after the effective date of coverage under the policy will be included.
8. This language will be included on a case be case basis.

In-Hospital Indemnity Sickness Single Payment Benefit Rider

1. This language will be included if a waiting period is included.
2. This language will be included if a waiting period is not included.
3. This language will be included if an elimination period is to apply.
4. This language will be included when the benefit amount varies by the number of days confined. This will be shown on the Schedule.
5. This language will be included on a case by case basis.
6. The Policyholder may choose to limit this benefit for any sickness after the effective date of coverage, in which case the reference to after the effective date of coverage under the policy will be included.

Intensive Care Unit Benefit Rider

1. Reference to the In-Hospital Indemnity Daily Benefit will be included if such benefit is included in the program of benefits being offered.
2. Reference to the In-Hospital Indemnity Single Payment Benefit will be included if such benefit is included in the program of benefits being offered.
3. Reference to Sickness will be included if the In-Hospital Sickness benefit is included in the program of benefits being offered.

Permanent Total Disability Benefit Rider (Monthly Benefit)

1. This language will be included on a case-by-case basis if the Policyholder has decided to limit this benefit for the Insured and Insured Spouse only.
2. This language will be included on a case-by-case basis and only when the benefit should apply to all Insureds under the issued policy.
3. The age limit will vary on a case-by-case basis.
4. This language will be included on a case-by-case basis and only when the definition of Insured Person includes an Insured Dependent Child.
5. This language will be included on a case-by-case basis.
6. The losses/paralysis covered will vary on a case-by-case basis.

7. This language will be included on a case-by-case basis when the occupational definition of Permanently Totally Disabled/Permanent Total Disability is used.
8. This language will be included on a case-by-case basis when both the occupational and non-occupation definition of Permanently Totally Disabled/Permanent Total Disability is used.
9. This language will be included on a case-by-case basis when the non-occupational definition of Permanently Totally Disabled/Permanent Total Disability is used.
10. This language will be included on a case by case basis and only when the definition of Insured Person includes a child.

Permanent Total Disability Benefit Rider (Single Payment)

1. This language will be included on a case-by-case basis if the Policyholder has decided to limit this benefit for the Insured and Insured Spouse only.
2. This language will be included on a case-by-case basis and only when the benefit should apply to all Insureds under the issued policy.
3. The losses/paralysis covered will vary on a case-by-case basis.
4. This language will be included on a case-by-case basis when the occupational definition of Permanently Totally Disabled/Permanent Total Disability is used.
5. This language will be included on a case-by-case basis when both the occupational and non-occupation definition of Permanently Totally Disabled/Permanent Total Disability is used.
6. This language will be included on a case-by-case basis when the non-occupational definition of Permanently Totally Disabled/Permanent Total Disability is used.
7. The age limit will vary on a case-by-case basis.
8. This language will be included on a case by case basis and only when the definition of Insured Person includes a child.
9. This language will be included on a case-by-case basis.

Physician's Office Visits Indemnity Benefit Rider

1. The waiting period language will be included or deleted at the policyholder's request.
2. This language will be included when benefits will be paid due to routine well care physician's office visits.
3. This language will be included when benefits will be paid for physician's office visits due to injury.
4. This language will be included when benefits will be paid due to sickness physician's office visits.
5. When this benefit will be paid for physician's office visits due to routine well care, injury and sickness, these references will be deleted.
6. This language will be included when the policyholder elects to include a combined maximum number of visits.
7. This language will be included when the policyholder elects to include a combined maximum benefit amount.
8. This language will be included when the policyholder elects to require that the benefit only be paid if an insured incurs a fee for an office visit.
9. This language will be included if the policyholder elects to include a lifetime maximum number of visits.
10. This language will be included if the policyholder elects to include a lifetime maximum benefit amount.
11. This statement will be included or deleted in its entirety or either reference to a lifetime maximum number or visits or a lifetime maximum benefit amount will be included or deleted, as elected by the policyholder.
12. This language will be included or deleted as a condition of termination of coverage under this benefit at the policyholder's request.
13. The number of years will range between1-5. The number of months will range between12-60.
14. Either reference to "years" or "months" will be used.
15. This language will be included or deleted as a condition of termination of coverage under this benefit at the policyholder's request.
16. The termination date provision will be included; or deleted if this benefit is to terminate on the same date as the base coverage.
17. The definition of Routine Well Care will be included if benefits are paid due to routine well care physician's office visits.
18. The Policyholder may choose to limit this benefit for any sickness after the effective date of coverage, in which case the reference to after the effective date of coverage under the policy will be included.
19. The definition of Sickness will be included if benefits are paid due to sickness physician's office visits.
20. If benefits are payable due to sickness or routine well care physician's office visits, this sickness exclusion waiver language will be included.
21. This language will be included when the policyholder elects to include a maximum and/or combined maximum number of visits.

22. This language will be included when the policyholder elects to include both a maximum or combined maximum number of visits and a maximum or combined maximum benefit amount.
23. This language will be included when the policyholder elects to include a maximum and/or combined maximum benefit amount.

Recuperation Daily Benefit Rider

1. This language will be included if the policyholder chooses to offer this benefit retroactively to the first day of confinement.
2. The range will be deleted if the elimination period is one day.
3. This language will be included if the Policyholder chooses to have this benefit paid only after the elimination period.

Recuperation Sickness Daily Benefit Rider

1. This language will be included if the policyholder chooses to offer this benefit retroactively to the first day of confinement.
2. The range will be deleted if t he elimination period is one day.
3. This language will be included if the policyholder chooses to have this benefit paid only after the elimination period.
4. This language will be included on a case be case basis.
5. The Policyholder may choose to limit this benefit for any sickness after the effective date of coverage, in which case the reference to after the effective date of coverage under the policy will be included.
6. This language will be included on a case be case basis.

Simultaneous In-Hospital Indemnity Daily Benefit Rider

1. This language will be included if the policyholder chooses to offer this benefit retroactively to the first day of confinement.
2. The range will be deleted if the elimination period is one day.
3. This language will be included if the Policyholder chooses to have this benefit paid only after the elimination period.
4. The payment frequency, weekly or monthly, will vary on a case-by-case basis.

Total Temporary Disability Accident Benefit Rider

1. The benefit offset sources will be included on a case by case basis.
2. The Benefit Offsets provision will be included on a case by case basis.
3. This language will be included when an own occupation definition of Temporarily Totally Disabled is selected.
4. This language will be included when an any occupation definition of Temporarily Totally Disabled is selected.
5. This language will be included when a non-occupational definition of Temporarily Totally Disabled is selected in connection with either an own occupation or any occupation definition of Temporarily Totally Disabled.

LIMITATIONS

1. The Limitations title will only be included if one or more of the limitation provisions are included in the Policy.
2. Only the Benefits within the brackets that are available under the Policy and to which this limitation is intended to apply will be include in this listing.
3. The provision may be included on a case-by-case basis.

EXCLUSIONS
1. This language may be included a case-by-case basis.

CLAIM PROVISIONS.
1. Only the benefits available under the Policy and provided on an expense incurred basis will be included in the listing.
2. This provision will only be included when expense incurred benefits are provided within the policy.

GENERAL PROVISIONS.
1. This language will be included if Dependent Coverage is included.

Application

- The Application contains sample language for filing purposes.

- The Coverage Applied For section will include coverage for Individual, Individual & Spouse or Individual & Family as is applicable to each plan being offered to each policyholder.
- The Select Plan Option section will include the applicable number of plans being offered to each policyholder and will include a description of the coverage's being offered under each plan.
- In the Applicant's Statements and Agreements section, the appropriate payment authorization and frequency language will be used based on the type of account the payment is deducted from.
- The Payment Methods section will be included if we do not already have the customer's billing information.
- The appropriate Medicare Disclosure notice will be included based on the type of coverage's being offered.

If you are having problems with your insurance company or agent, do not hesitate to contact the company or agent to resolve your problem:

INSURANCE COMPANY:

National Union Fire Insurance Company of Pittsburgh, Pa.
Customer Service
600 King Street
Wilmington, DE 198889
1-800-551-0824

INSURANCE AGENT:

[John Doe
XXX Any Street
Any City, Any State XXXXX]

If we at National Union Fire Insurance Company of Pittsburgh, Pa. fail to provide you with reasonable and adequate service you may contact the Office of the Commissioner of Insurance, a state agency which enforces Arkansas' insurance laws, and file a complaint. You can contact the Office of the Commissioner of Insurance at:

Arkansas Insurance Department
Consumer Services Division
1200 W. Third Street
Little Rock, AR 72201-1904
1-800-852-5494
1-501-371-2640
Fax Number: 1-501-371-2749
E-Mail: insurance.consumers@arkansas.gov
Web Site: www.insurance.arkansas.gov

Superseded Attachments

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

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Individual Accident [and Sickness]Policy	02/13/2009	A30329NUFIC-AR-Policy.pdf
No original date	Form	Outline of Coverage	02/13/2009	A30364NUFIC-AR-Outline.pdf

AIG Domestic Accident & Health Division

A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000
(a capital stock company, herein referred to as the Company)

INDIVIDUAL ACCIDENT [AND SICKNESS][1] POLICY

This Policy is a legal contract between the Insured and the Company. This Policy is issued in consideration of the statements set forth in the attached Application and the payment of the initial premium.

THIS POLICY IS GUARANTEED RENEWABLE[until the Insured or the Insured Spouse's termination age**]**[2]. We cannot change any of the terms of this Policy on its own, except that, in the future, We may increase the premium You pay.

[COVERAGE TERMINATES AT AGE [65, 70, 75, 80, 85] OR AS OTHERWISE PROVIDED BY THIS POLICY.][2]

IMPORTANT NOTICE: Please read the copy of the Application attached to this Policy and let Us know within 10 days if any information shown is not correct or complete. The Application is part of this Policy and the Policy was issued on the basis that the answers to all questions and the information shown on the Application are correct and complete.

RIGHT TO RETURN POLICY. You may return this Policy for any reason within [the later of: (1)][3] **[30, 60] days after You receive it[; or (2) [30, 60] days after the coverage becomes effective]. It may be returned by mail or in person to Us. Any premium paid will be refunded and this Policy will be treated as if it were never issued.**

This Policy is governed by the laws of the state in which it is delivered.

The President and Secretary of the Company witness this Policy:

President Secretary

PLEASE READ THIS POLICY CAREFULLY.

Non-Participating Policy

NOTICE TO BUYER: THIS IS A[N ACCIDENT [AND SICKNESS][1] **[ONLY]**[4]**]**[5] **[HOSPITAL CONFINEMENT INDEMNITY]**[6] **POLICY. [IT DOES NOT COVER SICKNESS OR DISEASE.]**[4] **REVIEW THE POLICY CAREFULLY. This policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.**

A30329NUFIC-AR

© American International Group, Inc. All rights reserved.

TABLE OF CONTENTS

Schedule ..... [X][1]

Definitions ..... [X][1]

Effective and Termination Dates ..... [X][1]

Premium ..... [X][1]

Benefits ..... [X][1]

[Accidental Dismemberment Benefit ..... [X][1]][2]

Exclusions ..... [X][1]

Claims Provisions ..... [X][1]

General Provisions ..... [X][1]

SCHEDULE[1]

Insured: [John Doe]
Issue Age: [35]
Address: [124 Anystreet
Anytown, USA]
Type of Coverage: [Insured] [Insured & Spouse] [Insured, Spouse & Children]
Policy #: [123345]
Policy Effective Date: [6/1/00]

[Covered Activities:

1. 24 Hour Accident Coverage. [("24 Hour")][2]
2. While driving or riding as a passenger in a Motor Vehicle. Any Injury sustained must be due to a collision, wrecking, or explosion of such Motor Vehicle. Such collision, wrecking, or explosion must cause physical damage to the Motor Vehicle and leave it in a different condition than before the accident. While standing or walking as a pedestrian on an open public street or highway. Any Injury sustained must be due to being struck by a Motor Vehicle while a pedestrian. [("Motor Vehicle")][2]
3. While riding as a fare-paying passenger on a Common Carrier. [("Common Carrier")][2][3]

Benefit Schedule

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed maximums, and may be less than the maximums under circumstances specified in this Policy. [The Maximum Amounts payable for a loss is less for an Insured Person who is age [65, 70, 75] or older on the date of the accident causing the loss with respect to the Benefits illustrated below.][4]

[Per Accident Maximum Amount [$XXXX].][5]

Benefit	**Maximum Amount**		
	[Class 1]	[Class 2]	[Class 3]
[Accidental Death][6]			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
Motor Vehicle			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
Common Carrier			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4][7]	$[XXXX]	$[XXXX]	$[XXXX]
[Accidental Dismemberment][6]			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			

[Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]
Motor Vehicle [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination[4]]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
Common Carrier [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
[Accident Medical Expense			
[Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]
[**24 Hour** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
Motor Vehicle [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
[Deductible Amount Per Accident :][8] [Per Insured Person in Class 1, 2 and 3 $[XXXX]][8]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]
[Dental [Per Accident:][8]][8] [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
[Dislocations			
[Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]
[**24 Hour** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
Motor Vehicle [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
Fractures			
[Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]
[**24 Hour** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
Motor Vehicle [Ages [64, 69, 74] and under][4]	 $[XXXX]	 $[XXXX]	 $[XXXX]

[Ages [65, 70, 75] to termination][4][7]	$[XXXX]	$[XXXX]	$[XXXX]
Maximum Dislocations/Fractures Benefit][6]	$[XXXX]	$[XXXX]	$[XXXX]
[Emergency Transportation			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
Motor Vehicle			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4][7]	$[XXXX]	$[XXXX]	$[XXXX]
[Maximum of [X] transportation benefits per Insured Person per Calendar Year][8]][6]			
[Emergency Treatment			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
Motor Vehicle			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4][7]	$[XXXX]	$[XXXX]	$[XXXX]
[If Admitted as an In-Patient][8]			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Due to a Fracture][8]			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[For [all other] Injuries][8]			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Maximum of [X] Emergency Treatment benefits per Insured Person per Calendar Year][8]][6]			
[Escalator]	[See Benefit]	[See Benefit]	[See Benefit]
[Family Leave Monthly Maximum Amount [Ages [64, 69, 74] and under][4] $[XXXXXX] [Ages [65, 70, 75] to termination][4] $[XXXXXX]	[[XX]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount]	[[XX]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount]	[[XX]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount/No Benefit]

