

SERFF Tracking Number: AGDE-125920100 State: Arkansas
Filing Company: National Union Fire Insurance Company of Pittsburgh, PA State Tracking Number: 42527
Company Tracking Number: C30494NUFIC
TOI: H03I Individual Health - Accidental Death & Dismemberment Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment
Product Name: AIG@WORK
Project Name/Number: Individual Accidental Death and Dismemberment/C30494NUFIC

Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, PA
Product Name: AIG@WORK SERFF Tr Num: AGDE-125920100 State: ArkansasLH
TOI: H03I Individual Health - Accidental Death & Dismemberment SERFF Status: Closed State Tr Num: 42527
Sub-TOI: H03I.000 Health - Accidental Death & Co Tr Num: C30494NUFIC State Status: Approved-Closed
Dismemberment
Filing Type: Form/Rate Co Status: Reviewer(s): Rosalind Minor
Authors: Darren O'Toole, Wanda Floyd Disposition Date: 06/08/2009
Date Submitted: 06/02/2009 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Individual Accidental Death and Dismemberment Status of Filing in Domicile: Authorized
Project Number: C30494NUFIC Date Approved in Domicile: 11/25/2008
Requested Filing Mode: Review & Approval Domicile Status Comments: Deregulated in Pennsylvania
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 06/08/2009 Explanation for Other Group Market Type:
State Status Changed: 06/08/2009
Deemer Date: Corresponding Filing Tracking Number:
C30494NUFIC
Filing Description:

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Enclosed are the above referenced forms and corresponding actuarial material for your review and approval. This material is new and not intended to replace any other forms or rates previously approved by your Department. The subject product is an Individual Accident policy that provides Accidental Death and Dismemberment benefits only. The program is variable to be offered on a Guaranteed Renewable or Optionally Renewable basis. There is a separate actuarial component for each of these options.

Other variable are set off by brackets and are intended to be included, omitted or to vary to the ranges displayed within the brackets. An Explanation of Variables is also included to assist in your review.

The effective date of issue of these forms will be upon approval by your Department.

Company and Contact

Filing Contact Information

Darren O'Toole, Regulatory affairs Analyst Darren.O'Toole@aig.com
 600 King Street (800) 225-5244 [Phone]
 Wilmington, DE 19601 (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
Retaliatory?	No
Fee Explanation:	\$50.00 per policy filing
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of Pittsburgh, PA	\$50.00	06/02/2009	28248532

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/08/2009	06/08/2009

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	06/04/2009	06/04/2009	Darren O'Toole	06/05/2009	06/05/2009

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Disposition

Disposition Date: 06/08/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	EOV	Approved-Closed	Yes
Form (revised)	Policy	Approved-Closed	Yes
Form	Policy	Replaced	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/04/2009
Submitted Date 06/04/2009

Respond By Date

Dear Darren O'Toole,

This will acknowledge receipt of the captioned filing.

Objection 1

- Policy (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured. Please refer to ACA 23-85-134.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/05/2009
Submitted Date 06/05/2009

Dear Rosalind Minor,

Comments:

We are in receipt of your letter dated June 4, 2009

Response 1

Comments: Pursuant to your request, we have added an Unearned Premium Refund provision to our policy.

Related Objection 1

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Applies To:
 - Policy (Form)
 Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured. Please refer to ACA 23-85-134.

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
Policy	C30494N UFIC-AR		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		54	C30494N UFIC-AR.pdf
Previous Version							
Policy	C30494N UFIC-AR		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		54	C30494N UFIC-AR.pdf

No Rate/Rule Schedule items changed.

We thank you for your time.

Sincerely,
 Darren O'Toole, Wanda Floyd

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Form Schedule

Lead Form Number: C30494NUFIC

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	C30494NUFIC-AR	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Policy	Initial		54	C30494NUFIC-AR.pdf
Approved-Closed	C30495NUFIC	Outline of Coverage	Outline of Coverage	Initial		50	C30495NUFIC.pdf
Approved-Closed	C30496NUFIC-AR	Application/Enrollment Form	Application	Initial			C30496NUFIC-AR.pdf
Approved-Closed	C30497NUFIC	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Amendment	Initial		52	C30497NUFIC.pdf

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, Us)

ACCIDENT INSURANCE POLICY

This Policy is a legal contract between the Insured (sometimes called "You" or "Your") and the Company. This Policy is issued in consideration of the statements set forth in the signed Application, which is attached to and made part of this Policy, and the payment of the initial premium.