Maximum Number of Months: [XX]][6]			
[Homecare]	See Benefit	See Benefit	[See Benefit/No Benefit]
[In-Hospital Indemnity Daily			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
Motor Vehicle			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]][7]	$[XXXX]	$[XXXX]	$[XXXX]
Maximum Number of Days: [XXX]][6]			
[In-Hospital Indemnity Single Payment			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
Motor Vehicle			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]][7]	$[XXXX]	$[XXXX]	$[XXXX]
[If Confined for:			
[30-59] Consecutive Days:			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[60-89] Consecutive Days:			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[90-120] Consecutive Days:			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[121-150] Consecutive Days:			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[151 +] Consecutive Days:			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]][8]][6]	$[XXXX]	$[XXXX]	$[XXXX]
[In-Hospital Indemnity Sickness Daily			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]

Motor Vehicle [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7] Maximum Number of Days: [XXX] Payable only [once] during the lifetime of the Insured Person][6]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
[In-Hospital Indemnity Sickness Single [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] [**24 Hour** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] **Motor Vehicle** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7] [If Confined for: [30-59] Consecutive Days: [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] [60-89] Consecutive Days: [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] [90-120] Consecutive Days: [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] [121-150] Consecutive Days: [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] [151 +] Consecutive Days: [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][8]][6]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Intensive Care Unit [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] [**24 Hour** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] **Motor Vehicle** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7]][6] Maximum Number of Days: [XXX]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Permanent Total Disability (Monthly Benefit) Elimination Period: [6, 12] consecutive months			

Maximum Number of Months: [120] [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] [**24 Hour** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] **Motor Vehicle** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7] Maximum Number of Months: [XX]][6]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Permanent Total Disability (Single Payment) Elimination Period: [6, 12, 24] consecutive months [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] [**24 Hour** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] **Motor Vehicle** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4][7][6]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Physician's Office Visits Indemnity [Waiting Period: [1-12] consecutive months][8] [[Routine Well Care Related Visits][8] -Benefit Amount Per Visit: [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] [-Maximum Number of Visits [Per Calendar [Month][8] [Quarter][8] [Year][8]] [Per [1-12] months][8] [Per Insured Person:][8] [Per Family: [X]][8]][8] [-Maximum Benefit Amount [Per Calendar [Month][8] Quarter][8] [Year][8]] [Per [1-12] months][8][Per Insured Person][8]: [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75]to termination][4] [Per Family: $[XXXX]]][8]][8] [Injury Related Visits -Benefit Amount Per Visit: [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75]to termination][4] [-Maximum Number of Visits [Per	 $[XXXX] $[XXXX] [X] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] [X] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] [X] $[XXXX] $[XXXX] $[XXXX] $[XXXX]

Calendar [Month][8] [Quarter][8] [Year][8]][8] [Per [1-12] months][8] [Per Insured Person:][8] [Per Family: [X]][8]][8]	[X]	[X]	[X]
[-Maximum Benefit Amount [Per Calendar [Month][8] [Quarter][8] [Year][8]][8] [Per [1-12] months][8][Per Insured Person][8]:			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75]to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Per Family: $[XXXX]]][8]][8]][8]			
[Sickness Related Visits -Benefit Amount Per Visit:			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75]to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[-Maximum Number of Visits [Per Calendar [Month][8] [Quarter][8] [Year][8]][8] [Per [1-12] months][8] [Per Insured Person:][8] [Per Family: [X]][8]][8]	[X]	[X]	[X]
[-Maximum Benefit Amount [Per Calendar [Month][8] [Quarter][8] [Year][8]][8] [Per [1-12] months][8][Per Insured Person][8]:			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75]to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Per Family: $[XXXX]]][8]][8]][8]			
[Combined Maximum Number of Visits [Per Calendar [Month][8] [Quarter][8] [Year][8]][8] [Per [1-12] months][8][Per Family][8]: [X]][8]			
[Combined Maximum Benefit Amount [Per Calendar [Month][8] [Quarter][8] [Year][8]][8] [Per [1-12] months][8][Per Family][8]: $[XXXX]][8]			
[Lifetime Maximum Number of Visits for all Physician Office Visits [Per Insured Person:][8] [Per Family: [X]][8]][8]	[X]	[X]	[X]
[Lifetime Maximum Benefit Amount for all Physician Office Visits [Per Insured Person][8]: [Per Family: $[XXXX]]][8]][8]][6]	$[XXXX]	$[XXXX]	$[XXXX]
[Recuperation Daily			
[Ages [64, 69, 74] and under][4]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75]to termination][4]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			

[Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] **Motor Vehicle** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7] Maximum Number of Days: [XXX]][6]	$[XXXX] $[XXXX] $[XXXX] $[XXXX]	$[XXXX] $[XXXX] $[XXXX] $[XXXX]	$[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Recuperation Sickness Daily [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75]to termination][4] [**24 Hour** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] **Motor Vehicle** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7] Maximum Number of Days: [XXX]][6]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Simultaneous In-Hospital Indemnity Daily [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] and over][4] [**24 Hour** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] **Motor Vehicle** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7] Maximum Number of Days: [XXX]][6]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Total Temporary Disability Accident Elimination Period: [1-6] consecutive months Maximum Number of Months Payable: [3-24] [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] [**24 Hour** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4] **Motor Vehicle** [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]][7]][6]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Additional Rider			

[Ages [64, 69, 74] and under][4] [Ages [65, 70, 75]to termination][4]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]
[24 Hour [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
Motor Vehicle [Ages [64, 69, 74] and under][4] [Ages [65, 70, 75] to termination][4][7][9]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]

	PREMIUM		
	Amount		**Term**
[Insured	**[XXX]**	per	**[XXX]**
Insured & Spouse	**[XXX]**	per	**[XXX]**
Insured, Spouse & Child(ren)][8]	**[XXX]**	per	**[XXX]**

DEFINITIONS

Benefit Schedule. Means the Benefit Schedule section of this Policy.

Covered Activity (ies). Means those activities set out in the Covered Activities section of the Schedule, with respect to which Insured Person(s) are provided accident insurance coverage under this Policy.

[**Domestic Partner.** Means [an opposite][1][or][2][a same][3] sex partner who has met all of the following requirements for at least [6, 12] consecutive months immediately preceding the Policy Effective Date: (1) resides with You; (2) shares financial assets and obligations with You; (3) is not related by blood to You to a degree of closeness that would prohibit a legal marriage; (4) is at least the age of consent in the state in which he or she resides; and (5) neither You nor the Domestic Partner is married to anyone else, nor has any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.][4]

Injury. Means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the injured person's coverage under this Policy is in force; and (2) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss[; and (3) which occurs while such person is participating in a Covered Activity][5].

Insured. The person named in the Schedule for whom coverage is provided under this Policy and for whom premium has been paid.

[**Insured Dependent Child(ren).** The Insured's unmarried child(ren), including natural, step, foster or adopted children from the moment of placement in the home of the Insured, under age 19 (or age 23 if attending an accredited institution of higher learning on a full-time basis) and primarily dependent on the Insured for support and maintenance: (1) whom You have elected to cover under this Policy; (2) for whom premium has been paid when due; and (3) while covered under this Policy.][6]

Insured Person. The Insured, and, if indicated in the Schedule, the Insured Spouse and Insured Dependent Children.

[**Insured Spouse.** The legal spouse [or Domestic Partner][4] of the Insured for whom coverage is provided under this Policy and for whom premium has been paid, if indicated in the Schedule.][7]

Maximum Amount. The amount shown on the Benefit Schedule that is used to determine amounts payable under each Benefit.

[**Motor Vehicle.** Means a motorized pleasure automobile type vehicle or motorcycle, including a truck of three-quarter tons or less[, which is not licensed to carry passengers for hire][4]. Motor Vehicle does not include boats, All Terrain Vehicles or snowmobiles.][8]

Physician. Means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) an Insured Person; or 2) an Immediate Family Member. Immediate Family Member means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), grandparent, brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Policy. This Policy, the Application and any attached Riders and Endorsements.

We, Us, Our, Company. Means National Union Fire Insurance Company of Pittsburgh, PA.

You, Your. Means the Insured.

EFFECTIVE AND TERMINATION DATES

This Policy begins on the Effective Date shown in the Schedule at 12:01 A.M. standard time at Your place of residence. The Effective Date is the date from which policy years and premium due dates will be figured.

[If Insured or Insured & Spouse only coverage is issued and You desire uninterrupted coverage for a newborn , You must notify the Company within 31 days of the child's birth. Coverage for adopted children shall begin on the date of the filing of a petition for adoption if the Insured applies for coverage within sixty (60) days after the filing of the petition for adoption. Coverage shall begin from the moment of birth if the petition for adoption and application for coverage is filed within sixty (60) days after the birth of an adopted newborn. Upon notification, We will advise You of the additional premium due. Upon payment of the additional premium due, We will include Dependent Child coverage under this Policy. If Dependent Child coverage is in force, it is not necessary to notify the Company of the birth or adoption of a child and an additional premium payment is not required.][1]

The Insured may terminate this Policy on any premium due date by giving 31 days advance written notice to Us.

This Policy may also at any time be terminated by mutual consent of You and Us.

This Policy terminates automatically on the earlier of: (1) the premium due date if premiums are not paid when due, subject to the Grace Period provision; (2) the date requested by the Insured in writing that coverage be terminated; or (3) the Insured's death. Upon the death of the Insured, if there is an Insured Spouse, such Insured Spouse becomes the Insured and coverage continues.

[If Insured only coverage is indicated in the Schedule, this Policy will terminate automatically on the [monthly][2][quarterly][2] anniversary date of the Effective Date of this Policy next following the date the Insured reaches age [65, 70, 75, 80, 85]. If Spouse coverage is indicated in the Schedule, the coverage for the older of the Insured or the Insured Spouse terminates automatically on the [monthly][2][quarterly][2] anniversary date of the Effective Date of this Policy next following the date the Insured or the Insured Spouse reaches age [65, 70, 75, 80, 85]. However this Policy does not automatically terminate until the [monthly][2][quarterly][2] anniversary date of the Effective Date of this Policy next following the date the younger of the Insured or the Insured Spouse reaches age [65, 70, 75, 80, 85].

If this Policy is terminated due to the Insured or the Insured Spouse reaching age [65, 70, 75, 80, 85] and premiums have been paid and accepted beyond the [monthly][2][quarterly][2] anniversary date of the Effective Date of this Policy next following the date the Insured or the Insured Spouse reaches age [65, 70, 75, 80, 85], coverage shall continue in force, subject to any right of cancellation, until the end of the period for which such premium has been accepted.

[Insured Dependent Child(ren)'s coverage under this Policy ends on the earliest of: (1) the date the Insured's coverage under the Policy ends; (2) the premium due date if premiums for the Insured Dependent Child(ren) are not paid when due, subject to the Grace Period provision; (3) the date the Insured makes a written request that coverage for the Insured Dependent Child(ren) be terminated; or (4) the date the Insured Dependent Child(ren) reaches the limiting age, except as otherwise stated in this Policy.

If coverage is terminated due to the Insured Dependent Child(ren) reaching the limiting age, and premiums have been paid and accepted beyond the [monthly][2][quarterly][2] anniversary date of the Effective Date of this Policy next following that date, coverage shall continue in force, subject to any right of cancellation, until the end of the period for which such premium has been accepted.

Any unmarried Insured Dependent Child(ren) of the Insured covered under this Policy before reaching the age limit, who are incapable of self-sustaining employment by reason of mental or physical incapacity, and who are primarily dependent on the Insured for support and maintenance, may continue to be eligible under this Policy beyond the age limit for as long as coverage under this Policy is in force, but only if they remain continuously

covered under this Policy. We may request the submission of satisfactory proof of the Insured Dependent Child(ren)'s incapacity and dependency to Us within 31 days after the Insured Dependent Child(ren) reaches the age limit specified in this Policy. If the requested proof is not furnished to Us, coverage for the Insured Dependent Child(ren) will not be extended past the age limit. If coverage is extended, We may request submission of satisfactory proof of the Insured Dependent Child(ren)'s continued incapacity and dependency on an annual basis after the initial two-year period following attainment of the specified age. If We are not furnished requested proof within 31 days of the request, coverage for the Insured Dependent Child(ren) will terminate at the end of that 31-day period.][4]

Termination takes effect at 12:01 A.M. Standard Time at Your place of residence on the date of termination.

Termination will not affect a claim for a covered loss that occurred while coverage was in force under this Policy.

Effective Date of Change in Coverage

A change in coverage due to a change in the election of benefits will become effective on the later of the following dates: (1) the date the written request for change in coverage is received by Us; or (2) if the change requires a change in premium, the date the first changed premium is paid when due.

PREMIUM

The initial premium for this Policy must be paid to Us at our Home Office in advance. Subsequent premium payments are due when and as stated in the Schedule. If premiums are not paid when they are due or within the Grace Period, the coverage provided by this Policy will terminate as set forth in the Effective and Termination Dates section.

Premium Term. The premium term is shown in the Schedule. You may change the premium term on any premium due date if We agree.

We reserve the right to change the premiums. Any change in premium will be uniform for all Insured Persons in the same rate class, on all policies bearing this form number in the state where this Policy is issued. We may also change premiums at any time a change affecting rates is made in this Policy. Written notice of any premium change will be mailed to You at Your last known address at least 30 days in advance.

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first. This Policy will terminate on the last day of the Grace Period if You fail to pay all premiums due by the last day of the Grace Period.

No Grace Period will be provided if We receive notice from You to terminate this Policy prior to a premium due date.

Reinstatement. If this Policy terminates because premiums have not been paid, You can request to reinstate this Policy by sending a written request to Us to do so. This Policy can be reinstated on the date all required premiums are paid to Our Home Office.

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 We send to You. All other terms of this Policy remain unchanged.

The reinstated policy shall cover only loss resulting from such accidental Injury as may be sustained after the date of reinstatement [and loss due to such Sickness as may begin more than ten days after that date][1].

Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

BENEFITS

The Maximum Amounts shown in the Benefit Schedule[, subject to the Reduction Schedule,][1] are used to determine amounts payable under each Benefit.

[**Reduction Schedule.** The Maximum Amount for an Insured Person who is under age [65, 70, 75] on the date of the accident causing the loss, will be reduced by a percentage of such Maximum Amount for an Insured Person who [is age [65, 70, 75]][2] [, with respect to Sickness, is age [65, 70, 75] and with respect to Injury, is age [65, 70, 75]][3] or older on the date of the accident causing the loss, as illustrated in the Benefit Schedule. This reduction will apply in accordance with the schedule below, with respect to [all/any of the following][4] Benefits provided by this Policy[: Accidental Death Benefit; Accidental Dismemberment Benefit; Accident Medical Expense Benefit; Dislocations and Fractures Benefit; Emergency [Transportation] [and] [Treatment] Benefit; Family Leave Benefit; Homecare Benefit; In-Hospital Indemnity Daily Benefit; In-Hospital Indemnity Single Payment Benefit; In-Hospital Indemnity Sickness Daily Benefit; In-Hospital Indemnity Sickness Single Payment Benefit; Intensive Care Unit Benefit; Permanent Total Disability Benefit (Monthly Benefit); Permanent Total Disability (Single Payment); Physician's Office Visits Indemnity Benefit; Recuperation Daily Benefit; Simultaneous In-Hospital Indemnity Daily Benefit; Total Temporary Disability Accident Benefit][5].

AGE ON DATE OF ACCIDENT	PERCENTAGE OF UNDER AGE [65, 70, 75] MAXIMUM AMOUNT
[With respect to Sickness,][3][65, 70, 75] or older	Reduced by 50%
[With respect to Injury, [65, 70, 75] or older	Reduced by 50%][3]

Premium for an Insured Person [age [65, 70, 75]][2][, with respect to Sickness age [65, 70, 75] and with respect to Injury age [65, 70, 75]][3] or older is based on 100% of the coverage that would be in effect if the Insured Person were under age [65, 70, 75][2][with respect to Sickness [65, 70, 75] and with respect to Injury [65, 70, 75]][3]. "Age" as used above refers to the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.][6]

[**Accidental Dismemberment Benefit**

If Injury to an Insured Person results[, within [90, 120, 180, 365] days of the date of the accident that caused the Injury,][1] in any one of the Losses specified below, the Company will pay the percentage shown below of the Accidental Dismemberment Benefit Maximum Amount shown in the Benefit Schedule for that Loss:

For Loss of	Percentage of Maximum Amount
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
[Speech and Hearing in Both Ears	100%][2]
One Hand or One Foot	50%
The Sight of One Eye	50%
[Speech or Hearing in Both Ears	50%][2]
[Hearing in One Ear	25%][2]
[Thumb and Index Finger of Same Hand	25%][2]

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye.["Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak.][2]["Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.][2]

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.

In no event will any Reduction Schedule provision or percentage of the Maximum Amount operate to reduce the percentage payable to less than $1,000 for double dismemberment or $500 for single dismemberment.][3]

[LIMITATIONS][1]

[**Limitation on Benefit Payments.** The Maximum Amount payable under this Policy may be reduced if more than one Insured Person insured under this Policy suffers a loss as the result of the same accident, and if amounts are payable under one or more of the following Benefits provided by this Policy: [Accidental Death Benefit, Accidental Dismemberment Benefit, Accident Medical Expense Benefit, Dislocations and Fractures Emergency [Transportation] [and] [Treatment] Benefit, Family Leave Benefit, Homecare Benefit, In-Hospital Indemnity Daily Benefit, In-Hospital Indemnity Single Payment Benefit, Intensive Care Unit Benefit, Permanent Total Disability Benefit (Monthly Benefit), Permanent Total Disability (Single Payment), Physician's Office Visits Indemnity Benefit, Recuperation Daily Benefit, Simultaneous In-Hospital Indemnity Daily Benefit, Total Temporary Disability Accident Benefit.][2] The Maximum Amount payable for all such losses for all Insured Persons insured under this Policy under all those Benefits combined will not exceed the amount shown as the Per Accident Maximum Amount in the Benefit Schedule. If the combined Maximum Amount otherwise payable for all Insured Persons must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual Maximum Amount otherwise payable for each Insured Person or all such losses under all those Benefits combined.][3]

[**Limitation on Multiple Covered Activities.** If an Insured Person's Injury is caused by an accident that occurs while the Insured Person is participating in more than one Covered Activity applicable to that Insured Person, and if the same Benefit applies to that Insured Person with respect to more than one such Covered Activity, then for Policy purposes, the Maximum Amount for that Benefit for that Insured Person for that accident will be determined as though the accident occurred while the Insured Person was participating in only one such Covered Activity, the one with the largest Maximum Amount for that Benefit for that person.][3]

EXCLUSIONS

No coverage shall be provided under this Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury:

1. Suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism;
2. Sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these;
3. The Insured Person's commission of or attempt to commit a felony;
4. Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
5. Declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by this Policy;
6. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-tem National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
7. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
   a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
   b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
   c. riding as a passenger in an aircraft owned, leased or operated by the Insured Person or the Insured Person's employer;
8. The Insured Person being under the influence of intoxicants, unless taken under the advice of and as specified by a Physician;
9. The Insured Person being under the influence of drugs unless taken under the advice of and as specified by a Physician;
10. The medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment;
11. Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
12. The Insured Person riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground;
13. Any loss incurred while outside the United States, its Territories or Canada.

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 20 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at American International Companies®, Accident and Health Claims Division, P. O. Box 15701, Wilmington, DE 19850-5701, with information sufficient to identify the Insured, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company, in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss, within 90 days after the termination of the period for which the Company is liable and in case of claim for any other loss, within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of the Insured will be made to the beneficiary as described in the Beneficiary Designation and Change provision below.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to You unless assigned by You or by operation of law. Any accrued benefits unpaid at Your death will be paid to Your estate.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding $1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately.

[**Subrogation And Right Of Recovery.** As a condition to receiving [Accident Medical Expense][1] benefits under this Policy, the Insured Person (or, if he or she is deceased, an authorized representative of the Insured Person) agrees, except as may be limited or prohibited by applicable law:

1. to reimburse the Company for any such benefits paid to or on behalf of the Insured Person, if such benefits are recovered, in any form, from any Third Party or Coverage; and

2. without limiting the preceding, that the Company is subrogated, for the purpose of the Company's recovery of any such benefits paid to or on behalf of the Insured Person, to any and all claims, causes of action or rights that he or she has or that may rise against any Third Party

who has or may have caused, contributed to or aggravated the injury or condition for which the Insured Person claims an entitlement to Policy benefits, and to any claims, causes of action or rights he or she may have against any Coverage for the injury or condition for which the Insured Person claims an entitlement to Policy benefits.

The Insured Person agrees that he or she will make a decision on pursuing any and all claims, causes of action and rights against any and all Third Parties and Coverage within 30 days of the date the Company requires that the Insured Person provide Notice of Claim for the injury or condition for which such Policy benefits are sought, and within such 30-day period will so notify the Company in writing. In the event the Insured Person decides not to pursue a claim, cause of action or right against a Third Party or Coverage, or fails to notify the Company of his or her intent to do so within such 30-day period, the Insured Person authorizes the Company to pursue, sue, compromise or settle any such claim, cause of action or right in his or her name, authorizes the Company to execute any and all documents necessary to pursue any such claim, cause of action or right, and agrees to cooperate fully with the Company in the prosecution of any such claim, cause of action or right.

If the Insured Person is a minor or is not competent to make this agreement, the legal guardian of the Insured Person's property makes the agreement on the Insured Person's behalf as a condition to receiving [Accident Medical Expense][1] benefits under this Policy on behalf of the Insured Person. If the Insured Person has no guardian for his or her property, the person or persons who, in the Company's opinion, have assumed the custody and support of the minor or responsibility for the incompetent person's affairs make the agreement on the Insured Person's behalf as a condition to receiving such benefits under this Policy on behalf of the Insured Person.

The Company will not pay or be responsible, without its written consent, for any fees or costs associated with the pursuit of a claim, cause of action or right by or on behalf of an Insured Person against any Third Party or Coverage.

Coverage - as used in the Subrogation and Right of Recovery section of this Policy, means no fault motorist coverage, uninsured motorist coverage, underinsured motorist coverage, or any other fund or insurance policy (except this Policy).

Third Party(ies) - as used in this Subrogation and Right of Recovery section of this Policy, means any person, corporation or other entity (except the Insured Person and the Company).][2]

GENERAL PROVISIONS

Entire Contract; Changes. This Policy, the Application, and any attached Riders or Endorsements make up the entire contract. A copy of the Application is attached. In the absence of fraud, all statements made on the Application will be considered representations and not warranties. No written statement made by the Insured will be used in any contest unless a copy of the statement is furnished to the Insured or their personal representatives.

No change in this Policy will be valid until approved by an officer of the Company. The change must be signed by an officer of the Company and attached to this Policy. No agent may change this Policy or waive any of its provisions. Any change that modifies, limits or excludes coverage must contain the Insured's Signature in order for the change to be binding.

Incontestability. The validity of this Policy will not be contested after it has been in force for two years from the Policy Effective Date, except as to nonpayment of premiums.

After two years from the Effective Date, no misstatements made in the Application, except fraudulent misstatements, will be used to void this Policy or contest a claim under this Policy. We may only contest coverage if the misstatement is made in a written instrument containing the Signature of the Insured and the Insured and a copy is given to the Insured.

Beneficiary Designation and Change. The designated beneficiary(ies) is (are) the person(s) named by You as shown on the Company's records kept on the Policy. You may change the beneficiary at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing Us with a written request for change. When the written request is received by Us, whether You are then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to Us on account of any payment made by Us prior to receipt of the request.

If there is no designated beneficiary or no designated beneficiary is living after Your death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: Insured Person's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, Insured Person's estate.

[**Insured Spouse and Dependent Child(ren)'s Beneficiary Designation and Change.** The Insured Spouse and Dependent Child(ren)'s beneficiary is You unless You have named (a) different beneficiary(ies) for the Insured Spouse and Dependent Child(ren)'s coverage as shown on the Company's records kept on this Policy.

If You are over the age of majority and legally competent, You may change the beneficiary designation for the Insured Spouse and Dependent Child(ren)'s coverage at any time, unless an irrevocable beneficiary designation has been made, without their consent or the designated beneficiary(ies) consent, by providing the Company with a written request for change. When the request is received by the Company, whether You or the Insured Spouse or Dependent Child(ren) is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If no beneficiary is living on the date of an Insured Spouse or Dependent Child(ren)'s death, the beneficiary is Your estate.][1]

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions. No action at law or in equity shall be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No

action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Conformity with State Statutes. Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which the Insured resides is hereby amended to conform to the minimum requirements of those statutes.

Workers' Compensation. This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. Clerical error, whether by You, an Insured Person, or the Company, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in this Policy.

Assignment. We will not assume responsibility for determining the validity of an assignment of benefits to a provider of services. No such assignment of benefits will be recognized until We receive notice that You have specifically assigned the benefits of Your Policy.

Misstatement of Age. If premiums for an Insured Person are based on age and the age has been misstated, there will be a fair adjustment of premiums based on the true age. However, if the coverage provided by this Policy would not have become effective, or would have ceased prior to the acceptance of premiums after the limiting or termination age, then We are only liable to refund, upon request, all premiums paid for the period an Insured person should not have been covered under this Policy. If the benefits are based on age and the age has been misstated, there will be an adjustment of said benefit based on the true age. The Company may require satisfactory proof of age before paying any claim.

AIG® **AIG Domestic Accident & Health Division**

A Division of the AIG Companies®

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270

[(212) 770-7000]

(a capital stock company, herein referred to as the Company, We, Our, or Us)

INDIVIDUAL ACCIDENT [AND SICKNESS] [ONLY][HOSPITAL CONFINEMENT INDEMNITY] INSURANCE COVERAGE

THE POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

OUTLINE OF COVERAGE

Read your Policy Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

[Accident] [and Sickness] [only] [Hospital Confinement Indemnity] coverage is designed to provide, to persons insured, [coverage for certain losses resulting from a covered accident [or sickness] [ONLY],][and][coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness,] subject to any limitations contained in the policy. Coverage is not provided for [basic hospital, basic medical-surgical, or major medical expenses] [or] [any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit described below].

THE POLICY IS GUARANTEED RENEWABLE[until You or Your Insured Spouse's termination age]. We cannot change any of the terms of the Policy on its own, except that, in the future, We may increase the premium You pay.

[COVERAGE TERMINATES AT AGE [65, 70, 75, 80, 85] OR AS OTHERWISE PROVIDED BY THE POLICY.]

© American International Group, Inc. All rights reserved.

TABLE OF CONTENTS

Schedule ..... [X]

Definitions ..... [X]

Effective and Termination Dates ..... [X]

Premium ..... [X]

Benefits ..... [X]

[Accidental Dismemberment Benefit ..... [X]]

Exclusions ..... [X]

Claims Provisions ..... [X]

General Provisions ..... [X]

SCHEDULE

Insured: [John Doe]
Issue Age: [35]
Address: [124 Anystreet
Anytown, USA]
Type of Coverage: [Insured] [Insured & Spouse] [Insured & Child(ren)][Insured, Spouse & Children]
Policy #: [123345]
Policy Effective Date: [6/1/00]

[**Covered Activities:**

1. 24 Hour Accident Coverage. [("24 Hour")]
2. While driving or riding as a passenger in a Motor Vehicle. Any Injury sustained must be due to a collision, wrecking, or explosion of such Motor Vehicle. Such collision, wrecking, or explosion must cause physical damage to the Motor Vehicle and leave it in a different condition than before the accident. While standing or walking as a pedestrian on an open public street or highway. Any Injury sustained must be due to being struck by a Motor Vehicle while a pedestrian. [("Motor Vehicle")]
3. While riding as a fare-paying passenger on a Common Carrier. [("Common Carrier")]]

Benefit Schedule

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed maximums, and may be less than the maximums under circumstances specified in the Policy. [The Maximum Amounts payable for a loss is less for an Insured Person who is age [65, 70, 75] or older on the date of the accident causing the loss with respect to the Benefits illustrated below.]

[**Per Accident Maximum Amount** [$XXXX].]