WHAT THIS POLICY PROVIDES

This Policy provides death [and dismemberment] benefits if the Insured suffers a covered loss due to an accident, subject to this Policy's provisions, limitations and exclusions.

[RENEWAL PROVISION. At the Company's option, this Policy may be renewed on the anniversary date for the Term of Insurance shown in the Schedule, by payment of the required premium then in effect. The Company's acceptance of such renewal premium will constitute its consent to renew this Policy. The Company can decline renewal of this Policy on such anniversary date by giving You 30 days prior written notice of such non-renewal.]¹

[THIS POLICY IS GUARANTEED RENEWABLE up to the Insured's 80th birthday. This means You have the right, subject to the terms of this Policy, to continue the Policy as long as premiums are paid on time. 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.]¹

RIGHT TO RETURN POLICY. You may return this Policy for any reason within 30 days after You receive it. 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 National Union Fire Insurance Company of Pittsburgh, Pa. witness this Policy:



President



Secretary

**PLEASE READ THIS POLICY CAREFULLY.
THIS IS AN ACCIDENT ONLY POLICY.
IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS.**

Non-Participating

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SCHEDULE

Policy Number: [12345]
Insured: [John Doe]
Address: [124 Anystreet
Anytown, USA]
Policy Effective Date: [6/1/08]
Term of Insurance: [One year]
Policy Termination Date: [6/1/09]

Benefit Schedule

Principal Sum
Insured \$[xxx,xxx]

[Reduction Schedule. The amount payable for a loss will be reduced if an Insured is age [65,70,75] or older on the date of the accident causing the loss with respect to any Benefit provided by this Policy where the amount payable for the loss is determined as a percentage of his or her Principal Sum. The amount payable for the Insured’s loss under that Benefit is a percentage of the amount that would otherwise be payable, according to the following schedule:

AGE ON DATE OF ACCIDENT	PERCENTAGE OF AMOUNT OTHERWISE PAYABLE
[70-74	85%
75-79	55%
80	40%]

Premium for an Insured whose coverage has been reduced will be based on 100% of the coverage that was in effect before the reduction.

“Age” as used above refers to the age of the Insured on the Insured's most recent birthday, regardless of the actual time of birth.]¹

PREMIUM*

Insured’s Coverage The Premiums for this policy are shown on the Application.

Premium Term: All premium payments after the first are due and payable [monthly/quarterly/semi-annually/annually] beginning [7/1/09].

*Premiums are subject to change as provided in the Premium section of this Policy.

DEFINITIONS

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.

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

Immediate Family Member - means a person who is related to the Owner or the Insured 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), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Physician - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: (1) an Insured; (2) an Immediate Family Member of the Insured; or (3) a person who resides with the Insured.

Policy - means this Policy and the Application and any attached Riders or Endorsements.

Principal Sum. means the amount of insurance in force under this Policy as shown in the Schedule. The Principal Sum applies to each Insured.

Schedule – means the Schedule found in this Policy.

You/Your – means the Insured.

POLICY 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 are figured.

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

[We may terminate this Policy on any premium due date by giving 31 days advance written notice to you.¹]

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

This Policy terminates automatically on the earliest of: (1) the date the Term of Insurance in the Schedule for which premium has been paid ends [unless We decide to renew this Policy and the renewal premium has been paid]¹; (2) the premium due date if premiums are not paid when due, subject to the Grace Period provision; (3) the date You make a written request that coverage be terminated; or (4) the policy anniversary next following the date of Your 80th birthday or the date through which premiums have been paid, if later.

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

Termination of coverage 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 Your 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. A change in coverage applies only with respect to accidents that occur on or after the effective date of the change.

PREMIUM

The initial premium for this Policy must be paid to Us at our Home Office or Our authorized agent 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 Policy 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's 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 not be terminated for nonpayment of premium during the Grace Period provided You pay all premiums due by the last day of the Grace Period. This Policy will terminate on the last day of the period for which all premiums have been paid 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 or if, at least 30 days prior to the premium due date, We have delivered or mailed to Your last address shown in Our records written notice of Our intent not to renew this Policy.