Benefit	**Maximum Amount**		
	[Class 1]	[Class 2]	[Class 3]
[Accidental Death]			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
Motor Vehicle			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
Common Carrier			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]]	$[XXXX]	$[XXXX]	$[XXXX]
[Accidental Dismemberment]			

[Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Common Carrier** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]]	$[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	$[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	$[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Accident Medical Expense [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]] [Deductible Amount Per Accident :] [Per Insured Person in Class 1, 2 and 3 $[XXXX]] [Dental [Per Accident:]] [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Dislocations [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]] Fractures [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [**24 Hour**	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]

[Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]] Maximum Dislocations/Fractures Benefit]	$[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	$[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	$[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Emergency Transportation [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under][Ages [65, 70, 75] to termination]] [Maximum of [X] transportation benefits per Insured Person per Calendar Year]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Emergency Treatment [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]] [If Admitted as an In-Patient] [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [Due to a Fracture] [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [For [all other] Injuries] [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [Maximum of [X] Emergency Treatment benefits per Insured Person per Calendar Year]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Escalator]	[See Benefit]	[See Benefit]	[See Benefit]

[Family Leave Monthly Maximum Amount [Ages [64, 69, 74] and under] $[XXXXXX] [Ages [65, 70, 75] to termination]$[XXXXXX] Maximum Number of Months: [XX]]	[[XX]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount]	[[XX]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount]	[[XX]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount/No Benefit]
[Homecare]	See Benefit	See Benefit	[See Benefit/No Benefit]
[In-Hospital Indemnity Daily			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
Motor Vehicle			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]]	$[XXXX]	$[XXXX]	$[XXXX]
Maximum Number of Days: [XXX]]			
[In-Hospital Indemnity Single Payment			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
[**24 Hour**			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
Motor Vehicle			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]]	$[XXXX]	$[XXXX]	$[XXXX]
[If Confined for:			
[30-59] Consecutive Days:			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
[60-89] Consecutive Days:			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
[90-120] Consecutive Days:			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
[121-150] Consecutive Days:			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]	$[XXXX]	$[XXXX]	$[XXXX]
[151 +] Consecutive Days:			
[Ages [64, 69, 74] and under]	$[XXXX]	$[XXXX]	$[XXXX]
[Ages [65, 70, 75] to termination]]]	$[XXXX]	$[XXXX]	$[XXXX]
[In-Hospital Indemnity Sickness Daily			

[Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]
[**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
Motor Vehicle [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
Maximum Number of Days: [XXX] Payable only [once] during the lifetime of the Insured Person]			
[In-Hospital Indemnity Sickness Single			
[Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]
[**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
Motor Vehicle [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
[If Confined for: [30-59] Consecutive Days: [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [60-89] Consecutive Days: [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [90-120] Consecutive Days: [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [121-150] Consecutive Days: [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [151 +] Consecutive Days: [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Intensive Care Unit			
[Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]
[**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
Motor Vehicle			

[Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]]] Maximum Number of Days: [XXX]]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]	$[XXXX] $[XXXX]
[Permanent Total Disability (Monthly Benefit) Elimination Period: [6, 12] consecutive months Maximum Number of Months: [120] [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]] Maximum Number of Months: [XX]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Permanent Total Disability (Single Payment) Elimination Period: [6, 12, 24] consecutive months [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Physician's Office Visits Indemnity [Waiting Period: [1-12] consecutive months] [[Routine Well Care Related Visits] -Benefit Amount Per Visit: [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [-Maximum Number of Visits [Per Calendar [Month] [Quarter][Year]] [Per [1-12] months] [Per Insured Person:] [Per Family: [X]]] [-Maximum Benefit Amount [Per Calendar [Month] Quarter][Year]] [Per [1-12] months][Per Insured Person]: [Ages [64, 69, 74] and under]	 $[XXXX] $[XXXX] [X] $[XXXX]	 $[XXXX] $[XXXX] [X] $[XXXX]	 $[XXXX] $[XXXX] [X] $[XXXX]

[Ages [65, 70, 75]to termination] [Per Family: $[XXXX]]]]	$[XXXX]	$[XXXX]	$[XXXX]
[Injury Related Visits -Benefit Amount Per Visit: [Ages [64, 69, 74] and under] [Ages [65, 70, 75]to termination]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
[-Maximum Number of Visits [Per Calendar [Month] [Quarter] [Year]] [Per [1-12] months] [Per Insured Person:] [Per Family: [X]]]	[X]	[X]	[X]
[-Maximum Benefit Amount [Per Calendar [Month] [Quarter] [Year]][Per [1-12] months][Per Insured Person]: [Ages [64, 69, 74] and under] [Ages [65, 70, 75]to termination] [Per Family: $[XXXX]]]]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
[Sickness Related Visits -Benefit Amount Per Visit: [Ages [64, 69, 74] and under] [Ages [65, 70, 75]to termination]	 $[XXXX]	 $[XXXX]	 $[XXXX]
[-Maximum Number of Visits [Per Calendar [Month] [Quarter] [Year]] [Per [1-12] months] [Per Insured Person:] [Per Family: [X]]]	$[XXXX] [X]	$[XXXX] [X]	$[XXXX] [X]
[-Maximum Benefit Amount [Per Calendar [Month] [Quarter] [Year]] [Per [1-12] months][Per Insured Person]: [Ages [64, 69, 74] and under] [Ages [65, 70, 75]to termination] [Per Family: $[XXXX]]]]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]
[Combined Maximum Number of Visits [Per Calendar [Month] [Quarter][Year]] [Per [1-12] months][Per Family]: [X]]			
[Combined Maximum Benefit Amount [Per Calendar [Month] [Quarter] [Year]] [Per [1-12] months][Per Family]: $[XXXX]]			
[Lifetime Maximum Number of Visits for all Physician Office Visits [Per Insured Person:] [Per Family: [X]]]	[X]	[X]	[X]
[Lifetime Maximum Benefit Amount for all Physician Office Visits [Per Insured Person]: [Per Family: $[XXXX]]]]			

	$[XXXX]	$[XXXX]	$[XXXX]
[Recuperation Daily [Ages [64, 69, 74] and under] [Ages [65, 70, 75]to termination] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]] Maximum Number of Days: [XXX]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Recuperation Sickness Daily [Ages [64, 69, 74] and under] [Ages [65, 70, 75]to termination] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]] Maximum Number of Days: [XXX]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Simultaneous In-Hospital Indemnity Daily [Ages [64, 69, 74] and under] [Ages [65, 70, 75] and over] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]] Maximum Number of Days: [XXX]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Total Temporary Disability Accident Elimination Period: [1-6] consecutive months Maximum Number of Months Payable: [3-24] [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]	 $[XXXX] $[XXXX]

[**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX]
[Additional Rider [Ages [64, 69, 74] and under] [Ages [65, 70, 75]to termination] [**24 Hour** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] **Motor Vehicle** [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]]]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]	 $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX] $[XXXX]

	PREMIUM		
	Amount		**Term**
[Insured	**[XXX]**	per	**[XXX]**
Insured & Spouse	**[XXX]**	per	**[XXX]**
Insured, Spouse & Child(ren)]	**[XXX]**	per	**[XXX]**

DEFINITIONS

Benefit Schedule. Means the Benefit Schedule section of this Outline of Coverage.

Covered Activity (ies). Means those activities set out in the Covered Activities section of the Schedule, with respect to which Insured Person(s) are provided accident insurance coverage under the Policy.

[**Domestic Partner.** Means [an opposite][or][a same] sex partner who has met all of the following requirements for at least [6, 12] consecutive months immediately preceding the Policy Effective Date: (1) resides with You; (2) shares financial assets and obligations with You; (3) is not related by blood to You to a degree of closeness that would prohibit a legal marriage; (4) is at least the age of consent in the state in which he or she resides; and (5) neither You nor the Domestic Partner is married to anyone else, nor has any other Domestic Partner. We require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.]

Injury. Means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the injured person's coverage under the Policy is in force; and (2) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss[; and (3) which occurs while such person is participating in a Covered Activity].

Insured. The person named in the Schedule for whom coverage is provided under the Policy and for whom premium has been paid.

[**Insured Dependent Child(ren).** Your unmarried child(ren), including natural, step, foster or adopted children from the moment of placement in Your home, under age 19 (or age 23 if attending an accredited institution of higher learning on a full-time basis) and primarily dependent on You for support and maintenance: (1) whom You have elected to cover under the Policy; (2) for whom premium has been paid when due; and (3) while covered under the Policy.]

Insured Person. You, and, if indicated in the Schedule, Your Insured Spouse and Insured Dependent Children.

[**Insured Spouse.** Your legal spouse [or Domestic Partner] for whom coverage is provided under the Policy and for whom premium has been paid, if indicated in the Schedule.]

Maximum Amount. The amount shown on the Benefit Schedule that is used to determine amounts payable under each Benefit.

[**Motor Vehicle.** Means a motorized pleasure automobile type vehicle or motorcycle, including a truck of three-quarter tons or less[, which is not licensed to carry passengers for hire]. Motor Vehicle does not include boats, All Terrain Vehicles or snowmobiles.]

Physician. Means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) an Insured Person; or 2) an Immediate Family Member. Immediate Family Member means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), grandparent, brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Policy. The Policy, Application and any attached Riders and Endorsements.

We, Us, Our, Company. Means National Union Fire Insurance Company of Pittsburgh, PA.

You, Your. Means the Insured.

EFFECTIVE AND TERMINATION DATES

The Policy begins on the Effective Date shown in the Schedule at 12:01 A.M. standard time at Your place of residence. The Effective Date is the date from which policy years and premium due dates will be figured.

[If Insured or Insured & Spouse only coverage is issued and You desire uninterrupted coverage for a newborn , You must notify Us within 31 days of the child's birth. Coverage for adopted children shall begin on the date of the filing of a petition for adoption if You apply for coverage within sixty (60) days after the filing of the petition for adoption. Coverage shall begin from the moment of birth if the petition for adoption and application for coverage is filed within sixty (60) days after the birth of an adopted newborn. Upon notification, We will advise You of the additional premium due. Upon payment of the additional premium due, We will include Dependent Child coverage under the Policy. If Dependent Child coverage is in force, it is not necessary to notify Us of the birth or adoption of a child and an additional premium payment is not required.]

You may terminate the Policy on any premium due date by giving 31 days advance written notice to Us.

The Policy may also at any time be terminated by mutual consent of You and Us.

The Policy terminates automatically on the earlier of: (1) the premium due date if premiums are not paid when due, subject to the Grace Period provision; (2) the date You requested in writing that coverage be terminated; or (3) Your death. Upon Your death, if there is an Insured Spouse, such Insured Spouse becomes the Insured and coverage continues.

[If Insured only coverage is indicated in the Schedule, the Policy will terminate automatically on the [monthly][quarterly] anniversary date of the Effective Date of the Policy next following the date You reach age [65, 70, 75, 80, 85]. If Spouse coverage is indicated in the Schedule, the coverage for the older of You or Your Insured Spouse terminates automatically on the [monthly][quarterly] anniversary date of the Effective Date of the Policy next following the date You or Your Insured Spouse reach age [65, 70, 75, 80, 85]. However the Policy does not automatically terminate until the [monthly][quarterly] anniversary date of the Effective Date of the Policy next following the date the younger of You or Your Insured Spouse reaches age [65, 70, 75, 80, 85].

If the Policy is terminated due to You or Your Insured Spouse reaching age [65, 70, 75, 80, 85] and premiums have been paid and accepted beyond the [monthly][quarterly] anniversary date of the Effective Date of the Policy next following the date You or Your Insured Spouse reach age [65, 70, 75, 80, 85], coverage shall continue in force, subject to any right of cancellation, until the end of the period for which such premium has been accepted.

[Insured Dependent Child(ren)'s coverage under the Policy ends on the earliest of: (1) the date Your coverage under the Policy ends; (2) the premium due date if premiums for Your Insured Dependent Child(ren) are not paid when due, subject to the Grace Period provision; (3) the date You make a written request that coverage for Your Insured Dependent Child(ren) be terminated; or (4) the date Your Insured Dependent Child(ren) reach(es) the limiting age, except as otherwise stated in the Policy.

If coverage is terminated due to Your Insured Dependent Child(ren) reaching the limiting age, and premiums have been paid and accepted beyond the [monthly][quarterly] anniversary date of the Effective Date of the Policy next following that date, coverage shall continue in force, subject to any right of cancellation, until the end of the period for which such premium has been accepted.

Any of Your unmarried Insured Dependent Child(ren) covered under the Policy before reaching the age limit, who are incapable of self-sustaining employment by reason of mental or physical incapacity, and who are primarily dependent on You for support and maintenance, may continue to be eligible under the Policy beyond the age limit for as long as coverage under the Policy is in force, but only if they remain continuously covered under the Policy. We may request the submission of satisfactory proof of Your Insured Dependent Child(ren)'s incapacity and dependency to Us within 31 days after Your Insured Dependent Child(ren) reach(es) the age limit specified in the Policy. If the requested proof is not furnished to Us, coverage for Your Insured Dependent Child(ren) will not be extended past the age limit. If coverage is extended, We may request submission of satisfactory proof of Your Insured Dependent Child(ren)'s continued incapacity and dependency on an annual

basis after the initial two-year period following attainment of the specified age. If We are not furnished requested proof within 31 days of the request, coverage for Your Insured Dependent Child(ren) will terminate at the end of that 31-day period.]
Termination takes effect at 12:01 A.M. Standard Time at Your place of residence on the date of termination.

Termination will not affect a claim for a covered loss that occurred while coverage was in force under the Policy.

Effective Date of Change in Coverage

A change in coverage due to a change in the election of benefits will become effective on the later of the following dates: (1) the date the written request for change in coverage is received by Us; or (2) if the change requires a change in premium, the date the first changed premium is paid when due.

PREMIUM

The initial premium for the Policy must be paid to Us at our Home Office in advance. Subsequent premium payments are due when and as stated in the Schedule. If premiums are not paid when they are due or within the Grace Period, the coverage provided by the Policy will terminate as set forth in the Effective and Termination Dates section.

Premium Term. The premium term is shown in the Schedule. You may change the premium term on any premium due date if We agree.

We reserve the right to change the premiums. Any change in premium will be uniform for all Insured Persons in the same rate class, on all policies bearing this form number in the state where the Policy is issued. We may also change premiums at any time a change affecting rates is made in the Policy. Written notice of any premium change will be mailed to You at Your last known address at least 30 days in advance.

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first. The Policy will terminate on the last day of the Grace Period if You fail to pay all premiums due by the last day of the Grace Period.

No Grace Period will be provided if We receive notice from You to terminate the Policy prior to a premium due date.

Reinstatement. If the Policy terminates because premiums have not been paid, You can request to reinstate the Policy by sending a written request to Us to do so. The Policy can be reinstated on the date all required premiums are paid to Our Home Office.

We have the right to make changes in the Policy before We reinstate it. Any changes will be made in or attached to the reinstated policy We send to You. All other terms of the Policy remain unchanged.

The reinstated policy shall cover only loss resulting from such accidental Injury as may be sustained after the date of reinstatement [and loss due to such Sickness as may begin more than ten days after that date].

Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

BENEFITS

The Maximum Amounts shown in the Benefit Schedule[, subject to the Reduction Schedule,] are used to determine amounts payable under each Benefit.

[**Reduction Schedule.** The Maximum Amount for an Insured Person who is under age [65, 70, 75] on the date of the accident causing the loss, will be reduced by a percentage of such Maximum Amount for an Insured Person who [is age [65, 70, 75]] [, with respect to Sickness, is age [65, 70, 75] and with respect to Injury, is age [65, 70, 75]] or older on the date of the accident causing the loss, as illustrated in the Benefit Schedule. This reduction will apply in accordance with the schedule below, with respect to [all/any of the following] Benefits provided by the Policy[: Accidental Death Benefit; Accidental Dismemberment Benefit; Accident Medical Expense Benefit; Dislocations and Fractures Benefit; Emergency [Transportation] [and] [Treatment] Benefit; Family Leave Benefit; Homecare Benefit; In-Hospital Indemnity Daily Benefit; In-Hospital Indemnity Single Payment Benefit; In-Hospital Indemnity Sickness Daily Benefit; In-Hospital Indemnity Sickness Single Payment Benefit; Intensive Care Unit Benefit; Permanent Total Disability Benefit (Monthly Benefit); Permanent Total Disability (Single Payment); Physician's Office Visits Indemnity Benefit; Recuperation Daily Benefit; Simultaneous In-Hospital Indemnity Daily Benefit; Total Temporary Disability Accident Benefit].

AGE ON DATE OF ACCIDENT	PERCENTAGE OF UNDER AGE [65, 70, 75] MAXIMUM AMOUNT
[With respect to Sickness,][3]65, 70, 75] or older	Reduced by [50%]
[With respect to Injury, [65, 70, 75] or older	Reduced by [50%]]

Premium for an Insured Person [age [65, 70, 75]][, with respect to Sickness age [65, 70, 75] and with respect to Injury age [65, 70, 75]] or older is based on 100% of the coverage that would be in effect if the Insured Person were under age [65, 70, 75][with respect to Sickness [65, 70, 75] and with respect to Injury [65, 70, 75]]. "Age" as used above refers to the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.]

[**Accidental Dismemberment Benefit.** If Injury to an Insured Person results[, within [90, 120, 180, 365] days of the date of the accident that caused the Injury,] in any one of the Losses specified below, We will pay the percentage shown below of the Accidental Dismemberment Benefit Maximum Amount shown in the Benefit Schedule for that Loss:

For Loss of	Percentage of Maximum Amount
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
[Speech and Hearing in Both Ears	100%]
One Hand or One Foot	50%
The Sight of One Eye	50%
[Speech or Hearing in Both Ears	50%]
[Hearing in One Ear	25%]
[Thumb and Index Finger of Same Hand	25%]

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye.["Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak.][" Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.] If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid. In no event will any Reduction Schedule provision or percentage of the Maximum Amount operate to reduce the percentage payable to less than $1,000 for double dismemberment or $500 for single dismemberment.]

[**Accidental Death Benefit.** If an Insured Person's Injury results in death[within [90,120,180,365] days of the date of the accident that caused the Injury], We will pay 100% of the Maximum Amount shown in the Benefit Schedule. In no event will any Reduction Schedule provision or percentage of the Maximum Amount operate to reduce the percentage payable to less than $1,000 for loss of life.

[Exposure and Disappearance**.** If by reason of an accident occurring while an Insured Person's coverage is in force under the Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under the Policy, the loss will be covered under the terms of the Policy. If the body of the Insured Person has not been found within [6 months; 1 year] of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that the Insured Person has suffered accidental death within the meaning of the Policy.]]

[**Accident Medical Expense Benefit.** If an Insured Person suffers an Injury that, within [30, 90,180,365] days of the date of the accident that caused the Injury, requires him or her to be treated by a PhysicianWe will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to the Accident Medical Expense Benefit Maximum Amount shown in the Benefit Schedule per Insured Person for all Injuries caused by the same accident. This benefit is payable only for such charges incurred[after the Deductible has been met and] within [26,52,104] weeks after the date of the accident causing that Injury.

Covered Accident Medical Service(s) - means any of the following services: (1)_Hospital semi-private room and board (or room and board in an intensive care unit); (2) Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center; (3) services of a Physician or a registered nurse (R.N.); (4) ambulance service to or from a Hospital; (5) laboratory tests; (6) radiological procedures; (7) anesthetics and the administration of anesthetics; (8) blood, blood products and artificial blood products, and the transfusion thereof; (9) physical therapy and occupational therapy; (10) rental of Durable Medical Equipment; (11) artificial limbs, artificial eyes or other prosthetic appliances; or (12) medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

Ambulatory Medical Center - means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

[*Deductible* - means the amount of Usual and Customary Charges for Medically Necessary Covered Accident Medical Services that must be incurred by the Insured Person due to Injuries resulting from an accident before Accident Medical Expense benefits become payable due to Injuries resulting from that accident. The amount of the Deductible is the Deductible Amount shown in the Benefit Schedule under the Accident Medical Expense Benefit. Accident Medical Expense benefits are not payable for charges applied to the Deductible.]

Durable Medical Equipment - refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Hospital - means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except for services rendered on an emergency basis where a legal liability for the Insured exists for charges made to them for the services.

Medically Necessary - means that a Covered Accident Medical Service is: (1) is essential for diagnosis,

treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Usual and Customary Charge(s) - means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

[Limitation Due to Multiple Insurance Coverage**.** The insurance provided by the Policy for the Accident Medical Expense Benefit shall be in excess of all other valid and collectible insurance and indemnity. If, at the time of occurrence of any loss payable under the Policy, there is other valid and collectible insurance and indemnity in place, We shall be liable only for the excess amount of the loss over the amount of such other insurance and indemnity [and after satisfaction of any Accident Medical Expense Deductible which applies under the Policy.] Covered Accident Medical Expense Benefits incurred and paid under other valid and collectable insurance will [not] be used to satisfy any Accident Medical Expense Deductible which applies under the Policy.]

Exclusions. In addition to the Exclusions in the Exclusions section of the Policy, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from any of the following: (1) repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition; (2) new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums[, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury[up to the Dental Maximum Amount shown in the Benefit Schedule]]; (3) new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight; (4) new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing; (5) rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in Our sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, We may, but are not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense); (6) personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals; [(7) any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.]]

[Dislocations and Fractures Benefit.

Dislocations Benefits: If an Insured Person suffers an Injury that results in one of the Dislocations specified below within [90,120,180,365] days of the date of the accident that caused the Injury and that Dislocation requires Reduction under anesthesia, We will pay the percentage shown below of the Dislocations Benefit Maximum Amount shown in the Benefit Schedule. Only one Dislocation benefit is payable for each Dislocation during an Insured Person's lifetime.

Fractures Benefits: If an Insured Person suffers an Injury that results in one of the Fractures specified below within [90,120,180,365] days of the date of the accident that caused the Injury, We will pay the percentage shown below of the Fractures Benefit Maximum Amount shown in the Benefit Schedule. Only one Fracture benefit is payable for each Fracture during the Insured Person's lifetime.

Dislocation	Percentage of Maximum Amount
[Hip; Knee; Wrist; Elbow; Ankle; Shoulder blade; Collarbone or Jaw	25%]

Fracture

[Hip.....80%]
[Pelvis (excluding Coccyx and sacrum) .....80%]
[Skull (excluding nose, lower jaw and teeth).....50%]
[Thigh (excluding kneecap).....40%]
[Upper Arm.....40%]
[Ankle .....35%]
[Lower Leg (excluding kneecap) .....35%]
[Heel.....40%]
[Shoulder Blade .....35%]
[Lower Jaw.....30%]
[Collarbone.....30%]
[Forearm (excluding wrist) .....25%]
[Wrist.....25%]
[Vertebrae (each) – vertebral arch (excluding Coccyx).....20%]
[Sternum (breastbone) .....15%]
[Kneecap.....15%]
[Cheekbone.....15%]
[Hand (excluding fingers, thumb, and/or wrist) .....10%]
[Foot (excluding toes, heel, and/or ankle).....10%]
[Coccyx .....25%]

Maximum Dislocations/Fractures Benefit. The Maximum Dislocations/Fractures Benefit payable for any one accident is shown in the Benefit Schedule and applies regardless of the number of Injuries caused by that accident.

Coccyx - means four fused vertebrae at the bottom of the spine.

Concussion - means significant blow to the head that may result in unconsciousness.

Dislocation - means that one or more bones are out of place, out of joint, or out of position. Dislocation does not include fingers and toes.

Fracture - means a break or rupture in the continuity of the bone or cartilage and includes, but is not limited to: complete fractures; compound fractures; compression fractures; depressed fractures; open fractures; simple fractures.

Hairline Fracture - means a break that appears as a narrow crack along the surface of the bone.

Osteoporosis - means the thinning of bone with reduction in bone mass due to depletion of calcium and bone protein.

Pathological Fracture - means any Fracture in an area where pre-existing disease has caused weakening of the bone.

Reduction - means restoration to a normal position, of a Dislocated bone or joint.

Exclusions. In addition to the Exclusions in the Exclusions section, the Dislocations and the Fractures benefits are not payable for: (1) an Injury resulting in a Dislocation or Fracture if Osteoporosis or Pathological Fracture was diagnosed prior to the Insured Person's Effective Date of Coverage; (2) Hairline Fractures.

Special Conditions Relating to Osteoporosis or Pathological Fractures. If an Insured Person's claim is payable for a Dislocation or a Fracture, and either Osteoporosis or bone disease is first diagnosed at the time of such claim or first diagnosed prior to the claim but after the Insured Person's Effective Date, We will pay the benefit for that claim. However, no further benefits will be payable for that Insured Person and coverage under this Rider will be terminated for that Insured Person.]

[Emergency [Transportation] [and] [Treatment] Benefit .

[Emergency Transportation Benefit. If an Insured Person suffers an Injury that requires Emergency Treatment

within [12, 24, 48] hours of the date of the accident that caused the Injury and it is determined that it is Medically Necessary that such Insured Person be transported to a Hospital or a Satellite Emergency Center by Ambulance, We will pay 100% of the Emergency Transportation Maximum Amount shown in the Benefit Schedule. Only one Emergency Transportation Benefit is payable for any one accident per Insured Person. [The maximum number of Emergency Transportation Benefits payable per calendar year per Insured Person regardless of the number of accidents incurred, is shown in the Benefit Schedule.]]

[Emergency Treatment Benefit. If an Insured Person suffers an Injury that, within [24,48,72] hours of the date of the accident that caused the Injury, requires him or her to receive Medically Necessary Emergency Treatment in a Hospital emergency room or a Satellite Emergency Center, We will pay 100% [of the applicable] Emergency Treatment Benefit Maximum Amount shown in the Benefit Schedule. Only one Emergency Treatment Benefit[, the largest,] is payable for any one accident per Insured Person. [The maximum number of Emergency Treatment Benefits payable per calendar year per Insured Person regardless of the number of accidents incurred, is shown in the Benefit Schedule.]]

[If an Insured Person incurs expenses for both Emergency Transportation and Emergency Treatment due to the same accident, only one amount, the highest, will be paid.] [A maximum of [2] Emergency Transportation Benefits or Emergency Treatment Benefits are payable per Insured Person per calendar year regardless of the number of accidents incurred in that same calendar year.]

[*Ambulance* –means any publicly or privately owned surface, water or air vehicle, including a helicopter, that is specifically designed and constructed or modified and equipped to be used, maintained or operated primarily for the transportation of individuals who are sick, injured or wounded. Ambulance does not include a surface, water or air vehicle that is owned and operated to accommodate an incapacitated or disabled person who does not require medical monitoring, care or treatment during transport.]

Emergency Treatment –means treatment for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in: (1) Placing the health of the person (or with respect to a pregnant woman, the health of her unborn child) in serious jeopardy; (2) Serious impairment to bodily functions; or (3) Serious dysfunction of any bodily organ or part.

[*Fracture* –a) the act or process of breaking or the state of being broken; b) the breaking of hard tissue (as bone); or c) the rupture (as by tearing) of soft tissue.]

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward room, wing, or other section of the hospital that is used for such purposes.

[*Inpatient* –means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.]

Medically Necessary –means an Emergency [Treatment] [or] [Transportation] is: (1) essential for the diagnosis, treatment and care of the Injury; (2) meets generally accepted standards of medical practice; [or] (3) is ordered by a Physician and performed under the Physician's care, supervision or order[; or (4) with regard to Emergency Transportation, is subsequently authorized by a Physician as appropriate due to the nature of the Injury].

Satellite Emergency Center – means a licensed facility providing outpatient care under the direction of a Physician on a 24 hour basis. Available services must include: (1) diagnostic care, including laboratory services and diagnostic x-rays; and (2) treatment or medical care, including availability of the means for stabilization of emergency medical conditions. A Satellite Emergency Center does not include a Hospital or an office maintained by a Physician for the practice of medicine or dentistry.]

[**Escalator Benefit Rider.** The Maximum Amount shown on the Benefit Schedule [for all benefits] [for the benefits listed below] for each Insured Person who remains continuously covered under the Policy will be increased every [3, 6, 12] Policy Months for [12, 18, 24, 30, 36, 60, 120] Policy Months from the coverage effective date by a dollar amount equal to the Escalator Percentage of the Maximum Amount that was in force on the Policy Effective Date. The increase will be simple, not compound, increase. [The increased Maximum Amount is subject to the Reduction Schedule provision as shown in the Benefits section.] Policy Months are measured from the month and day of the coverage effective date.

Benefit	***Escalator Percentage***
[All Benefits]	[5, 10, 15, 20, 25]%
Accidental Death	[5, 10, 15, 20, 25]%
Accidental Dismemberment	[5, 10, 15, 20, 25]%
Accident Medical Expense	[5, 10, 15, 20, 25]%
Dislocations and Fractures	[5, 10, 15, 20, 25]%
Emergency Transportation	[5, 10, 15, 20, 25]%
Emergency Treatment	[5, 10, 15, 20, 25]%
Family Leave	[5, 10, 15, 20, 25]%
Homecare	No Escalator.
In-Hospital Indemnity Daily	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Single Payment	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Sickness Daily	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Sickness Single Payment	[5, 10, 15, 20, 25]%
Intensive Care Unit	[5, 10, 15, 20, 25]%
Permanent Total Disability (Monthly)	[5, 10, 15, 20, 25]%
Permanent Total Disability (Single Payment)	[5, 10, 15, 20, 25]%
Physician Office Visits Indemnity	[5 – 25]%
Simultaneous In-Hospital Indemnity	[5 – 25]%
Recuperation Daily	[5 – 25]%
Total Temporary Disability Accident	[5 – 25]%
[Additional Rider	[5 – 25]%]]

[**Family Leave Benefit [Version 1].** If: (1) an Insured [Person] is Disabled due to an Injury within [30, 60, 90, 120] days of the date of the accident which caused the Injury; and (2) an Immediate Family Member takes an unpaid leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care for the Disabled Insured [Person] within [30, 60, 90, 120, 180, 365] days of the date of the accident which caused the Insured [Person][1] to be Disabled, We will pay a monthly benefit beginning [30, 60, 90, 120, 180] days from the date the Immediate Family Member ceased receiving wages due to resignation or unpaid leave of absence to provide Continuous Care to the Disabled person.