Reinstatement. If premiums have not been paid before the end of the Grace Period, this Policy will terminate. It can be reinstated as follows:

1. If an application for reinstatement is not required, the Policy can be reinstated on the date all required premiums are paid to Our Home Office or Our authorized agent;
2. If an application for reinstatement is required, We or Our authorized agent shall issue a conditional receipt for the premium submitted. Reinstatement will be granted on the earlier of:
 - a. the date the application is approved by Us; or
 - b. the 45th day after the date of the conditional receipt, if You do not receive notice of the application's disapproval before then.

The reinstated policy will cover accidental Injuries sustained after the date of reinstatement.

If a reinstatement application is required, coverage will be subject to the Incontestability provision for two years after the date of reinstatement.

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 the Policy remain unchanged.

BENEFITS

Accidental Death Benefit. If Injury to the Insured results in death [within [90,120,180,365]¹ days of the date of the accident that caused the Injury,]¹ the Company will pay 100% of the Principal Sum shown in the Schedule.

[Accidental Dismemberment Benefit. If Injury to the Insured results[, within [90,120,180,365]¹ 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 of the Principal Sum shown in the Schedule:

<u>For Loss of</u>	<u>Percentage of Principal Sum</u>
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%
Sight of One Eye.....	50%
[Speech or Hearing in Both Ears	50%] ²
[Hearing in One Ear	25%] ³
[Thumb and Index Finger of Same Hand	25%] ⁴

“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.]¹ “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.]⁴

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.]⁵

Exposure and Disappearance. If by reason of an accident occurring while an Insured's coverage is in force under this Policy, the Insured 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 an Insured has not been found within one 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 has suffered accidental death within the meaning of this Policy.

[Limitation on Multiple Benefits. If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by this Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: [Accidental Death Benefit, Accidental Dismemberment Benefit]^{6,7}.]

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 auto-eroticism.
2. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
3. 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 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.
4. declared or undeclared war, or any act of declared or undeclared war.
5. 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.
6. full-time active duty in the armed forces of any country or international authority, except the National Guard or organized reserve corps duty (unearned premium will be returned if the Insured enters military service).
7. the Insured's being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.
8. the Insured's being under the influence of drugs unless taken under the advice of and as specified by a Physician.
9. the Insured's commission of or attempt to commit a [felony][crime].
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.]

CLAIM PROVISIONS

Notice of Claim. written notice of claim must be given to Us within 20 days after an Insured's loss, or as soon thereafter as reasonably possible. written 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]¹, 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 this Policy for filing proof of loss, Written proof covering the occurrence, the character and the extent of the loss for which claim is made. The written notice should include Your name, the Insured's name and the Policy number.

Proof of Loss. written proof of loss must be furnished to Us 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 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 loss of life of an Insured will be made to the beneficiary designated on the Application and in accordance with Beneficiary Designation and Change provision of the General Provisions section.

Upon receipt of due written proof of all other losses will be made to the Insured. If the Insured dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

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 has submitted reliable documentary evidence and, 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 this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon Our receipt of due written proof of the loss. Subject to Our receipt of due 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 We are liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

Unpaid Premium. When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

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 his or her personal representative.

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 year(s) 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 contest a claim under this Policy. We may only contest coverage if the misstatement is made in a written instrument signed by the Insured and a copy is given to the Insured or his or her beneficiary.

Beneficiary Designation and Change. The designated beneficiary(ies) is (are) the person(s) so named by the Insured on the Application.

You may change the beneficiary designation 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: Your (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is Your estate.

Physical Examination and Autopsy. We, at Our own expense, have 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 We 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 may 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 such action may be brought after the expiration of three years after the time Written proof of loss is required to be furnished.

Noncompliance with Policy Requirements. Any express waiver by Us of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by Us to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

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 this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

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

Assignment. [You may not assign any of Your rights, privileges or benefits under this Policy.]¹[You may assign all of Your rights, privileges and benefits under this Policy without the consent of the designated beneficiary. We are not bound by an assignment until We receive and file a signed copy. We are not responsible for the validity of assignments. The assignee only takes such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of this Policy.]¹

Misstatement of Age. If premiums for the Insured are based on age and the Insured's age has been misstated, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured is insured are based on age and the Insured's age has been misstated, there will be an adjustment of said benefit based on his or her true age. We may require satisfactory proof of age before paying any claim.