The amount of the Family Leave Monthly Benefit will be the lesser of: (1) The Family Leave Monthly Maximum Amount specified in the Benefit Schedule; or (2) The result of multiplying 1/12th of the Annual Earnings of the Caregiver by the Benefit Percentage reflected in the Family Leave Benefit in the Benefit Schedule.

The benefit is payable monthly as long as the Insured [Person] remains continuously Disabled due to that Injury, but ceases on the earliest of: (1) the date the Disabled person ceases to be Disabled due to that Injury; (2) the date the Disabled person or the Caregiver dies; (3) the date the Caregiver ceases to spend [20,30,40] hours per week to provide Continuous Care to the Disabled person for any reason; (4) the date the Caregiver returns to Full-Time Employment; or (5) the date the benefit has been paid for the Maximum Number of Months specified for the Family Leave Benefit shown in the Benefit Schedule.

We will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which We are liable when the Insured [Person] is Disabled for less than a full month. Only one benefit is provided for any one month of Disability, regardless of the number of Injuries causing the Disability. Only one benefit is payable

under the Policy for any Disability due to the same accident, regardless of [the number of people Disabled,] the number of times an Insured [Person] is Disabled, or the number of people who resign or take a leave of absence to provide Continuous Care.

We reserve the right to request proof of voluntary termination or leave of absence from Full-Time Employment without pay prior to payment of benefits. We also reserve the right to request proof of Disability or continuing Disability, on the basis of all facts and circumstances, including, but not limited to, requiring an independent medical examination at Our expense as often as may be reasonably required.

[Termination. Coverage under this Benefit does not apply to accidents occurring after the Insured [Person's] attained age [70, 75, 80, 85].]

Annual Earnings –means base annual salary for the 12 months of employment with the same employer immediately preceding resignation or leave of absence to provide Continuous Care for the Disabled person, exclusive of overtime, bonuses, tips, commissions and special compensation.

Caregiver –means the person who resigns or takes an unpaid leave of absence to provide Continuous Care.

Continuous Care –means activities related to the physical life, health and safety of the Disabled person which may include, but are not limited to: assisting with (1) bathing; (2) dressing; (3) toileting; (4) transferring (moving in and out of bed, chair or wheelchair); (5) eating; (6) preparation of meals and (7) transportation to and from doctor appointments.

Disabled/Disability - means that as the result of an Injury, the Insured [Person]: (1) [is unable to perform the material and substantial duties of any occupation for which he or she is qualified for by reason of education, experience or training.] [[However, w] [W]ith respect to an Insured [Person] for whom an occupational definition of Disabled/Disability is not appropriate, Disabled/Disability means the Insured [Person] [over age [15]] is unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training;] [or, in the case of a child under age [15], is unable to attend school on a full-time or part-time basis;] [[or] is unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured [Person][1] immediately prior to the accident]; (2) requires the Continuous Care of the Caregiver; and (3) requires the supervision of a Physician unless the Insured [Person] has reached his or her maximum point of recovery.

Full-Time Employment –means actively working, for wage or profit, for one employer for at least [20,25,30,35,40] hours per week for at least 12 consecutive months prior to the date of the accidental Injury that caused the Disability.

Immediate Family Member –means the Insured [Person]'s [spouse, mother, father, mother in-law, father in-law, step-parent, grandparent, sibling, sibling in-law or child]. With regard to an Immediate Family Member who takes a leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care, the Immediate Family Member must be at least 18 years of age.]

[**Family Leave Benefit [Version 2].** If an [Insured] [or/,] [Insured Spouse] [or an] [Immediate Family Member] is Disabled due to an Injury within [30, 60, 90, 120] days of the date of the accident which caused the Injury, and [(1)][an Insured [or Insured Spouse] takes an unpaid leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care for the Disabled Immediate Family Member] [; or][(2)][an Immediate Family Member takes an unpaid leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care for the Disabled Insured [or Insured Spouse]] within [30, 60, 90, 120, 180, 365] days of the date of the accident which caused the [Insured] [or/,] [Insured Spouse] [or] [Immediate Family Member] to be Disabled, We will pay a monthly benefit beginning [30, 60, 90, 120, 180] days from the date the Caregiver ceased receiving wages due to resignation or unpaid leave of absence to provide Continuous Care to the Disabled person.

The amount of the Family Leave Monthly Benefit will be the lesser of: (1) The Family Leave Monthly Maximum Amount specified in the Benefit Schedule; or (2) [The result of multiplying 1/12th of the Annual Earnings of the Caregiver by the Benefit Percentage applicable to the Disabled Insured [or Insured Spouse] reflected in the Family Leave Benefit in the Benefit Schedule] [If the Caregiver is the Insured, the benefit percentage will be determined as specified under 3 below][; or] [(3) The result of multiplying 1/12th of the Annual Earnings by the

benefit percentage applicable to the Caregiver. The benefit percentage is reflected under the Family Leave Benefit in the Benefit Schedule].

The benefit is payable monthly as long as the [Insured] [or/,] [Insured Spouse] [or] [Immediate Family Member] remains continuously Disabled due to that Injury, but ceases on the earliest of: (1) the date the Disabled person ceases to be Disabled due to that Injury; (2) the date the Disabled person or the Caregiver dies; (3) the date the Caregiver ceases to spend [20,30,40] hours per week to provide Continuous Care to the Disabled person for any reason; (4) the date the Caregiver returns to Full-Time Employment; or (5) the date the benefit has been paid for the Maximum Number of Months specified for the Family Leave Benefit shown in the Benefit Schedule.

We will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which We are liable when the [Insured] [or/,] [Insured Spouse] [or] [Immediate Family Member] is Disabled for less than a full month. Only one benefit is provided for any one month of Disability, regardless of the number of Injuries causing the Disability. Only one benefit is payable under the Policy for any Disability due to the same accident, regardless of the [number of people Disabled,] the number of times an [Insured] [or/,] [Insured Spouse] [or] [Immediate Family Member] is Disabled[, or the number of people who resign or take a leave of absence to provide Continuous Care].

We reserve the right to request proof of voluntary termination or leave of absence from Full-Time Employment without pay prior to payment of benefits. We also reserve the right to request proof of Disability or continuing Disability, on the basis of all facts and circumstances, including, but not limited to, requiring an independent medical examination at Our expense as often as may be reasonably required.

[Termination. Coverage under this Benefit does not apply to accidents occurring after the Insured [or] [Insured Spouse's] attained age [70, 75, 80, 85].]

Annual Earnings –means base annual salary for the 12 months of employment with the same employer immediately preceding resignation or leave of absence to provide Continuous Care for the Disabled person, exclusive of overtime, bonuses, tips, commissions and special compensation.

Caregiver –means the person who resigns or takes an unpaid leave of absence to provide Continuous Care.

Continuous Care –means activities related to the physical life, health and safety of the Disabled person which may include, but are not limited to: assisting with (1) bathing; (2) dressing; (3) toileting; (4) transferring (moving in and out of bed, chair or wheelchair); (5) eating; (6) preparation of meals and (7) transportation to and from doctor appointments.

Disabled/Disability - means that as the result of an Injury, the [Insured] [or/,] [Insured Spouse] [or] [Immediate Family Member]: (1) [is unable to perform the material and substantial duties of any occupation for which he or she is qualified for by reason of education, experience or training.] [[However, w] [W]ith respect to an [Insured] [or/,] [Insured Spouse] [or] [Immediate Family Member] for whom an occupational definition of Disabled/Disability is not appropriate, Disabled/Disability means the [Insured] [or/,] [Insured Spouse] [or] [Immediate Family Member] is unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training;] [or, in the case of a child under age [15] , is unable to attend school on a full-time or part-time basis;] [[or] is unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the [Insured] [or/,] [Insured Spouse] [or] [Immediate Family Member] immediately prior to the accident]; (2) requires the Continuous Care of the Caregiver; and (3) requires the supervision of a Physician unless the [Insured] [or/,] [Insured Spouse] [or] [Immediate Family Member] has reached his or her maximum point of recovery.

Full-Time Employment –means actively working, for wage or profit, for one employer for at least [20,25,30,35,40] hours per week for at least 12 consecutive months prior to the date of the accidental Injury that caused the Disability.

Immediate Family Member –means [spouse, mother, father, mother in-law, father in-law, grandparent, sibling, sibling in-law or child]. [With regard to an Immediate Family Member who takes a leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care, the Immediate Family Member must be at least 18 years of age.]]

[**Homecare Benefit.** We will pay a monthly Homecare benefit as described below, if an Insured [or Insured Spouse] [Person] is receiving benefits under the Policy for Permanent Total Disability due to an Injury and requires the Continuous Care of a Qualifying Family Member or Homecare Provider in the Insured's home.

Homecare Benefit. {A.}[Continuous Care provided by Qualified Family Member: If Continuous Care is provided by a Qualifying Family Member, We will pay a benefit equal to [60%] of the Qualifying Family Member's Monthly Earnings up to a maximum of [50%] of the monthly Permanent Total Disability Benefit the Insured [or Insured Spouse] [Person] is receiving.] [B.] [Continuous Care Provided by Homecare Provider:If Continuous Care is provided by a Homecare Provider, We will pay a benefit equal to [50%] of the monthly Permanent Total Disability benefit the Insured [Insured Spouse] [Person] is receiving.]

Homecare benefits will be payable for the first [6] months the Insured [or Insured Spouse] [Person] receives monthly Permanent Total Disability benefits but will end on the earliest of: (1) the date the Insured [or Insured Spouse] [Person] ceases to be Permanently Totally Disabled; (2) the date the Insured [Insured Spouse] [Person] dies; (3) the date the Qualifying Family Member ceases to spend at least [20,30,40] hours per week, or a Homecare Provider ceases to spend [10,15,20] hours per week, to provide Continuous Care to the Insured [or Insured Spouse] [Person] for any reason.

We will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which We are liable when the Insured [or Insured Spouse] [Person] is under Continuous Care for less than a full month.

[Only one Homecare Benefit, the largest, is payable for any one month the Insured [or Insured Spouse] [Person] receives Continuous Care, regardless of the number of Qualifying Family Members or Homecare Providers providing Continuous Care.]

[Termination: Coverage under this Benefit does not apply to accidents occurring after the Insured [or Insured Spouse's] [Person's] attained age [70, 75, 80, 85].]

Continuous Care –means at least [20,30,40] hours a week of care by a Qualified Family member or at least [10,15,20] hours a week by a Homecare Provider at home for activities related to the physical life, health and safety of the Insured [or Insured Spouse] [Person] which may include, but are not limited to: assisting with (1) bathing; (2) dressing; (3) toileting; (4) transferring (moving in and out of bed, chair or wheelchair); (5) eating; (6) preparation of meals and (7) transportation to and from doctor appointments.

Full-Time –means actively working for wage or profit, for one employer for at least [20,25,30,35,40] hours per week.

Homecare Provider –means a licensed home health care professional or registered nurse, and not a Physician.

Monthly Earnings –means 1/12th of the base annual salary for the 12 months of employment immediately preceding resignation or a leave of absence to provide Continuous Care for an Insured [or Insured Spouse] [Person] exclusive of overtime, bonuses, tips, commissions and special compensation.

Permanently Totally Disabled/Permanent Total Disability –means that the Insured [or Insured Spouse] [Person]: (1.) has suffered any of the following: (a) loss of both hands or feet; or (b) loss of one hand and one foot; or (c) Hemiplegia; or (d) Paraplegia; or (e) Quadriplegia; [or] [(f) loss of sight in both eyes; [or]] [[(g) loss of speech and hearing in both ears; or] [(h) loss of speech or hearing in both ears; or] (i) Uniplegia;] [("Loss of a hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of sight in both eyes" means total and irrecoverable loss of the entire sight in both eyes. "Loss of hearing in both ears" means total and irrecoverable loss of the entire ability to hear in both ears. "Loss of speech" means total and irrecoverable loss of the entire ability to speak.)] [("Hemiplegia" means the complete and irreversible paralysis of the upper and lower Limbs of the same side of the body. "Limb(s)" means entire arm or entire leg. "Paraplegia" means the complete and irreversible paralysis of both lower Limbs. "Quadriplegia" means the complete and irreversible paralysis of both upper and both lower Limbs. "Uniplegia" means the complete and irreversible paralysis of one Limb.)] and (2.) [is permanently unable to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training.] [[However, w] [W]ith respect to an Insured [or Insured Spouse] [Person] for whom an occupational definition of Permanently Totally Disabled/Permanent Total Disability is not appropriate, Permanently Totally Disabled/Permanent Total Disability means, as used in this Benefit, that the Insured [or Insured Spouse]

[Person] is permanently unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training;] [or, in the case of a child under age [15], is unable to attend school on a full-time or part-time basis;] [[or] is permanently unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured [or Insured Spouse] [Person] immediately prior to the accident] ; and (3.) requires the Continuous Care of the Qualifying Family Member or Homecare Provider; and (4.) requires the supervision of a Physician, unless the Insured [or Insured Spouse] [Person] has reached his or her maximum point of recovery.

Qualifying Family Member –means the Insured['s or Insured Spouse's] [Person's] spouse, mother, father, sibling or child who is at least 18 years of age, and who: (1) worked Full-Time during the [90,180,365] day period immediately prior to the date of the accident which caused the Insured [or Insured Spouse] [Person] to be Permanently Totally Disabled; (2) worked for at least 12 consecutive months prior to the date of the accident which caused the Insured [or Insured Spouse] [Person] to be Permanently Totally Disabled; (3) took a leave of absence or resigned to care for the Insured [or Insured Spouse] [Person].]

[**In-Hospital Indemnity Daily Benefit.** If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, We will pay a benefit [for each Day] [after 1,2,3,4,5,6,7,8,14,30] Day(s) of Medically Necessary Confinement due to that Injury[, retroactive to the first Day of Confinement]. No benefit is provided for [the first[2,3,4,5,6,7,8,14,30][2] Day(s) of Confinement or for] any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the Daily Maximum Amount shown for the In-Hospital Indemnity Daily Benefit in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Injury. It is payable [monthly/weekly] up to the Maximum Number of Days shown for the In-Hospital Indemnity Daily Benefit in the Benefit Schedule during any one Period of Confinement. Only one benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Injury; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of In-Hospital Indemnity Daily Benefit coverage to a maximum of 180 days.]

[**In-Hospital Indemnity Single Payment Benefit.** If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, We will pay a benefit [after [30,60,90,120,150,180] consecutive Day(s) of] [as shown in the Benefit Schedule for] Medically Necessary Confinement due to that Injury. No benefit is

provided if the Insured Person is confined for less than [30,60,90,120,150,180] consecutive Medically Necessary Days of Confinement. The amount of the benefit is equal to 100% of the Maximum Amount shown for the In-Hospital Indemnity Single Payment Benefit in the Benefit Schedule. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. Only one benefit is provided for any one accident per Insured Person regardless of the number of Injuries for which the confinement is required or the number of times the Insured Person must be confined due to Injuries resulting from the same accident. [The Maximum Amount shown in the Benefit Schedule is not cumulative. Only one amount will be paid.]

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Injury; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.]

[**In-Hospital Indemnity Sickness Daily Benefit.** If[, after an Insured Person has been covered under the Policy for at least [36] consecutive months and that] [an] Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, We will pay a benefit after [1,2,3,4,5,6,7,8,14,30,60] consecutive Day(s) of Medically Necessary Confinement due to that Sickness [, retroactive to the [first] Day of Confinement]. No benefit is provided for [the first[2,3,4,5,6,7,8,14,30,60] Day(s) of Confinement or for] any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the In-Hospital Indemnity Sickness Daily Benefit shown in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Sickness. The benefit is payable [monthly/weekly] up to the Maximum Number of Days shown for the In-Hospital Indemnity Sickness Daily Benefit in the Benefit Schedule during any one Period of Confinement. Only one benefit is provided for any one Day of Confinement, regardless of the number of Sicknesses for which the confinement is required.

[Pre-Existing Condition Limitation. Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12] consecutive months from the Insured Person's effective date of coverage or effective date of Reinstatement under the Policy. A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy.]

[Termination: Coverage under this Benefit does not apply to Sickness which occurs after the Insured Person's attained age [65, 70, 75, 80].]

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Sickness; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - means a period of consecutive Days of Confinement as an Inpatient for the same Sickness. However, successive confinements as an Inpatient for the same Sickness are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of In-Hospital Indemnity Sickness Daily Benefit coverage to a maximum of 180 days. If the same Insured Person is again confined due to the same Sickness or a new Sickness and such successive confinement is separated from the admission date for the first confinement by at least [60,90] days and the Insured Person has not been paid the Maximum Number of Days shown in the In-Hospital Indemnity Sickness Daily Benefit for previous Medically Necessary Days of Confinement, benefits will continue to be payable under this benefit for the same Sickness or a new Sickness in accordance with the requirements specified above until the Maximum Number of Days shown in the In-Hospital Indemnity Sickness Daily Benefit in the Benefit Scheduled have been paid for that Insured Person. Once the maximum has been reached, no benefits are payable for any additional confinements due to Sickness for the lifetime of the Insured Person.

Sickness – means an illness or disease which is diagnosed or treated by a Physician [after the effective date of coverage under the Policy].

Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.]

[**In-Hospital Indemnity Sickness Single Payment Benefit.** If[, after an Insured Person has been covered under the Policy for at least [36] consecutive months and that] [an] Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, We will pay a benefit [after [30,60,90,120,150,180] consecutive Day(s) of] [as shown in the Benefit Schedule for] Medically Necessary Confinement due to that Sickness. No benefit is provided if the Insured Person is confined for less than [30,60,90,120,150,180] consecutive Medically Necessary Days of Confinement. The amount of the benefit is equal to 100% of the Maximum Amount shown for the In-Hospital Indemnity Sickness Single Payment Benefit in the Benefit Schedule. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. The benefit is payable only once during the lifetime of the Insured Person. [The Maximum Amount shown in the Benefit Schedule is not cumulative. Only one amount will be paid.]

[<u>Pre-Existing Condition Limitation.</u> Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12, 24] consecutive months from the Insured Person's effective date of coverage or effective date of Reinstatement under the Policy. A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy.]

[<u>Termination:</u> Coverage under this Benefit does not apply to Sicknesses which occur after the Insured Person's attained age [65, 70, 75, 80].]

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a

rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Sickness; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Sickness – means an illness or disease which is diagnosed or treated by a Physician [after the effective date of coverage under the Policy].

Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.]

[**Intensive Care Unit Benefit.** If benefits have become payable for an Insured Person under the In-Hospital Indemnity [Daily] [or][Single] Benefit, and such Insured Person becomes confined in an Intensive Care Unit, We will pay an additional benefit equal to the Daily Intensive Care Unit Benefit shown in the Benefit Schedule for each day an Insured Person is confined in and charged for an Intensive Care Unit. The Intensive Care Unit Benefit is payable for up to the Maximum Intensive Care Unit Benefit Period, shown in the Benefit Schedule, for each Period of Confinement. Only one Daily Intensive Care Unit Benefit is provided for any one day of Intensive Care Unit confinement, regardless of the number of [Sicknesses or] Injuries for which the confinement is required.

Intensive Care Unit (ICU) - means a specifically designated facility of the Hospital that provides the highest level of medical care and that is restricted to those patients who are critically ill or injured. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement. The ICU must be permanently equipped with special lifesaving equipment for the care of the critically ill or injured, and the patients must be under constant and continual observation by nursing staffs assigned exclusively to the ICU on a full-time basis. These units must be listed as Intensive Care Units in the current edition of the American Hospital Association Guide or be eligible to be listed therein. This guide lists three types of facilities that meet this definition: (1) Intensive Care Units, (2) Cardiac Intensive Care Units, and (3) Infant (Neonatal) Intensive Care Units.]

[**Permanent Total Disability Benefit (Monthly Benefit).** If, as a result of an Injury, an Insured [or Insured Spouse] [Person] is rendered Permanently Totally Disabled within [90,120,180,365] days of the accident that caused the Injury, and if the Permanent Total Disability due to that Injury continues throughout the Elimination Period as shown in the Benefit Schedule, We will pay a monthly benefit equal to the Permanent Total Disability (Monthly Benefit) Maximum Amount shown in the Benefit Schedule starting with the month following the Elimination Period.

The benefit is payable monthly as long as the Insured [or Insured Spouse] [Person] remains continuously Permanently Totally Disabled due to that Injury, but ceases on the earliest of: (1) the date the Insured [or Insured Spouse] [Person] ceases to be Permanently Totally Disabled; (2) the date the Insured [or Insured Spouse] [Person] dies; or (3) the date the benefit has been paid for the Maximum Number of Months specified for the Permanent Total Disability Benefit in the Benefit Schedule.

We will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which We are liable when the Insured [or Insured Spouse] [Person] is Permanently Totally Disabled for less than a full month. Only one benefit is provided for any one month of Permanent Total Disability, regardless of the number of Injuries causing the Permanent Total Disability or the number of losses incurred.

[If the Insured [or Insured Spouse] [Person] returns to any occupation for which he or she is or becomes qualified for by reason of education, experience or training on a full or part-time basis, [or in the case of a child under age [15], returns to school on a full-time or part-time basis] he or she may return to Permanent Total

Disability status if: (1) the Insured [or Insured Spouse] [Person] has not been back to work [or school] for longer than 30 days; and (2) the Insured [or Insured Spouse] [Person] is again Permanently Totally Disabled due to the same Injury which caused the original Permanent Total Disability.]

[If the Insured [or Insured Spouse] [Person] engages in any of the usual activities of a person of like age and sex in comparable health, he or she may return to Permanent Total Disability status if: (1) the Insured [or Insured Spouse] [Person] has not been engaging in such activities for longer than 30 days; and (2) the Insured [or Insured Spouse] [Person] is again Permanently Totally Disabled due to the same Injury which caused the original Permanent Total Disability.]

Periods of Permanent Total Disability separated by less than 30 consecutive days will be considered one period of Permanent Total Disability unless due to separate and unrelated causes.

We reserve the right, at the end of the Elimination Period (and as often as it may reasonably require thereafter) to determine, on the basis of all the facts and circumstances, that the Insured [or Insured Spouse] [Person] is Permanently Totally Disabled, including, but not limited to, requiring an independent medical examination provided at Our expense.

Elimination Period - means the period of consecutive months of Permanent Total Disability for which no benefit is payable. It begins on the first day of Permanent Total Disability.

Permanently Totally Disabled/Permanent Total Disability - means that the Insured [or Insured Spouse] [Person]: (1.) has suffered any of the following: (a) loss of both hands or feet; or (b) loss of one hand and one foot; or (c)Hemiplegia; or (d) Paraplegia; or (e) Quadriplegia; [or] [(f) loss of sight in both eyes; [or]] [[(g) loss of speech and hearing in both ears; or] [(h) loss of speech or hearing in both ears; or] (i) Uniplegia;] [("Loss of a hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of sight in both eyes" means total and irrecoverable loss of the entire sight in both eyes. **"**Loss of hearing in both ears" means total and irrecoverable loss of the entire ability to hear in both ears. "Loss of speech" means total and irrecoverable loss of the entire ability to speak.)][("Hemiplegia" means the complete and irreversible paralysis of the upper and lower Limbs of the same side of the body. "Limb(s)" means entire arm or entire leg. "Paraplegia" means the complete and irreversible paralysis of both lower Limbs. **"**Quadriplegia" means the complete and irreversible paralysis of both upper and both lower Limbs. "Uniplegia" means the complete and irreversible paralysis of one Limb.)] and (2.) [is permanently unable to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training.][[However, w] [W]ith respect to an Insured [or Insured Spouse] [Person] for whom an occupational definition of Permanently Totally Disabled/Permanent Total Disability is not appropriate, Permanently Totally Disabled/Permanent Total Disability means, as used in this Benefit, that the Insured [or Insured Spouse] [Person] is permanently unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training;] [or, in the case of a child under age [15], is unable to attend school on a full-time or part-time basis;] [[or] is permanently unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured [or Insured Spouse] [Person] immediately prior to the accident;] and (3) is under the supervision of a Physician unless the Insured [or Insured Spouse] [Person] has reached his or her maximum point of recovery.]

[<u>Termination:</u> Coverage under this Benefit does not apply to accidents occurring after the Insured [or Insured Spouse's] [Person's] attained age [70, 75, 80, 85].]]

[**Permanent Total Disability Benefit (Single Payment).** If, as a result of an Injury, an Insured [or Insured Spouse] [Person] is rendered Permanently Totally Disabled within [90,120,180,365] days of the accident that caused the Injury, We will pay 100% of the Permanent Total Disability (Single Payment) Maximum Amount shown in the Benefit Schedule at the end of the Elimination Period as shown in the Benefit Schedule. We reserve the right, at the end of the Elimination Period to determine, on the basis of all the facts and circumstances, that the Insured [or Insured Spouse] [Person] is Permanently Totally Disabled, including, but not limited to, requiring an independent medical examination provided Our expense.

Elimination Period - means the period of consecutive months of Permanent Total Disability for which no benefit is payable. It begins on the first day of Permanent Total Disability.

Permanently Totally Disabled/Permanent Total Disability- means that the Insured [or Insured Spouse]

[Person]: (1.) has suffered any of the following: (a) loss of both hands or feet; or (b) loss of one hand and one foot; or (c) Quadriplegia; or (d) Paraplegia; or (e) Hemiplegia; [or] [(f) loss of sight in both eyes; [or]] [[(g) loss of speech and hearing in both ears; or] [(h) loss of speech or hearing in both ears; or] (i) Uniplegia;] [("Loss of a hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of sight in both eyes" means total and irrecoverable loss of the entire sight in both eyes. "Loss of hearing in both ears" means total and irrecoverable loss of the entire ability to hear in both ears. "Loss of speech" means total and irrecoverable loss of the entire ability to speak.)] [("Hemiplegia" means the complete and irreversible paralysis of the upper and lower Limbs of the same side of the body. "Limb(s)" means entire arm or entire leg. "Paraplegia" means the complete and irreversible paralysis of both lower Limbs. "Quadriplegia" means the complete and irreversible paralysis of both upper and both lower Limbs. "Uniplegia" means the complete and irreversible paralysis of one limb.)] and (2.) [is permanently unable to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training.] [[However, w] [W]ith respect to an Insured [or Insured Spouse] [Person] for whom an occupational definition of Permanently Totally Disabled/Permanent Total Disability is not appropriate, Permanently Totally Disabled/Permanent Total Disability means, as used in this Benefit, that the Insured [or Insured Spouse] [Person] is permanently unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training;] [or, in the case of a child under age [15], is unable to attend school on a full-time or part-time basis;] [[or] is permanently unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured [or Insured Spouse] [Person] immediately prior to the accident;] and (3.) is under the supervision of a Physician unless the Insured [Insured Spouse] [Person] has reached his or her maximum point of recovery.]

[Termination: Coverage under this Benefit does not apply to accidents occurring after the Insured [or Insured Spouse's] [Person's] attained age [70, 75, 80, 85].]]

[**Physician's Office Visits Indemnity Benefit.** If[, after the Waiting Period as shown in the Benefit Schedule,] the Insured Person visits a Physician's office for treatment of: [[Routine Well Care] [or] [an Injury] [or] [Sickness]] while the Insured Person's coverage under this Benefit is in force, We will pay a benefit equal to the Per Visit Benefit shown in the Benefit Schedule, subject to the [Maximum [and Combined Maximum] Number of Visits] [and the] [Maximum [and Combined Maximum] Benefit Amount] shown in the Benefit Schedule. [No benefit is payable if an Insured Person does not incur a Physician's office visit fee.] [The Lifetime Maximum Number of Visits is shown in the Benefit Schedule.] [The Lifetime Maximum Benefit Amount is shown in the Benefit Schedule.]

[Termination Date: Coverage under this Benefit ends on [the earlier of:] [[(1)] the date the [Lifetime Maximum Number of Visits [or]the Lifetime Maximum Benefit Amount] shown in the Benefit Schedule is met;] [or] [[(2)] [[1-5] years] [[12-60] months] from the Insured Person's effective date of coverage under this Benefit.]]

Physician - means a legally qualified: optometrist, dentist, chiropractor, podiatrist, medical doctor, or doctor of osteopathy who: 1) is licensed by the jurisdiction in which he or she practices; and 2) performs services within the scope of his or her license. A Physician may not be: 1) the Insured Person; 2) an Immediate Family Member; or 3) retained by the Policyholder.

[*Routine Well Care* –means a physical examination or appropriate immunization. Service must be under the supervision of or recommended by a Physician.]

[*Sickness* –means an illness or disease which is diagnosed or treated by a Physician [after the effective date of coverage under the Policy].]

[*Waiting Period* –means the period of consecutive months in which an Insured Person has been covered under the Policy, for which coverage is not effective under this Benefit. It begins on the Insured Person's effective date of coverage under this Benefit.]

[The Sickness exclusions in the Exclusions section or as amended shall not apply with respect to benefits payable under the Physician's Office Visits Indemnity Benefit.]]