Unearned Premium Refund. Upon the death of the Insured, the proceeds payable to the Insured or his or her estate under this Policy shall include premiums paid for any period beyond the end of the policy month in which the death occurred. Payments will be made in a lump sum no later than thirty days after proof of the Insured's death has been furnished.



AIG Domestic Accident & Health Division

A Division of American International 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, Us)

OUTLINE OF COVERAGE

ACCIDENT ONLY COVERAGE

- **Read Your Policy Carefully.** This Outline of Coverage provides a very brief description of the important features of Your Policy. 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 Us. It is, therefore, important that You **READ THE POLICY CAREFULLY!**
- **Accident Only Coverage.** Policies of this category are designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

BENEFITS

Principal Sum. The Principal Sum under the Policy is [\$100,000]. The Principal Sum applies to each Insured.

[Reduction Schedule. The amount payable for a loss will be reduced if an Insured is age [65,70,75] or older on the date of the accident causing the loss with respect to any Benefit provided by this Policy where the amount payable for the loss is determined as a percentage of his or her Principal Sum. The amount payable for the Insured's loss under that Benefit is a percentage of the amount that would otherwise be payable, according to the following schedule:

AGE ON DATE OF ACCIDENT	PERCENTAGE OF AMOUNT OTHERWISE PAYABLE
[70-74	85%
75-79	55%
80	40%]

Premium for an Insured whose coverage has been reduced will be based on 100% of the coverage that was in effect before the reduction.

"Age" as used above refers to the age of the Insured on the Insured's most recent birthday, regardless of the actual time of birth.]

Accidental Death Benefit. If Injury to the Insured results in death [within [90,120,180,365] days of the date of the accident which caused such Injury,] We will pay 100% of the Principal Sum

Accidental Dismemberment Benefit. If Injury to the Insured 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 of the Principal Sum shown in the Schedule:

<u>For Loss of</u>	<u>Percentage of Principal Sum</u>
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%
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%]]

Exposure and Disappearance. If by reason of an accident occurring while an Insured's coverage is in force under the Policy, the Insured 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 an Insured has not been found within one 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 has suffered accidental death within the meaning of the Policy.

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 auto-eroticism.
2. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
3. 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 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.
4. declared or undeclared war, or any act of declared or undeclared war.
5. 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.

- [6. full-time active duty in the armed forces of any country or international authority, except the National Guard or organized reserve corps duty (unearned premium will be returned if the Insured Person enters military service).]
- [7. the Insured's being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.]
- [8. the Insured's being under the influence of drugs unless taken under the advice of and as specified by a Physician.]
- [9. the Insured's commission of or attempt to commit a [felony] [crime].]
- [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.]

[Limitation on Multiple Benefits. If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by the Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: [Accidental Death Benefit, Accidental Dismemberment Benefit.]

- **TERMINATION.** The Policy will terminate on the earliest of: (1) the date the term of insurance for which premium has been paid ends[, unless We decide to renew the Policy and renewal premium has been paid]; (2) the premium due date if premiums are not paid when due, subject to the Grace Period provision; (3) the date You make Written Request that Your coverage be terminated, in which case premium will be returned on a pro-rata basis; or (4) the policy anniversary next following the date of Your 80th birthday or the date through which premiums have been paid, if later.

[RENEWAL PROVISION. At the Company's option, this Policy may be renewed on the anniversary date for the Term of Insurance shown in the Schedule, by payment of the required premium then in effect. The Company's acceptance of such renewal premium will constitute its consent to renew this Policy. The Company can decline renewal of this Policy on such anniversary date by giving You 30 days prior Written notice of such non-renewal.]

[THIS POLICY IS GUARANTEED RENEWABLE up to the Insured's 80th birthday. This means You have the right, subject to the terms of this Policy, to continue the Policy as long as premiums are paid on time. 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.]

- **PREMIUMS.** The first [annual] premium amount is \$[XXX]. [If the Policy is renewed, the subsequent premium payment will be due on the anniversary of the effective date of the Policy.

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

Applicant: [Mary Doe] _____

Address: [123 Main Street] _____
(Street)
[] _____
(City)
[] _____
(State/ Province)
[] _____
(Zip/ Postal Code)

Home Telephone: [] _____

Social Security Number: [] _____

Date of Birth: [] _____
(mm/dd/yy)

Gender: (Male) (Female)

Marital Status: (Single) (Married) (Widowed) (Divorced) (Other)

Occupation: _____

Beneficiary Designation: _____ Relationship _____

PREMIUMS – Per \$1,000 of Principal Sum

[Ages 16-62
\$x.xx

Ages 63-69
\$x.xx

Ages 70-79
\$x.xx]

Your Premiums will increase when you move from one age range to another.

Do you engage in any of the following activities: scuba diving, sky diving, mountain climbing, bungee jumping, automobile or motorcycle racing? Yes No

I hereby represent that the above is true and correct to the best of my knowledge and belief. I understand my answers to the above questions determine eligibility for coverage and that coverage will not become effective unless and until this application is approved and accepted. I understand that if coverage does become effective, the coverage effective date will be indicated in the Policy of Insurance I will receive.

I understand that a photocopy of this form is as valid as the original, and that I have a right to receive a copy of this form upon request.

Signature of Applicant

Date

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.



AIG Domestic Accident & Health Division

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NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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(212) 770-7000

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

Insured: |John Doe|
Policy Number: |XXXXXX|
Effective Date |January 1, 2001|

INDIVIDUAL ACCIDENT INSURANCE

Policy Amendment No. |1|

This Policy Amendment is attached to and made part of the Policy as of the Effective Date shown above at 12:01 AM, Standard Time at the address of the Policyholder. Any changes in coverage apply only with respect to accidents that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Policy Amendment.

Note to Reviewer

This document is solely used as an alternative to issuing an entire new policy when a change to an issued policy is effected. It will be used solely to change material that is indicated as variable and solely to the extent of the approved variability. The text below is illustrative of an additional Dismemberment benefit being added to the list of covered losses.

|In consideration of timely payment of the required premium, the **Accidental Dismemberment Benefit** provision of the Policy has been amended to add the following to the list of losses and corresponding percentages of Principal Sum:

Thumb and Index Finger of Same Hand.....25%

and to add the following to the paragraph defining "loss":

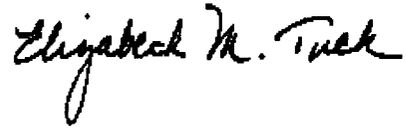
"Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. |

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Policy Amendment.

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

A stylized, cursive handwritten signature in black ink, consisting of several loops and a long horizontal tail.

President

A cursive handwritten signature in black ink that reads "Elizabeth M. Tuck".

Secretary

SERFF Tracking Number: AGDE-125920100 *State:* Arkansas
Filing Company: National Union Fire Insurance Company of *State Tracking Number:* 42527
Pittsburgh, PA
Company Tracking Number: C30494NUFIC
TOI: H03I Individual Health - Accidental Death & *Sub-TOI:* H03I.000 Health - Accidental Death &
Dismemberment Dismemberment
Product Name: AIG@WORK
Project Name/Number: Individual Accidental Death and Dismemberment/C30494NUFIC

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AGDE-125920100 State: Arkansas
 Filing Company: National Union Fire Insurance Company of Pittsburgh, PA State Tracking Number: 42527
 Company Tracking Number: C30494NUFIC
 TOI: H03I Individual Health - Accidental Death & Dismemberment Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment
 Product Name: AIG@WORK
 Project Name/Number: Individual Accidental Death and Dismemberment/C30494NUFIC

Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 06/08/2009
Comments:
Attachment:
 Certificate of Compliance.pdf

Satisfied -Name: Application **Review Status:** Approved-Closed 06/08/2009
Comments:
 see "form schedule"

Satisfied -Name: Outline of Coverage **Review Status:** Approved-Closed 06/08/2009
Comments:
 see "form schedule"

Satisfied -Name: EOV **Review Status:** Approved-Closed 06/08/2009
Comments:
Attachment:
 Explanation of Variables.pdf

**STATE OF ARKANSAS
REVISED CERTIFICATE OF COMPLIANCE**

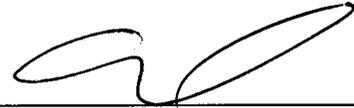
COMPANY NAME: National Union Fire Insurance Company of Pittsburgh, Pa

DESCRIPTION: Accident Insurance Policy, Outline of Coverage and Amendment

FORM NUMBER: C30494NUFIC-AR, C30495NUFIC and C30497NUFIC

EDITION DATE: N/A

This is to certify that the above captioned policy forms have achieved a Flesch Reading Ease Test score of 50.00 and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.