[**Recuperation Daily Benefit.** If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an

Inpatient, We will pay a benefit [for each Day] [after 1,2,3,4,5,6,7,8,14,30 Day(s)] of Medically Necessary Confinement due to that Injury[, retroactive to the first Day of Confinement]. No benefit is provided for [the first[2,3,4,5,6,7,8,14,30] Day(s) of Confinement or for] any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the Daily Maximum Amount shown for the Recuperation Daily Benefit in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Injury up to the Maximum Number of Days shown for the Recuperation Daily Benefit in the Benefit Schedule during any one Period of Confinement. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. Only one benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Injury; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of Recuperation Daily Benefit coverage to a maximum of 180 days.]

[**Recuperation Sickness Daily Benefit.** If an Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, We will pay a benefit [for each Day] [after 1,2,3,4,5,6,7,8,14,30 Day(s)] of Medically Necessary Confinement due to that Sickness [, retroactive to the first Day of Confinement]. No benefit is provided for [the first[2,3,4,5,6,7,8,14,30] Day(s) of Confinement or for] any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the Daily Maximum Amount shown for the Recuperation Sickness Daily Benefit in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Sickness up to the Maximum Number of Days shown for the Recuperation Sickness Daily Benefit in the Benefit Schedule during any one Period of Confinement. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. Only one benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

[<u>Pre-Existing Condition Limitation.</u> Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12] consecutive months from the Insured Person's effective date of coverage or effective date of Reinstatement under the Policy. A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy.]

[<u>Termination:</u> Coverage under this Benefit does not apply to Sickness which occurs after the Insured Person's attained age [65, 70, 75, 80].]

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Sickness; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - means a period of consecutive Days of Confinement as an Inpatient for the same Sickness. However, successive confinements as an Inpatient for the same Sickness are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of Recuperation Sickness Daily Benefit coverage to a maximum of 180 days.

Sickness – means an illness or disease which is diagnosed or treated by a Physician [after the effective date of coverage under the Policy].

The Sickness exclusions in the Exclusions section or as amended shall not apply with respect to benefits payable under this Recuperation Sickness Daily Benefit.]

[**Simultaneous In-Hospital Indemnity Daily Benefit.** If an Insured Person and their Insured Spouse each suffer an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires both to be confined in a Hospital as Inpatients at the same time, We will pay a benefit [for each Day] [after 1,2,3] Day(s) of Medically Necessary Confinement due to that Injury[, retroactive to the first Day of Confinement]. No benefit is provided for [the first[2,3] Day(s) of Confinement or for] any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the Daily Maximum Amount shown for the Simultaneous In-Hospital Indemnity Daily Benefit in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Injury. It is payable [monthly/weekly] up to the Maximum Number of Days shown for the Simultaneous In-Hospital Indemnity Daily Benefit in the Benefit Schedule during any one Period of Confinement. Only one benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Injury; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of Simultaneous In-Hospital Indemnity Daily Benefit coverage to a maximum of 180 days.]

[**Total Temporary Disability Accident Benefit.** If, as a result of an Injury, an Insured Person is rendered Temporarily Totally Disabled within 90 days of the date of the accident that caused the Injury, and if the Temporary Total Disability due to that Injury continues throughout the Elimination Period as shown in the Benefit Schedule, We will pay a monthly benefit beginning in the month following the Elimination Period. The monthly benefit is equal to 100% of the Total Temporary Disability Accident Maximum Amount as shown in the Benefit Schedule. The Benefit is payable as long as the Insured Person remains continuously Temporarily Totally Disabled due to that Injury, but ceases on the earliest of: (1) the date the Insured Person ceases to be Temporarily Totally Disabled due to that Injury; (2) the date the Insured Person dies; or (3) the date this Benefit has been paid for the Maximum Number of Months Payable as shown in the Benefit Schedule. We will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which We are liable when the Insured Person is Temporarily Totally Disabled for less than a full month. Only one benefit is provided for any one month of Temporary Total Disability, regardless of the number of Injuries causing the Temporary Total Disability or the number of losses incurred.

[Benefit Offsets. The Total Temporary Disability Benefit will be reduced by amounts paid to an Insured Person, due to the same Temporary Total Disability, under any of the following: [other group insurance plans;] [salary continuance, accumulated sick leave;] [wage benefits under Workers' Compensation and similar laws;][state statutory disability benefit laws]].

Recurrent Disability. Recurrent periods of Temporary Total Disability, due to the same or a related Injury, will be considered one period of Temporary Total Disability if separated by less than [90, 180] consecutive days of: (1) return to any full time work, if an occupational definition of Temporary Total Disability applies; or (2) performing the usual activities of a person of like age and sex whose health is comparable to that of the Insured Person immediately prior to the accident, if an occupational definition of Temporary Total Disability does not apply.

Termination Date. Coverage under this Benefit ends on the date the Insured Person attains age [70, 75, 80, 85].

Elimination Period –means the period of consecutive months of Temporary Total Disability for which no benefit is payable. It begins on the first day of Temporary Total Disability.

Temporarily Totally Disabled/Temporary Total Disability - means: (1) [disability that prevents an Insured Person from performing the material and substantial duties of his or her own occupation] [disability that prevents an Insured Person from performing the material and substantial duties of any occupation for which he or she is qualified by reason of education, training or experience.] [However, with respect to an Insured Person for whom an occupational definition of Temporarily Totally Disabled/Temporary Total Disability is not appropriate, Temporarily Totally Disabled means] that the Insured Person is temporarily unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured Person immediately prior to the accident; and (2) requires that the Insured Person is under the supervision of a Physician unless the Insured Person has reached his or her maximum point of recovery.]

[**LIMITATIONS**]

[**Limitation on Benefit Payments.** The Maximum Amount payable under the Policy may be reduced if more than one Insured Person insured under the Policy suffers a loss as the result of the same accident, and if amounts are payable under one or more of the following Benefits provided by the Policy: [Accidental Death Benefit, Accidental Dismemberment Benefit, Accident Medical Expense Benefit, Dislocations and Fractures Emergency [Transportation] [and] [Treatment] Benefit, Family Leave Benefit, Homecare Benefit, In-Hospital Indemnity Daily Benefit, In-Hospital Indemnity Single Payment Benefit, Intensive Care Unit Benefit, Permanent Total Disability Benefit (Monthly Benefit), Permanent Total Disability (Single Payment), Physician's Office Visits Indemnity Benefit, Recuperation Daily Benefit, Simultaneous In-Hospital Indemnity Daily Benefit, Total Temporary Disability Accident Benefit.] The Maximum Amount payable for all such losses for all Insured Persons insured under the Policy under all those Benefits combined will not exceed the amount shown as the Per Accident Maximum Amount in the Benefit Schedule. If the combined Maximum Amount otherwise payable for all Insured Persons must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual Maximum Amount otherwise payable for each Insured Person or all such losses under all those Benefits combined.]

[**Limitation on Multiple Covered Activities.** If an Insured Person's Injury is caused by an accident that occurs while the Insured Person is participating in more than one Covered Activity applicable to that Insured Person, and if the same Benefit applies to that Insured Person with respect to more than one such Covered Activity, then for Policy purposes, the Maximum Amount for that Benefit for that Insured Person for that accident will be determined as though the accident occurred while the Insured Person was participating in only one such Covered Activity, the one with the largest Maximum Amount for that Benefit for that person.]

EXCLUSIONS

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury:

1. Suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism;
2. Sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these;
3. The Insured Person's commission of or attempt to commit a felony;
4. Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
5. Declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy;
6. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-tem National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
7. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
   a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
   b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
   c. riding as a passenger in an aircraft owned, leased or operated by the Insured Person or the Insured Person's employer;
8. The Insured Person being under the influence of intoxicants, unless taken under the advice of and as specified by a Physician;
9. The Insured Person being under the influence of drugs unless taken under the advice of and as specified by a Physician;
10. The medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment;
11. Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
12. The Insured Person riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground;
13. Any loss incurred while outside the United States, its Territories or Canada.

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to Us within 20 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to Us at American International Companies®, Accident and Health Claims Division, P. O. Box 15701, Wilmington, DE 19850-5701, with information sufficient to identify the Insured, is deemed notice to Us.

Claim Forms. We will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include Your name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to Us, in case of claim for loss for which the Policy provides any periodic payment contingent upon continuing loss, within 90 days after the termination of the period for which We are liable and in case of claim for any other loss, within 90 days after the date of the loss. If the loss is one for which the Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as We may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of death, payment for Your loss of life will be made to the beneficiary as described in the Beneficiary Designation and Change provision below.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to You unless assigned by You or by operation of law. Any accrued benefits unpaid at Your death will be paid to Your estate.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding $1,000 may be made, at Our option, to any relative by blood or connection by marriage of the payee who, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. Any payment We make in good faith fully discharges Our liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon Our receipt of due written proof of the loss. Subject to Our receipt of written proof of loss, all accrued benefits for loss for which the Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which We are liable and any balance remaining unpaid upon termination of liability will be paid immediately.

[**Subrogation And Right Of Recovery.** As a condition to receiving [Accident Medical Expense] benefits under the Policy, the Insured Person (or, if he or she is deceased, an authorized representative of the Insured Person) agrees, except as may be limited or prohibited by applicable law:

1. to reimburse Us for any such benefits paid to or on behalf of the Insured Person, if such benefits are recovered, in any form, from any Third Party or Coverage; and
2. without limiting the preceding, that We are subrogated, for the purpose of Our recovery of any such benefits paid to or on behalf of the Insured Person, to any and all claims, causes of action or rights that he or she has or that may rise against any Third Party who has or may have caused, contributed to or aggravated the injury or condition for which the Insured Person claims an entitlement to Policy benefits, and to any claims, causes of action or rights he or she may have against any Coverage for the injury or condition for which the Insured Person claims an entitlement to Policy benefits.

The Insured Person agrees that he or she will make a decision on pursuing any and all claims, causes of action and rights against any and all Third Parties and Coverage within 30 days of the date We require that the Insured Person provide Notice of Claim for the injury or condition for which such Policy benefits are sought, and within such 30-day period will so notify Us in writing. In the event the Insured Person decides not to pursue a claim, cause of action or right against a Third Party or Coverage, or fails to notify Us of his or her intent to do so within such 30-day period, the Insured Person authorizes Us to pursue, sue, compromise or settle any such claim, cause of action or right in his or her name, authorizes Us to execute any and all documents necessary to pursue any such claim, cause of action or right, and agrees to cooperate fully with Us in the prosecution of any such claim, cause of action or right.

If the Insured Person is a minor or is not competent to make this agreement, the legal guardian of the Insured Person's property makes the agreement on the Insured Person's behalf as a condition to receiving [Accident Medical Expense] benefits under the Policy on behalf of the Insured Person. If the Insured Person has no guardian for his or her property, the person or persons who, in Our opinion, have assumed the custody and support of the minor or responsibility for the incompetent person's affairs make the agreement on the Insured Person's behalf as a condition to receiving such benefits under the Policy on behalf of the Insured Person.

We will not pay or be responsible, without its written consent, for any fees or costs associated with the pursuit of a claim, cause of action or right by or on behalf of an Insured Person against any Third Party or Coverage.

Coverage - as used in the Subrogation and Right of Recovery section of the Policy, means no fault motorist coverage, uninsured motorist coverage, underinsured motorist coverage, or any other fund or insurance policy (except the Policy).

Third Party(ies) - as used in this Subrogation and Right of Recovery section of the Policy, means any person, corporation or other entity (except the Insured Person and Us).]

GENERAL PROVISIONS

Entire Contract; Changes. The Policy, the Application, and any attached Riders or Endorsements make up the entire contract. A copy of the Application is attached. In the absence of fraud, all statements made on the Application will be considered representations and not warranties. No written statement made by the Insured will be used in any contest unless a copy of the statement is furnished to the Insured or their personal representatives.

No change in the Policy will be valid until approved by an officer of the Company. The change must be signed by an officer of the Company and attached to the Policy. No agent may change the Policy or waive any of its provisions. Any change that modifies, limits or excludes coverage must contain the Insured's Signature in order for the change to be binding.

Incontestability. The validity of the Policy will not be contested after it has been in force for two years from the Policy Effective Date, except as to nonpayment of premiums.

After two years from the Effective Date, no misstatements made in the Application, except fraudulent misstatements, will be used to void the Policy or contest a claim under the Policy. We may only contest coverage if the misstatement is made in a written instrument containing the Signature of the Insured and the Insured and a copy is given to the Insured.

Beneficiary Designation and Change. The designated beneficiary(ies) is (are) the person(s) named by You as shown on the Company's records kept on the Policy. You may change the beneficiary at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing Us with a written request for change. When the written request is received by Us, whether You are then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to Us on account of any payment made by Us prior to receipt of the request.

If there is no designated beneficiary or no designated beneficiary is living after Your death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: Insured Person's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, Insured Person's estate.

[**Insured Spouse and Dependent Child(ren)'s Beneficiary Designation and Change.** The Insured Spouse and Dependent Child(ren)'s beneficiary is You unless You have named (a) different beneficiary(ies) for the Insured Spouse and Dependent Child(ren)'s coverage as shown on the Company's records kept on the Policy.

If You are over the age of majority and legally competent, You may change the beneficiary designation for the Insured Spouse and Dependent Child(ren)'s coverage at any time, unless an irrevocable beneficiary designation has been made, without their consent or the designated beneficiary(ies) consent, by providing Us with a written request for change. When the request is received by Us, whether You or the Insured Spouse or Dependent Child(ren) is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to Us on account of any payment made by it prior to receipt of the request.

If no beneficiary is living on the date of an Insured Spouse or Dependent Child(ren)'s death, the beneficiary is Your estate.]

Physical Examination and Autopsy. At Our own expense, We have the right and opportunity to examine the person of any individual whose loss is the basis of claim under the Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions. No action at law or in equity shall be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the Policy. No action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Conformity with State Statutes. Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which You reside is hereby amended to conform to the minimum requirements of those statutes.

Workers' Compensation. The Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. Clerical error, whether by You, an Insured Person, or Us, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in the Policy.

Assignment. We will not assume responsibility for determining the validity of an assignment of benefits to a provider of services. No such assignment of benefits will be recognized until We receive notice that You have specifically assigned the benefits of Your Policy.

Misstatement of Age. If premiums for an Insured Person are based on age and the age has been misstated, there will be a fair adjustment of premiums based on the true age. However, if the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of premiums after the limiting or termination age, then We are only liable to refund, upon request, all premiums paid for the period an Insured Person should not have been covered under the Policy. If the benefits are based on age and the age has been misstated, there will be an adjustment of said benefit based on the true age. We may require satisfactory proof of age before paying any claim.