Signature of Officer of Company

Assistant Vice President

Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

Accident Insurance Policy - C30494NUFIC
Explanation of Variables

Accident Insurance Policy C30494NUFIC:

- 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.
- Numeric variables within the Policy are shown as typical ranges. If only specific increments apply, these increments will be listed. These variables will always comply with the minimum statutory requirements of the state in which the Policy is delivered.
- The Insured Name and Policy Number will vary on a case-by-case basis.

Note that the above variables will not be explained everywhere they appear.

FACE PAGE.

1. The applicable paragraph will be used when the policy is issued guaranteed renewable or not guaranteed renewable.

TABLE OF CONTENTS.

1. The reference to the Reduction Schedule and Accidental Dismemberment Benefit will only be included in the Table of Contents if available under the Policy.
2. The Limitation on Multiple Benefits provision will be included if the Policy provides benefits for more than just Accidental Death.

SCHEDULE.

1. The Reduction Schedule provision will be included or omitted on a case-by-case basis.

POLICY EFFECTIVE AND TERMINATION DATES.

1. This will be included if the policy is issued optionally renewable.

BENEFITS.

1. The inclusion and length of an incurral period will vary on a case-by-case basis.
2. The inclusion of loss of “Speech and Hearing in Both Ears” and “Speech or Hearing in Both Ears” must both be included as one unit and will vary on a case-by-case basis. The corresponding definition of “loss of speech and loss of hearing” will be included only if these losses are covered under the Accidental Dismemberment benefit.
3. The inclusion of loss of “Hearing in One Ear” will vary on a case-by-case basis. However, this loss will only be included if loss of “Speech and Hearing in Both Ears” and “Speech or Hearing in Both Ears” are covered under the Accidental Dismemberment benefit.
4. The inclusion of loss of “Thumb and Index Finger of Same Hand” will vary on a case-by-case basis. The corresponding definition of “loss of thumb and index finger” will only be included if this loss is covered under the Accidental Dismemberment benefit.
5. The inclusion of the Accidental Dismemberment benefit will vary on a case-by-case basis.
6. Only the Benefits within the brackets that are available under the Policy will be included in this listing.
7. The Limitation on Multiple Benefits provision will be included if the Policy provides benefits for more than just Accidental Death.

CLAIM PROVISIONS.

1. The address is bracketed to allow for any future changes to this address without having to refile the forms.

Explanation of Variables

GENERAL PROVISIONS.

1. The reference to whether or not an Insured may assign benefits under the Policy will vary on a case-by-case basis.

Policy Amendment (C30497NUFIC):

The Policy Amendment is to be used to make changes to the variable information or sections of the Policy, applications and/or riders. Changes to the variable information will be made within the parameters set forth in this explanation of variables. The Amendment contains sample language for filing purposes.

Outline of Coverage (C30495NUFIC):

All bracketed variables in this document will correspond with those in the Policy.

SERFF Tracking Number: AGDE-125920100 State: Arkansas
 Filing Company: National Union Fire Insurance Company of Pittsburgh, PA State Tracking Number: 42527
 Company Tracking Number: C30494NUFIC
 TOI: H03I Individual Health - Accidental Death & Dismemberment Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment
 Product Name: AIG@WORK
 Project Name/Number: Individual Accidental Death and Dismemberment/C30494NUFIC

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	Policy	12/08/2008	C30494NUFIC-AR.pdf

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, Us)

ACCIDENT INSURANCE POLICY

This Policy is a legal contract between the Insured (sometimes called "You" or "Your") and the Company. This Policy is issued in consideration of the statements set forth in the signed Application, which is attached to and made part of this Policy, and the payment of the initial premium.

WHAT THIS POLICY PROVIDES

This Policy provides death [and dismemberment] benefits if the Insured suffers a covered loss due to an accident, subject to this Policy's provisions, limitations and exclusions.

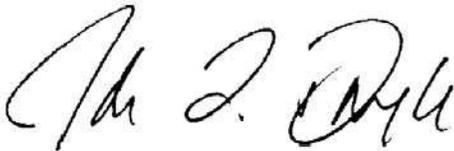
[RENEWAL PROVISION. At the Company's option, this Policy may be renewed on the anniversary date for the Term of Insurance shown in the Schedule, by payment of the required premium then in effect. The Company's acceptance of such renewal premium will constitute its consent to renew this Policy. The Company can decline renewal of this Policy on such anniversary date by giving You 30 days prior written notice of such non-renewal.]¹

[THIS POLICY IS GUARANTEED RENEWABLE up to the Insured's 80th birthday. This means You have the right, subject to the terms of this Policy, to continue the Policy as long as premiums are paid on time. 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.]¹

RIGHT TO RETURN POLICY. You may return this Policy for any reason within 30 days after You receive it. 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 National Union Fire Insurance Company of Pittsburgh, Pa. witness this Policy:



President



Secretary

**PLEASE READ THIS POLICY CAREFULLY.
THIS IS AN ACCIDENT ONLY POLICY.
IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS.**

Non-Participating

TABLE OF CONTENTS

Schedule.....	X
[Reduction Schedule.....	X] ¹
Definitions.....	X
Policy Effective and Termination Dates.....	X
Premium.....	X
Benefits.....	X
Accidental Death Benefit.....	X
[Accidental Dismemberment Benefit.....	X] ¹
Exposure and Disappearance.....	X
[Limitation on Multiple Benefits.....	X] ²
Exclusions.....	X
Claims Provisions.....	X
General Provisions.....	X

SCHEDULE

Policy Number: [12345]
Insured: [John Doe]
Address: [124 Anystreet
Anytown, USA]
Policy Effective Date: [6/1/08]
Term of Insurance: [One year]
Policy Termination Date: [6/1/09]

Benefit Schedule

Principal Sum
Insured \$[xxx,xxx]

[Reduction Schedule. The amount payable for a loss will be reduced if an Insured is age [65,70,75] or older on the date of the accident causing the loss with respect to any Benefit provided by this Policy where the amount payable for the loss is determined as a percentage of his or her Principal Sum. The amount payable for the Insured’s loss under that Benefit is a percentage of the amount that would otherwise be payable, according to the following schedule:

AGE ON DATE OF ACCIDENT	PERCENTAGE OF AMOUNT OTHERWISE PAYABLE
[70-74	85%
75-79	55%
80	40%]

Premium for an Insured whose coverage has been reduced will be based on 100% of the coverage that was in effect before the reduction.

“Age” as used above refers to the age of the Insured on the Insured's most recent birthday, regardless of the actual time of birth.]¹

PREMIUM*

Insured’s Coverage The Premiums for this policy are shown on the Application.

Premium Term: All premium payments after the first are due and payable [monthly/quarterly/semi-annually/annually] beginning [7/1/09].

*Premiums are subject to change as provided in the Premium section of this Policy.

DEFINITIONS

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.

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

Immediate Family Member - means a person who is related to the Owner or the Insured 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), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Physician - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: (1) an Insured; (2) an Immediate Family Member of the Insured; or (3) a person who resides with the Insured.

Policy - means this Policy and the Application and any attached Riders or Endorsements.

Principal Sum. means the amount of insurance in force under this Policy as shown in the Schedule. The Principal Sum applies to each Insured.

Schedule – means the Schedule found in this Policy.

You/Your – means the Insured.

POLICY 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 are figured.

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

[We may terminate this Policy on any premium due date by giving 31 days advance written notice to you.¹]

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

This Policy terminates automatically on the earliest of: (1) the date the Term of Insurance in the Schedule for which premium has been paid ends [unless We decide to renew this Policy and the renewal premium has been paid]¹; (2) the premium due date if premiums are not paid when due, subject to the Grace Period provision; (3) the date You make a written request that coverage be terminated; or (4) the policy anniversary next following the date of Your 80th birthday or the date through which premiums have been paid, if later.

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

Termination of coverage 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 Your 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. A change in coverage applies only with respect to accidents that occur on or after the effective date of the change.

PREMIUM

The initial premium for this Policy must be paid to Us at our Home Office or Our authorized agent 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 Policy 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's 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 not be terminated for nonpayment of premium during the Grace Period provided You pay all premiums due by the last day of the Grace Period. This Policy will terminate on the last day of the period for which all premiums have been paid 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 or if, at least 30 days prior to the premium due date, We have delivered or mailed to Your last address shown in Our records written notice of Our intent not to renew this Policy.

Reinstatement. If premiums have not been paid before the end of the Grace Period, this Policy will terminate. It can be reinstated as follows:

1. If an application for reinstatement is not required, the Policy can be reinstated on the date all required premiums are paid to Our Home Office or Our authorized agent;
2. If an application for reinstatement is required, We or Our authorized agent shall issue a conditional receipt for the premium submitted. Reinstatement will be granted on the earlier of:
 - a. the date the application is approved by Us; or
 - b. the 45th day after the date of the conditional receipt, if You do not receive notice of the application’s disapproval before then.

The reinstated policy will cover accidental Injuries sustained after the date of reinstatement.

If a reinstatement application is required, coverage will be subject to the Incontestability provision for two years after the date of reinstatement.

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 the Policy remain unchanged.

BENEFITS

Accidental Death Benefit. If Injury to the Insured results in death [within [90,120,180,365]¹ days of the date of the accident that caused the Injury,]¹ the Company will pay 100% of the Principal Sum shown in the Schedule.

[Accidental Dismemberment Benefit. If Injury to the Insured results[, within [90,120,180,365]¹ 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 of the Principal Sum shown in the Schedule:

<u>For Loss of</u>	<u>Percentage of Principal Sum</u>
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%
Sight of One Eye.....	50%
[Speech or Hearing in Both Ears	50%] ²
[Hearing in One Ear	25%] ³
[Thumb and Index Finger of Same Hand	25%] ⁴

“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.]¹ “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.]⁴

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.]⁵

Exposure and Disappearance. If by reason of an accident occurring while an Insured's coverage is in force under this Policy, the Insured 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 an Insured has not been found within one 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 has suffered accidental death within the meaning of this Policy.

[Limitation on Multiple Benefits. If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by this Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: [Accidental Death Benefit, Accidental Dismemberment Benefit]^{6,7}.]

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 auto-eroticism.
2. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
3. 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 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.
4. declared or undeclared war, or any act of declared or undeclared war.
5. 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.
6. full-time active duty in the armed forces of any country or international authority, except the National Guard or organized reserve corps duty (unearned premium will be returned if the Insured enters military service).
7. the Insured's being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.
8. the Insured's being under the influence of drugs unless taken under the advice of and as specified by a Physician.
9. the Insured's commission of or attempt to commit a [felony][crime].
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.]

CLAIM PROVISIONS

Notice of Claim. written notice of claim must be given to Us within 20 days after an Insured's loss, or as soon thereafter as reasonably possible. written 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]¹, 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 this Policy for filing proof of loss, Written proof covering the occurrence, the character and the extent of the loss for which claim is made. The written notice should include Your name, the Insured's name and the Policy number.

Proof of Loss. written proof of loss must be furnished to Us 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 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 loss of life of an Insured will be made to the beneficiary designated on the Application and in accordance with Beneficiary Designation and Change provision of the General Provisions section.

Upon receipt of due written proof of all other losses will be made to the Insured. If the Insured dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

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 has submitted reliable documentary evidence and, 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 this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon Our receipt of due written proof of the loss. Subject to Our receipt of due 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 We are liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

Unpaid Premium. When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

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 his or her personal representative.

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 year(s) 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 contest a claim under this Policy. We may only contest coverage if the misstatement is made in a written instrument signed by the Insured and a copy is given to the Insured or his or her beneficiary.

Beneficiary Designation and Change. The designated beneficiary(ies) is (are) the person(s) so named by the Insured on the Application.

You may change the beneficiary designation 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: Your (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is Your estate.

Physical Examination and Autopsy. We, at Our own expense, have 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 We 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 may 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 such action may be brought after the expiration of three years after the time Written proof of loss is required to be furnished.

Noncompliance with Policy Requirements. Any express waiver by Us of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by Us to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

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 this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

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

Assignment. [You may not assign any of Your rights, privileges or benefits under this Policy.]¹[You may assign all of Your rights, privileges and benefits under this Policy without the consent of the designated beneficiary. We are not bound by an assignment until We receive and file a signed copy. We are not responsible for the validity of assignments. The assignee only takes such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of this Policy.]¹

Misstatement of Age. If premiums for the Insured are based on age and the Insured's age has been misstated, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured is insured are based on age and the Insured's age has been misstated, there will be an adjustment of said benefit based on his or her true age. We may require satisfactory proof of age before paying any claim.